

FILE COPY
U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

[illegible]

a. Interview
 1 ☐ Self
 2 ☐ Proxy $\xrightarrow{\text{(Enter person number)}}$

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 } *SKIP to 8*

b. Noninterview
 1 ☐ Type Z refusal 2 ☐ Type Z other

Month Day } *Fill start time in item 9a, then go to Introduction*

Interview time for this person	Initial visit	Callback visit
Start time →	a.m. p.m.	a.m. p.m.
Finish time →	a.m. p.m.	a.m. p.m.

10a. Field representative edit time

Start time	_____	a.m. p.m.
Finish time	_____	a.m. p.m.

11a. Pre-interview transcription time

Start time	_____	a.m. p.m.
Finish time	_____	a.m. p.m.

12. 1 ☐ Phone interview 2 ☐ Personal interview

FIELD REPRESENTATIVE INSTRUCTIONS – Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory, and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records you have available to you here. (GO TO CHECK ITEM N1.)

PGM 7

0901

0914

0916

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) through (Last month), did . . . have a job or business, either full time or part time, even for only a few days?

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1 ☐ Yes – Mark "Worked" (code 170) on ISS and SKIP to 4
2 ☐ No

2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?

1002

- 1 ☐ Yes
2 ☐ No – SKIP to 3a

b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1004

x5 ☐ ALL

1006

☐ 1

1018

☐ 7

1030

☐ 13

1008

☐ 2

1020

☐ 8

1032

☐ 14

1010

☐ 3

1022

☐ 9

1034

☐ 15

1012

☐ 4

1024

☐ 10

1036

☐ 16

1014

☐ 5

1026

☐ 11

1038

☐ 17

1016

☐ 6

1028

☐ 12

1040

☐ 18

c. Could . . . have taken a job during any of those weeks if one had been offered?

1042

- 1 ☐ Yes – SKIP to 3a
2 ☐ No

d. What was the main reason . . . could not take a job during those weeks?

Mark (X) only one.

1044

- 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other – Specify

3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?

1046

- 1 ☐ Yes – Mark "55" on ISS
2 ☐ No – SKIP to Check Item R2

b. In which of the months shown on this calendar did . . . do that work?

Mark (X) all that apply.

1048

- 1 ☐ Last month

1050

- 2 ☐ 2 months ago

1052

- 3 ☐ 3 months ago

1054

- 4 ☐ 4 months ago

CHECK ITEM R2

Refer to item 2a above.

Did . . . spend any time looking for work or on layoff from a job?

1055

- 1 ☐ Yes – SKIP to 9a, page 4
2 ☐ No – SKIP to Check Item R6, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?

Note that the person did **not** have to work each week.

1056

- 1 ☐ Yes
2 ☐ No – SKIP to 6a

5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?

1058

- 1 ☐ Yes
2 ☐ No – SKIP to 8a, page 4

b. (Please look at the calendar.) In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1060

x5 ☐ ALL

1062

☐ 1

1074

☐ 7

1086

☐ 13

1064

☐ 2

1076

☐ 8

1088

☐ 14

1066

☐ 3

1078

☐ 9

1090

☐ 15

1068

☐ 4

1080

☐ 10

1092

☐ 16

1070

☐ 5

1082

☐ 11

1094

☐ 17

1072

☐ 6

1084

☐ 12

1096

☐ 18

c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?

Mark (X) only one.

1098

- 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other – Specify

SKIP to 8a, page 4

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did . . . have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13
1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14
1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15
1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16
1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17
1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18

b. Of those weeks that . . . had a job or business, was . . . absent from work for any full weeks without pay?

1136 1 ☐ Yes
2 ☐ No - SKIP to 7a

c. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar?

Mark (X) all that apply.

1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13
1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14
1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15
1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16
1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17
1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18

d. What was the main reason . . . was absent from . . . 's job or business during those weeks?

Mark (X) only one.

1174 1 ☐ On layoff
2 ☐ Own illness
3 ☐ On vacation
4 ☐ Bad weather
5 ☐ Labor dispute
6 ☐ New job to begin within 30 days
7 ☐ Other - Specify

7a. I have marked that there were some weeks in this period in which . . . did NOT have a job or business. During that week or weeks, did . . . spend any time looking for work or on layoff?

1176 1 ☐ Yes
2 ☐ No - SKIP to 7e

b. In which of these weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1178	x5 <input type="checkbox"/> All weeks without a job		
1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7
1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8
1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9
1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10
1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11
1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12
		1204	<input type="checkbox"/> 13
		1206	<input type="checkbox"/> 14
		1208	<input type="checkbox"/> 15
		1210	<input type="checkbox"/> 16
		1212	<input type="checkbox"/> 17
		1214	<input type="checkbox"/> 18

c. Could . . . have taken a job during those weeks if one had been offered?

1216 1 ☐ Yes - SKIP to 7e
2 ☐ No

d. What was the main reason . . . could not take a job during those weeks?

Mark (X) only one.

1218 1 ☐ Already had a job
2 ☐ Temporary illness
3 ☐ School
4 ☐ Other - Specify

e. During the weeks that . . . did not have a job, did . . . do any work at all that earned some money?

1220 1 ☐ Yes - Mark "55" on ISS
2 ☐ No - SKIP to 8a, page 4

f. In which of the months shown on this calendar did . . . do that work?

Mark (X) all that apply.

1222	1 <input type="checkbox"/> Last month
1224	2 <input type="checkbox"/> 2 months ago
1226	3 <input type="checkbox"/> 3 months ago
1228	4 <input type="checkbox"/> 4 months ago

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)		
8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?	1230 <input type="text"/> <input type="text"/> Hours per week x3 <input type="checkbox"/> None } SKIP to Check Item R4 x1 <input type="checkbox"/> DK }	
CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?	1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8c	
8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.	1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R4	
c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?	1233 x5 <input type="checkbox"/> All weeks 1234 <input type="text"/> Weeks last month 1235 <input type="text"/> Weeks 2 months ago 1236 <input type="text"/> Weeks 3 months ago 1237 <input type="text"/> Weeks 4 months ago	
d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.	1238 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – Specify <u> </u>	
CHECK ITEM R4 Refer to item 5a, page 2. (Absent without pay any full weeks.) The response to item 5a is:	1239 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – SKIP to Check Item R5	
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?	1240 1 <input type="checkbox"/> Yes – Mark "5" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R5	
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	1242 1 <input type="checkbox"/> Yes – Mark "6" on ISS 2 <input type="checkbox"/> No	
CHECK ITEM R5 Is "Worked" (code 170) marked on the ISS?	1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R6	
10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?	1246 1 <input type="checkbox"/> Yes – Mark "10" on ISS 2 <input type="checkbox"/> No	
CHECK ITEM R6 Refer to cc items 44–47. Was an interview obtained for . . . last reference period?	1248 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R11, page 6	
CHECK ITEM R7 Refer to item 11b, page 5. Are any income types listed in the Income Roster?	1250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12a	
NOTES		

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received
(Read income types in item 11b, column (2)) **during (8 months ago) through**
(5 months ago).

At any time during the past 4 months, that is _____, _____,
_____ , and _____ , **did . . . get income from** (Read income
types in item 11b, column (2))?

**MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME
TYPE LISTED.**

**c. If "No" in column (4) - In
which month did . . .
last receive** (Read
income type)?

Note - The month entered
in 11c must be within the
previous reference period.
Otherwise, if last received
in a month within the
reference period, change
the entry in column (4) to
"Yes" and mark ISS.

b. INCOME ROSTER (ISS CODES 1-56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252	1254 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1255 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256	1258 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1259 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260	1262 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1263 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264	1266 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1267 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268	1270 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1271 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272	1274 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1275 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276	1278 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1279 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280	1282 1 <input type="checkbox"/> Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1283 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

**12a. At any time during this 4-month
period, did . . . get any income
from the Federal Government
(that we haven't talked about)?**

1284 1 ☐ Yes
2 ☐ No - SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

1286 1 ☐ Social Security - Mark "1" on ISS
1288 2 ☐ Federal Supplemental Security Income (Federal SSI) -
Mark "3" on ISS
1290 3 ☐ A serviceman's or widow's pension from the Department of
Veterans Affairs (VA) - Mark "8" on ISS
1292 4 ☐ Anything else - Mark appropriate code on ISS and specify ☐
1294 ☐ ☐

**13a. At any time during this 4-month
period, did . . . receive any (other)
pension, disability, retirement, or
survivor income (that we haven't
talked about)?**

1296 1 ☐ Yes
2 ☐ No - SKIP to Check Item R8

**b. What was the source of this
income?**

Anything else?

Mark (X) all that apply.

1298 1 ☐ U.S. Government Railroad Retirement - Mark "2" on ISS
1300 2 ☐ Black Lung payments - Mark "9" on ISS
1302 3 ☐ Workers' Compensation - Mark "10" on ISS
1304 4 ☐ Payments from a sickness, accident or disability insurance
policy purchased on your own - Mark "13" on ISS
1306 5 ☐ Pension from company or union (including income from
profit-sharing plans) - Mark "30" on ISS plans
1308 6 ☐ Federal Civil Service or other Federal civilian employee
pension - Mark "31" on ISS
1310 7 ☐ U.S. Military retirement pay (exclude payments from the
Department of Veterans Affairs (VA)) - Mark "32" on ISS
1312 8 ☐ National Guard or Reserve Forces retirement - Mark "33"
on ISS
1314 9 ☐ State government pension - Mark "34" on ISS
1316 10 ☐ Local government pension - Mark "35" on ISS
1318 11 ☐ Income from paid-up life insurance policies or annuities -
Mark "36" on ISS
1320 12 ☐ Other or DK - Specify and enter code from income source list.
If income type is not listed or "DK," enter code "38" ☐ - Mark ISS
1322 ☐ ☐

**CHECK
ITEM R8**

Refer to cc item 47.
Is "Medicare" (code 172)
marked for . . . ?

1324 1 ☐ Yes - Mark "172" on ISS and SKIP to Check Item R23, page 8
2 ☐ No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for ...?	1326	<input type="checkbox"/> 1 Yes – Mark "171" on ISS and SKIP to 23a, page 8 <input type="checkbox"/> 2 No
CHECK ITEM R10	Refer to cc item 24. Is ... 65 years of age or older?	1328	<input type="checkbox"/> 1 Yes – SKIP to 23a, page 8 <input type="checkbox"/> 2 No – SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is ... a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to Check Item R12
14a. How long did ... serve on active duty in the Armed Forces?		1332	<input type="checkbox"/> 1 Less than 6 months <input type="checkbox"/> 2 6 to 23 months <input type="checkbox"/> 3 2 to 19 years <input type="checkbox"/> 4 20 or more years <input type="checkbox"/> X1 DK
b. Does ... have a service connected disability; that is, a health condition or impairment caused or made worse by military service?		1334	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> X1 DK } SKIP to 14d
c. What is ...'s VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)		1336	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Percent</div> </div> <input type="checkbox"/> X3 0% <input type="checkbox"/> X1 DK <input type="checkbox"/> X2 Ref. <input type="checkbox"/> 101 No rating
d. During this 4-month period, did ... receive any payments from the Department of Veterans Affairs (VA)? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)		1338	<input type="checkbox"/> 1 Yes – Mark "8" on ISS <input type="checkbox"/> 2 No
CHECK ITEM R12	Refer to cc item 24. Is ... 18 years of age or older?	1340	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 18a
15a. During this 4-month period, did ... receive any Social Security payments?		1342	<input type="checkbox"/> 1 Yes – Mark "1" on ISS <input type="checkbox"/> 2 No – SKIP to Check Item R14
b. What is the reason ... is getting Social Security, is it because ... is (Read categories) – Mark (X) only one.		1344	<input type="checkbox"/> 1 Retired? <input type="checkbox"/> 2 Disabled? <input type="checkbox"/> 3 Widowed or surviving child? <input type="checkbox"/> 4 Spouse or dependent child? <input type="checkbox"/> 5 Some other reason <input type="checkbox"/> X1 DK } SKIP to 16a
c. Sometimes people get Social Security for more than one reason. Is there another reason ... receives Social Security?		1346	<input type="checkbox"/> 1 Retired <input type="checkbox"/> 2 Disabled <input type="checkbox"/> 3 Widowed or surviving child <input type="checkbox"/> 4 Spouse or dependent child <input type="checkbox"/> 5 No other reason <input type="checkbox"/> X1 DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 16a
15d. At what age did ... begin receiving Social Security because of (his/her) disability?		1349	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Age in years</div> </div> <input type="checkbox"/> X1 DK <input type="checkbox"/> X2 Ref. } SKIP to 16a
CHECK ITEM R14	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1350	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 16a
15e. During the 4-month period, did ... receive any Social Security payments especially for ...'s children (under 18)?		1352	<input type="checkbox"/> 1 Yes – Mark "1" on ISS <input type="checkbox"/> 2 No
16a. During this 4-month period, did ... (or any of ...'s children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?		1354	<input type="checkbox"/> 1 Yes – Mark "3" on ISS <input type="checkbox"/> 2 No – SKIP to Check Item R15
b. Who received the SSI (Supplemental Security Income) payment? Mark (X) only one.		1355	<input type="checkbox"/> 1 Adult(s) <input type="checkbox"/> 2 Child(ren) <input type="checkbox"/> 3 Both adult(s) and child(ren)
c. Did ... also receive a SEPARATE SSI payment from the State or local welfare office during these months?		1356	<input type="checkbox"/> 1 Yes – Mark "4" on ISS <input type="checkbox"/> 2 No
CHECK ITEM R15	Refer to cc item 24. Is ... 40 years of age or older?	1358	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 18a

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

17a. Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item R16
b. During the 4-month period, did . . . receive any retirement income other than Social Security?	1362	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 17d
c. What kind of retirement income? Anything else? Mark (X) all that apply.	1364	<input type="checkbox"/> U.S. Government Railroad Retirement - Mark "2" on ISS
	1366	<input type="checkbox"/> Pension from company or union (including income from profit sharing plans) - Mark "30" on ISS
	1368	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS
	1370	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS
	1372	<input type="checkbox"/> National Guard or Reserve Forces retirement - Mark "33" on ISS
	1374	<input type="checkbox"/> State government pension - Mark "34" on ISS
	1376	<input type="checkbox"/> Local government pension - Mark "35" on ISS
	1378	<input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "38" - Mark ISS
	1380	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>
d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1382	<input type="checkbox"/> Yes - Mark "36" on ISS <input type="checkbox"/> No
CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?	1384	<input type="checkbox"/> Yes - SKIP to Check Item R17 <input type="checkbox"/> No
18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386	<input type="checkbox"/> Yes - Mark "171" on ISS <input type="checkbox"/> No - SKIP to Check Item R17
b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R17
c. What kind of income? Anything else? Mark (X) all that apply.	1390	<input type="checkbox"/> U.S. Government Railroad Retirement - Mark "2" on ISS
	1392	<input type="checkbox"/> Black Lung payments - Mark "9" on ISS
	1394	<input type="checkbox"/> Workers' Compensation - Mark "10" on ISS
	1396	<input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own - Mark "13" on ISS
	1398	<input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) - Mark "30" on ISS
	1400	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS
	1402	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS
	1406	<input type="checkbox"/> State government pension - Mark "34" on ISS
	1408	<input type="checkbox"/> Local government pension - Mark "35" on ISS
	1410	<input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "38" - Mark ISS
	1412	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>
CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?	1414	<input type="checkbox"/> Married - SKIP to 20 <input type="checkbox"/> Widowed - SKIP to 22a <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married - SKIP to Check Item R18
19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?	1416	<input type="checkbox"/> Yes - Mark "29" on ISS and SKIP to Check Item R18 <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R18 <input type="checkbox"/> Ref.
20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? If "Yes," mark previous marital status.	1418	<input type="checkbox"/> Widowed - SKIP to 22a <input type="checkbox"/> Divorced <input type="checkbox"/> Both widowed and divorced <input type="checkbox"/> No - SKIP to Check Item R21

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R19
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	1 <input type="checkbox"/> Yes - Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R21
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428 1430 1432 1434 1436 1438 1440 1442 1444 1446 1448 1450 1452	1 <input type="checkbox"/> U.S. Government Railroad Retirement - Mark "2" on ISS 2 <input type="checkbox"/> Veterans' compensation or pension - Mark "8" on ISS 3 <input type="checkbox"/> Black Lung payments - Mark "9" on ISS 4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) - Mark "30" on ISS 5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS 6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS 7 <input type="checkbox"/> National Guard or Reserve Forces retirement - Mark "33" on ISS 8 <input type="checkbox"/> State government pension - Mark "34" on ISS 9 <input type="checkbox"/> Local government pension - Mark "35" on ISS 10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities - Mark "36" on ISS 11 <input type="checkbox"/> Payments from estate or trust - Mark "37" on ISS 12 <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" - Mark ISS [] []
CHECK ITEM R20	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	1 <input type="checkbox"/> Yes - SKIP to 23a 2 <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 years old or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	1462	1 <input type="checkbox"/> Yes - Mark "172" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R23
b.	May I see . . . 's Medicare card to record the claim number and type of coverage? ★	1464 [] [] [] - [] [] - 1466 [] [] [] [] - 1467 [] []	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) 4 <input type="checkbox"/> Card not available - ASK 23c } SKIP to Check Item R23
c.	If I were to call later, would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474	1 <input type="checkbox"/> Yes - SKIP to Check Item R25 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a
CHECK ITEM R25	Interview status of . . . 's spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to Check Item R27
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes – SKIP to 25a 2 <input type="checkbox"/> No
24.	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No
25a.	(Other than what we have already mentioned,) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC – Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance – Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care – Mark "23" on ISS 5 <input type="checkbox"/> WIC – Mark "25" on ISS 6 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "24" – Mark ISS [] []
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	1 <input type="checkbox"/> Yes – SKIP to 26b 2 <input type="checkbox"/> No
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes – Mark "173" on ISS and SKIP to 26c 2 <input type="checkbox"/> No – SKIP to Check Item R28
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1503	1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R28
c.	May I see . . . 's (Use local name for Medicaid) card to record the claim number?	1504 1506	[] [] [] – [] [] [] – 1505 [] [] [] [] [] [] [] [] [] [] x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1507	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R29
26d.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R29
e.	Which children were covered?	1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR Person No. Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
CHECK ITEM R29	Refer to items 26a–26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a
26f.	Was (. . . /(and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – SKIP to 27a 2 <input type="checkbox"/> No
g.	In which months was (. . . /(and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)																										
27a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)	1536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R30																								
ASK OR VERIFY b. Was . . . covered by a health insurance plan during the entire 4-month period?	1538	1 <input type="checkbox"/> Yes - SKIP to 27d 2 <input type="checkbox"/> No																								
c. In which months was . . . covered? Mark (X) all that apply.	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago																								
d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?	1547	1 <input type="checkbox"/> Plan in own name - SKIP to 27f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both - SKIP to 27f																								
e. Whose plan covered . . . ?	1548	Household member Person No. Name <table><tr><td></td><td></td><td></td><td></td></tr></table> x4 <input type="checkbox"/> Not a Household member } SKIP to Check Item R30																								
f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?	1549	1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK } SKIP to 27h																								
g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None																								
h. Was . . . 's plan an individual plan or a family plan?	1552	1 <input type="checkbox"/> Individual - SKIP to Check Item R30 2 <input type="checkbox"/> Family																								
i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)	1554 1556 1558 1560 1562 1564 1566	x5 <input type="checkbox"/> All persons Person No. Name <table><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> x3 <input type="checkbox"/> None																								
j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? Mark (X) all that apply. If "Yes," "Who did the plan cover?"	1567 1568 1569 1570	1 <input type="checkbox"/> Yes, spouse 2 <input type="checkbox"/> Yes, child(ren) 3 <input type="checkbox"/> Yes, someone else 4 <input type="checkbox"/> No																								
NOTES																										

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK
ITEM R30

Refer to cc items 24 and 27.
Is . . . the designated parent or guardian of
children under 15 years old who live in this
household?

- 1572
- 1 ☐ Yes
2 ☐ No - SKIP to Check Item R31, page 12

ASK OR VERIFY -
27k. Were all of . . . 's children under 15 years old
covered by a health insurance plan?
(Include CHAMPUS, CHAMPVA, and military
plans.)
(Exclude Medicare, Medicaid, and plans paying
benefits only for accidents or specific
diseases.)

- 1574
- 1 ☐ Yes - SKIP to 27m
2 ☐ No

I. Which children were covered by a health
insurance plan?

	Person No.	Name
1575	<div></div>	
1576	<div></div>	
1577	<div></div>	
1578	<div></div>	
1579	<div></div>	
OR		
1580	x3 <input type="checkbox"/> None - SKIP to Check Item R31, page 12	

m. Were any of these children covered by the plan
of someone who did not live in the household
during the past 4 months?

1581

1 ☐ Yes - Which children?

	Person No.	Name
1582	<div></div>	
1583	<div></div>	
1584	<div></div>	
1585	<div></div>	
1586	<div></div>	

1587

2 ☐ No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)			
CHECK ITEM R31		Refer to item 28b. Are any assets listed in the Asset Roster?	
		1588	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 29a
28a. According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) during (8 months ago) through (5 months ago). At any time during the past 4 months, that is _____, _____, and _____, did . . . still own (have) (Read asset types in item 28b, column (2))? (Exclude IRA, Keogh, and 401K accounts.) MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.			
b. ASSET ROSTER (ISS CODES 100–150, 174)			
Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)
1		1590	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
2		1594	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
3		1598	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
4		1602	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
5		1606	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
6		1610	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
7		1614	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
8		1618	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
(SHOW FLASHCARD N)		1622	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 30a
29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (Exclude assets held in IRA, Keogh, and 401K accounts.)			
b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401K accounts.)		1626 1 <input type="checkbox"/> Regular or passbook savings accounts – Mark "100" on ISS 1628 2 <input type="checkbox"/> Money market deposit accounts – Mark "101" on ISS 1630 3 <input type="checkbox"/> Certificates of deposit or other savings certificates – Mark "102" on ISS 1632 4 <input type="checkbox"/> Interest-earning checking accounts (such as NOW or Super NOW accounts) – Mark "103" on ISS 1636 5 <input type="checkbox"/> Money market funds – Mark "104" on ISS 1638 6 <input type="checkbox"/> U.S. Government securities – Mark "105" on ISS 1640 7 <input type="checkbox"/> Municipal or corporate bonds – Mark "106" on ISS 1642 8 <input type="checkbox"/> Mortgages – Mark "130" on ISS 1644 9 <input type="checkbox"/> U.S. Saving Bonds (E, EE) – Mark "174" on ISS 1646 10 <input type="checkbox"/> Other interest-earning assets – Mark "107" on ISS and specify _____ 1648 11 <input type="checkbox"/> Stocks or mutual fund shares – Mark "110" on ISS 1650 12 <input type="checkbox"/> Rental property – Mark "120" on ISS 1652 13 <input type="checkbox"/> Royalties – Mark "140" on ISS 1654 14 <input type="checkbox"/> Other financial investments – Mark "150" on ISS and specify _____	

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)	1656	<input type="checkbox"/> Yes, full time <input type="checkbox"/> Yes, part time <input type="checkbox"/> No – SKIP to Check Item R32
b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i>	1658 1660 1662 1664 1666	<input type="checkbox"/> All months <input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago
c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i>	1668	<input type="checkbox"/> Elementary grades 1–8 <input type="checkbox"/> High school grades 9–12 <input type="checkbox"/> College year 1 <input type="checkbox"/> College year 2 <input type="checkbox"/> College year 3 <input type="checkbox"/> College year 4 <input type="checkbox"/> College year 5 <input type="checkbox"/> College year 6 <input type="checkbox"/> Vocational school <input type="checkbox"/> Technical school <input type="checkbox"/> Business school
31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?	1670	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R32
b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<input type="checkbox"/> GI Bill – Mark "40" on ISS <input type="checkbox"/> Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark "41" on ISS <input type="checkbox"/> College Work Study – Mark "175" on ISS <input type="checkbox"/> PELL Grant – Mark "176" on ISS <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – Mark "177" on ISS <input type="checkbox"/> Perkins Loan or National Direct Student Loan (NDSL) – Mark "178" on ISS <input type="checkbox"/> Stafford Loan or Guaranteed Student Loan – Mark "179" on ISS <input type="checkbox"/> Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) – Mark "180" on ISS <input type="checkbox"/> Assistance from . . . 's employer – Mark "181" on ISS <input type="checkbox"/> Fellowship/Scholarship – Mark "182" on ISS <input type="checkbox"/> Other financial aid – Mark "183" on ISS
CHECK ITEM R32 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?	1694	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R33
32. Is . . . 's spouse in the Armed Forces?	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM R33 Are any codes (excluding codes 171–173, 200–201) marked on the ISS?	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 34a
33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No – Probe and resolve (Make corrections to ISS if necessary)
b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government, or anything else?	1702	<input type="checkbox"/> Yes – SKIP to 34b <input type="checkbox"/> No – SKIP to Check Item E1, page 15
34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item P1, page 53
b. What kind of income did . . . receive? Anything else?	1706 1708 1710	Enter codes from income source list and mark ISS. <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

CHECK ITEM E1	Is "Worked" (code 170) marked on ISS?	1712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code marked or Check Item P1, page 53
1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)		1714	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – SKIP to Statement B, page 20 3 <input type="checkbox"/> Both worked for employer and self-employed
b. How many different employers did . . . work for during this 4-month period?		1716	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
CHECK ITEM E2	Refer to item 1a above. Is "Both worked for employer and self-employed" (box 3) marked?	1718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a, page 16

STATEMENT A → . . . worked for an employer and was also self-employed. The first questions
will be about . . . 's work for an employer.

NOTES

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A1 – EMPLOYER IDENTIFICATION NUMBER 1			
2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>		PGM 8 Employer name 2000	
CHECK ITEM E3	Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8 Employer I.D. No. 2002	
CHECK ITEM E3.1	Is the previous wave box marked for this employer in cc item 42?	PGM 8 2003 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2c	
2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?		PGM 8 2004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a	
c. What kind of business or industry was <i>(Name of company or business)?</i> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.		PGM 8 2005	
ASK OR VERIFY –		PGM 8	
d. Is it mainly –		2006 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?	
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.		PGM 8 2008	
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.		PGM 8 2010	
ASK OR VERIFY –		PGM 8	
g. Was . . . an employee of –		2012 1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?	
ASK OR VERIFY –		PGM 7	
3a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?		2014 1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No	
b. When was . . . employed by <i>(Name of employer)</i> during this 4-month period?		2016 FROM <input type="text"/> <input type="text"/> Month 2020 TO <input type="text"/> <input type="text"/> Month	2018 <input type="text"/> <input type="text"/> Day 2022 <input type="text"/> <input type="text"/> Day
CHECK ITEM E3.2	Did . . . stop working for this employer during the reference period?	2023 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4	
3c. What is the main reason . . . stopped working for <i>(Name of employer)?</i> <i>Mark (X) only one.</i>		2024 1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason	
ASK OR VERIFY –		2025	
4. How many hours per week did . . . usually work at this job?		<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	
5. Was . . . paid by the hour on this job?		2026 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	
6. What was . . . 's regular hourly pay rate at the end of <i>(Read last month or "to" date in item 3b)?</i>		2028 \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 9a	
7a. During the 4-month period, how often was . . . paid on this job?		2029 1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E5	6 <input type="checkbox"/> Some other way – Specify <u>z</u>
b. On what date was . . . last paid during this 4-month period?		2030 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period	2031 <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A1 - EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES - (Be sure to include cash housing allowances and any other special types of pay.)



LAST MONTH

2032

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE USE ONLY

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2034

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2036

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2038

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM E4

Is "DK" marked in all parts of item 8a?

2040

1 ☐ Yes

2 ☐ No - SKIP to 8c

8b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2042

1 ☐ Yes - Mark Callback Summary and Reminder Card, Item 3a

2 ☐ No

9c. Counting all locations where this employer operates, what is the total number of persons who work for . . . 's employer?

(Read categories)

7990

1 ☐ Under 10

2 ☐ 10-24

3 ☐ 25-99

4 ☐ 100-499

5 ☐ 500-999

6 ☐ 1000+

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

2044

1 ☐ Yes - SKIP to Check Item E5

2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

2046

1 ☐ Yes

2 ☐ No

CHECK ITEM E5

Number of employers in item 1b, page 15?

2048

1 ☐ 1 employer - SKIP to Check Item E8, page 19

2 ☐ 2 or more employers

Section 2 – EARNINGS AND EMPLOYMENT (Continued)			
Part A2 – EMPLOYER IDENTIFICATION NUMBER 2			
10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8 2100	Employer name 	
CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.	PGM 8 2102	Employer I.D. No. 	
CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?	PGM 8 2103	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10c</i>	
10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8 2104	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11a</i>	
c. What kind of business or industry was <i>(Name of company or business)?</i> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8 2105	 	
<i>ASK OR VERIFY –</i> d. Is it mainly –	PGM 8 2106	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?	
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2108	 	
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2110	 	
<i>ASK OR VERIFY –</i> g. Was . . . an employee of –	PGM 8 2112	1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?	
<i>ASK OR VERIFY –</i> 11a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?	PGM 7 2114	1 <input type="checkbox"/> Yes – <i>SKIP to 12</i> 2 <input type="checkbox"/> No	
b. When was . . . employed by <i>(Name of employer)</i> during this 4-month period?	2116 2120	FROM <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Month TO <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Month	<div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Day <div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Day
CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12</i>	
11c. What is the main reason . . . stopped working for <i>(Name of employer)?</i> <i>Mark (X) only one.</i>	2124	1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason	
<i>ASK OR VERIFY –</i> 12. How many hours per week did . . . usually work at this job?	2125	<div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK	
13. Was . . . paid by the hour on this job?	2126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i>	
14. What was . . . 's regular hourly pay rate at the end of <i>(Read last month or "to" date in item 11b)?</i>	2128	\$ <div style="display: inline-block; width: 80px; text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> </div> . <div style="display: inline-block; width: 30px; text-align: center;"> <div style="border: 1px solid black; width: 10px; height: 20px; margin: 0 auto;"></div> </div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 17a</i>	
15a. During the 4-month period, how often was . . . paid on this job?	2129	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E8</i>	6 <input type="checkbox"/> Some other way – <i>Specify</i> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div>
b. On what date was . . . last paid during this 4-month period?	2130	<div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period	<div style="display: inline-block; width: 40px; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include cash housing allowances and any other special types of pay.)



		LAST MONTH		FIELD REPRESENTATIVE USE ONLY	
2132	\$		00	\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				Total \$	.00
<hr/>					
		2 MONTHS AGO			
2134	\$		00	\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				Total \$	.00
<hr/>					
		3 MONTHS AGO			
2136	\$		00	\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				Total \$	.00
<hr/>					
		4 MONTHS AGO			
2138	\$		00	\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				\$	.00
				Total \$	.00

CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

- 2140 1 ☐ Yes
2 ☐ No – SKIP to 16c

16b. If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

- 2142 1 ☐ Yes – Mark Callback Summary and Reminder Card, Item 3b
2 ☐ No

c. Counting all locations where this employer operates, what is the total number of persons who work for . . . 's employer?

(Read categories)

- 7992 1 ☐ Under 10
2 ☐ 10–24
3 ☐ 25–99
4 ☐ 100–499
5 ☐ 500–999
6 ☐ 1000+

17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

- 2144 1 ☐ Yes – SKIP to Check Item E8
2 ☐ No

b. Was . . . covered by a union or employee association contract during the 4-month period?

- 2146 1 ☐ Yes
2 ☐ No

CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

- 2148 1 ☐ Yes – Read Statement B, page 20
2 ☐ No – SKIP to first ISS Code or Check Item P1, page 53

Section 2 – EARNINGS AND EMPLOYMENT (Continued)		
Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1		
STATEMENT B You said . . . was (also) self-employed during this 4-month period.		
1a. What was the name of . . . 's business/ professional practice/farm? (If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)	PGM 8 2200	Business name
CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	PGM 8 2201	Business I.D. No.
CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?	PGM 8 2202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1c
1b. Have . . . 's main activities or duties for this business changed during the past 8 months?	PGM 8 2203	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1g
c. What kind of business was this?	PGM 8 2204	
ASK OR VERIFY – d. Is it mainly –	PGM 8 2206	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing at this business?	PGM 8 2208	
f. What were . . . 's most important activities or duties at this business?	PGM 8 2210	
ASK OR VERIFY – g. How many hours per week did . . . usually work at this business?	PGM 7 2212	<input type="text"/> <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? Gross earnings include sales and receipts before expenses.	2214	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10 x1 <input type="checkbox"/> DK
CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?	2216	1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
3. What was the total number of employees working for this business? Be sure to include . . . Enter 999 if 1,000 or more employees.	2218	<input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK
4a. Was . . . 's business incorporated?	2220	1 <input type="checkbox"/> Yes – SKIP to 5a 2 <input type="checkbox"/> No
b. Was . . . 's business a sole proprietorship or a partnership?	2222	1 <input type="checkbox"/> Sole proprietorship – SKIP to 6a 2 <input type="checkbox"/> Partnership
5a. Aside from . . . were any other members of this household owners or partners in this business?	2224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
b. Which members?	2226 2228 2230	Person No. Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6a. Was . . . paid a regular salary from this business during the 4-month period?	2232	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did . . . receive any (other) income from the business during this 4-month period?	2234	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?	2236	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S5

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part B1 - SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?

NOTE - Include total gross earnings before any deductions.



LAST MONTH

2238

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE
USE ONLY

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2240

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2242

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2244

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK
ITEM S4

Is "DK" marked in all parts of item 7?

2246

1 ☐ Yes

2 ☐ No - SKIP to Check Item S5

8. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2248

1 ☐ Yes - Mark Reminder Card and Callback Summary, Item 4a

2 ☐ No

CHECK
ITEM S5

Refer to item 4a, page 20.

Is this business incorporated?

2250

1 ☐ Yes - SKIP to 11

2 ☐ No

CHECK
ITEM S6

Has information about the net profit (or loss) for this business already been obtained from another household member?

2252

1 ☐ Yes - SKIP to 11

2 ☐ No

9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

2254

1 ☐ Yes

2 ☐ No - SKIP to 11

b. What was the net profit or loss?

If "broke even," enter \$1 in box.

2256

\$

00

2258

x4 ☐ Loss in amount box

} SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period?

2260

\$

00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

2262

1 ☐ Yes

2 ☐ No - SKIP to first ISS Code or Check Item P1, page 53

Section 2 – EARNINGS AND EMPLOYMENT (Continued)		
Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2		
12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i>	PGM 8 2300	Business name
CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number.	PGM 8 2301	Business I.D. No.
CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?	PGM 8 2302	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c
12b. Have . . . 's main activities or duties for this business changed during the past 8 months?	PGM 8 2303	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g
c. What kind of business was this?	PGM 8 2304	
ASK OR VERIFY – d. Is it mainly –	PGM 8 2306	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
e. What kind of work was . . . doing at this business?	PGM 8 2308	
f. What were . . . 's most important activities or duties at this business?	PGM 8 2310	
ASK OR VERIFY – g. How many hours per week did . . . usually work at this business?	PGM 7 2312	<div><div></div><div></div></div> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i>	2314	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21 x1 <input type="checkbox"/> DK
CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?	2316	1 <input type="checkbox"/> Yes – SKIP to 17a 2 <input type="checkbox"/> No
14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i>	2318	<div><div></div><div></div><div></div></div> Employees x1 <input type="checkbox"/> DK
15a. Was . . . 's business incorporated?	2320	1 <input type="checkbox"/> Yes – SKIP to 16a 2 <input type="checkbox"/> No
b. Was . . . 's business a sole proprietorship or a partnership?	2322	1 <input type="checkbox"/> Sole proprietorship – SKIP to 17a 2 <input type="checkbox"/> Partnership
16a. Aside from . . . were any other members of this household owners or partners in this business?	2324	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a
b. Which members?	2326 2328 2330	Person No. Name <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div> <div><div></div><div></div><div></div></div>
17a. Was . . . paid a regular salary from this business during the 4-month period?	2332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Did . . . receive any (other) income from the business during this 4-month period?	2334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?	2336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S11

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?

NOTE – Include total gross earnings before any deductions.



LAST MONTH

2338

\$.

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

FIELD REPRESENTATIVE
USE ONLY

\$.00

\$.00

\$.00

\$.00

Total \$.00

2 MONTHS AGO

2340

\$.

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

Total \$.00

3 MONTHS AGO

2342

\$.

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

Total \$.00

4 MONTHS AGO

2344

\$.

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

\$.00

\$.00

\$.00

\$.00

Total \$.00

CHECK ITEM S10

Is "DK" marked in all parts of item 18?

2346

1 ☐ Yes

2 ☐ No – SKIP to Check Item S11

19. If I were to call back later, would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)

2348

1 ☐ Yes – Mark Reminder Card and Callback Summary, Item 4b

2 ☐ No

CHECK ITEM S11

Refer to item 15a, page 22.

Is this business incorporated?

2350

1 ☐ Yes – SKIP to first ISS Code or Check Item P1, page 53

2 ☐ No

CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained from another household member?

2352

1 ☐ Yes – SKIP to first ISS Code or Check Item P1, page 53

2 ☐ No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

2354

1 ☐ Yes

2 ☐ No – SKIP to first ISS Code or Check Item P1, page 53

b. What was the net profit or loss?

If "broke even," enter \$1 in box.

2356

\$.

2358

x4 ☐ Loss in amount box

SKIP to first ISS Code or Check Item P1, page 53

21. About how much did . . . earn from this business after expenses during the 4-month period?

2360

\$.

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

SKIP to first ISS Code or Check Item P1, page 53

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code <div>3000</div>	Name of income type
CHECK ITEM A1	Mark (X) income type code.	<div>3002</div> <div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>ISS Code 1 or 2 (SS or RR)</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>ISS Code 25 (WIC) – SKIP to 13a, page 27</div></div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>ISS Code 27 (Food Stamps) – SKIP to 11a, page 26</div></div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</div></div><div><div><div>5</div><div><input type="checkbox"/></div></div><div>Other ISS Codes – SKIP to Check Item A4.1</div></div></div>	

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3032	<div><div><input type="checkbox"/> ISS Code 1 or 2 – SKIP to Check Item A6.1</div><div><input type="checkbox"/> ISS Code 8 or 20 through 24</div><div><input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53</div></div>
6a. Were all the people living here covered by . . . 's payments?		3034	<div><div><input type="checkbox"/> Yes – SKIP to Check Item A6</div><div><input type="checkbox"/> No</div></div>
b. Which persons were covered?			
		3036	<div><div>Person No.</div><div>Name</div><div><div></div><div></div><div></div></div></div>
		3038	<div><div></div><div></div><div></div></div>
		3040	<div><div></div><div></div><div></div></div>
		3042	<div><div></div><div></div><div></div></div>
		3044	<div><div></div><div></div><div></div></div>
		3046	<div><div></div><div></div><div></div></div>
		3048	<div><div></div><div></div><div></div></div>
		3050	<div><div></div><div></div><div></div></div>
		3052	<div><div></div><div></div><div></div></div>
		3054	<div><div></div><div></div><div></div></div>
CHECK ITEM A6	Is this ISS Code "8"?	3056	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53</div></div>
7a. What type of Veterans' payments did . . . receive?		3058	<div><div><input type="checkbox"/> Service-connected disability compensation</div><div><input type="checkbox"/> Survivor benefits</div><div><input type="checkbox"/> Veterans' pension</div><div><input type="checkbox"/> Other Veterans' payments</div></div>
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3060	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div>SKIP to next ISS Code or Check Item P1, page 53</div></div></div>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3062	<div><div><input type="checkbox"/> Yes – SKIP to Check Item A7</div><div><input type="checkbox"/> No</div></div>
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		3064	<div><div><input type="checkbox"/> Blue</div><div><input type="checkbox"/> Buff</div><div><input type="checkbox"/> Direct deposit</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> DK</div></div>
b. Do . . . 's payments usually come on the first of the month or the third?		3066	<div><div><input type="checkbox"/> First</div><div><input type="checkbox"/> Third</div><div><input type="checkbox"/> Other</div><div><input type="checkbox"/> DK</div></div>
CHECK ITEM A7	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53</div></div>
NOTES			

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
9a. Were (Social Security/Railroad Retirement) payments received for ...’s children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month) (2 months ago) (3 months ago) (4 months ago)	3070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3072 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	9b. If "Yes" in item 9a – How much was received?
	3074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3076 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3080 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	3082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3084 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
	10a. Were all children living here covered by these payments? b. Which children were covered?		
3086 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No			
SKIP to next ISS Code or Check Item P1, page 53			
11a. Were all the people living here covered under ...’s food stamp allotment?	3100 1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1 2 <input type="checkbox"/> No		
b. Which persons were covered?	Person No. Name		
	3102 <input type="text"/> <input type="text"/> <input type="text"/>		
	3104 <input type="text"/> <input type="text"/> <input type="text"/>		
	3106 <input type="text"/> <input type="text"/> <input type="text"/>		
	3108 <input type="text"/> <input type="text"/> <input type="text"/>		
	3110 <input type="text"/> <input type="text"/> <input type="text"/>		
	3112 <input type="text"/> <input type="text"/> <input type="text"/>		
	3114 <input type="text"/> <input type="text"/> <input type="text"/>		
	3116 <input type="text"/> <input type="text"/> <input type="text"/>		
NOTES			

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK
ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

3121

- 1 ☐ Yes – ASK 12b
2 ☐ No – ASK 12a

12a. In which month, during the 4 month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

b. Did . . . receive food stamps in (Read each
month)?

NOTE – Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

3122

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(2 months ago)

3126

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(3 months ago)

3130

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

(4 months ago)

3134

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12c. If "Yes" in item 12b, ask – What
was the total amount?

3124

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

3128

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

3132

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

3136

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each
month)?

Mark (X) all that apply.

3138

1 ☐ Last month

3140

2 ☐ 2 months ago

3142

3 ☐ 3 months ago

3144

4 ☐ 4 months ago

b. Which persons were covered?

3146

Person No. Name
.

3148

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3150

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3152

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3154

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SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i>		Income code <div>3200</div>	Name of income type
CHECK ITEM A1	Mark (X) income type code.	<div>3202</div> <div>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 31 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 30 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</div>	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3204</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</div>	
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?		<div>3206</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</div>	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3208</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 30</div>	
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3210</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</div>	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?		<div>3212</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</div>	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	<div>3214</div> <div>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</div>	
CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	<div>3215</div> <div>1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a</div>	
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</i>		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.	
(Last month)	<div>3216</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3218</div> <div>\$ <div></div> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	
(2 months ago)	<div>3220</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3222</div> <div>\$ <div></div> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	
(3 months ago)	<div>3224</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3226</div> <div>\$ <div></div> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	
(4 months ago)	<div>3228</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3230</div> <div>\$ <div></div> . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

**CHECK
ITEM A5**

Mark (X) income type code.

3232

- 1 ☐ ISS Code 1 or 2 - *SKIP to Check Item A6.1*
 2 ☐ ISS Code 8 or 20 through 24
 3 ☐ All other income codes - *SKIP to next ISS Code or Check Item P1, page 53*

6a. Were all the people living here covered by . . . 's payments?

3234

- 1 ☐ Yes - *SKIP to Check Item A6*
 2 ☐ No

b. Which persons were covered?

Person No. Name

3236

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3238

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3240

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3242

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3244

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3246

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3248

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3250

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3252

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3254

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3256

- 1 ☐ Yes
 2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

7a. What type of Veterans' payments did . . . receive?

3258

- 1 ☐ Service-connected disability compensation
 2 ☐ Survivor benefits
 3 ☐ Veterans' pension
 4 ☐ Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?

3260

- 1 ☐ Yes
 2 ☐ No
 X1 ☐ DK } *SKIP to next ISS Code or Check Item P1, page 53*

**CHECK
ITEM A6.1**

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?

3262

- 1 ☐ Yes - *SKIP to Check Item A7*
 2 ☐ No

(SHOW FLASHCARD O)
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3264

- 1 ☐ Blue
 2 ☐ Buff
 3 ☐ Direct deposit
 4 ☐ Other
 X1 ☐ DK

b. Do . . . 's payments usually come on the first of the month or the third?

3266

- 1 ☐ First
 2 ☐ Third
 3 ☐ Other
 X1 ☐ DK

**CHECK
ITEM A7**

Refer to item 2, page 28.

Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

3268

- 1 ☐ Yes
 2 ☐ No - *SKIP to next ISS Code or Check Item P1, page 53*

NOTES

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
9a. Were (Social Security/Railroad Retirement) payments received for . . .’s children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		<div>3270</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	9b. If "Yes" in item 9a – How much was received? <div>3272</div> <div>\$</div> <div>X1 <input type="checkbox"/> DK</div> <div>X2 <input type="checkbox"/> Ref.</div>
(2 months ago)		<div>3274</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3276</div> <div>\$</div> <div>X1 <input type="checkbox"/> DK</div> <div>X2 <input type="checkbox"/> Ref.</div>
(3 months ago)		<div>3278</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3280</div> <div>\$</div> <div>X1 <input type="checkbox"/> DK</div> <div>X2 <input type="checkbox"/> Ref.</div>
(4 months ago)		<div>3282</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>3284</div> <div>\$</div> <div>X1 <input type="checkbox"/> DK</div> <div>X2 <input type="checkbox"/> Ref.</div>
10a. Were all children living here covered by these payments? b. Which children were covered?		<div>3286</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53</div> <div>2 <input type="checkbox"/> No</div>	
		<div>3288</div> <div>Person No.</div> <div>Name</div>	
		<div>3290</div> <div>Person No.</div> <div>Name</div>	
		<div>3292</div> <div>Person No.</div> <div>Name</div>	
		<div>3294</div> <div>Person No.</div> <div>Name</div>	
		<div>3296</div> <div>Person No.</div> <div>Name</div>	
		<div>3298</div> <div>Person No.</div> <div>Name</div>	
SKIP to next ISS Code or Check Item P1, page 53			
11a. Were all the people living here covered under . . .’s food stamp allotment?		<div>3300</div> <div>1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1</div> <div>2 <input type="checkbox"/> No</div>	
b. Which persons were covered?		<div>3302</div> <div>Person No.</div> <div>Name</div>	
		<div>3304</div> <div>Person No.</div> <div>Name</div>	
		<div>3306</div> <div>Person No.</div> <div>Name</div>	
		<div>3308</div> <div>Person No.</div> <div>Name</div>	
		<div>3310</div> <div>Person No.</div> <div>Name</div>	
		<div>3312</div> <div>Person No.</div> <div>Name</div>	
		<div>3314</div> <div>Person No.</div> <div>Name</div>	
		<div>3316</div> <div>Person No.</div> <div>Name</div>	
NOTES			

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK
ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

- 3321 1 ☐ Yes – ASK 12b
2 ☐ No – ASK 12a

12a. In which month, during the 4 month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

b. Did . . . receive food stamps in (Read each
month)?

NOTE – Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

- 3322 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12c. If "Yes" in item 12b, ask – What
was the total amount?

3324 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

- 3326 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3328 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

- 3330 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3332 \$. 00
x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

- 3334 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3336 \$. 00
x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each
month)?

Mark (X) all that apply.

- 3338 1 ☐ Last month
3340 2 ☐ 2 months ago
3342 3 ☐ 3 months ago
3344 4 ☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
3346		
3348		
3350		
3352		
3354		

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i>		Income code <div>3400</div>	Name of income type
CHECK ITEM A1	Mark (X) income type code.	<div>3402</div> <div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>ISS Code 1 or 2 (SS or RR)</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>ISS Code 25 (WIC) - SKIP to 13a, page 35</div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>ISS Code 27 (Food Stamps) - SKIP to 11a, page 34</div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4</div><div><div><div>5</div><div><input type="checkbox"/></div></div><div>Other ISS Codes - SKIP to Check Item A4.1</div></div></div></div></div></div></div>	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3404</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No - SKIP to Check Item A3</div></div></div>	
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?		<div>3406</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No - SKIP to Check Item A3</div></div></div>	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3408</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No - SKIP to 9a, page 34</div></div></div>	
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3410</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No - SKIP to Check Item A4.1</div></div></div>	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?		<div>3412</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No - SKIP to Check Item A4.1</div></div></div>	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	<div>3414</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes - SKIP to next ISS Code or Check Item P1, page 53</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No</div></div></div>	
CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	<div>3415</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes - ASK 5b</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No - ASK 5a</div></div></div>	
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</i>		5c. Some persons receive more than one payment per month for certain income types. <div>► For ISS codes 1 or 2 (SS or RR) read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. <div>► For all other ISS codes read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</div></div>	
(Last month)	<div>3416</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No</div><div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div></div>	<div>3418</div> <div>\$</div> <div></div> <div>00</div> <div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div><div><div><div>X2</div><div><input type="checkbox"/></div></div><div>Ref.</div></div></div>	
(2 months ago)	<div>3420</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No</div><div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div></div>	<div>3422</div> <div>\$</div> <div></div> <div>00</div> <div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div><div><div><div>X2</div><div><input type="checkbox"/></div></div><div>Ref.</div></div></div>	
(3 months ago)	<div>3424</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No</div><div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div></div>	<div>3426</div> <div>\$</div> <div></div> <div>00</div> <div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div><div><div><div>X2</div><div><input type="checkbox"/></div></div><div>Ref.</div></div></div>	
(4 months ago)	<div>3428</div> <div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No</div><div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div></div>	<div>3430</div> <div>\$</div> <div></div> <div>00</div> <div><div><div>X1</div><div><input type="checkbox"/></div></div><div>DK</div><div><div><div>X2</div><div><input type="checkbox"/></div></div><div>Ref.</div></div></div>	

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3432	<input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> <input type="checkbox"/> ISS Code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
6a. Were all the people living here covered by . . . 's payments?		3434	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
b. Which persons were covered?			
		3436	Person No. Name [][][] []
		3438	[][][] []
		3440	[][][] []
		3442	[][][] []
		3444	[][][] []
		3446	[][][] []
		3448	[][][] []
		3450	[][][] []
		3452	[][][] []
		3454	[][][] []
CHECK ITEM A6	Is this ISS Code "8"?	3456	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		3458	<input type="checkbox"/> Service-connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3460	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3462	<input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> <input type="checkbox"/> No
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		3464	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct deposit <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3466	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES			
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Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

3470 1 ☐ Yes
2 ☐ No
X1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

3472 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3474 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3476 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3478 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3480 \$. 00
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3482 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3484 \$. 00
X1 ☐ DK
X2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

10a. Were all children living here covered by these payments?

3486 1 ☐ Yes – SKIP to next ISS Code or Check Item P1, page 53
2 ☐ No

b. Which children were covered?

	Person No.	Name
3488		
3490		
3492		
3494		
3496		
3498		

SKIP to next ISS Code or Check Item P1, page 53

11a. Were all the people living here covered under . . . 's food stamp allotment?

3500 1 ☐ Yes – SKIP to Check Item A7.1
2 ☐ No

b. Which persons were covered?

	Person No.	Name
3502		
3504		
3506		
3508		
3510		
3512		
3514		
3516		

NOTES

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK
ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

3521

- 1 ☐ Yes - ASK 12b
2 ☐ No - ASK 12a

12a. In which month, during the 4 month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

b. Did . . . receive food stamps in (Read each
month)?

NOTE - Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

3522

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

12c. If "Yes" in item 12b, ask - What
was the total amount?

3524

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

(2 months ago)

3526

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3528

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

(3 months ago)

3530

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3532

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

(4 months ago)

3534

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

3536

\$. 00

- x1 ☐ DK
x2 ☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each
month)?

Mark (X) all that apply.

3538

1 ☐ Last month

3540

2 ☐ 2 months ago

3542

3 ☐ 3 months ago

3544

4 ☐ 4 months ago

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.

(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)

Income code

3600

Name of income type

CHECK ITEM A1

Mark (X) income type code.

3602

- 1 ☐ ISS Code 1 or 2 (SS or RR)
2 ☐ ISS Code 25 (WIC) - SKIP to 13a, page 39
3 ☐ ISS Code 27 (Food Stamps) - SKIP to 11a, page 38
4 ☐ ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4
5 ☐ Other ISS Codes - SKIP to Check Item A4.1

CHECK ITEM A2

Refer to cc item 27.

Is . . . a designated parent or guardian of children under age 18?

3604

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item A3

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?

3606

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item A3

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

3608

- 1 ☐ Yes
2 ☐ No - SKIP to 9a, page 38

CHECK ITEM A3

Refer to cc item 26a.

Is . . . married?

3610

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item A4.1

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?

3612

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item A4.1

CHECK ITEM A4

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?

3614

- 1 ☐ Yes - SKIP to next ISS Code or Check Item A1, page 53
2 ☐ No

CHECK ITEM A4.1

Refer to item 11b, page 5.

Is this income source listed on the income roster?

3615

- 1 ☐ Yes - ASK 5b
2 ☐ No - ASK 5a

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?

Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.

b. Did . . . receive any (Read name of income type) in (Read each month)?

NOTE - Social Security and SSI payments may be adjusted for inflation each January.

(Last month)

3616

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

5c. Some persons receive more than one payment per month for certain income types.

► For ISS codes 1 or 2 (SS or RR) read -

How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.

► For all other ISS codes read -

How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.

3618

\$. 00
X1 ☐ DK
X2 ☐ Ref.

(2 months ago)

3620

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3622

\$. 00
X1 ☐ DK
X2 ☐ Ref.

(3 months ago)

3624

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3626

\$. 00
X1 ☐ DK
X2 ☐ Ref.

(4 months ago)

3628

- 1 ☐ Yes
2 ☐ No
X1 ☐ DK

3630

\$. 00
X1 ☐ DK
X2 ☐ Ref.

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5

Mark (X) income type code.

3632

- 1 ☐ ISS Code 1 or 2 - SKIP to Check Item A6.1
2 ☐ ISS Code 8 or 20 through 24
3 ☐ All other income codes - SKIP to next ISS Code or Check Item P1, page 53

6a. Were all the people living here covered by ...'s payments?

3634

- 1 ☐ Yes - SKIP to Check Item A6
2 ☐ No

b. Which persons were covered?

Person No. Name

3636

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3638

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3640

--	--	--	--

3642

--	--	--	--

3644

--	--	--	--

3646

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3648

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3650

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3652

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3654

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CHECK ITEM A6

Is this ISS Code "8"?

3656

- 1 ☐ Yes
2 ☐ No - SKIP to next ISS Code or Check Item P1, page 53

7a. What type of Veterans' payments did ... receive?

3658

- 1 ☐ Service-connected disability compensation
2 ☐ Survivor benefits
3 ☐ Veterans' pension
4 ☐ Other Veterans' payments

b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?

3660

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to next ISS Code or Check Item P1, page 53

CHECK ITEM A6.1

Refer to cc item 45.

Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?

3662

- 1 ☐ Yes - SKIP to Check Item A7
2 ☐ No

(SHOW FLASHCARD O)

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

3664

- 1 ☐ Blue
2 ☐ Buff
3 ☐ Direct deposit
4 ☐ Other
x1 ☐ DK

b. Do ...'s payments usually come on the first of the month or the third?

3666

- 1 ☐ First
2 ☐ Third
3 ☐ Other
x1 ☐ DK

CHECK ITEM A7

Refer to item 2, page 36.

Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

3668

- 1 ☐ Yes
2 ☐ No - SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

9a. Were (Social Security/Railroad Retirement) payments received for ...’s children in (Read each month)?

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

3670

☐ Yes

☐ No

X1 ☐ DK

(2 months ago)

3674

☐ Yes

☐ No

X1 ☐ DK

(3 months ago)

3678

☐ Yes

☐ No

X1 ☐ DK

(4 months ago)

3682

☐ Yes

☐ No

X1 ☐ DK

9b. If "Yes" in item 9a – How much was received?

3672

\$

00

X1 ☐ DK

X2 ☐ Ref.

3676

\$

00

X1 ☐ DK

X2 ☐ Ref.

3680

\$

00

X1 ☐ DK

X2 ☐ Ref.

3684

\$

00

X1 ☐ DK

X2 ☐ Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

10a. Were all children living here covered by these payments?

3686

☐ Yes – SKIP to next ISS Code or Check Item P1, page 53

☐ No

b. Which children were covered?

	Person No.	Name
3688		
3690		
3692		
3694		
3696		
3698		

SKIP to next ISS Code or Check Item P1, page 53

11a. Were all the people living here covered under ...’s food stamp allotment?

3700

☐ Yes – SKIP to Check Item A7.1

☐ No

b. Which persons were covered?

	Person No.	Name
3702		
3704		
3706		
3708		
3710		
3712		
3714		
3716		

NOTES

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK ITEM A7.1	Refer to item 11b, page 5.	3721	1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a
	Is "Food Stamps" (code 27) listed on the income roster?		
	12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)? Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.		
	b. Did . . . receive food stamps in (Read each month)? NOTE – Food stamp benefits may be adjusted for inflation in July and October.		12c. If "Yes" in item 12b, ask – What was the total amount?
	(Last month)	3722 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3724 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3 months ago)	3730 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4 months ago)	3734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.	3738	1 <input type="checkbox"/> Last month
	3740	2 <input type="checkbox"/> 2 months ago
	3742	3 <input type="checkbox"/> 3 months ago
	3744	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?	3746	Person No. Name
	3748	
	3750	
	3752	
	3754	

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

Part A – GENERAL AMOUNTS (ISS Codes 1–56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>		Income code <div>3800</div>	Name of income type
CHECK ITEM A1	Mark (X) income type code.	<div>3802</div> <div>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 43 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 42 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</div>	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>3804</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</div>	
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?		<div>3806</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</div>	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>3808</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 42</div>	
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>3810</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?		<div>3812</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</div>	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	<div>3814</div> <div>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</div>	
CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	<div>3815</div> <div>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</div>	
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</i>		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.	
(Last month)	<div>3816</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3818</div> <div>\$ <div></div> . <div>00</div> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	
(2 months ago)	<div>3820</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3822</div> <div>\$ <div></div> . <div>00</div> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	
(3 months ago)	<div>3824</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3826</div> <div>\$ <div></div> . <div>00</div> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	
(4 months ago)	<div>3828</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</div>	<div>3830</div> <div>\$ <div></div> . <div>00</div> X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</div>	

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	3832	<div><input type="checkbox"/> ISS Code 1 or 2 - SKIP to Check Item A6.1</div> <div><input type="checkbox"/> ISS Code 8 or 20 through 24</div> <div><input type="checkbox"/> All other income codes - SKIP to next ISS Code or Check Item P1, page 53</div>
6a. Were all the people living here covered by ...'s payments?		3834	<div><input type="checkbox"/> Yes - SKIP to Check Item A6</div> <div><input type="checkbox"/> No</div>
b. Which persons were covered?			
		3836	<div>Person No. Name</div> <div><div></div><div></div><div></div></div>
		3838	<div><div></div><div></div><div></div></div>
		3840	<div><div></div><div></div><div></div></div>
		3842	<div><div></div><div></div><div></div></div>
		3844	<div><div></div><div></div><div></div></div>
		3846	<div><div></div><div></div><div></div></div>
		3848	<div><div></div><div></div><div></div></div>
		3850	<div><div></div><div></div><div></div></div>
		3852	<div><div></div><div></div><div></div></div>
		3854	<div><div></div><div></div><div></div></div>
CHECK ITEM A6	Is this ISS Code "8"?	3856	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53</div>
7a. What type of Veterans' payments did ... receive?		3858	<div><input type="checkbox"/> Service-connected disability compensation</div> <div><input type="checkbox"/> Survivor benefits</div> <div><input type="checkbox"/> Veterans' pension</div> <div><input type="checkbox"/> Other Veterans' payments</div>
b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		3860	<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div></div><div>SKIP to next ISS Code or Check Item P1, page 53</div></div>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	3862	<div><input type="checkbox"/> Yes - SKIP to Check Item A7</div> <div><input type="checkbox"/> No</div>
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		3864	<div><input type="checkbox"/> Blue</div> <div><input type="checkbox"/> Buff</div> <div><input type="checkbox"/> Direct deposit</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
b. Do ...'s payments usually come on the first of the month or the third?		3866	<div><input type="checkbox"/> First</div> <div><input type="checkbox"/> Third</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> DK</div>
CHECK ITEM A7	Refer to item 2, page 40. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3868	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53</div>

NOTES

Section 3 – AMOUNTS (Continued)																														
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)																														
9a. Were (Social Security/Railroad Retirement) payments received for ...’s children in <i>(Read each month)?</i> NOTE – Social Security payments may be adjusted for inflation each January. (Last month) (2 months ago) (3 months ago) (4 months ago)	3870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a – How much was received? 3872 \$ 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																												
	3874 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3876 \$ 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																												
	3878 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3880 \$ 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																												
	3882 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3884 \$ 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																												
	10a. Were all children living here covered by these payments? 3886 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No																													
b. Which children were covered?	<table><thead><tr><th></th><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td>3888</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3890</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3892</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3894</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3896</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3898</td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				Person No.	Name	3888	<input type="text"/>	<input type="text"/>	3890	<input type="text"/>	<input type="text"/>	3892	<input type="text"/>	<input type="text"/>	3894	<input type="text"/>	<input type="text"/>	3896	<input type="text"/>	<input type="text"/>	3898	<input type="text"/>	<input type="text"/>						
	Person No.	Name																												
3888	<input type="text"/>	<input type="text"/>																												
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11a. Were all the people living here covered under ...’s food stamp allotment?	3900 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No																													
b. Which persons were covered?	<table><thead><tr><th></th><th>Person No.</th><th>Name</th></tr></thead><tbody><tr><td>3902</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3904</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3906</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3908</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3910</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3912</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3914</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3916</td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>				Person No.	Name	3902	<input type="text"/>	<input type="text"/>	3904	<input type="text"/>	<input type="text"/>	3906	<input type="text"/>	<input type="text"/>	3908	<input type="text"/>	<input type="text"/>	3910	<input type="text"/>	<input type="text"/>	3912	<input type="text"/>	<input type="text"/>	3914	<input type="text"/>	<input type="text"/>	3916	<input type="text"/>	<input type="text"/>
	Person No.	Name																												
3902	<input type="text"/>	<input type="text"/>																												
3904	<input type="text"/>	<input type="text"/>																												
3906	<input type="text"/>	<input type="text"/>																												
3908	<input type="text"/>	<input type="text"/>																												
3910	<input type="text"/>	<input type="text"/>																												
3912	<input type="text"/>	<input type="text"/>																												
3914	<input type="text"/>	<input type="text"/>																												
3916	<input type="text"/>	<input type="text"/>																												
NOTES																														

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK ITEM A7.1	Refer to item 11b, page 5.	3921	1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a
	Is "Food Stamps" (code 27) listed on the income roster?		
	12a. In which month, during the 4-month reference period, did . . . begin to receive food stamps? Was it in (Read each month)? Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.		
	b. Did . . . receive food stamps in (Read each month)? NOTE – Food stamp benefits may be adjusted for inflation in July and October.		12c. If "Yes" in item 12b, ask – What was the total amount?
	(Last month)	3922 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3924 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3926 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3928 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(3 months ago)	3930 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3932 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
(4 months ago)	3934 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3936 \$. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.	3938	1 <input type="checkbox"/> Last month
	3940	2 <input type="checkbox"/> 2 months ago
	3942	3 <input type="checkbox"/> 3 months ago
	3944	4 <input type="checkbox"/> 4 months ago
	b. Which persons were covered?	
	3946	Person No. Name
	3948	
	3950	
	3952	
	3954	

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS

Part A - GENERAL AMOUNTS (ISS Codes 1-56)

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i>		Income code <div>4000</div>	Name of income type
CHECK ITEM A1	Mark (X) income type code.	<div>4002</div> <div>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 47 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 46 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</div>	
CHECK ITEM A2	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18?	<div>4004</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</div>	
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?		<div>4006</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3</div>	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		<div>4008</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 46</div>	
CHECK ITEM A3	Refer to cc item 26a. Is . . . married?	<div>4010</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</div>	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?		<div>4012</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1</div>	
CHECK ITEM A4	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	<div>4014</div> <div>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</div>	
CHECK ITEM A4.1	Refer to item 11b, page 5. Is this income source listed on the income roster?	<div>4015</div> <div>1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a</div>	
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</i>		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.	
(Last month)	<div>4016</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4018</div> <div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
(2 months ago)	<div>4020</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4022</div> <div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
(3 months ago)	<div>4024</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4026</div> <div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	
(4 months ago)	<div>4028</div> <div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</div>	<div>4030</div> <div>\$ <div></div> . <div>00</div> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</div>	

Section 3 – AMOUNTS (Continued)

Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)

CHECK ITEM A5	Mark (X) income type code.	4032	1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
6a. Were all the people living here covered by . . . 's payments?		4034	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name
		4036	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4038	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4040	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4042	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4044	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4046	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4048	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4050	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4052	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		4054	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
7a. What type of Veterans' payments did . . . receive?		4058	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	4062	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES

Section 3 – AMOUNTS (Continued)			
Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)			
9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)		9b. If "Yes" in item 9a – How much was received?	
	4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	4072 \$	<input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(2 months ago)	4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	4076 \$	<input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(3 months ago)	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	4080 \$	<input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(4 months ago)	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	4084 \$	<input type="text"/> . <input type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments?		4086 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No	
b. Which children were covered?			
	4088	Person No.	Name
	4090	<input type="text"/>	<input type="text"/>
	4092	<input type="text"/>	<input type="text"/>
	4094	<input type="text"/>	<input type="text"/>
	4096	<input type="text"/>	<input type="text"/>
	4098	<input type="text"/>	<input type="text"/>
SKIP to next ISS Code or Check Item P1, page 53			
11a. Were all the people living here covered under . . . 's food stamp allotment?		4100 1 <input type="checkbox"/> Yes – SKIP to Check Item A7.1 2 <input type="checkbox"/> No	
b. Which persons were covered?			
	4102	Person No.	Name
	4104	<input type="text"/>	<input type="text"/>
	4106	<input type="text"/>	<input type="text"/>
	4108	<input type="text"/>	<input type="text"/>
	4110	<input type="text"/>	<input type="text"/>
	4112	<input type="text"/>	<input type="text"/>
	4114	<input type="text"/>	<input type="text"/>
	4116	<input type="text"/>	<input type="text"/>
NOTES			

Section 3 - AMOUNTS (Continued)

Part A - GENERAL AMOUNTS (ISS Codes 1-56) (Continued)

CHECK
ITEM A7.1

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the
income roster?

- 4121
- 1

☐ Yes - ASK 12b
- 2

☐ No - ASK 12a

12a. In which month, during the 4-month reference
period, did . . . begin to receive food stamps?
Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

b. Did . . . receive food stamps in (Read each
month)?

NOTE - Food stamp benefits may be adjusted for
inflation in July and October.

(Last month)

- 4122
- 1

☐ Yes
- 2

☐ No
- x1

☐ DK

(2 months ago)

- 4126
- 1

☐ Yes
- 2

☐ No
- x1

☐ DK

(3 months ago)

- 4130
- 1

☐ Yes
- 2

☐ No
- x1

☐ DK

(4 months ago)

- 4134
- 1

☐ Yes
- 2

☐ No
- x1

☐ DK

12c. If "Yes" in item 12b, ask - What
was the total amount?

4124

\$

00

x1

☐ DK

x2

☐ Ref.

4128

\$

00

x1

☐ DK

x2

☐ Ref.

4132

\$

00

x1

☐ DK

x2

☐ Ref.

4136

\$

00

x1

☐ DK

x2

☐ Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each
month)?

Mark (X) all that apply.

- 4138
- 1

☐ Last month
- 4140

2

☐ 2 months ago
- 4142

3

☐ 3 months ago
- 4144

4

☐ 4 months ago

b. Which persons were covered?

	Person No.	Name
4146		
4148		
4150		
4152		
4154		

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS (Continued)

Part B – SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)

**CHECK
ITEM A8**

Asset types owned.
Mark (X) all that apply.

4300

1 ☐ ISS Code 100 – Regular/Passbook savings accounts

4302

2 ☐ ISS Code 101 – Money market deposit accounts

4304

3 ☐ ISS Code 102 – Certificates of deposit or other savings certificates

4306

4 ☐ ISS Code 103 – Interest-earning checking accounts (such as NOW or Super-NOW accounts)

1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

**CHECK
ITEM A9**

Interview status of . . . 's spouse.

4308

1 ☐ No spouse in household – *SKIP to 3b*

2 ☐ Interview for spouse not yet conducted

3 ☐ Interview for spouse already conducted – *SKIP to 3a*

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4310

1 ☐ Yes

2 ☐ No – *SKIP to 3b*

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4312

\$. 00 – *SKIP to 3a*

x3 ☐ None – *SKIP to 3a*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

4314

\$. 00 – *SKIP to 3a*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4316

1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 5*

2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

4318

1 ☐ Yes

2 ☐ No – *SKIP to next ISS Code or Check Item P1, page 53*

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4320

\$. 00 – *SKIP to next ISS Code or Check Item P1, page 53*

x3 ☐ None – *SKIP to next ISS Code or Check Item P1, page 53*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★

4322

\$. 00 – *SKIP to next ISS Code or Check Item P1, page 53*

x1 ☐ DK

x2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4324

1 ☐ Yes – *Mark Reminder Card and Callback Summary, Item 6*

2 ☐ No

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS (Continued)

Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)

CHECK
ITEM A10

Asset types owned.
Mark (X) all that apply.

4400
4402
4404
4406

- 1 ☐ ISS Code 104 – Money market funds
2 ☐ ISS Code 105 – U.S. Government securities
3 ☐ ISS Code 106 – Municipal or corporate bonds
4 ☐ ISS Code 107 – Other interest-earning assets –
Specify ✓

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

CHECK
ITEM A11

Interview status of . . . 's spouse.

4408

- 1 ☐ No spouse in household – SKIP to 3b
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted –
SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4410

- 1 ☐ Yes
2 ☐ No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4412

- \$. 00 – SKIP to 3a
x3 ☐ None – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or
Check Item P1, page 53

c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★

4414

- \$. 00 – SKIP to 3a
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or
Check Item P1, page 53

d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4416

- 1 ☐ Yes – Mark Reminder Card and
Callback Summary, Item 7
2 ☐ No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

4418

- 1 ☐ Yes
2 ☐ No – SKIP to next ISS Code or
Check Item P1, page 53

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4420

- \$. 00 – SKIP to next ISS Code or
Check Item P1, page 53
x3 ☐ None – SKIP to next ISS Code or
Check Item P1, page 53
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or
Check Item P1, page 53

c. What is the best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★

4422

- \$. 00 – SKIP to next ISS Code or
Check Item P1, page 53
x1 ☐ DK
x2 ☐ Ref. – SKIP to next ISS Code or
Check Item P1, page 53

d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4424

- 1 ☐ Yes – Mark Reminder Card and
Callback Summary, Item 8 } SKIP to next
2 ☐ No } ISS Code or
Check Item
P1, page 53

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)	4500	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3a
CHECK ITEM A12 Interview status of . . . 's spouse.	4502	1 <input type="checkbox"/> No spouse in household – SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)? ★	4504	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 2a x3 <input type="checkbox"/> None – SKIP to 2a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 9 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)? ★	4508	\$ <input type="text"/> . <input type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
b. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 10 2 <input type="checkbox"/> No
3a. (Besides the money that . . . received in dividend checks,) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	4512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A13 Interview status of . . . 's spouse.	4514	1 <input type="checkbox"/> No spouse in household – SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c
3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?	4516	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?	4518	\$ <input type="text"/> . <input type="text"/> 00 } SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.

CHECK
ITEM A14

Interview status of . . . 's spouse.

4600

- 1 ☐ No spouse in household – *SKIP to 3a*
2 ☐ Interview for spouse not yet conducted
3 ☐ Interview for spouse already conducted – *SKIP to 3a*

2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? Include only property owned entirely by couple.

4602

- 1 ☐ Yes
2 ☐ No – *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- X1 ☐ DK
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

4606

\$. 00

- X3 ☐ None
X1 ☐ DK
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

4608

- X4 ☐ Lost money – Enter amount of loss in box

3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4 months?

4610

- 1 ☐ Yes
2 ☐ No – *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

4612

\$. 00

- X1 ☐ DK
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

4614

\$. 00

- X3 ☐ None
X1 ☐ DK
X2 ☐ Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

4616

- X4 ☐ Lost money – Enter amount of loss in box

4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . . 's spouse)

4618

- 1 ☐ Yes
2 ☐ No – *SKIP to next ISS Code or Check Item P1, page 53*

b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?

4620

\$. 00

- X3 ☐ None
X1 ☐ DK
X2 ☐ Ref.

4622

- X4 ☐ Lost money – Enter amount of loss in box

*SKIP to next
ISS Code or
Check Item
P1, page 53*

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

Part F – MORTGAGES, ROYALTIES AND OTHER FINANCIAL INVESTMENTS
(ISS Codes 130, 140, and 150)

CHECK ITEM A15	Asset types owned. Mark (X) all that apply.	<div>4700</div> <div>4702</div> <div>4704</div>	<div>1 <input type="checkbox"/> ISS Code 130</div> <div>2 <input type="checkbox"/> ISS Code 140</div> <div>3 <input type="checkbox"/> ISS Code 150</div>	Mortgages Royalties Other financial investments
CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	<div>4706</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3</div>	
CHECK ITEM A17	Interview status of ...'s spouse.	<div>4708</div>	<div>1 <input type="checkbox"/> No spouse in household – SKIP to 2b</div> <div>2 <input type="checkbox"/> Interview for spouse not yet conducted</div> <div>3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a</div>	
	1a. Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	<div>4710</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 2b</div>	
	b. During the past 4 months, how much interest was paid to ... and ...'s spouse by the borrower?	<div>4712</div>	<div>\$</div> <div>00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
	2a. (Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	<div>4714</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item A18</div>	
	b. (Earlier you said that ... held a mortgage.) During the past 4 months, how much interest was paid to ... by the borrower?	<div>4716</div>	<div>\$</div> <div>00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div>	
CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	<div>4718</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item P1</div>	
	3. Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.	<div>4720</div> <div>4722</div>	<div>\$</div> <div>00</div> <div>x3 <input type="checkbox"/> None</div> <div>x1 <input type="checkbox"/> DK</div> <div>x2 <input type="checkbox"/> Ref.</div> <div>x4 <input type="checkbox"/> Lost money – Enter amount of loss in box</div>	

NOTES

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1

Refer to cc item 19b.

Is this the reference person's questionnaire?

4800

1 ☐ Yes

2 ☐ No – SKIP to Check Item T1, page 54

CHECK ITEM P2

Refer to cc items 16a and 16b.

Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)

4802

1 ☐ Yes

2 ☐ No – SKIP to 2a

1a. What is your monthly rent?

Include only the amount the respondent pays for rent. Exclude any subsidized amount.

4804

\$. 00

x3 ☐ None

x1 ☐ DK

x2 ☐ Ref.

} SKIP to 2a

b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?

Exclude telephone.

4806

1 ☐ Yes

2 ☐ No

x1 ☐ DK

2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?

4816

1 ☐ Yes

2 ☐ No

x1 ☐ DK

} SKIP to Check Item P3

b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?

Mark (X) all that apply.

4818

1 ☐ Checks sent to household

4820

2 ☐ Coupons or vouchers sent to household

4822

3 ☐ Payments sent directly to utility company, fuel dealer, or landlord

c. What was the total amount of the energy assistance received by this household during the past 4 months?

4824

\$. 00

x1 ☐ DK

CHECK ITEM P3

Are there any children 5 to 18 years old who live in this household?

4826

1 ☐ Yes

2 ☐ No – SKIP to Check Item T1, page 54

3a. Do any of the children in this household usually eat a complete hot lunch offered at school?

4828

1 ☐ Yes

2 ☐ No – SKIP to Check Item T1, page 54

b. How many children?

4830

Children

c. How many complete school lunches do all of the children eat per week?

4832

Number of lunches

x1 ☐ DK

d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?

4834

1 ☐ Yes

2 ☐ No – SKIP to 3f

e. In the past 4 months, were the lunches free, reduced price, or were they full price?

Mark (X) only one.

4836

1 ☐ Free lunch – SKIP to 3g

2 ☐ Reduced-price lunch

3 ☐ Full-price lunch

f. What was the average price paid by all of the children for a complete school lunch?

4838

\$.

x1 ☐ DK

g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?

4840

1 ☐ Yes

2 ☐ No – SKIP to Check Item T1, page 54

h. How many children?

4842

Children

i. How many complete school breakfasts do all of the children eat per week?

4844

Number of breakfasts

x1 ☐ DK

j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?

Mark (X) only one.

4846

1 ☐ Free breakfast

2 ☐ Reduced-price breakfast

3 ☐ Full-price breakfast

Section 5 – TOPICAL MODULES			
Part A – WORK SCHEDULE			
CHECK ITEM T1	Is "Worked" (code 170) marked on the ISS?	8000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T2, page 56
ASK OR VERIFY – 1a. Did . . . work at all last month?		8001	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T2, page 56
STATEMENT C → These next few questions ask about . . . 's work schedule during a typical week last month.			
1b. How many employers did . . . work for during a typical week? (Count self-employed as one employer.)		8002	1 <input type="checkbox"/> 1 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 +
If two or more employers, ask items 1c–1i for the first job, then repeat for the second job.		JOB 1	
c. How many hours per day did . . . work that week?		8004	<input type="text"/> <input type="text"/> <input type="text"/> Hours
d. How many days did . . . work during that week?		8008	<input type="text"/> Days
e. Which days of the week were these? Mark (X) all that apply.		8012	1 <input type="checkbox"/> Monday through Friday
		8016	2 <input type="checkbox"/> Sunday
		8020	3 <input type="checkbox"/> Monday
		8024	4 <input type="checkbox"/> Tuesday
		8028	5 <input type="checkbox"/> Wednesday
		8032	6 <input type="checkbox"/> Thursday
		8036	7 <input type="checkbox"/> Friday
		8040	8 <input type="checkbox"/> Saturday
		8044	x5 <input type="checkbox"/> All seven days
		8014	1 <input type="checkbox"/> Monday through Friday
		8018	2 <input type="checkbox"/> Sunday
		8022	3 <input type="checkbox"/> Monday
		8026	4 <input type="checkbox"/> Tuesday
		8030	5 <input type="checkbox"/> Wednesday
		8034	6 <input type="checkbox"/> Thursday
		8038	7 <input type="checkbox"/> Friday
		8042	8 <input type="checkbox"/> Saturday
		8046	x5 <input type="checkbox"/> All seven days
f. During that week, at what time of day did . . . begin work most days?		8050	
		8048	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> { 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. (Time)
		8052	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> { 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. (Time)
g. At what time of day did . . . end work most days?		8058	
		8056	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> { 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. (Time)
		8060	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> { 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m. (Time)
NOTES			

Section 5 - TOPICAL MODULES (Continued)

Part A - WORK SCHEDULE (Continued)

1h. Which of the following best describes . . . 's work schedule at this job?

(SHOW FLASHCARD KK)

Mark (X) only one.

JOB 1

8064

- 1 ☐ Regular daytime schedule
- 2 ☐ Regular evening shift
- 3 ☐ Regular night shift
- 4 ☐ Rotating shift (one that changes regularly from days to evenings or nights)
- 5 ☐ Split shift (one consisting of two distinct periods each day)
- 6 ☐ Irregular schedule (one that changes from day to day)
- 7 ☐ Other - Specify

JOB 2

8066

- 1 ☐ Regular daytime schedule
- 2 ☐ Regular evening shift
- 3 ☐ Regular night shift
- 4 ☐ Rotating shift (one that changes regularly from days to evenings or nights)
- 5 ☐ Split shift (one consisting of two distinct periods each day)
- 6 ☐ Irregular schedule (one that changes from day to day)
- 7 ☐ Other - Specify

i. What is the MAIN reason . . . works (Read shift description marked in item 1h)?

Mark (X) only one.

VOLUNTARY REASONS

8068

- 1 ☐ Better child care arrangements
- 2 ☐ Better pay
- 3 ☐ Better arrangements for care of other family members
- 4 ☐ Allows time for school
- 5 ☐ Other voluntary reasons

INVOLUNTARY REASONS

- 6 ☐ Could not get any other job
- 7 ☐ Requirement of the job
- 8 ☐ Other involuntary reasons

VOLUNTARY REASONS

8070

- 1 ☐ Better child care arrangements
- 2 ☐ Better pay
- 3 ☐ Better arrangements for care of other family members
- 4 ☐ Allows time for school
- 5 ☐ Other voluntary reasons

INVOLUNTARY REASONS

- 6 ☐ Could not get any other job
- 7 ☐ Requirement of the job
- 8 ☐ Other involuntary reasons

CHECK ITEM T1.1

Refer to item 1b.

Is there another job to ask about?
(Is box 2 or 3 marked?)

8072

- 1 ☐ Yes - ASK items 1c through 1i for next job
- 2 ☐ No - Go to Check Item T2, page 56

Go to Check Item T2, page 56

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)		
Part B – CHILD CARE		
CHECK ITEM T2	Refer to cc items 27 and 24. Is . . . the designated parent or guardian of children under 6 years of age who live in this household?	8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12, page 61
CHECK ITEM T3	Is "Worked" (code 170) marked on the ISS?	8105 1 <input type="checkbox"/> Yes – SKIP to Check Item T6 2 <input type="checkbox"/> No
CHECK ITEM T4	Refer to item 30a, page 13. Was . . . enrolled in school during the reference period?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
1a. About how many hours per week did . . . usually spend in school last month?		8107 <div><div></div><div></div> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> DK x3 <input type="checkbox"/> Not enrolled last month</div> } SKIP to Check Item T6
CHECK ITEM T5	Refer to item 2a, page 2. Did . . . spend any time looking for work or on layoff from a job during the reference period?	8108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12, page 61
1b. About how many hours per week did . . . usually spend looking for a job last month?		8109 <div><div></div><div></div> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> DK x3 <input type="checkbox"/> Did not look for a job last month – SKIP to Check Item T12, page 61</div>
NOTES		

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK ITEM T6	Refer to cc items 18, 19, 24, and 27	YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST			
		Person No.	Age	Person No.	Age	Person No.	Age		
Beginning with the youngest child enter person numbers, ages, and names of children under 6, who are household members, for whom the person is a parent or guardian.		8114	<input type="text"/>	8116	<input type="text"/>	8118	<input type="text"/>		
		Name		Name		Name			
Ask 2a–3f for the youngest child and then ask 2a–3f for the second and third youngest.									
Now we have some questions about how the children in this household were cared for while . . . was working (in school/looking for a job). 2a. 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 in school/was looking for a job)? Mark the arrangement in which the child spent the most hours in a typical week last month. Mark (X) only one box.	8120	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten or elementary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> . . . works at home <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)	SKIP to Check Item T7	8122	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten or elementary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> . . . works at home <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)	SKIP to Check Item T7	8124	<input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten or elementary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> . . . works at home <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)	SKIP to Check Item T7
		<input type="checkbox"/> Child not born and/or . . . not guardian as of last month <input type="checkbox"/> . . . did not work, go to school, or look for job last month			<input type="checkbox"/> Child not born and/or . . . not guardian as of last month <input type="checkbox"/> . . . did not work, go to school, or look for job last month			<input type="checkbox"/> Child not born and/or . . . not guardian as of last month <input type="checkbox"/> . . . did not work, go to school, or look for job last month	
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8126	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8128	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8130	<input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place			
CHECK ITEM T7 Is box 3–8 marked in item 2a?	8132	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 2f, page 58	8134	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 2f, page 58	8136	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 2f, page 58			
2c. Was any money payment usually made for this arrangement?	8138	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 2f, page 58	8140	<input type="checkbox"/> Yes – SKIP to 2d <input type="checkbox"/> No – SKIP to 2f, page 58	8142	<input type="checkbox"/> Yes – SKIP to 2d <input type="checkbox"/> No – SKIP to 2f, page 58			
CHECK ITEM T8 Are there 2 or more children listed in Check Item T6?	8144	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 2e							
2d. Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover another one of your children?	8146	<input type="checkbox"/> Payment for youngest child separately <input type="checkbox"/> Includes another child	8148	<input type="checkbox"/> Payment for second youngest child separately <input type="checkbox"/> Includes another child	8150	<input type="checkbox"/> Payment for third youngest child separately <input type="checkbox"/> Includes another child			
e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8152	\$ <input type="text"/> . <input type="text"/> Per week x1 <input type="checkbox"/> DK	8154	\$ <input type="text"/> . <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8156	\$ <input type="text"/> . <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest			

Section 5 - TOPICAL MODULES (Continued)

Part B - CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
2f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job) last month?	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
g. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T11
3a. 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/was looking for a job)? Mark the arrangement in which the child spent the second most hours in a typical week. Mark (X) only one box.	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten or elementary 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/while job hunting) SKIP to Check Item T9	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten or elementary 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/while job hunting) SKIP to Check Item T9	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten or elementary 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/while job hunting) SKIP to Check Item T9
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3-8 marked in item 3a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f
3c. Was any money payment usually made for this arrangement?	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f	8190 1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No - SKIP to 3f	8192 1 <input type="checkbox"/> Yes - SKIP to 3d 2 <input type="checkbox"/> No - SKIP to 3f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3e		
3d. ASK OR VERIFY - Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the care you just described also cover another one of your children?	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
e. ASK OR VERIFY - In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8202 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child	8204 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for - x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job)?	8208 <input type="text"/> <input type="text"/> Hours SKIP to next child or Check Item T11	8210 <input type="text"/> <input type="text"/> Hours SKIP to next child or Check Item T11	8212 <input type="text"/> <input type="text"/> Hours Go to Check Item T11

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK
ITEM T11

Refer to cc items 27 and 24.

Is . . . the designated parent or guardian
of 4 or more children under 6 years of
age who live in this household?

8322

- 1 ☐ Yes
2 ☐ No – SKIP to 4b

4a. Considering all of . . . 's children under 6 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month?

(Exclude the cost of school tuition for kindergarten or elementary school.)

8324

\$. 00 Per week

- x2 ☐ All costs already recorded for the three youngest children

b. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for any of your children under age 6 at that time, even for less than a day, because your usual child care provider was not available?

(Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider, even for part of the day.)

8326

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item T12, page 61

c. When these changes in arrangements for your children under age 6 occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting), even for part of the day?

8328

- 1 ☐ Yes, respondent lost time
2 ☐ Yes, spouse lost time
3 ☐ Both, respondent and spouse lost time
4 ☐ No
x1 ☐ DK

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS

**CHECK
ITEM T12**

Refer to cc items 24 and 25.

Is . . . the parent of children under 21
years of age who live in this household?

8400

- 1 ☐ Yes
2 ☐ No – SKIP to part D, page 77

1a. Does . . . have any children of . . . 's own in this household under 21 years of age who have a parent living elsewhere?

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8401

- 1 ☐ Yes
2 ☐ No – SKIP to part D, page 77

b. How many of . . . 's own children living here have a parent living elsewhere?

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8402

Children

c. Which of . . . 's children are those?

(Record person number and name of children in column A, below.)
(List children by age, youngest first.)

A	B	C	D
Children under 21 with parent living elsewhere	NO SUPPORT agreement	MOST RECENT agreement	ALL OTHER agreements
Person No. Name			
8403 <input type="text"/> <input type="text"/> <input type="text"/> _____	8404 1 <input type="checkbox"/> Yes	8405 1 <input type="checkbox"/> Yes	8406 1 <input type="checkbox"/> Yes
8407 <input type="text"/> <input type="text"/> <input type="text"/> _____	8408 1 <input type="checkbox"/> Yes	8409 1 <input type="checkbox"/> Yes	8410 1 <input type="checkbox"/> Yes
8411 <input type="text"/> <input type="text"/> <input type="text"/> _____	8412 1 <input type="checkbox"/> Yes	8413 1 <input type="checkbox"/> Yes	8414 1 <input type="checkbox"/> Yes
8415 <input type="text"/> <input type="text"/> <input type="text"/> _____	8416 1 <input type="checkbox"/> Yes	8417 1 <input type="checkbox"/> Yes	8418 1 <input type="checkbox"/> Yes
8419 <input type="text"/> <input type="text"/> <input type="text"/> _____	8420 1 <input type="checkbox"/> Yes	8421 1 <input type="checkbox"/> Yes	8422 1 <input type="checkbox"/> Yes
8423 <input type="text"/> <input type="text"/> <input type="text"/> _____	8424 1 <input type="checkbox"/> Yes	8425 1 <input type="checkbox"/> Yes	8426 1 <input type="checkbox"/> Yes
8427 <input type="text"/> <input type="text"/> <input type="text"/> _____	8428 1 <input type="checkbox"/> Yes	8429 1 <input type="checkbox"/> Yes	8430 1 <input type="checkbox"/> Yes
8431 <input type="text"/> <input type="text"/> <input type="text"/> _____	8432 1 <input type="checkbox"/> Yes	8433 1 <input type="checkbox"/> Yes	8434 1 <input type="checkbox"/> Yes

1d. These next few questions concern child support.

Child support payments can be specified in written or verbal child support agreements.
Have child support payments ever been agreed to or awarded for (this child/ANY OF these children).

8435

- 1 ☐ Yes
2 ☐ No – For each child listed in column A, mark the "Yes" box in column B and SKIP to 5a, page 71

**CHECK
ITEM T13**

Refer to column A above.

Is only one person number entered?

8436

- 1 ☐ Yes – Mark the "Yes" box in column C for this child and SKIP to 2a.
2 ☐ No

1e. How many children are covered by a child support agreement?

8437

Children

f. Are . . . 's children that we have just listed covered by different child support agreements? By that, we mean separate agreements involving different absent parents.

8438

- 1 ☐ Yes
2 ☐ No – SKIP to 1j

g. How many different child support agreements cover these children?

8439

Number of agreements

h. Which of these children are covered by the MOST RECENT AGREEMENT?

(Refer to the children listed in column A)
(For each child mentioned, mark the "Yes" box in column C of the roster.)

i. Which of these children are covered by any OTHER child support agreements, either written or verbal?

(Refer to the children listed in column A. For each child mentioned, mark the "Yes" box in column D of the roster)
(Please note that a child cannot have more than one "Yes" box marked.)
(SKIP to Check Item T14, page 62)

j. Which (child/children) (is/are) covered by the agreement?

(Refer to the children listed in column A)
(For each child mentioned, mark the "Yes" box in column C of the roster.)

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T14

Refer to the roster.

Do any of the children in the roster
NOT HAVE "Yes" marked in column C
or D?

8440

- 1 ☐ Yes
2 ☐ No - SKIP to 2a.

1k. Which of these children are NOT covered by ANY child support agreements?

(Refer to the children listed in column A)

(For each child mentioned, mark the "Yes" box in column B of the roster.)

(Please note that a child cannot have more than one "Yes" box marked.)

2a. The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT.

(If names in column A marked "Yes" in column C)

This is the agreement covering (Read names).
Was this agreement a voluntary written
agreement ratified by the court, a
court-ordered agreement, some other type of
written agreement, or a non-written (verbal)
agreement?

8441

- 1 ☐ Voluntary written agreement ratified by
the court
2 ☐ Court-ordered agreement
3 ☐ Other type of written agreement - Specify

4 ☐ Non-written (verbal) agreement - SKIP to
3a, page 64

b. In what year was this agreement FIRST reached?

8442

1 9

x1 ☐ DK

c. What was the dollar amount of that agreement?

8443

\$. 00 Per week

8444

\$. 00 Biweekly

8445

\$. 00 Per month

8446

\$. 00 Per year

8447

x1 ☐ DK

d. Has the dollar amount ever been changed?

8448

- 1 ☐ Yes
2 ☐ No - SKIP to 2h

e. In what year was the amount LAST changed?

8449

1 9

x1 ☐ DK

f. What was the dollar amount for the agreement after the last change?

8450

\$. 00 Per week

8451

\$. 00 Biweekly

8452

\$. 00 Per month

8453

\$. 00 Per year

8454

x1 ☐ DK

g. Was this change made or agreed to by a government agency such as a court or child support agency?

8455

- 1 ☐ Yes
2 ☐ No

h. Were any payments due in the last 12 months?

8456

- 1 ☐ Yes - SKIP to 2j
2 ☐ No

i. Why were no payments due in the last 12 months?

8457

- 1 ☐ Child(ren) over the age limit
2 ☐ Other parent not working
3 ☐ Other parent in jail or institution
4 ☐ Payment suspended
by court or agency
5 ☐ Other - Specify

SKIP to 2n

j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?

8458

\$. 00

x1 ☐ DK

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

2k. How are the payments supposed to be received? Are they received - (Read responses.)

8459

- 1 ☐ Directly from the other parent?
 2 ☐ Through a court?
 3 ☐ Through the welfare or child support agency?
 4 ☐ Some other method - Specify

x1 ☐ DK

l. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?

8460

\$. 00

- x3 ☐ None - SKIP to 2n
 x1 ☐ DK

m. How regularly are child support payments received? Are they received - (Read responses)

8461

- 1 ☐ All of the time
 2 ☐ Most of the time
 3 ☐ Some of the time
 4 ☐ None of the time

n. Under the terms of the agreement with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?

8462

- 1 ☐ Yes
 2 ☐ No - SKIP to 2p
 x1 ☐ DK

o. Would you say the amount of back payments due . . . is - (Read responses)

8463

- 1 ☐ Less than \$500
 2 ☐ Between \$500 and \$5,000
 3 ☐ More than \$5,000
 x1 ☐ DK

p. What kinds of provisions for health care costs are included in the child support agreement? Mark (X) all that apply.

8464

1 ☐ Non-custodial parent to provide health insurance

8465

2 ☐ Custodial parent to provide health insurance

8466

3 ☐ Non-custodial parent to pay actual medical costs directly

8467

4 ☐ Child support payments to include cash medical support

8468

5 ☐ None

8469

6 ☐ Other - Specify

q. What child custody arrangements does the most recent agreement specify?

8470

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

r. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?

8471

- 1 ☐ Yes
 2 ☐ No

CHECK
ITEM T15

Refer to the roster, column C.

Is more than one child marked "Yes"?

8472

- 1 ☐ Yes
 2 ☐ No - SKIP to 2t

2s. Did all the children visit the other parent about the same number of days in the last 12 months?

8473

- 1 ☐ Yes - ASK 2t for all children
 2 ☐ No - ASK 2t for oldest child

t. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?

8474

 Days

8475

 Weeks

8476

 Months

8477

x3 ☐ None

8478

x1 ☐ DK

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

2u. Where does the other parent (for this agreement) now live?

8479

- 1 ☐ Same county / city
 2 ☐ Same State (different county / city)
 3 ☐ Different State
 4 ☐ Other parent now deceased - *SKIP to Check Item T17, page 71*
 5 ☐ Other - *Specify* _____
 6 ☐ Unknown - *SKIP to Check Item T17, page 71*

v. Do you and the other parent still live in the same State(s) where the initial child support agreement was reached?

8480

- 1 ☐ Yes - *SKIP to Check Item T17, page 71*
 2 ☐ No

w. Who moved?

8481

- 1 ☐ Respondent
 2 ☐ Other parent
 3 ☐ Both respondent and other parent

SKIP to Check Item T17, page 71

3a. Now I would like to ask a few questions specifically about this most recent, non-written, child support agreement or understanding. In what year was this (agreement/understanding) FIRST reached?

8482

1 9

x1 ☐ DK

b. What was the dollar amount of that (agreement/understanding)?

8483

\$ 00 Per week

8484

\$ 00 Biweekly

8485

\$ 00 Per month

8486

\$ 00 Per year

8487

x1 ☐ DK

c. Has the dollar amount ever been changed?

8488

- 1 ☐ Yes
 2 ☐ No - *SKIP to 3f*

d. In what year was the amount LAST changed?

8489

1 9

x1 ☐ DK

e. What was the dollar amount for the (agreement/understanding) after the last change?

8490

\$ 00 Per week

8491

\$ 00 Biweekly

8492

\$ 00 Per month

8493

\$ 00 Per year

8494

x1 ☐ DK

f. Were any payments to be received in the last 12 months?

8495

- 1 ☐ Yes - *SKIP to 3h*
 2 ☐ No

g. Why were no payments due in the last 12 months?

8496

- 1 ☐ Child(ren) too old
 2 ☐ Other parent not working
 3 ☐ Other parent in jail or institution
 4 ☐ Other - *Specify* _____

SKIP to 3k

h. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement/understanding)?

8497

\$ 00

x1 ☐ DK

i. What is the total amount that . . . actually received in child support payments under that (agreement/understanding) during the past 12 months?

8498

\$ 00

x3 ☐ None - *SKIP to 3k*
 x1 ☐ DK

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

3j. How regularly are child support payments received? Are they received – (Read responses)	8499	1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> None of the time
k. Under the terms of the (agreement/understanding) with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?	8500	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3m X1 <input type="checkbox"/> DK
l. Would you say the amount of back payments due . . . is – (Read responses)	8501	1 <input type="checkbox"/> Less than \$500 2 <input type="checkbox"/> Between \$500 and \$5,000 3 <input type="checkbox"/> More than \$5,000 X1 <input type="checkbox"/> DK
m. What kinds of provisions for health care costs were agreed to? Mark (X) all that apply.	8502 8503 8504 8505 8506 8507	1 <input type="checkbox"/> Non-custodial parent to provide health insurance 2 <input type="checkbox"/> Custodial parent to provide health insurance 3 <input type="checkbox"/> Non-custodial parent to pay actual medical costs directly 4 <input type="checkbox"/> Child support payments to include cash medical support 5 <input type="checkbox"/> None 6 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>
n. What child custody arrangements does the (agreement/understanding) specify?	8508	1 <input type="checkbox"/> Child(ren) live with mother 2 <input type="checkbox"/> Child(ren) live with father 3 <input type="checkbox"/> Child(ren) live with mother and with father 4 <input type="checkbox"/> None 5 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/>
o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?	8509	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T16 Refer to the roster, column C. Is more than one child marked "Yes"?	8510	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3q
3p. Did all the children visit the other parent about the same number of days in the last 12 months?	8511	1 <input type="checkbox"/> Yes – ASK 3q for all children 2 <input type="checkbox"/> No – ASK 3q for oldest child
q. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?	8512 8513 8514 8515 8516	<input type="text"/> <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> Weeks <input type="text"/> <input type="text"/> Months X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK
CHECK ITEM T16a Refer to cc item 28. Is . . . male/female?	8517	1 <input type="checkbox"/> Male – SKIP to 3s, page 70 2 <input type="checkbox"/> Female
CHECK ITEM T16b Refer to cc item 26a. What is . . . 's Marital Status?	8518	1 <input type="checkbox"/> Never Married – GO to Check Item T16c, page 66 2 <input type="checkbox"/> All others – SKIP to Check Item T16e, page 68
NOTES		

Section 5 – TOPICAL MODULES (Continued)			
Part C – CHILD SUPPORT AGREEMENTS (Continued)			
NEVER MARRIED WOMEN WITH VERBAL AGREEMENT			
CHECK ITEM T16c	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Record person number, age, and name of every child marked "Yes" in column C, page 61. (Record youngest to oldest)	8519 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8527 <input type="text"/> <input type="text"/> Age Name _____	8520 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8528 <input type="text"/> <input type="text"/> Age Name _____	8521 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8529 <input type="text"/> <input type="text"/> Age Name _____
3r.1 One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. (Ask 3r.2–3r.6 for the first child recorded in Check Item T16c before moving on to next child recorded in Check Item T16c)			
3r.2 Was (Child's name) father ever legally identified by a court ruling?	8535 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8537 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.3 Was (Child's name) father ever legally identified by a blood test or other genetic test?	8543 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8544 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8545 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.4 Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.5 Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.6 Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T16d Are there any more children recorded in Check Item T16c?	8575 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8576 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8577 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
<div>8522<div><div></div><div></div><div></div></div>Person No.</div> <div>8530<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8523<div><div></div><div></div><div></div></div>Person No.</div> <div>8531<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8524<div><div></div><div></div><div></div></div>Person No.</div> <div>8532<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8525<div><div></div><div></div><div></div></div>Person No.</div> <div>8533<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8526<div><div></div><div></div><div></div></div>Person No.</div> <div>8534<div><div></div><div></div></div>Age</div> <div>Name</div>
<div>8538<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8539<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8540<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8541<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8542<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8546<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8547<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8548<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8549<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8550<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8554<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8555<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8556<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8557<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8558<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8562<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8563<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8564<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8565<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8566<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8570<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8571<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8572<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8573<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8574<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8578<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>8579<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>8580<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>8581<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>SKIP to 3s, page 70</div>

NOTES

Section 5 - TOPICAL MODULES (Continued)				
Part C - CHILD SUPPORT AGREEMENTS (Continued)				
CURRENTLY MARRIED, OR ONCE MARRIED WOMEN WITH VERBAL AGREEMENT				
CHECK ITEM T16e	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST	
Record person number, age, and name of every child marked "Yes" in column C, page 61. (Record youngest to oldest)	8583 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8584 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8585 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	
	8591 <input type="text"/> <input type="text"/> Age	8592 <input type="text"/> <input type="text"/> Age	8593 <input type="text"/> <input type="text"/> Age	
	Name _____	Name _____	Name _____	
3r.7 One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.				
3r.8 Was ... ever married to (Child's name) father?	8599 1 <input type="checkbox"/> Yes - SKIP to 3s, page 70 2 <input type="checkbox"/> No			
3r.9 Was (Child's name) father ever legally identified by a court ruling?	8600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8601 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
3r.10 Was (Child's name) father ever legally identified by a blood test or other genetic test?	8608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8609 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
3r.11 Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8617 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
3r.12 Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
3r.13 Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
CHECK ITEM T16f Are there any more children recorded in Check Item T16e?	8640 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	8641 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	8642 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - SKIP to 3s, page 70	
NOTES				

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
<div>8586<div><div></div><div></div><div></div></div>Person No.</div> <div>8594<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8587<div><div></div><div></div><div></div></div>Person No.</div> <div>8595<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8588<div><div></div><div></div><div></div></div>Person No.</div> <div>8596<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8589<div><div></div><div></div><div></div></div>Person No.</div> <div>8597<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>8590<div><div></div><div></div><div></div></div>Person No.</div> <div>8598<div><div></div><div></div></div>Age</div> <div>Name</div>
<div>8603<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8604<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8605<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8606<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8607<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8611<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8612<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8613<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8614<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8615<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8619<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8620<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8621<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8622<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8623<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8627<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8628<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8629<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8630<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8631<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8635<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8636<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8637<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8638<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>	<div>8639<div><div>1</div><div><input type="checkbox"/> Yes</div></div><div><div>2</div><div><input type="checkbox"/> No</div></div><div><div>x1</div><div><input type="checkbox"/> DK</div></div></div>
<div>8643<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>8644<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>8645<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>8646<div><div>1</div><div><input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child</div></div><div><div>2</div><div><input type="checkbox"/> No – SKIP to 3s, page 70</div></div></div>	<div>SKIP to 3s, page 70</div>

NOTES

Section 5 – TOPICAL MODULES (Continued)		
Part C – CHILD SUPPORT AGREEMENTS (Continued)		
<div>3s. Why was this (agreement/understanding) never put in writing? Mark (X) all that apply.</div>	<div>8648</div> <div>8649</div> <div>8650</div> <div>8651</div> <div>8652</div> <div>8653</div> <div>8654</div> <div>8655</div>	<div>1 <input type="checkbox"/> Legal paternity not established</div> <div>2 <input type="checkbox"/> Unable to locate parent</div> <div>3 <input type="checkbox"/> Other parent unable to pay</div> <div>4 <input type="checkbox"/> Final agreement pending</div> <div>5 <input type="checkbox"/> Accepted property settlement in lieu of child support</div> <div>6 <input type="checkbox"/> Do not want a legal child support award</div> <div>7 <input type="checkbox"/> Did not pursue award</div> <div>8 <input type="checkbox"/> Other – Specify <u> </u></div>
<div>t. Where does the other parent (for this agreement/understanding) now live?</div>	<div>8656</div>	<div>1 <input type="checkbox"/> Same county / city</div> <div>2 <input type="checkbox"/> Same State (different county / city)</div> <div>3 <input type="checkbox"/> Different State</div> <div>4 <input type="checkbox"/> Other parent now deceased – SKIP to Check item T17</div> <div>5 <input type="checkbox"/> Other – Specify <u> </u></div> <div>6 <input type="checkbox"/> Unknown – SKIP to Check Item T17</div>
<div>u. Do you and the other parent still live in the same State(s) where the initial child support (agreement/understanding) was reached?</div>	<div>8658</div>	<div>1 <input type="checkbox"/> Yes – SKIP to Check Item T17</div> <div>2 <input type="checkbox"/> No</div>
<div>v. Who moved?</div>	<div>8660</div>	<div>1 <input type="checkbox"/> Respondent</div> <div>2 <input type="checkbox"/> Other parent</div> <div>3 <input type="checkbox"/> Both respondent and other parent</div>
<div>NOTES</div>		

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

**CHECK
ITEM T17**

Refer to the roster, column D.
Were any other of . . . 's own children
covered by another agreement?

8662

- 1 ☐ Yes
2 ☐ No – SKIP to 5a

4a. Now I would like to ask a few questions about the other child support agreement(s) you had for your children ("Yes" marked in column D, page 61).

What is the total amount that . . . was supposed to have received in child support payments under this (these) agreement(s), during the last 12 months?

8664

\$. 00 Per week

8666

\$. 00 Biweekly

8668

\$. 00 Per month

8670

\$. 00 Per year

8672

- x1 ☐ DK
x3 ☐ None

b. What is the total amount that . . . actually received in child support payments under this (these) agreement(s), during the last 12 months?

8674

\$. 00

- x3 ☐ None
x1 ☐ DK

5a. This next question refers to all of . . . 's children.

For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?

8676

- 1 ☐ Yes
2 ☐ No – SKIP to Check Item T18, page 72

b. In what year did . . . LAST ASK for help?

8678

1 9

- x1 ☐ DK

c. What type of help did . . . ask for (Last contact)?

Mark (X) all that apply.

8680

- 1 ☐ Locate the other parent

8682

- 2 ☐ Establish paternity

8684

- 3 ☐ Establish support obligation

8686

- 4 ☐ Establish medical support

8688

- 5 ☐ Enforce support order

8690

- 6 ☐ Modify an order

8692

- 7 ☐ Other – Specify

NOTES

Section 5 – TOPICAL MODULES (Continued)				
Part C – CHILD SUPPORT AGREEMENTS (Continued)				
d. Did . . . receive any help from the agency (Last contact)?		8694	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18	
e. What kind of help did . . . receive (Last contact)? Mark (X) all that apply.		8696	1 <input type="checkbox"/> Locate the other parent	
		8698	2 <input type="checkbox"/> Establish paternity	
		8700	3 <input type="checkbox"/> Establish support obligation	
		8702	4 <input type="checkbox"/> Establish medical support	
		8704	5 <input type="checkbox"/> Enforce support order	
		8706	6 <input type="checkbox"/> Modify an order	
		8708	7 <input type="checkbox"/> Other – Specify _____	
CHECK ITEM T18	Are any children listed in column A, page 61 of the roster marked "Yes" in column B (Children with NO support agreement)?	8710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12, page 76	
CHECK ITEM T19	Refer to cc item 28. What is . . . 's sex?	8712	1 <input type="checkbox"/> Male – SKIP to Check Item T27, page 76 2 <input type="checkbox"/> Female	
CHECK ITEM T20	Refer to cc item 26a. What is . . . 's Marital Status?	8714	1 <input type="checkbox"/> Never Married 2 <input type="checkbox"/> All others – SKIP to Check Item T22, page 74	
NEVER MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT				
CHECK ITEM T21a Record person number, age, and name of every child marked "Yes" in column B, page 61. (Record youngest to oldest)	YOUNGEST		SECOND YOUNGEST	THIRD YOUNGEST
	8715 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8716 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8717 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	
	8723 <input type="text"/> <input type="text"/> Age	8724 <input type="text"/> <input type="text"/> Age	8725 <input type="text"/> <input type="text"/> Age	
	Name _____	Name _____	Name _____	
6. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. (Ask 6a–6e for the first child recorded in Check Item T21a before moving on to the next child recorded in Check Item T21a)				
6a. Was (Child's name) father ever legally identified by a court ruling?	8731 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8732 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		8733 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6b. Was (Child's name) father ever legally identified by a blood test or other genetic test?	8739 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		8741 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6c. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8747 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8748 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		8749 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6d. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8755 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8756 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		8757 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6e. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8763 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8764 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		8765 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T21b Are there any more children recorded in Check Item T21a?	8771 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	8772 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76		8773 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
<div>8718</div> <div>Person No.</div> <div>8726</div> <div>Age</div> <div>Name</div>	<div>8719</div> <div>Person No.</div> <div>8727</div> <div>Age</div> <div>Name</div>	<div>8720</div> <div>Person No.</div> <div>8728</div> <div>Age</div> <div>Name</div>	<div>8721</div> <div>Person No.</div> <div>8729</div> <div>Age</div> <div>Name</div>	<div>8722</div> <div>Person No.</div> <div>8730</div> <div>Age</div> <div>Name</div>
<div>8734</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8735</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8736</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8737</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8738</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
<div>8742</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8743</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8744</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8745</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8746</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
<div>8750</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8751</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8752</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8753</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8754</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
<div>8758</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8759</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8760</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8761</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8762</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
<div>8766</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8767</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8768</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8769</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>	<div>8770</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>x1 <input type="checkbox"/> DK</div>
<div>8774</div> <div>1 <input type="checkbox"/> Yes – ASK 6a–6e for next child</div> <div>2 <input type="checkbox"/> No – SKIP to 9a, page 76</div>	<div>8775</div> <div>1 <input type="checkbox"/> Yes – ASK 6a–6e for next child</div> <div>2 <input type="checkbox"/> No – SKIP to 9a, page 76</div>	<div>8776</div> <div>1 <input type="checkbox"/> Yes – ASK 6a–6e for next child</div> <div>2 <input type="checkbox"/> No – SKIP to 9a, page 76</div>	<div>8777</div> <div>1 <input type="checkbox"/> Yes – ASK 6a–6e for next child</div> <div>2 <input type="checkbox"/> No – SKIP to 9a, page 76</div>	<div>SKIP to 9a, page 76</div>

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

CURRENTLY MARRIED OR ONCE MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT

CHECK ITEM T22	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p>Record person number, age, and name of every child marked "Yes" in column B, page 61.</p> <p>Record youngest to oldest)</p>	<p>8779 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8787 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8780 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8788 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8781 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8789 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>
<p>7. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.</p>			
<p>7a. Was . . . ever married to (Child's name) father?</p>	<p>8795 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 7c for this child</p>	<p>8796 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</p> <p>2 <input type="checkbox"/> No - SKIP to 7c for this child</p>	<p>8797 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</p> <p>2 <input type="checkbox"/> No - SKIP to 7c for child</p>
<p>CHECK ITEM T23</p> <p>Are there any more children recorded in Check Item T22?</p>	<p>8803 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to page 76 and ASK 9a-9c for this child</p>		
<p>7b. Do (Read names of all children recorded in Check Item T22) all have the same father?</p>	<p>8804 1 <input type="checkbox"/> Yes - SKIP to 9a, page 76 and ask 9a-9c for youngest child listed in Check Item T22</p> <p>2 <input type="checkbox"/> No - GO to 7a for the next child</p>		
<p>7c. Was (Child's name) father ever legally identified by a court ruling?</p>	<p>8805 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8806 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8807 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7d. Was (Child's name) father ever legally identified by a blood test or other genetic test?</p>	<p>8813 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8814 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8815 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7e. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</p>	<p>8821 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8822 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8823 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7f. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?</p>	<p>8829 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8830 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8831 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7g. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?</p>	<p>8837 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8838 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8839 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T24</p> <p>Are there any more children recorded in Check Item T22?</p>	<p>8845 1 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 76</p>	<p>8846 1 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p>2 <input type="checkbox"/> No</p>	<p>8847 1 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T25</p> <p>Is there an answer marked, in item 7b?</p>		<p>8853 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76</p> <p>2 <input type="checkbox"/> No - SKIP to 8a, page 76</p>	<p>8854 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76</p> <p>2 <input type="checkbox"/> No - SKIP to 8a, page 76</p>

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8782 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8790 <input type="text"/> <input type="text"/> Age Name _____	8783 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8791 <input type="text"/> <input type="text"/> Age Name _____	8784 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8792 <input type="text"/> <input type="text"/> Age Name _____	8785 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8793 <input type="text"/> <input type="text"/> Age Name _____	8786 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8794 <input type="text"/> <input type="text"/> Age Name _____
8798 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child	8799 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child	8800 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child	8801 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for this child	8802 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child 2 <input type="checkbox"/> No - SKIP to 7c for child
8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8809 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8811 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8817 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8819 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8825 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8826 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8827 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8833 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8834 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8835 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8842 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8844 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8848 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No	8849 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No	8850 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No	8851 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No	GO to Check Item T25
8855 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No - SKIP to 8a, page 76	8856 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No - SKIP to 8a, page 76	8857 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No - SKIP to 8a, page 76	8858 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No - SKIP to 8a, page 76	8859 1 <input type="checkbox"/> Yes - SKIP to Check Item T26, page 76 2 <input type="checkbox"/> No - SKIP to 8a, page 76

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

8a. Do (Read names of all children recorded in Check Item T21a or Check Item T22) all have the same father?	8862 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																									
CHECK ITEM T26 Do all of the children have the same father? (Item 7b, page 74 = "Yes" or Item 8a, above = "Yes")	8864 1 <input type="checkbox"/> Yes - ASK 9a-9c for first child recorded in Check Item T21a or Check Item T22 2 <input type="checkbox"/> No - ASK 9a-9c for first and last child recorded in Check Item T21a or Check Item T22																																									
CHECK ITEM T27 Does more than one child have column B, page 61 marked "Yes"?	8866 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - ASK 9a-9c for child marked "Yes" in column B, page 61																																									
8b. Do (Read names of all children marked "Yes" in column B, page 61) all have the same mother?	8868 1 <input type="checkbox"/> Yes - ASK 9a-9c for youngest child marked "Yes" in column B, page 61 2 <input type="checkbox"/> No - ASK 9a-9c for youngest and oldest child marked "Yes" in column B, page 61																																									
9a. Why were child support payments not agreed to or awarded for . . . 's (youngest) (oldest) child without an award? Record person number of child Mark (X) all that apply.	<table><thead><tr><th colspan="2">YOUNGEST CHILD</th><th colspan="2">OLDEST CHILD</th></tr></thead><tbody><tr><td>8869</td><td><input type="text"/> <input type="text"/> <input type="text"/> Person number</td><td>8870</td><td><input type="text"/> <input type="text"/> <input type="text"/> Person number</td></tr><tr><td>8871</td><td>1 <input type="checkbox"/> Legal paternity not established</td><td>8872</td><td>1 <input type="checkbox"/> Legal paternity not established</td></tr><tr><td>8873</td><td>2 <input type="checkbox"/> Unable to locate parent</td><td>8874</td><td>2 <input type="checkbox"/> Unable to locate parent</td></tr><tr><td>8875</td><td>3 <input type="checkbox"/> Other parent unable to pay</td><td>8876</td><td>3 <input type="checkbox"/> Other parent unable to pay</td></tr><tr><td>8877</td><td>4 <input type="checkbox"/> Final agreement pending</td><td>8878</td><td>4 <input type="checkbox"/> Final agreement pending</td></tr><tr><td>8879</td><td>5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support</td><td>8880</td><td>5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support</td></tr><tr><td>8881</td><td>6 <input type="checkbox"/> Do not want child support</td><td>8882</td><td>6 <input type="checkbox"/> Do not want child support</td></tr><tr><td>8883</td><td>7 <input type="checkbox"/> Did not pursue award</td><td>8884</td><td>7 <input type="checkbox"/> Did not pursue award</td></tr><tr><td>8885</td><td>8 <input type="checkbox"/> Other - Specify <input type="checkbox"/></td><td>8886</td><td>8 <input type="checkbox"/> Other - Specify <input type="checkbox"/></td></tr></tbody></table>	YOUNGEST CHILD		OLDEST CHILD		8869	<input type="text"/> <input type="text"/> <input type="text"/> Person number	8870	<input type="text"/> <input type="text"/> <input type="text"/> Person number	8871	1 <input type="checkbox"/> Legal paternity not established	8872	1 <input type="checkbox"/> Legal paternity not established	8873	2 <input type="checkbox"/> Unable to locate parent	8874	2 <input type="checkbox"/> Unable to locate parent	8875	3 <input type="checkbox"/> Other parent unable to pay	8876	3 <input type="checkbox"/> Other parent unable to pay	8877	4 <input type="checkbox"/> Final agreement pending	8878	4 <input type="checkbox"/> Final agreement pending	8879	5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support	8880	5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support	8881	6 <input type="checkbox"/> Do not want child support	8882	6 <input type="checkbox"/> Do not want child support	8883	7 <input type="checkbox"/> Did not pursue award	8884	7 <input type="checkbox"/> Did not pursue award	8885	8 <input type="checkbox"/> Other - Specify <input type="checkbox"/>	8886	8 <input type="checkbox"/> Other - Specify <input type="checkbox"/>	
YOUNGEST CHILD		OLDEST CHILD																																								
8869	<input type="text"/> <input type="text"/> <input type="text"/> Person number	8870	<input type="text"/> <input type="text"/> <input type="text"/> Person number																																							
8871	1 <input type="checkbox"/> Legal paternity not established	8872	1 <input type="checkbox"/> Legal paternity not established																																							
8873	2 <input type="checkbox"/> Unable to locate parent	8874	2 <input type="checkbox"/> Unable to locate parent																																							
8875	3 <input type="checkbox"/> Other parent unable to pay	8876	3 <input type="checkbox"/> Other parent unable to pay																																							
8877	4 <input type="checkbox"/> Final agreement pending	8878	4 <input type="checkbox"/> Final agreement pending																																							
8879	5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support	8880	5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support																																							
8881	6 <input type="checkbox"/> Do not want child support	8882	6 <input type="checkbox"/> Do not want child support																																							
8883	7 <input type="checkbox"/> Did not pursue award	8884	7 <input type="checkbox"/> Did not pursue award																																							
8885	8 <input type="checkbox"/> Other - Specify <input type="checkbox"/>	8886	8 <input type="checkbox"/> Other - Specify <input type="checkbox"/>																																							
b. Where does the other parent for this (youngest) (oldest) child now live?	<table><tbody><tr><td>8887</td><td>1 <input type="checkbox"/> Same county / city</td><td>8888</td><td>1 <input type="checkbox"/> Same county / city</td></tr><tr><td>8889</td><td>2 <input type="checkbox"/> Same State (different county / city)</td><td>8890</td><td>2 <input type="checkbox"/> Same State (different county / city)</td></tr><tr><td>8891</td><td>3 <input type="checkbox"/> Different State</td><td>8892</td><td>3 <input type="checkbox"/> Different State</td></tr><tr><td>8893</td><td>4 <input type="checkbox"/> Other parent deceased - SKIP to 10</td><td>8894</td><td>4 <input type="checkbox"/> Other parent deceased - SKIP to 10</td></tr><tr><td>8895</td><td>5 <input type="checkbox"/> Other - Specify <input type="checkbox"/></td><td>8896</td><td>5 <input type="checkbox"/> Other - Specify <input type="checkbox"/></td></tr></tbody></table> x1 <input type="checkbox"/> Unknown	8887	1 <input type="checkbox"/> Same county / city	8888	1 <input type="checkbox"/> Same county / city	8889	2 <input type="checkbox"/> Same State (different county / city)	8890	2 <input type="checkbox"/> Same State (different county / city)	8891	3 <input type="checkbox"/> Different State	8892	3 <input type="checkbox"/> Different State	8893	4 <input type="checkbox"/> Other parent deceased - SKIP to 10	8894	4 <input type="checkbox"/> Other parent deceased - SKIP to 10	8895	5 <input type="checkbox"/> Other - Specify <input type="checkbox"/>	8896	5 <input type="checkbox"/> Other - Specify <input type="checkbox"/>																					
8887	1 <input type="checkbox"/> Same county / city	8888	1 <input type="checkbox"/> Same county / city																																							
8889	2 <input type="checkbox"/> Same State (different county / city)	8890	2 <input type="checkbox"/> Same State (different county / city)																																							
8891	3 <input type="checkbox"/> Different State	8892	3 <input type="checkbox"/> Different State																																							
8893	4 <input type="checkbox"/> Other parent deceased - SKIP to 10	8894	4 <input type="checkbox"/> Other parent deceased - SKIP to 10																																							
8895	5 <input type="checkbox"/> Other - Specify <input type="checkbox"/>	8896	5 <input type="checkbox"/> Other - Specify <input type="checkbox"/>																																							
c. What is the total amount of time the (youngest) (oldest) child spent visiting the other parent in the last 12 months?	<table><tbody><tr><td>8897</td><td><input type="text"/> <input type="text"/> <input type="text"/> Days</td><td>8898</td><td><input type="text"/> <input type="text"/> <input type="text"/> Days</td></tr><tr><td>8900</td><td><input type="text"/> <input type="text"/> Weeks</td><td>8901</td><td><input type="text"/> <input type="text"/> Weeks</td></tr><tr><td>8902</td><td><input type="text"/> <input type="text"/> Months</td><td>8903</td><td><input type="text"/> <input type="text"/> Months</td></tr><tr><td>8904</td><td>x3 <input type="checkbox"/> None</td><td>8905</td><td>x3 <input type="checkbox"/> None</td></tr><tr><td>8906</td><td>x1 <input type="checkbox"/> DK</td><td>8907</td><td>x1 <input type="checkbox"/> DK</td></tr></tbody></table>	8897	<input type="text"/> <input type="text"/> <input type="text"/> Days	8898	<input type="text"/> <input type="text"/> <input type="text"/> Days	8900	<input type="text"/> <input type="text"/> Weeks	8901	<input type="text"/> <input type="text"/> Weeks	8902	<input type="text"/> <input type="text"/> Months	8903	<input type="text"/> <input type="text"/> Months	8904	x3 <input type="checkbox"/> None	8905	x3 <input type="checkbox"/> None	8906	x1 <input type="checkbox"/> DK	8907	x1 <input type="checkbox"/> DK																					
8897	<input type="text"/> <input type="text"/> <input type="text"/> Days	8898	<input type="text"/> <input type="text"/> <input type="text"/> Days																																							
8900	<input type="text"/> <input type="text"/> Weeks	8901	<input type="text"/> <input type="text"/> Weeks																																							
8902	<input type="text"/> <input type="text"/> Months	8903	<input type="text"/> <input type="text"/> Months																																							
8904	x3 <input type="checkbox"/> None	8905	x3 <input type="checkbox"/> None																																							
8906	x1 <input type="checkbox"/> DK	8907	x1 <input type="checkbox"/> DK																																							
10. Were any payments received from the other parent(s) in the last 12 months for any of . . . 's children without a child support agreement?	8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12																																									
11. What is the total amount that . . . received from the other parent(s) in the past 12 months?	8909 \$ <input type="text"/> . <input type="text"/> 00 OR x1 <input type="checkbox"/> DK																																									
12. Were any non-cash items or services for child support received for any of . . . 's children?	8910 1 <input type="checkbox"/> Yes - Specify _____ 2 <input type="checkbox"/> No																																									

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of . . . 's child or children who live outside the household, under 21 years of age?

(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)

9002

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK

} SKIP to Part E, page 79

- 2a. Did . . . make regular payments, lump-sum payments, or both?

9004

- 1 ☐ Regular
2 ☐ Lump-sum
3 ☐ Both

- b. For how many children did . . . make support payments?

9006

- Children
x1 ☐ DK

- c. How many of these children were under age 18?

9007

- Children
x1 ☐ DK

- d. Were any of these payments the result of a court order or some other kind of agreement?

9008

- 1 ☐ Yes
2 ☐ No – SKIP to 4d, page 78

- 3a. These next few questions relate to the most recent child support agreement for . . . 's children.

How many children are covered by that agreement?

9010

- Children
x1 ☐ DK

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

9012

- 1 ☐ Voluntary written agreement ratified by the court
2 ☐ Court-ordered agreement
3 ☐ Other type of written agreement – Specify
4 ☐ Non-written agreement

- c. In what year was this agreement FIRST reached?

9014

- 1 9
x1 ☐ DK

- d. Has the dollar amount originally agreed to ever been changed?

9016

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to 3g

- e. In what year was the amount last changed?

9018

- 1 9
x1 ☐ DK

- f. Was this change made or agreed to by a court or child support agency?

9019

- 1 ☐ Yes
2 ☐ No

- g. Is . . . still supposed to pay child support?

9020

- 1 ☐ Yes
2 ☐ No

- h. How much did . . . pay in child support under this agreement during the past 12 months?

9022

- \$. 00
x1 ☐ DK

NOTES

Section 5 – TOPICAL MODULES (Continued)		
Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)		
3i. Are these payments made – (Read responses.)	9024	<div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Through employment related wage withholding?</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>Directly to the other parent?</div></div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>Directly to the court?</div></div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>Directly to a child support agency?</div></div><div><div><div>5</div><div><input type="checkbox"/></div></div><div>Other – Specify <u>z</u></div></div></div><div><div><div>x1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div>
j. What kinds of provisions for health care costs were included in the child support agreement? Mark (X) all that apply.	9026 9028 9030 9032 9034 9036	<div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Non-custodial parent to provide health insurance</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>Custodial parent to provide health insurance</div></div><div><div><div>3</div><div><input type="checkbox"/></div></div><div>Non-custodial parent to pay medical costs directly</div></div><div><div><div>4</div><div><input type="checkbox"/></div></div><div>Child support payments to include cash medical support</div></div><div><div><div>5</div><div><input type="checkbox"/></div></div><div>Other – Specify <u>z</u></div></div></div><div><div><div>x3</div><div><input type="checkbox"/></div></div><div>None</div></div></div>
4a. (Other than the most recent support agreement discussed above), were any of ...’s other children outside of this household under age 21 covered by any other child support agreement?	9038	<div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No – SKIP to 4c</div></div></div></div>
b. How much did ... pay in child support for this/these agreement(s) during the past 12 months?	9040	<div><div><div><div><div>\$</div><div></div></div><div>00</div></div><div><div><div>x1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div></div>
c. Were any child support payments made without a child support agreement for ...’s children under age 21 during the past 12 months?	9042	<div><div><div><div><div>1</div><div><input type="checkbox"/></div></div><div>Yes</div></div><div><div><div>2</div><div><input type="checkbox"/></div></div><div>No – SKIP to Part E</div></div></div></div>
d. How much did ... pay for child support under this arrangement during the past 12 months?	9044	<div><div><div><div><div>\$</div><div></div></div><div>00</div></div><div><div><div>x1</div><div><input type="checkbox"/></div></div><div>DK</div></div></div></div>
NOTES		

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS

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

9100

- 1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

Mark by observation if apparent.

2. Does . . . use any of the following aids to get around?

a. A cane, crutches, or a walker

9102

- 1 ☐ Yes
2 ☐ No

b. A wheelchair

9104

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T28**

Is "Yes" marked in 2a or 2b above?

9106

- 1 ☐ Yes
2 ☐ No – *SKIP to 4a*

3. Has . . . used (Aid mentioned in 2a or 2b above) for six months or longer?

9108

- 1 ☐ Yes
2 ☐ No

4a. Does . . . have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?

9110

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 5a*

b. Is . . . able to see the words and letters in ordinary newsprint at all?

9112

- 1 ☐ Yes
2 ☐ No

5a. Does . . . have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if . . . usually wears one)?

9114

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 6a*

b. Is . . . able to hear what is said in a normal conversation at all?

9116

- 1 ☐ Yes
2 ☐ No

6a. Because of a health condition or problem, does . . . have any difficulty having his/her speech understood?

9118

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 7a*

b. Is . . . able to have his/her speech understood at all?

9120

- 1 ☐ Yes
2 ☐ No

7a. Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?

9122

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 8a*

b. Is . . . able to lift and carry this much weight at all?

9124

- 1 ☐ Yes
2 ☐ No

8a. Does . . . have any difficulty climbing a flight of stairs without resting?

9126

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 9a*

b. Is . . . able to climb a flight of stairs without resting at all?

9128

- 1 ☐ Yes
2 ☐ No

9a. Does . . . have any difficulty walking a quarter of a mile – about 3 city blocks?

9130

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 10a*

b. Is . . . able to walk a quarter of a mile at all?

9132

- 1 ☐ Yes
2 ☐ No

10a. Does . . . have any difficulty using the telephone?

9134

- 1 ☐ Has difficulty
2 ☐ No difficulty – *SKIP to 11a, page 80*

b. Is . . . able to use the telephone at all?

9136

- 1 ☐ Yes
2 ☐ No

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.

FIELD REPRESENTATIVE
INSTRUCTION

Repeat lead-in as necessary.

11b. Does . . . need the help of another person with (Name of activity)?

Mark "Yes" if person sometimes needs help or usually needs help.

(1) Getting around **INSIDE** the home?

9138

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9139

1 ☐ Yes
2 ☐ No

(2) Going **OUTSIDE** the home, for example to shop or visit a doctor's office?

9140

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9141

1 ☐ Yes
2 ☐ No

(3) Getting in and out of bed or a chair?

9142

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9143

1 ☐ Yes
2 ☐ No

(4) Taking a bath or shower?

9144

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9145

1 ☐ Yes
2 ☐ No

(5) Dressing?

9146

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9147

1 ☐ Yes
2 ☐ No

(6) Walking?

9148

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9149

1 ☐ Yes
2 ☐ No

(7) Eating?

9150

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9151

1 ☐ Yes
2 ☐ No

(8) Using the toilet, including getting to the toilet?

9152

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9153

1 ☐ Yes
2 ☐ No

(9) Keeping track of money and bills?

9154

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9155

1 ☐ Yes
2 ☐ No

(10) Preparing meals?

9156

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9157

1 ☐ Yes
2 ☐ No

(11) Doing light housework, such as washing dishes or sweeping a floor?

9158

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9159

1 ☐ Yes
2 ☐ No

(12) Taking the right amount of prescribed medicine at the right time?

9160

1 ☐ Has difficulty – ASK 11b
2 ☐ No difficulty

9161

1 ☐ Yes
2 ☐ No

**CHECK
ITEM T29**

Is "Yes" marked in item 11b for any of the activities listed above?

9162

1 ☐ Yes – Go to 12a
2 ☐ No – SKIP to
Check Item T30

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

12a. You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?

Anyone else?

FIRST HELPER

RELATIVE

- 9176** 1 ☐ Son
2 ☐ Daughter
3 ☐ Spouse
4 ☐ Parent
5 ☐ Other relative

NONRELATIVE

- 6 ☐ Friend or neighbor
7 ☐ Paid help
8 ☐ Other nonrelative
9 ☐ Did not receive help – *SKIP to 13a*

SECOND HELPER

RELATIVE

- 9178** 1 ☐ Son
2 ☐ Daughter
3 ☐ Spouse
4 ☐ Parent
5 ☐ Other relative

NONRELATIVE

- 6 ☐ Friend or neighbor
7 ☐ Paid help
8 ☐ Other nonrelative

ASK OR VERIFY –

b. Is (Person mentioned above) a household member?

FIRST HELPER

- 9180** 1 ☐ Yes
Person number
9183
9185 2 ☐ No

SECOND HELPER

- 9182** 1 ☐ Yes
Person number
9184
9186 2 ☐ No

c. For how long has . . . needed the help of another person?

- 9187** 1 ☐ Less than 6 months
2 ☐ 6 to 11 months
3 ☐ 1 to 2 years
4 ☐ 3 to 5 years
5 ☐ More than 5 years

ASK OR VERIFY –

d. During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?

- 9188** 1 ☐ Yes
2 ☐ No
x1 ☐ DK } *SKIP to 13a*

e. How much was paid for such help in (Read last month)?

- 9189** \$. 00
x1 ☐ DK

CHECK ITEM T30

Is "Has difficulty" marked in items 4a, 5a, 6a, 7a, 8a, 9a, 10a, or 11a for any activity?

- 9190** 1 ☐ Yes
2 ☐ No – *SKIP to 15, page 82*

(SHOW FLASHCARD AA)

13a. I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?

- 9192** First condition
9194 Second condition
9196 Third condition

b. Are any of these conditions the result of a motor vehicle accident?

- 9197** 1 ☐ Yes
2 ☐ No

CHECK ITEM T31

Are two or more conditions entered in item 13a?

- 9198** 1 ☐ Yes
2 ☐ No – *SKIP to 15, page 82*

14. Which of the conditions do you consider to be the main reason for . . . 's difficulty?

- 9200** Main condition

NOTES

Section 5 – TOPICAL MODULES (Continued)		
Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)		
15. Does . . . have –		
a. A learning disability such as dyslexia?	9202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Mental retardation?	9204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. A developmental disability such as autism or cerebral palsy?	9206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Alzheimer's disease, senility, or dementia?	9208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Any other mental or emotional conditions?	9210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T32	Refer to cc item 24. What is . . . age?	9212 1 <input type="checkbox"/> 15 years old – SKIP to Check Item T41, page 86 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to 18a
CHECK ITEM T33	Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for . . . ?	9214 1 <input type="checkbox"/> Yes – SKIP to 16 2 <input type="checkbox"/> No
CHECK ITEM T34	Refer to item 18a on page 7. What is marked in item 18a, page 7?	9216 1 <input type="checkbox"/> Item 18a is blank – SKIP to 17a 2 <input type="checkbox"/> "Yes" 3 <input type="checkbox"/> "No" SKIP to 18a
16. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?		
		9218 1 <input type="checkbox"/> Yes – SKIP to Check Item T35 2 <input type="checkbox"/> No – SKIP to 18a
17a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?		
		9220 1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to 18a
CHECK ITEM T35	Is "Worked" (code 170) marked on the ISS?	9222 1 <input type="checkbox"/> Yes – SKIP to 18a 2 <input type="checkbox"/> No
17b. Does . . . 's health or condition prevent . . . from working at a job or business?		
		9224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do around the house?		
		9226 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T36
b. Does . . . 's health or condition completely prevent . . . from doing work around the house?		
		9228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T36	Is "Yes" marked in 16, 17a, or 18a?	9230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Part F
(SHOW FLASHCARD AA)		
19. I have marked that . . . is limited in working at a job or around the house –		
Which condition or conditions on this card are the cause of this limitation?		9232 <input type="checkbox"/> <input type="checkbox"/> First condition
Any other condition?		9234 <input type="checkbox"/> <input type="checkbox"/> Second condition
		9236 <input type="checkbox"/> <input type="checkbox"/> Third condition
CHECK ITEM T37	Are two or more conditions entered in item 19?	9238 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Part F
20. Which of the conditions do you consider the main reason for the limitation?		
		9240 <input type="checkbox"/> <input type="checkbox"/> Main condition
21. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?		
		9242 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Part F

Section 5 - TOPICAL MODULES (Continued)

Part F - UTILIZATION OF HEALTH CARE SERVICES - ADULTS

1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9300</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 3</i> </div> </div>
b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9302</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div> </div> </div>
c. What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9304</div> <div><input type="checkbox"/> Child birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">9306</div> <div><input type="checkbox"/> Surgery or operation (including bone setting or getting stitches)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">9308</div> <div><input type="checkbox"/> Other medical</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">9310</div> <div><input type="checkbox"/> Mental or emotional problem or disorder</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">9312</div> <div><input type="checkbox"/> Drug or alcohol abuse problem or disorder</div> </div>
d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9314</div> <div> <input type="checkbox"/> Yes, military <input type="checkbox"/> Yes, VA <input type="checkbox"/> Yes, both military and VA <input type="checkbox"/> No </div> </div>
2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9316</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
b. How many nights in all did . . . spend in a hospital of any type during the past 12 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9318</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Nights</div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div> </div> </div>
c. How many of these nights were in the past 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9320</div> <div> x5 <input type="checkbox"/> All nights OR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Nights</div> </div> OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None </div> </div>
3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9322</div> <div> x5 <input type="checkbox"/> All days OR <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Days</div> </div> OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None </div> </div>
4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.) <i>(Do not count occurrences where the contact was not concerning a health problem of . . . 's)</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9324</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 5a</i> </div> </div>
b. How many of these visits or calls were in the past 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9326</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None </div> </div>
5a. During the past 12 months, how many visits did . . . make to a dentist? <i>Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9327</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 6a, page 84</i> </div> </div>
b. How many of these visits were in the past 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9328</div> <div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Times</div> </div> OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None </div> </div>

Section 5 – TOPICAL MODULES (Continued)		
Part F – UTILIZATION OF HEALTH CARE SERVICES – ADULTS (Continued)		
6a. Is there one particular person or place that . . . usually goes to when . . . is sick or needs advice about his/her health?	9329	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T38</i>
b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i>	9330	1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ _____
CHECK ITEM T38 <i>Refer to item 27a, page 10</i> Was . . . covered by a health insurance plan at any time during the past 4 months?	9332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T40</i>
CHECK ITEM T39 <i>Refer to item 27b, page 10</i> Was . . . covered by a health insurance plan during the entire 4 month period?	9333	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T41, page 86</i> 2 <input type="checkbox"/> No
CHECK ITEM T40 Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?	9334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8</i>
7. Was . . . covered by Medicare/Medicaid during the entire 4 month period?	9335	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T41, page 86</i> 2 <input type="checkbox"/> No
8. I have recorded that . . . was not covered by a health insurance plan, Medicare, or Medicaid at some time during the past 4 months. Is that correct?	9336	1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect – covered by some other plan – <i>SKIP to Check Item T41, page 86</i>
<i>(SHOW FLASHCARD JJ)</i> 9. Which answer on this card best describes why . . . was not covered by health insurance at some time during the past 4 months? <i>Mark (X) only one.</i>	9338	1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Employer does not offer health insurance 3 <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age 4 <input type="checkbox"/> Too expensive; can't afford health insurance 5 <input type="checkbox"/> Don't believe in health insurance 6 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance 7 <input type="checkbox"/> Able to go to VA or military hospital for medical care 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other – <i>Specify</i> _____ _____ _____
Continue with Check Item T41, page 86		
NOTES		

NOTES

Section 5 – TOPICAL MODULES (Continued)				
Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN				
CHECK ITEM T41	Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children under the age of 22 who live in this household?	9400	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to	Check Item T77, page 122
CHECK ITEM T42	Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children aged 15 to 21 who live in this household?	9401	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to	Check Item T44
CHECK ITEM T43	Refer to cc items 18, 19, 24 and 27. Beginning with the youngest child aged 15 to 21, enter the person numbers, ages, and names of children aged 15 to 21 who are household members, for whom . . . is the designated parent or guardian.	YOUNGEST 9402 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9409 <input type="text"/> <input type="text"/> Age Name _____	SECOND YOUNGEST 9403 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9410 <input type="text"/> <input type="text"/> Age Name _____	THIRD YOUNGEST 9404 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9411 <input type="text"/> <input type="text"/> Age Name _____
I now have some questions about your children age 15 to 21 living here, that is (Read names from Check Item T43) (Ask items 1 through 3 for each child, before proceeding to the next child)				
1. Because of a physical, learning, or mental health condition, does (Child's name) have any limitations in his/her ability to do regular school work?	9416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9417 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9418 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
2. Has (Child's name) ever received any special education services?	9423 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44	9424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44	9425 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child, or Check Item T44	
3. Is (Child's name) currently receiving any special education services?	9430 1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }	9431 1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }	9432 1 <input type="checkbox"/> Yes } GO to next child, or Check Item T44 2 <input type="checkbox"/> No }	
CHECK ITEM T44	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children aged 6 to 14 who live in this household?	9437	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to	Check Item T48, page 92

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Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<div>9405<div><div></div><div></div><div></div></div>Person No.</div> <div>9412<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>9406<div><div></div><div></div><div></div></div>Person No.</div> <div>9413<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>9407<div><div></div><div></div><div></div></div>Person No.</div> <div>9414<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>9408<div><div></div><div></div><div></div></div>Person No.</div> <div>9415<div><div></div><div></div></div>Age</div> <div>Name</div>
<div>9419<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div>	<div>9420<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div>	<div>9421<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div>	<div>9422<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div></div>
<div>9426<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to next child, or Check Item T44</div></div></div>	<div>9427<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to next child, or Check Item T44</div></div></div>	<div>9428<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to next child, or Check Item T44</div></div></div>	<div>9429<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No – SKIP to next child, or Check Item T44</div></div></div>
<div>9433<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>GO to next child, or Check Item T44</div></div></div>	<div>9434<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>GO to next child, or Check Item T44</div></div></div>	<div>9435<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>GO to next child, or Check Item T44</div></div></div>	<div>9436<div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div><div>GO to next child, or Check Item T44</div></div></div>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

CHECK ITEM T45	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	Beginning with the youngest child aged 6 to 14, enter the person numbers, ages, and names of children aged 6 to 14 who are household members, for whom . . . is the designated parent or guardian.	9437 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9444 <input type="text"/> <input type="text"/> Age Name _____	9438 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9445 <input type="text"/> <input type="text"/> Age Name _____	9439 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9446 <input type="text"/> <input type="text"/> Age Name _____
I now have some questions about your children aged 6 to 14 living here that is (Read names from Check Item T45) (Ask Items 4 through 14 for each child, before proceeding to the next child)				
4. Does (Child's name) have:				
a. A learning disability such as dyslexia?	9451 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9452 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9453 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Mental retardation?	9458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9459 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
c. A developmental disability such as autism or cerebral palsy?	9465 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9466 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9467 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
d. Any other developmental condition for which he/she has received therapy or diagnostic services?	9472 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9473 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9474 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
5. Because of a physical, learning, or mental condition, does (Child's name) have any limitations in his/her ability to do regular school work?	9479 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9481 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
6a. Has (Child's name) ever received any special education services?	9486 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	9487 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	9488 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 7	
b. Is (Child's name) currently receiving any special education services?	9493 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9494 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9495 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
7. Does (Child's name) use any of the following aids to get around?				
a. A cane, crutches, or a walker?	9500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9502 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. A wheelchair?	9507 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9508 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9509 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM T46				
Is "Yes" marked in 7a or 7b above?	9514 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	9515 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	9516 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 90	
8. Has (Child's name) used (aid checked in 7a or 7b above) for six months or longer?	9521 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9523 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9440 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9447 <input type="text"/> <input type="text"/> Age Name _____	9441 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9448 <input type="text"/> <input type="text"/> Age Name _____	9442 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9449 <input type="text"/> <input type="text"/> Age Name _____	9443 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9450 <input type="text"/> <input type="text"/> Age Name _____
9454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9455 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9457 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9461 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9463 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9469 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9471 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9475 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9477 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9478 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9482 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9483 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9484 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9485 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9489 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7	9490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7	9491 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7	9492 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7
9496 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9497 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9498 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9499 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9503 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9504 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9505 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9506 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9511 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9513 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90	9518 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90	9519 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90	9520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90
9524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9525 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9526 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9527 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 5 - TOPICAL MODULES (Continued)			
Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)			
	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 88 and 89. →	9528 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9529 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9530 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9a. Does (Child's name) have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if he/she usually wears them?	9535 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a	9536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a	9537 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 10a
b. Is (Child's name) able to see the words and letters in ordinary newsprint at all?	9542 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9543 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9544 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10a. Does (Child's name) have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if he/she usually wears one)?	9549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11	9550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11	9551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 11
b. Is (Child's name) able to hear what is said in a normal conversation at all?	9556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11. Does (Child's name) have a long lasting condition that limits his/her ability to walk, run, or use stairs?	9563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12. Because of a physical or mental condition, does (Child's name) have any difficulty doing any of the following by himself/herself? (Exclude the affects of temporary conditions)			
a. Getting around INSIDE the home?	9570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12c	9571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12c	9572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12c
b. Does (Child's name) need the help of another person with getting around inside the home?	9577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Getting in and out of bed or a chair?	9584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12e	9585 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12e	9586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12e
d. Does (Child's name) need the help of another person with getting in and out of bed or a chair?	9591 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9592 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9593 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Taking a bath or shower?	9598 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12g, page 92	9599 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12g, page 92	9600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12g, page 92

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9531 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	9532 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	9533 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	9534 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name
9538 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	9539 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	9540 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	9541 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
9545 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9546 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9547 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9548 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	9553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	9554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	9555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
9559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9566 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	9574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	9575 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	9576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c
9580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9582 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9583 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9587 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	9588 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	9589 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	9590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e
9594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9595 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9596 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9597 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9601 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	9602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	9603 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	9604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92

Section 5 - TOPICAL MODULES (Continued)			
Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)			
	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 88 and 89. →	9605 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9606 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9607 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
f. Does (Child's name) need the help of another person with taking a bath or shower?	9612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9614 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Dressing?	9619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12i	9620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12i	9621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12i
h. Does (Child's name) need the help of another person with dressing?	9626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Eating?	9633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12k	9634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12k	9635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 12k
j. Does (Child's name) need the help of another person with eating?	9640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Using the toilet, including getting to the toilet?	9647 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T47	9648 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T47	9649 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T47
l. Does (Child's name) need the help of another person with using or getting to the toilet?	9654 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9655 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T47 Is "Yes" (has difficulty) marked in 9a, 10a, 11, 12a, 12c, 12e, 12g, 12i, or 12k?	9661 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to item 4, page 88, for next child, or Check Item T48 if last child	9662 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to item 4, page 88, for next child, or Check Item T48 if last child	9663 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to item 4, page 88, for next child, or Check Item T48 if last child
(SHOW FLASHCARD BB)			
13. I have recorded that (Child's name) has difficulties with certain activities. Which condition or conditions on this card cause this difficulty?	9668 <input type="text"/> <input type="text"/> First condition 9675 <input type="text"/> <input type="text"/> Second condition 9682 <input type="text"/> <input type="text"/> Third condition	9669 <input type="text"/> <input type="text"/> First condition 9676 <input type="text"/> <input type="text"/> Second condition 9683 <input type="text"/> <input type="text"/> Third condition	9670 <input type="text"/> <input type="text"/> First condition 9677 <input type="text"/> <input type="text"/> Second condition 9684 <input type="text"/> <input type="text"/> Third condition
14. Are any of these conditions the result of a motor vehicle accident?	9689 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9691 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child
CHECK ITEM T48 Is . . . the designated parent or guardian of children under the age of 6 who live in this household?	Refer to cc items 24 and 27.	9696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T51, page 96	

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9608 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9609 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9610 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9611 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9617 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	9623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	9624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	9625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i
9629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	9637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	9638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	9639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k
9643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9645 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9646 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	9651 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	9652 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	9653 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47
9657 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9658 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9659 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9664 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	9665 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	9666 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	9667 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T48
9671 <input type="text"/> <input type="text"/> First condition	9672 <input type="text"/> <input type="text"/> First condition	9673 <input type="text"/> <input type="text"/> First condition	9674 <input type="text"/> <input type="text"/> First condition
9678 <input type="text"/> <input type="text"/> Second condition	9679 <input type="text"/> <input type="text"/> Second condition	9680 <input type="text"/> <input type="text"/> Second condition	9681 <input type="text"/> <input type="text"/> Second condition
9685 <input type="text"/> <input type="text"/> Third condition	9686 <input type="text"/> <input type="text"/> Third condition	9687 <input type="text"/> <input type="text"/> Third condition	9688 <input type="text"/> <input type="text"/> Third condition
9692 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9693 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9694 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9695 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } GO to Check Item T48

Section 5 - TOPICAL MODULES (Continued)

Part G - FUNCTIONAL LIMITATIONS AND DISABILITY - CHILDREN (Continued)

CHECK ITEM T49	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Beginning with the youngest child under age 6, enter the person numbers, ages, and names of children under age 6 who are household members, for whom . . . is the designated parent or guardian.		<div>9697</div> <div><div></div><div></div><div></div></div> Person No.	<div>9698</div> <div><div></div><div></div><div></div></div> Person No.	<div>9699</div> <div><div></div><div></div><div></div></div> Person No.
		<div>9704</div> <div><div></div><div></div></div> Age	<div>9705</div> <div><div></div><div></div></div> Age	<div>9706</div> <div><div></div><div></div></div> Age
		Name <div></div>	Name <div></div>	Name <div></div>
I now have some questions about your children under age 6 living here, that is (Read names from Check Item T49) (Ask items 15 through 16 for each child, before proceeding to the next child)				
15. Does (Child's name) have a developmental condition for which he/she has received therapy or diagnostic services?		<div>9711</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	<div>9712</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	<div>9713</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>
CHECK ITEM T50	Is (Child's name) 3 years of age or older?	<div>9718</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No - GO to next child, or Check Item T51, page 96</div></div>	<div>9719</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No - GO to next child, or Check Item T51, page 96</div></div>	<div>9720</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No - GO to next child, or Check Item T51, page 96</div></div>
16. Does (Child's name) have a long-lasting condition that limits his/her ability to walk, run, or use stairs?		<div>9725</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	<div>9726</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>	<div>9727</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div>

NOTES

Section 5 – TOPICAL MODULES (Continued)			
Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<div>9700<div><div></div><div></div><div></div></div>Person No.</div> <div>9707<div><div></div><div></div></div>Age</div> <div>Name</div>	<div>9701<div><div></div><div></div><div></div></div>Person No.</div> <div>9708<div><div></div><div></div></div>Age</div> <div>Name</div> <div></div>	<div>9702<div><div></div><div></div><div></div></div>Person No.</div> <div>9709<div><div></div><div></div></div>Age</div> <div>Name</div> <div></div>	<div>9703<div><div></div><div></div><div></div></div>Person No.</div> <div>9710<div><div></div><div></div></div>Age</div> <div>Name</div> <div></div>
<div>97141 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>	<div>97151 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>	<div>97161 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>	<div>97171 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>
<div>97211 <input type="checkbox"/> Yes2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96</div>	<div>97221 <input type="checkbox"/> Yes2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96</div>	<div>97231 <input type="checkbox"/> Yes2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96</div>	<div>97241 <input type="checkbox"/> Yes2 <input type="checkbox"/> No – GO to Check Item T51, page 96</div>
<div>97281 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>	<div>97291 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>	<div>97301 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>	<div>97311 <input type="checkbox"/> Yes2 <input type="checkbox"/> No</div>
<div>NOTES</div>			

Section 5 - TOPICAL MODULES (Continued)

Part H - UTILIZATION OF HEALTH CARE SERVICES - CHILDREN

CHECK
ITEM T51

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian
of children under the age of 15 who live
in this household?

9800

1 ☐ Yes

2 ☐ No - SKIP to Part I, page 101

CHECK
ITEM T52

Refer to cc
items 18, 19,
24 and 27.

Beginning with the
youngest child enter
person numbers, ages,
and names of children
under 15, who are
household members,
for whom . . . is the
designated parent or
guardian.

YOUNGEST

9801

Person
No.

9808

Age

Name

SECOND YOUNGEST

9802

Person
No.

9809

Age

Name

THIRD YOUNGEST

9803

Person
No.

9810

Age

Name

Ask items 1a through 5b for each child, starting with the youngest, before proceeding with the next child

1a. During the past 12
months, was (Child's
name) a patient in a
hospital overnight or
longer?

9815

1 ☐ Yes

2 ☐ No - SKIP to 2

9816

1 ☐ Yes

2 ☐ No - SKIP to 2

9817

1 ☐ Yes

2 ☐ No - SKIP to 2

b. How many different
times did (Child's
name) stay in a
hospital overnight or
longer during the
past 12 months?

9822

Times

x1 ☐ DK

9823

Times

x1 ☐ DK

9824

Times

x1 ☐ DK

c. What was the reason
for (Child's name) last
hospital stay?

Mark (X) all that apply.

9829

1 ☐ Surgery or
operation
(include bone
setting or
getting stitches)

2 ☐ Other medical

3 ☐ Mental or
emotional
problem or
disorder

4 ☐ Drug or alcohol
abuse problem
or disorder

5 ☐ Child birth

9830

1 ☐ Surgery or
operation
(include bone
setting or
getting stitches)

2 ☐ Other medical

3 ☐ Mental or
emotional
problem or
disorder

4 ☐ Drug or alcohol
abuse problem
or disorder

5 ☐ Child birth

9831

1 ☐ Surgery or
operation
(include bone
setting or
getting stitches)

2 ☐ Other medical

3 ☐ Mental or
emotional
problem or
disorder

4 ☐ Drug or alcohol
abuse problem
or disorder

5 ☐ Child birth

d. How many nights in
all did (Child's name)
spend in a hospital
of any type during
the past 12 months?

9836

Nights

x1 ☐ DK

9837

Nights

x1 ☐ DK

9838

Nights

x1 ☐ DK

e. How many of these
nights were in the
past 4 months?

9843

x5 ☐ All nights

OR

Nights

OR

x1 ☐ DK

x3 ☐ None

9844

x5 ☐ All nights

OR

Nights

OR

x1 ☐ DK

x3 ☐ None

9845

x5 ☐ All nights

OR

Nights

OR

x1 ☐ DK

x3 ☐ None

2. During the past 4
months, about how
many days did
illness or injury keep
(Child's name) in bed
more than half of the
day? (Include days
while an overnight
patient in a hospital.)

9850

x5 ☐ All days

OR

Days

OR

x1 ☐ DK

x3 ☐ None

9851

x5 ☐ All days

OR

Days

OR

x1 ☐ DK

x3 ☐ None

9852

x5 ☐ All days

OR

Days

OR

x1 ☐ DK

x3 ☐ None

Section 5 – TOPICAL MODULES (Continued)

Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9804 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9811 <input type="text"/> <input type="text"/> Age Name _____	9805 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9812 <input type="text"/> <input type="text"/> Age Name _____	9806 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9813 <input type="text"/> <input type="text"/> Age Name _____	9807 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9814 <input type="text"/> <input type="text"/> Age Name _____
9818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	9819 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	9820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	9821 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2
9825 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	9826 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	9827 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	9828 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
9832 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	9833 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	9834 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	9835 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth
9839 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9840 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9841 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9842 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
9846 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9847 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9848 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9849 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
9853 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9854 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9855 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9856 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None

Section 5 - TOPICAL MODULES (Continued)

Part H - UTILIZATION OF HEALTH CARE SERVICES - CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 96 and 97.	9857 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9858 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9859 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
3a. During the past 12 months, how many times did (Child's name) see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	9864 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 4a	9865 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 4a	9866 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 4a
b. How many of these visits or calls were in the past 4 months?	9871 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9872 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9873 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
4a. During the past 12 months, how many visits did (Child's name) make to a dentist? (Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.)	9878 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 5a	9879 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 5a	9880 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - SKIP to 5a
b. How many of these visits were in the past 4 months?	9885 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9886 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9887 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
5a. Is there one particular person or place that (Child's name) usually goes to when (Child's name) is sick or needs advice about his/her health?	9892 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T53	9893 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T53	9894 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T53
b. To what kind of place does (Child's name) usually go? Mark (X) only one.	9899 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other -Specify <input type="checkbox"/>	9900 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other -Specify <input type="checkbox"/>	9901 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other -Specify <input type="checkbox"/>
CHECK ITEM T53 Are there any more children listed in Check Item T52?	9906 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - SKIP to Check Item T54, page 100	9907 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - SKIP to Check Item T54, page 100	9908 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - SKIP to Check Item T54, page 100

Section 5 - TOPICAL MODULES (Continued)

Part H - UTILIZATION OF HEALTH CARE SERVICES - CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9860 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9861 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9862 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9863 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9867 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 4a</i>	9868 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 4a</i>	9869 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 4a</i>	9870 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 4a</i>
9874 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9875 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9876 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9877 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
9881 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 5a</i>	9882 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 5a</i>	9883 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 5a</i>	9884 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None - <i>SKIP to 5a</i>
9888 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9889 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9890 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9891 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
9895 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T53</i>	9896 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T53</i>	9897 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T53</i>	9898 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T53</i>
9902 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other - <i>Specify</i> _____	9903 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other - <i>Specify</i> _____	9904 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other - <i>Specify</i> _____	9905 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other - <i>Specify</i> _____
9909 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - <i>SKIP to Check Item T54, page 100</i>	9910 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - <i>SKIP to Check Item T54, page 100</i>	9911 1 <input type="checkbox"/> Yes - Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No - <i>SKIP to Check Item T54, page 100</i>	GO to Check Item T54, page 100

Section 5 – TOPICAL MODULES (Continued)

Part H - UTILIZATION OF HEALTH CARE SERVICES - CHILDREN (Continued)

**CHECK
ITEM T54**

Refer to item 27k, page 11.

9913

- 1 ☐ Yes
2 ☐ No – *SKIP to 7*

Were all of . . . 's children under age 15 covered by a health insurance plan?

6. Were all of . . . 's children under age 15 covered by a health insurance plan for the entire 4 month period.

9914

- 1 ☐ Yes – *SKIP to Part I*
2 ☐ No

7. Were all of . . . 's children under age 15 covered by Medicaid for the entire 4 month period?

9915

- 1 ☐ Yes *SKIP to Part I*
2 ☐ No

8. ASK OR VERIFY —

I have recorded that some or all of . . . 's children under the age of 15 were not covered by a health insurance plan or Medicaid at some time during the 4 month period. Is that correct?

9916

- 1 ☐ Correct
2 ☐ Incorrect – covered by some other plan –
SKIP to Part I

(SHOW FLASHCARD JJ)

9. Which answer on this card best describes why some or all of . . . 's children under the age of 15 were not covered by health insurance at some time during the past 4 months?

Mark (X) only one.

9917

- 1 ☐ Job layoff, job loss, or any reasons related to unemployment
- 2 ☐ Employer does not offer health insurance
- 3 ☐ Can't obtain health insurance because of poor health, illness, or age
- 4 ☐ Too expensive; can't afford health insurance
- 5 ☐ Don't believe in health insurance
- 6 ☐ Have been healthy; not much sickness in the family; haven't needed health insurance
- 7 ☐ Able to go to VA or military hospital for medical care
- 8 ☐ Covered by some other health plan
- 9 ☐ Other - *Specify* _____

GO to Part I

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING

**CHECK
ITEM T57**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian
of children under the age of 18 who live
in this household?

7000

- 1 ☐ Yes
2 ☐ No – *SKIP to Check Item T77, page 122*

Now we have a few questions about your child(ren)’s activities.

**CHECK
ITEM T58**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian
of children under the age of 6 who live in
this household?

7001

- 1 ☐ Yes
2 ☐ No – *SKIP to Check Item T68, page 108*

Go to Check Item T59, page 102

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T59	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Beginning with the youngest child under 6, enter the person numbers, ages, and names of children under 6 who are household members, for whom . . . is the designated parent or guardian.		7002 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7003 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7004 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
		7009 <input type="text"/> <input type="text"/> Age	7010 <input type="text"/> <input type="text"/> Age	7011 <input type="text"/> <input type="text"/> Age
		Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>
Complete all of items 1–13b for each child listed (starting with the youngest) before continuing with the next youngest child.				
1. Would you say that (Child's name) health is excellent, very good, good, fair, or poor?		7016 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7017 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7018 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
2. About how tall is (Child's name) without shoes?		7023 <input type="text"/> Feet 7030 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7024 <input type="text"/> Feet 7031 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7025 <input type="text"/> Feet 7032 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK
3. About how much does (Child's name) weigh without shoes?		7037 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7038 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7039 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK
CHECK ITEM T60	Refer to Check Item T59	7044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7045 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61
Is (Child's name) age 5?				
4a. Is (Child's name) now enrolled in kindergarten?		7051 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7053 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c
b. For how many hours each week is (Child's name) enrolled in kindergarten?		7058 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7059 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7060 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a
c. Is (Child's name) now enrolled in first grade?		7065 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7066 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7067 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
CHECK ITEM T61	Refer to Check Item T59	7072 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7073 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7074 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
Is (Child's name) under age 3.				
5a. Is (Child's name) now enrolled in Head Start?		7079 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7081 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
b. For how many hours each week is (Child's name) enrolled in Head Start?		7086 <input type="text"/> <input type="text"/> Number of hours	7087 <input type="text"/> <input type="text"/> Number of hours	7088 <input type="text"/> <input type="text"/> Number of hours
6a. Is (Child's name) now enrolled in a day-care center or pre-school program?		7093 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c
b. For how many hours each week is (Child's name) enrolled in a day-care center or pre-school program?		7100 <input type="text"/> <input type="text"/> Number of hours	7101 <input type="text"/> <input type="text"/> Number of hours	7102 <input type="text"/> <input type="text"/> Number of hours
c. Is (Child's name) now enrolled in family day care, that is, in the home of a neighbor, friend, or relative on a regular basis? By "regular basis" we mean at least once a week.		7107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7109 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7005 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7012 <input type="text"/> <input type="text"/> Age Name _____	7006 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7013 <input type="text"/> <input type="text"/> Age Name _____	7007 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7014 <input type="text"/> <input type="text"/> Age Name _____	7008 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7015 <input type="text"/> <input type="text"/> Age Name _____
7019 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7020 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7021 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7022 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
7026 <input type="text"/> Feet 7033 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7027 <input type="text"/> Feet 7034 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7028 <input type="text"/> Feet 7035 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7029 <input type="text"/> Feet 7036 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK
7040 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7041 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7042 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7043 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK
7047 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7049 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61
7054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7055 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7057 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c
7061 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7062 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7063 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7064 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a
7068 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7069 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7070 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7071 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
7075 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7076 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7077 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7078 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
7082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7083 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
7089 <input type="text"/> <input type="text"/> Number of hours	7090 <input type="text"/> <input type="text"/> Number of hours	7091 <input type="text"/> <input type="text"/> Number of hours	7092 <input type="text"/> <input type="text"/> Number of hours
7096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7097 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7098 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7099 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c
7103 <input type="text"/> <input type="text"/> Number of hours	7104 <input type="text"/> <input type="text"/> Number of hours	7105 <input type="text"/> <input type="text"/> Number of hours	7106 <input type="text"/> <input type="text"/> Number of hours
7110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7111 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a

Section 5 - TOPICAL MODULES (Continued)			
Part I - CHILDREN'S WELL-BEING (Continued)			
	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 102 and 103.→	7114 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7115 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7116 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
6d. (Is/Are) (this/these) provider(s) related to the child?	7121 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7122 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7123 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
e. For how many hours each week is (Child's name) in family day care?	7128 <input type="text"/> <input type="text"/> Number of hours	7129 <input type="text"/> <input type="text"/> Number of hours	7130 <input type="text"/> <input type="text"/> Number of hours
7a. Is (Child's name) now being cared for by a babysitter or babysitters in the child's home on a regular basis? By "regular basis" we mean at least once a week (includes care by relatives other than parents).	7135 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62	7136 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62	7137 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62
b. (Is/Are) (this/these) person(s) related to the child?	7142 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7143 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7144 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
c. For how many hours each week is (Child's name) cared for by a babysitter or babysitters?	7149 <input type="text"/> <input type="text"/> Number of hours	7150 <input type="text"/> <input type="text"/> Number of hours	7151 <input type="text"/> <input type="text"/> Number of hours
CHECK ITEM T62 Refer to 4a, page 102 Is "Yes" marked?	7156 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No	7157 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No	7158 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No
CHECK ITEM T63 Refer to Check Item T59, page 102 Is (Child's name) age 5?	7163 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7165 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65
8a. Has (Child's name) EVER attended kindergarten?	7170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64	7171 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64	7172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64
b. How old was (Child's name) in years and months when he/she first started kindergarten?	7177 <input type="text"/> Years 7184 <input type="text"/> <input type="text"/> Months } SKIP to Check Item T65	7178 <input type="text"/> Years 7185 <input type="text"/> <input type="text"/> Months } SKIP to Check Item T65	7179 <input type="text"/> Years 7186 <input type="text"/> <input type="text"/> Months } SKIP to Check Item T65
CHECK ITEM T64 Refer to 4c, page 102 Is "Yes" marked?	7191 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7192 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7193 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65
8c. How old was (Child's name) in years and months when he/she first started first grade?	7198 <input type="text"/> Years 7205 <input type="text"/> <input type="text"/> Months	7199 <input type="text"/> Years 7206 <input type="text"/> <input type="text"/> Months	7200 <input type="text"/> Years 7207 <input type="text"/> <input type="text"/> Months
CHECK ITEM T65 Refer to items 5a, 6a, 6c, and 7a. Is "Yes" marked for at least one of these items?	7212 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No	7213 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No	7214 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No
8d. Other than members of (Child's name) immediate family, has (Child's name) ever been cared for regularly in any Head Start, day care, or pre-school programs or by any family day care providers or babysitters?	7219 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106	7220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106	7221 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7117 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7118 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7119 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name	7120 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name
7124 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7125 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7126 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7127 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
7131 <input type="text"/> <input type="text"/> Number of hours	7132 <input type="text"/> <input type="text"/> Number of hours	7133 <input type="text"/> <input type="text"/> Number of hours	7134 <input type="text"/> <input type="text"/> Number of hours
7138 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62	7139 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62	7140 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62	7141 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T62
7145 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7146 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7147 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7148 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
7152 <input type="text"/> <input type="text"/> Number of hours	7153 <input type="text"/> <input type="text"/> Number of hours	7154 <input type="text"/> <input type="text"/> Number of hours	7155 <input type="text"/> <input type="text"/> Number of hours
7159 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No	7160 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No	7161 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No	7162 1 <input type="checkbox"/> Yes - SKIP to Check Item T65 2 <input type="checkbox"/> No
7166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7167 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7169 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65
7173 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64	7174 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64	7175 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64	7176 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T64
7180 <input type="text"/> Years } SKIP to Check Item T65 7187 <input type="text"/> <input type="text"/> Months }	7181 <input type="text"/> Years } SKIP to Check Item T65 7188 <input type="text"/> <input type="text"/> Months }	7182 <input type="text"/> Years } SKIP to Check Item T65 7189 <input type="text"/> <input type="text"/> Months }	7183 <input type="text"/> Years } SKIP to Check Item T65 7190 <input type="text"/> <input type="text"/> Months }
7194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7195 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7196 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65	7197 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T65
7201 <input type="text"/> Years 7208 <input type="text"/> <input type="text"/> Months	7202 <input type="text"/> Years 7209 <input type="text"/> <input type="text"/> Months	7203 <input type="text"/> Years 7210 <input type="text"/> <input type="text"/> Months	7204 <input type="text"/> Years 7211 <input type="text"/> <input type="text"/> Months
7215 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No	7216 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No	7217 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No	7218 1 <input type="checkbox"/> Yes - SKIP to 8e, page 106 2 <input type="checkbox"/> No
7222 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106	7223 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106	7224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106	7225 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9, page 106

Section 5 – TOPICAL MODULES (Continued)			
Part I – CHILDREN’S WELL-BEING (Continued)			
Transcribe person numbers and names from pages 102 and 103. →	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	7226 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7227 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7228 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
8e. Thinking back to when (Child’s name) was FIRST cared for by someone other than you or an immediate family member on a regular basis, how old was (Child’s name) when he/she was first cared for in any Head Start program, day care center, pre-school program, family day care, or babysitter arrangement, including care by a relative?	7233 <input type="text"/> Years 7240 <input type="text"/> <input type="text"/> Months	7234 <input type="text"/> Years 7241 <input type="text"/> <input type="text"/> Months	7235 <input type="text"/> Years 7242 <input type="text"/> <input type="text"/> Months
f. For how many hours each week was the child cared for in this manner?	7247 <input type="text"/> <input type="text"/> Number of hours	7248 <input type="text"/> <input type="text"/> Number of hours	7249 <input type="text"/> <input type="text"/> Number of hours
9. Has (Child’s name) ever lived apart from you, for any reason, for a month or more?	7254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T66 Refer to Check Item T59, page 102 Is (Child’s name) aged 1 through 5 years old?	7261 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7263 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
10. How many times in the past week did you or any family member read stories to (Child’s name)?	7268 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7269 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7270 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
11. How many times in the past month did you or any family member take (Child’s name) on any kind of outing – out to the park, grocery store, church, playground, etc.?	7275 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7276 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7277 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
CHECK ITEM T67 Refer to Check Item T59, page 102 Is (Child’s name) 3, 4, or 5 years old?	7282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7283 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108
12. Are there family rules for (Child’s name) about what television programs (Child’s name) can watch?	7289 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7291 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13a. Are there family rules about how early or late (Child’s name) may watch television?	7296 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7297 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7298 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Are there family rules about how many hours (Child’s name) may watch television?	7303 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7304 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7229 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7230 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7231 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7232 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7236 <input type="text"/> Years 7243 <input type="text"/> <input type="text"/> Months	7237 <input type="text"/> Years 7244 <input type="text"/> <input type="text"/> Months	7238 <input type="text"/> Years 7245 <input type="text"/> <input type="text"/> Months	7239 <input type="text"/> Years 7246 <input type="text"/> <input type="text"/> Months
7250 <input type="text"/> <input type="text"/> Number of hours	7251 <input type="text"/> <input type="text"/> Number of hours	7252 <input type="text"/> <input type="text"/> Number of hours	7253 <input type="text"/> <input type="text"/> Number of hours
7257 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7259 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7264 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7266 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
7271 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7272 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7273 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7274 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
7278 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7279 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7280 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7281 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
7285 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7287 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108
7292 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7293 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7294 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7295 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7299 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7301 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7306 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7307 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7309 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Check Item T68, page 108

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T68

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children aged 6 to 11 years, who live in this household?

7310

- 1 ☐ Yes
2 ☐ No - SKIP to

Check Item T72, page 114

CHECK ITEM T69

Refer to cc items 18, 19, 24 and 27.

Beginning with the youngest child aged 6 to 11, enter the person numbers, ages, and names of children aged 6 to 11 years who are household members, for whom . . . is the designated parent or guardian.

YOUNGEST

7311

Person No.

7318

Age

Name

SECOND YOUNGEST

7312

Person No.

7319

Age

Name

THIRD YOUNGEST

7313

Person No.

7320

Age

Name

Complete all of items 14a-32 for each child listed before continuing with the next child.

14a. Other than members of (Child's name) immediate family, has (Child's name) ever been cared for regularly in any Head Start, day care or pre-school programs, or by any family day care providers or babysitters?

7325

- 1 ☐ Yes
2 ☐ No

7326

- 1 ☐ Yes
2 ☐ No

7327

- 1 ☐ Yes
2 ☐ No

b. Is (Child's name) now attending or enrolled in school?

7332

- 1 ☐ Yes - SKIP to 17, page 110
2 ☐ No

7333

- 1 ☐ Yes - SKIP to 17, page 110
2 ☐ No

7334

- 1 ☐ Yes - SKIP to 17, page 110
2 ☐ No

15. Has (Child's name) ever attended or been enrolled in kindergarten or an elementary school?

7339

- 1 ☐ Yes
2 ☐ No - SKIP to 27, page 112

7340

- 1 ☐ Yes
2 ☐ No - SKIP to 27, page 112

7341

- 1 ☐ Yes
2 ☐ No - SKIP to 27, page 112

16a. What is the highest grade or year (Child's name) has completed?

7346

- 1 ☐ Kindergarten - SKIP to 16c
2 ☐ First grade
3 ☐ Second grade
4 ☐ Third grade
5 ☐ Fourth grade
6 ☐ Fifth grade
7 ☐ Sixth grade
8 ☐ Seventh grade
9 ☐ Eighth grade or higher
x3 ☐ No grade completed

7347

- 1 ☐ Kindergarten - SKIP to 16c
2 ☐ First grade
3 ☐ Second grade
4 ☐ Third grade
5 ☐ Fourth grade
6 ☐ Fifth grade
7 ☐ Sixth grade
8 ☐ Seventh grade
9 ☐ Eighth grade or higher
x3 ☐ No grade completed

7348

- 1 ☐ Kindergarten - SKIP to 16c
2 ☐ First grade
3 ☐ Second grade
4 ☐ Third grade
5 ☐ Fourth grade
6 ☐ Fifth grade
7 ☐ Sixth grade
8 ☐ Seventh grade
9 ☐ Eighth grade or higher
x3 ☐ No grade completed

b. Did (Child's name) ever attend kindergarten?

7353

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item T71, page 110

7354

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item T71, page 110

7355

- 1 ☐ Yes
2 ☐ No - SKIP to Check Item T71, page 110

c. How old was (Child's name) in years and months when he/she first started kindergarten?

7360

Years

7367

Months

7361

Years

7368

Months

7362

Years

7369

Months

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7314 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7321 <input type="text"/> <input type="text"/> Age Name _____	7315 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7322 <input type="text"/> <input type="text"/> Age Name _____	7316 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7323 <input type="text"/> <input type="text"/> Age Name _____	7317 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7324 <input type="text"/> <input type="text"/> Age Name _____
7328 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7329 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7331 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7335 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No	7336 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No	7337 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No	7338 1 <input type="checkbox"/> Yes – SKIP to 17, page 110 2 <input type="checkbox"/> No
7342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112	7343 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112	7344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112	7345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27, page 112
7349 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7350 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7351 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7352 1 <input type="checkbox"/> Kindergarten – SKIP to 16c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed
7356 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110	7357 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110	7358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110	7359 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T71, page 110
7363 <input type="text"/> Years 7370 <input type="text"/> <input type="text"/> Months	7464 <input type="text"/> Years 7371 <input type="text"/> <input type="text"/> Months	7365 <input type="text"/> Years 7372 <input type="text"/> <input type="text"/> Months	7366 <input type="text"/> Years 7373 <input type="text"/> <input type="text"/> Months

NOTES

Section 5 - TOPICAL MODULES (Continued)			
Part I - CHILDREN'S WELL-BEING (Continued)			
	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 108 and 109. →	7374 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7375 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7376 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
CHECK ITEM T70 Refer to Item 16a, page 108 Is kindergarten marked?	7381 1 <input type="checkbox"/> Yes - SKIP to 27, page 112 2 <input type="checkbox"/> No - SKIP to 22	7382 1 <input type="checkbox"/> Yes - SKIP to 27, page 112 2 <input type="checkbox"/> No - SKIP to 22	7383 1 <input type="checkbox"/> Yes - SKIP to 27, page 112 2 <input type="checkbox"/> No - SKIP to 22
17. What grade or year in school is (Child's name) now attending?	7388 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7389 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7390 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher
18. Is (Child's name) enrolled in public or private school?	7395 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 20	7396 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 20	7397 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - SKIP to 20
19. Is (Child's name) school the regularly assigned school, or a school you chose?	7402 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7403 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7404 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a
20. Is (Child's name) school affiliated with a religion?	7409 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7411 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
ASK OR VERIFY			
21a. Did (Child's name) ever attend kindergarten?	7416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21c	7417 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21c	7418 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21c
b. How old was (Child's name) in years and months when he/she first started kindergarten?	7423 <input type="text"/> Years 7430 <input type="text"/> <input type="text"/> Months } SKIP to 22	7424 <input type="text"/> Years 7431 <input type="text"/> <input type="text"/> Months } SKIP to 22	7425 <input type="text"/> Years 7432 <input type="text"/> <input type="text"/> Months } SKIP to 22
CHECK ITEM T71 Refer to 16a, page 108 Is box X3 - No grade completed marked?	7437 1 <input type="checkbox"/> Yes - SKIP to 27, page 112 2 <input type="checkbox"/> No	7438 1 <input type="checkbox"/> Yes - SKIP to 27, page 112 2 <input type="checkbox"/> No	7439 1 <input type="checkbox"/> Yes - SKIP to 27, page 112 2 <input type="checkbox"/> No
21c. How old was (Child's name) in years and months when he/she first started first grade?	7444 <input type="text"/> Years 7451 <input type="text"/> <input type="text"/> Months	7445 <input type="text"/> Years 7452 <input type="text"/> <input type="text"/> Months	7446 <input type="text"/> Years 7453 <input type="text"/> <input type="text"/> Months
22. Has (Child's name) changed schools since entering the first grade? Please DO NOT count changes that occurred as a result of graduating to middle school or junior high school.	7458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7459 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 24, page 112	7460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 24, page 112
23. How many times did (Child's name) change schools?	7465 <input type="text"/> <input type="text"/> Number of times	7466 <input type="text"/> <input type="text"/> Number of times	7467 <input type="text"/> <input type="text"/> Number of times

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7377 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7378 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7379 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7380 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7384 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7385 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7386 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7387 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22
7391 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7392 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7393 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7394 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher
7398 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7399 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7400 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7401 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20
7405 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7406 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7407 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7408 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a
7412 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7414 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7415 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7419 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7421 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c
7426 <input type="text"/> Years } SKIP to 22 7433 <input type="text"/> <input type="text"/> Months }	7427 <input type="text"/> Years } SKIP to 22 7434 <input type="text"/> <input type="text"/> Months }	7428 <input type="text"/> Years } SKIP to 22 7435 <input type="text"/> <input type="text"/> Months }	7429 <input type="text"/> Years } SKIP to 22 7436 <input type="text"/> <input type="text"/> Months }
7440 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7441 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7442 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7443 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No
7447 <input type="text"/> Years 7454 <input type="text"/> <input type="text"/> Months	7448 <input type="text"/> Years 7455 <input type="text"/> <input type="text"/> Months	7449 <input type="text"/> Years 7456 <input type="text"/> <input type="text"/> Months	7450 <input type="text"/> Years 7457 <input type="text"/> <input type="text"/> Months
7461 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }	7462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }	7463 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }	7464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }
7468 <input type="text"/> <input type="text"/> Number of times	7469 <input type="text"/> <input type="text"/> Number of times	7470 <input type="text"/> <input type="text"/> Number of times	7471 <input type="text"/> <input type="text"/> Number of times

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 108 and 109. →	<div style="display: flex; justify-content: space-between;"> <div> 7472 </div> <div> Person No. Name _____ </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7473 </div> <div> Person No. Name _____ </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7474 </div> <div> Person No. Name _____ </div> </div>
24. Has (Child's name) repeated any grades, or been held back for any reason?	<div style="display: flex; justify-content: space-between;"> <div> 7479 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div> } <i>SKIP to 26</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div> } <i>SKIP to 26</i> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7481 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div> } <i>SKIP to 26</i> </div> </div>
25. Which grade or grades did (Child's name) repeat? <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div> 7486 1 <input type="checkbox"/> Kindergarten 7493 2 <input type="checkbox"/> First grade 7500 3 <input type="checkbox"/> Second grade 7507 4 <input type="checkbox"/> Third grade 7514 5 <input type="checkbox"/> Fourth grade 7521 6 <input type="checkbox"/> Fifth grade 7528 7 <input type="checkbox"/> Sixth grade 7535 8 <input type="checkbox"/> Seventh grade 7542 9 <input type="checkbox"/> Eighth grade or higher </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7487 1 <input type="checkbox"/> Kindergarten 7494 2 <input type="checkbox"/> First grade 7501 3 <input type="checkbox"/> Second grade 7508 4 <input type="checkbox"/> Third grade 7515 5 <input type="checkbox"/> Fourth grade 7522 6 <input type="checkbox"/> Fifth grade 7529 7 <input type="checkbox"/> Sixth grade 7536 8 <input type="checkbox"/> Seventh grade 7543 9 <input type="checkbox"/> Eighth grade or higher </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7488 1 <input type="checkbox"/> Kindergarten 7495 2 <input type="checkbox"/> First grade 7502 3 <input type="checkbox"/> Second grade 7509 4 <input type="checkbox"/> Third grade 7516 5 <input type="checkbox"/> Fourth grade 7523 6 <input type="checkbox"/> Fifth grade 7530 7 <input type="checkbox"/> Sixth grade 7537 8 <input type="checkbox"/> Seventh grade 7544 9 <input type="checkbox"/> Eighth grade or higher </div> </div>
26. Does (Child's name) go to a special class for gifted students, or do advanced work in any subjects?	<div style="display: flex; justify-content: space-between;"> <div> 7549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
27. Is (Child's name) on a sports team either in or out of school?	<div style="display: flex; justify-content: space-between;"> <div> 7556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
28. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?	<div style="display: flex; justify-content: space-between;"> <div> 7563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
29. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Girls or Boys club?	<div style="display: flex; justify-content: space-between;"> <div> 7570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
30. Are there family rules for (Child's name) about what television programs he/she can watch?	<div style="display: flex; justify-content: space-between;"> <div> 7577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
31. Are there family rules about how early or late (Child's name) may watch television?	<div style="display: flex; justify-content: space-between;"> <div> 7584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7585 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> </div>
32. Are there family rules about how many hours (Child's name) may watch television?	<div style="display: flex; justify-content: space-between;"> <div> 7591 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div style="margin-top: 10px;"> GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7592 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div style="margin-top: 10px;"> GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> 7593 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div style="margin-top: 10px;"> GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child </div> </div>

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7475 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7476 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7477 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7478 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7482 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.	7483 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.	7484 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.	7485 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 26 x2 <input type="checkbox"/> Ref.
7489 1 <input type="checkbox"/> Kindergarten 7496 2 <input type="checkbox"/> First grade 7503 3 <input type="checkbox"/> Second grade 7510 4 <input type="checkbox"/> Third grade 7517 5 <input type="checkbox"/> Fourth grade 7524 6 <input type="checkbox"/> Fifth grade 7531 7 <input type="checkbox"/> Sixth grade 7538 8 <input type="checkbox"/> Seventh grade 7545 9 <input type="checkbox"/> Eighth grade or higher	7490 1 <input type="checkbox"/> Kindergarten 7497 2 <input type="checkbox"/> First grade 7504 3 <input type="checkbox"/> Second grade 7511 4 <input type="checkbox"/> Third grade 7518 5 <input type="checkbox"/> Fourth grade 7525 6 <input type="checkbox"/> Fifth grade 7532 7 <input type="checkbox"/> Sixth grade 7539 8 <input type="checkbox"/> Seventh grade 7546 9 <input type="checkbox"/> Eighth grade or higher	7491 1 <input type="checkbox"/> Kindergarten 7498 2 <input type="checkbox"/> First grade 7505 3 <input type="checkbox"/> Second grade 7512 4 <input type="checkbox"/> Third grade 7519 5 <input type="checkbox"/> Fourth grade 7526 6 <input type="checkbox"/> Fifth grade 7533 7 <input type="checkbox"/> Sixth grade 7540 8 <input type="checkbox"/> Seventh grade 7547 9 <input type="checkbox"/> Eighth grade or higher	7492 1 <input type="checkbox"/> Kindergarten 7499 2 <input type="checkbox"/> First grade 7506 3 <input type="checkbox"/> Second grade 7513 4 <input type="checkbox"/> Third grade 7520 5 <input type="checkbox"/> Fourth grade 7527 6 <input type="checkbox"/> Fifth grade 7534 7 <input type="checkbox"/> Sixth grade 7541 8 <input type="checkbox"/> Seventh grade 7548 9 <input type="checkbox"/> Eighth grade or higher
7552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7566 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7575 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7582 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7583 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7587 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7588 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7589 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	7595 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	7596 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child	7597 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. GO to Check Item T72, page 114

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T72	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children aged 12 to 17 who live in this household?	7598	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to	Check Item T76, page 122
CHECK ITEM T73	Refer to cc items 18, 19, 24 and 27. Beginning with the youngest child aged 12 to 17, enter the person numbers, ages, and names of children aged 12 to 17 years who are household members, for whom . . . is the designated parent or guardian.	YOUNGEST 7599 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7606 <input type="text"/> <input type="text"/> Age Name _____	SECOND YOUNGEST 7600 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7607 <input type="text"/> <input type="text"/> Age Name _____	THIRD YOUNGEST 7601 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7608 <input type="text"/> <input type="text"/> Age Name _____
Complete all of items 33-54 for each child listed before continuing with the next child.				
33. ASK OR VERIFY Is (Child's name) currently attending or enrolled in school?	7613 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No	7614 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No	7615 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No	
34. ASK OR VERIFY Has (Child's name) ever attended or been enrolled in kindergarten or an elementary school?	7620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118	7621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118	7622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118	
35a. ASK OR VERIFY What is the highest grade or year (Child's name) has completed?	7627 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed	7628 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed	7629 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed	
b. ASK OR VERIFY Did (Child's name) ever attend kindergarten?	7634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116	7635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116	7636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116	
c. ASK OR VERIFY How old was (Child's name) in years and months when he/she first started kindergarten?	7641 <input type="text"/> Years 7648 <input type="text"/> <input type="text"/> Months	7642 <input type="text"/> Years 7649 <input type="text"/> <input type="text"/> Months	7643 <input type="text"/> Years 7650 <input type="text"/> <input type="text"/> Months	
CHECK ITEM T74	Refer to 35a. Is kindergarten marked?	7655 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116	7656 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116	7657 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7602 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7609 <input type="text"/> <input type="text"/> Age Name _____	7603 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7610 <input type="text"/> <input type="text"/> Age Name _____	7604 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7611 <input type="text"/> <input type="text"/> Age Name _____	7605 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7612 <input type="text"/> <input type="text"/> Age Name _____
7616 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No	7617 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No	7618 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No	7619 1 <input type="checkbox"/> Yes - SKIP to 36, page 116 2 <input type="checkbox"/> No
7623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118	7624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118	7625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118	7626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 49, page 118
7630 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed	7631 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed	7632 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed	7633 1 <input type="checkbox"/> Kindergarten - SKIP to 35c 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College - one year or more x3 <input type="checkbox"/> No grade completed
7637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116	7638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116	7639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116	7640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T75, page 116
7644 <input type="text"/> Years 7651 <input type="text"/> <input type="text"/> Months	7645 <input type="text"/> Years 7652 <input type="text"/> <input type="text"/> Months	7646 <input type="text"/> Years 7653 <input type="text"/> <input type="text"/> Months	7647 <input type="text"/> Years 7654 <input type="text"/> <input type="text"/> Months
7658 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116	7659 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116	7660 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116	7661 1 <input type="checkbox"/> Yes - SKIP to 49, page 118 2 <input type="checkbox"/> No - SKIP to 42, page 116

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115. →	7662 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7663 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7664 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
36. What grade or year in school is (Child's name) attending?	7669 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7670 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7671 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more
37. Is (Child's name) enrolled in public or private school?	7676 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7677 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7678 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>
38. Is (Child's name) school the regularly assigned school, or a school you chose?	7683 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7684 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7685 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>
39. Is (Child's name) school affiliated with a religion?	7690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7691 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7692 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
40. Did (Child's name) ever attend kindergarten?	7697 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7699 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>
41a. How old was (Child's name) in years and months when he/she first started kindergarten?	7704 <input type="text"/> Years } <i>SKIP to 42</i> 7711 <input type="text"/> <input type="text"/> Months }	7705 <input type="text"/> Years } <i>SKIP to 42</i> 7712 <input type="text"/> <input type="text"/> Months }	7706 <input type="text"/> Years } <i>SKIP to 42</i> 7713 <input type="text"/> <input type="text"/> Months }
CHECK ITEM T75 Refer to 35a Is box X3 – No grade completed marked?	7718 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7719 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7720 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No
41b. How old was (Child's name) in years and months when he/she first started first grade?	7725 <input type="text"/> Years 7732 <input type="text"/> <input type="text"/> Months	7726 <input type="text"/> Years 7733 <input type="text"/> <input type="text"/> Months	7727 <input type="text"/> Years 7734 <input type="text"/> <input type="text"/> Months
42. Has (Child's name) changed schools since entering the first grade? Please DO NOT count changes that occurred as a result of graduating to middle school, junior high or high school.	7739 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 44, page 118</i> x2 <input type="checkbox"/> Ref. }	7740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 44, page 118</i> x2 <input type="checkbox"/> Ref. }	7741 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 44, page 118</i> x2 <input type="checkbox"/> Ref. }
43. How many times did (Child's name) change schools?	7746 <input type="text"/> <input type="text"/> Number of times	7747 <input type="text"/> <input type="text"/> Number of times	7748 <input type="text"/> <input type="text"/> Number of times

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7665 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7666 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7667 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7668 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7672 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7673 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7674 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more	7675 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College - one year or more
7679 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - <i>SKIP to 39</i>	7680 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - <i>SKIP to 39</i>	7681 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - <i>SKIP to 39</i>	7682 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private - <i>SKIP to 39</i>
7686 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7687 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7688 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7689 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>
7693 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7694 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7695 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 41b</i>	7701 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 41b</i>	7702 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 41b</i>	7703 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 41b</i>
7707 <input type="text"/> Years } <i>SKIP to 42</i> 7714 <input type="text"/> <input type="text"/> Months	7708 <input type="text"/> Years } <i>SKIP to 42</i> 7715 <input type="text"/> <input type="text"/> Months	7709 <input type="text"/> Years } <i>SKIP to 42</i> 7716 <input type="text"/> <input type="text"/> Months	7710 <input type="text"/> Years } <i>SKIP to 42</i> 7717 <input type="text"/> <input type="text"/> Months
7721 1 <input type="checkbox"/> Yes - <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7722 1 <input type="checkbox"/> Yes - <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7723 1 <input type="checkbox"/> Yes - <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7724 1 <input type="checkbox"/> Yes - <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No
7728 <input type="text"/> Years 7735 <input type="text"/> <input type="text"/> Months	7729 <input type="text"/> Years 7736 <input type="text"/> <input type="text"/> Months	7730 <input type="text"/> Years 7737 <input type="text"/> <input type="text"/> Months	7731 <input type="text"/> Years 7738 <input type="text"/> <input type="text"/> Months
7742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>	7743 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>	7744 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>	7745 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>
7749 <input type="text"/> <input type="text"/> Number of times	7750 <input type="text"/> <input type="text"/> Number of times	7751 <input type="text"/> <input type="text"/> Number of times	7752 <input type="text"/> <input type="text"/> Number of times

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115. →	7753 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	7754 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name 	7755 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name
44. Has (Child's name) repeated any grades, or been held back for any reason?	7760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>	7761 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>	7762 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>
45. Which grade or grades did (Child's name) repeat? <i>Mark (X) all that apply.</i>	7767 1 <input type="checkbox"/> Kindergarten 7774 2 <input type="checkbox"/> First grade 7781 3 <input type="checkbox"/> Second grade 7788 4 <input type="checkbox"/> Third grade 7795 5 <input type="checkbox"/> Fourth grade 7802 6 <input type="checkbox"/> Fifth grade 7809 7 <input type="checkbox"/> Sixth grade 7816 8 <input type="checkbox"/> Seventh grade 7823 9 <input type="checkbox"/> Eighth grade 7830 10 <input type="checkbox"/> Ninth grade 7837 11 <input type="checkbox"/> Tenth grade 7844 12 <input type="checkbox"/> Eleventh grade 7851 13 <input type="checkbox"/> Twelfth grade	7768 1 <input type="checkbox"/> Kindergarten 7775 2 <input type="checkbox"/> First grade 7782 3 <input type="checkbox"/> Second grade 7789 4 <input type="checkbox"/> Third grade 7796 5 <input type="checkbox"/> Fourth grade 7803 6 <input type="checkbox"/> Fifth grade 7810 7 <input type="checkbox"/> Sixth grade 7817 8 <input type="checkbox"/> Seventh grade 7824 9 <input type="checkbox"/> Eighth grade 7831 10 <input type="checkbox"/> Ninth grade 7838 11 <input type="checkbox"/> Tenth grade 7845 12 <input type="checkbox"/> Eleventh grade 7852 13 <input type="checkbox"/> Twelfth grade	7769 1 <input type="checkbox"/> Kindergarten 7776 2 <input type="checkbox"/> First grade 7783 3 <input type="checkbox"/> Second grade 7790 4 <input type="checkbox"/> Third grade 7797 5 <input type="checkbox"/> Fourth grade 7804 6 <input type="checkbox"/> Fifth grade 7811 7 <input type="checkbox"/> Sixth grade 7818 8 <input type="checkbox"/> Seventh grade 7825 9 <input type="checkbox"/> Eighth grade 7832 10 <input type="checkbox"/> Ninth grade 7839 11 <input type="checkbox"/> Tenth grade 7846 12 <input type="checkbox"/> Eleventh grade 7853 13 <input type="checkbox"/> Twelfth grade
46. Has (Child's name) ever been suspended, excluded, or expelled from school?	7858 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>	7859 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>	7860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>
47. How many times has this happened?	7865 <input type="text"/> <input type="text"/> Number of times	7866 <input type="text"/> <input type="text"/> Number of times	7867 <input type="text"/> <input type="text"/> Number of times
48. What grade was (Child's name) in when this happened? (The first time?)	7872 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7873 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7874 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade
49. Is (Child's name) on a sports team, either in or out of school?	7879 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7880 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7881 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
50. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?	7886 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7887 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7888 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
51. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as school newspaper, glee club, a religious group, or Scouts?	7893 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7894 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7895 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)			
Part I – CHILDREN’S WELL-BEING (Continued)			
FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<div>7756</div> <div><div></div><div></div><div></div></div> Person No. Name	<div>7757</div> <div><div></div><div></div><div></div></div> Person No. Name	<div>7758</div> <div><div></div><div></div><div></div></div> Person No. Name	<div>7759</div> <div><div></div><div></div><div></div></div> Person No. Name
<div>7763</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 46</div>	<div>7764</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 46</div>	<div>7765</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 46</div>	<div>7766</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 46</div>
<div>7770</div> <div><div>1</div><div><input type="checkbox"/> Kindergarten</div></div> <div><div>7777</div><div><div>2</div><div><input type="checkbox"/> First grade</div></div></div> <div><div>7784</div><div><div>3</div><div><input type="checkbox"/> Second grade</div></div></div> <div><div>7791</div><div><div>4</div><div><input type="checkbox"/> Third grade</div></div></div> <div><div>7798</div><div><div>5</div><div><input type="checkbox"/> Fourth grade</div></div></div> <div><div>7805</div><div><div>6</div><div><input type="checkbox"/> Fifth grade</div></div></div> <div><div>7812</div><div><div>7</div><div><input type="checkbox"/> Sixth grade</div></div></div> <div><div>7819</div><div><div>8</div><div><input type="checkbox"/> Seventh grade</div></div></div> <div><div>7826</div><div><div>9</div><div><input type="checkbox"/> Eighth grade</div></div></div> <div><div>7833</div><div><div>10</div><div><input type="checkbox"/> Ninth grade</div></div></div> <div><div>7840</div><div><div>11</div><div><input type="checkbox"/> Tenth grade</div></div></div> <div><div>7847</div><div><div>12</div><div><input type="checkbox"/> Eleventh grade</div></div></div> <div><div>7854</div><div><div>13</div><div><input type="checkbox"/> Twelfth grade</div></div></div>	<div>7771</div> <div><div>1</div><div><input type="checkbox"/> Kindergarten</div></div> <div><div>7778</div><div><div>2</div><div><input type="checkbox"/> First grade</div></div></div> <div><div>7785</div><div><div>3</div><div><input type="checkbox"/> Second grade</div></div></div> <div><div>7792</div><div><div>4</div><div><input type="checkbox"/> Third grade</div></div></div> <div><div>7799</div><div><div>5</div><div><input type="checkbox"/> Fourth grade</div></div></div> <div><div>7806</div><div><div>6</div><div><input type="checkbox"/> Fifth grade</div></div></div> <div><div>7813</div><div><div>7</div><div><input type="checkbox"/> Sixth grade</div></div></div> <div><div>7820</div><div><div>8</div><div><input type="checkbox"/> Seventh grade</div></div></div> <div><div>7827</div><div><div>9</div><div><input type="checkbox"/> Eighth grade</div></div></div> <div><div>7834</div><div><div>10</div><div><input type="checkbox"/> Ninth grade</div></div></div> <div><div>7841</div><div><div>11</div><div><input type="checkbox"/> Tenth grade</div></div></div> <div><div>7848</div><div><div>12</div><div><input type="checkbox"/> Eleventh grade</div></div></div> <div><div>7855</div><div><div>13</div><div><input type="checkbox"/> Twelfth grade</div></div></div>	<div>7772</div> <div><div>1</div><div><input type="checkbox"/> Kindergarten</div></div> <div><div>7779</div><div><div>2</div><div><input type="checkbox"/> First grade</div></div></div> <div><div>7786</div><div><div>3</div><div><input type="checkbox"/> Second grade</div></div></div> <div><div>7793</div><div><div>4</div><div><input type="checkbox"/> Third grade</div></div></div> <div><div>7800</div><div><div>5</div><div><input type="checkbox"/> Fourth grade</div></div></div> <div><div>7807</div><div><div>6</div><div><input type="checkbox"/> Fifth grade</div></div></div> <div><div>7814</div><div><div>7</div><div><input type="checkbox"/> Sixth grade</div></div></div> <div><div>7821</div><div><div>8</div><div><input type="checkbox"/> Seventh grade</div></div></div> <div><div>7828</div><div><div>9</div><div><input type="checkbox"/> Eighth grade</div></div></div> <div><div>7835</div><div><div>10</div><div><input type="checkbox"/> Ninth grade</div></div></div> <div><div>7842</div><div><div>11</div><div><input type="checkbox"/> Tenth grade</div></div></div> <div><div>7849</div><div><div>12</div><div><input type="checkbox"/> Eleventh grade</div></div></div> <div><div>7856</div><div><div>13</div><div><input type="checkbox"/> Twelfth grade</div></div></div>	<div>7773</div> <div><div>1</div><div><input type="checkbox"/> Kindergarten</div></div> <div><div>7780</div><div><div>2</div><div><input type="checkbox"/> First grade</div></div></div> <div><div>7787</div><div><div>3</div><div><input type="checkbox"/> Second grade</div></div></div> <div><div>7794</div><div><div>4</div><div><input type="checkbox"/> Third grade</div></div></div> <div><div>7801</div><div><div>5</div><div><input type="checkbox"/> Fourth grade</div></div></div> <div><div>7808</div><div><div>6</div><div><input type="checkbox"/> Fifth grade</div></div></div> <div><div>7815</div><div><div>7</div><div><input type="checkbox"/> Sixth grade</div></div></div> <div><div>7822</div><div><div>8</div><div><input type="checkbox"/> Seventh grade</div></div></div> <div><div>7829</div><div><div>9</div><div><input type="checkbox"/> Eighth grade</div></div></div> <div><div>7836</div><div><div>10</div><div><input type="checkbox"/> Ninth grade</div></div></div> <div><div>7843</div><div><div>11</div><div><input type="checkbox"/> Tenth grade</div></div></div> <div><div>7850</div><div><div>12</div><div><input type="checkbox"/> Eleventh grade</div></div></div> <div><div>7857</div><div><div>13</div><div><input type="checkbox"/> Twelfth grade</div></div></div>
<div>7861</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 49</div>	<div>7862</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 49</div>	<div>7863</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 49</div>	<div>7864</div> <div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No</div></div> <div><div>X1</div><div><input type="checkbox"/> DK</div></div> <div><div>X2</div><div><input type="checkbox"/> Ref.</div></div> <div>SKIP to 49</div>
<div>7868</div> <div><div></div><div></div></div> Number of times	<div>7869</div> <div><div></div><div></div></div> Number of times	<div>7870</div> <div><div></div><div></div></div> Number of times	<div>7871</div> <div><div></div><div></div></div> Number of times
<div>7875</div> <div><div>1</div><div><input type="checkbox"/> Kindergarten</div></div> <div><div>2</div><div><input type="checkbox"/> First grade</div></div> <div><div>3</div><div><input type="checkbox"/> Second grade</div></div> <div><div>4</div><div><input type="checkbox"/> Third grade</div></div> <div><div>5</div><div><input type="checkbox"/> Fourth grade</div></div> <div><div>6</div><div><input type="checkbox"/> Fifth grade</div></div> <div><div>7</div><div><input type="checkbox"/> Sixth grade</div></div> <div><div>8</div><div><input type="checkbox"/> Seventh grade</div></div> <div><div>9</div><div><input type="checkbox"/> Eighth grade</div></div> <div><div>10</div><div><input type="checkbox"/> Ninth grade</div></div> <div><div>11</div><div><input type="checkbox"/> Tenth grade</div></div> <div><div>12</div><div><input type="checkbox"/> Eleventh grade</div></div> <div><div>13</div><div><input type="checkbox"/> Twelfth grade</div></div>			

Section 5 – TOPICAL MODULES (Continued)			
Part I – CHILDREN’S WELL-BEING (Continued)			
Transcribe person numbers and names from pages 114 and 115. →	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	<div>7900</div> <div><div></div><div></div><div></div></div> <div>Person No.</div> <div>Name</div>	<div>7901</div> <div><div></div><div></div><div></div></div> <div>Person No.</div> <div>Name</div>	<div>7902</div> <div><div></div><div></div><div></div></div> <div>Person No.</div> <div>Name</div>
52. Are there family rules for (Child’s name) about what television programs he/she can watch?	<div>7907</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div>	<div>7908</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div>	<div>7909</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div>
53. Are there family rules about how early or late (Child’s name) may watch television?	<div>7914</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div>	<div>7915</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div>	<div>7916</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div>
54. Are there family rules about how many hours (Child’s name) may watch television?	<div>7921</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div> <div>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</div>	<div>7922</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div> <div>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</div>	<div>7923</div> <div><div>1</div><input type="checkbox"/> Yes</div> <div><div>2</div><input type="checkbox"/> No</div> <div><div>X1</div><input type="checkbox"/> DK</div> <div><div>X2</div><input type="checkbox"/> Ref.</div> <div>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</div>
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<div>7903<div><div></div><div></div><div></div></div>Person No.<div>Name</div></div>	<div>7904<div><div></div><div></div><div></div></div>Person No.<div>Name</div></div>	<div>7905<div><div></div><div></div><div></div></div>Person No.<div>Name</div></div>	<div>7906<div><div></div><div></div><div></div></div>Person No.<div>Name</div></div>
<div>7910<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>	<div>7911<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>	<div>7912<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>	<div>7913<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>
<div>7917<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>	<div>7918<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>	<div>7919<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>	<div>7920<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div></div>
<div>7924<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div><div>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</div></div>	<div>7925<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div><div>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</div></div>	<div>7926<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div><div>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</div></div>	<div>7927<div><div>1</div><div>2</div><div>x1</div><div>x2</div></div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> DK</div><div><input type="checkbox"/> Ref.</div></div><div>GO Check Item T76, page 122</div></div>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING

CHECK
ITEM T76

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian
of children under the age of 18 who live
in this household?

7928

1 ☐ Yes

2 ☐ No – SKIP to Check Item T77

The next few questions are about your (neighborhood/community)

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

For the next few questions, we are going to use what we call a "how much" scale. It goes from zero to ten, where zero means "not at all" and ten means "the most". Here's an example of how it works. If I ask "How much do you like vanilla ice cream?", and you like it a lot but it isn't your favorite, you might say "7" or "8". If you don't like it very much, you might say "2" or "3". You can choose any number between zero and ten in answering these questions.

55. How much would you say that —

a. People in this (neighborhood/community) help
each other out?

7929

b. We watch out for each other's children in this
(neighborhood/community)?

7930

c. There are people I can count on in this
(neighborhood/community)?

7931

d. There are people in this (neighborhood/community)
who might be a bad influence on my child(ren)?

7932

e. If my child were outside playing and got hurt
or scared, there are adults nearby who I trust
to help my child.

7933

f. I keep my children inside my home as much as
possible because of dangers in the
(neighborhood/community)?

7934

g. There are safe places in the
(neighborhood/community) for children to play
outside?

7935

– SKIP TO 56

CHECK
ITEM T77

Is this the reference person's
questionnaire?

7936

1 ☐ Yes

2 ☐ No – SKIP to Check Item C1

The next few questions are about your (neighborhood/community).

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

For the next three questions, we are going to use what we call a "worst-best" scale. It goes from zero to ten, where zero means "the worst possible" and ten means "the best possible". Here's an example of how it works. If I ask "as ice cream flavors go, how do you like vanilla ice cream," and you like vanilla a lot but it's not your favorite flavor, you might say "7" or "8". If vanilla is one of your least favorite ice cream flavors, you might say "2" or "3". You can choose any number between zero and ten in answering these questions.

56. On a scale of 0 to 10, where 0 is the worst and
10 is the best, how would you rate —

a. This (home/apartment) as a place to live?

7937

b. This (neighborhood/community)?

7938

c. The quality of education in local schools?

7939

(SHOW FLASHCARD MM)

57. Do you consider your
(neighborhood/community) very safe from
crime, fairly safe, fairly unsafe, or very unsafe?

7940

1 ☐ Very safe

2 ☐ Fairly safe

3 ☐ Fairly unsafe

4 ☐ Very unsafe

X1 ☐ DK

58. How about your home? Do you consider it very
safe from crime, fairly safe, fairly unsafe, or
very unsafe?

7941

1 ☐ Very safe

2 ☐ Fairly safe

3 ☐ Fairly unsafe

4 ☐ Very unsafe

X1 ☐ DK

GO to Check Item C1

CALLBACK SUMMARY									
CHECK ITEM C1		Are any items marked on Reminder Card for . . . ?							
		5000		1 <input type="checkbox"/> Yes - Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No - SKIP to Check Item C2					
<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33a)		<input type="text"/>		<input type="text"/>		<input type="text"/>		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	2. Medicare claim number (Item 23b, page 8)		5002		<input type="text"/>		5004		5005
<input type="checkbox"/>	3. EMPLOYER								
	a. Employer #1 (Item 8a, page 17)		5006		<input type="text"/>		00		Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	What was the total amount of pay received before deductions on this job in . . . ?		5008		<input type="text"/>		00		2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5010		<input type="text"/>		00		3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5012		<input type="text"/>		00		4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Employer #2 (Item 16a, page 19)								
	What was the total amount of pay received before deductions on this job in . . . ?		5014		<input type="text"/>		00		Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5016		<input type="text"/>		00		2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5018		<input type="text"/>		00		3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5020		<input type="text"/>		00		4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	4. SELF-EMPLOYMENT								
	a. Self-employment #1 (Item 7, page 21)								
	What was the total amount of income received from this business in . . . ?		5022		<input type="text"/>		00		Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5024		<input type="text"/>		00		2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5026		<input type="text"/>		00		3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5028		<input type="text"/>		00		4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Self-employment #2 (Item 18, page 23)								
	What was the total amount of income received from this business in . . . ?		5030		<input type="text"/>		00		Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5032		<input type="text"/>		00		2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5034		<input type="text"/>		00		3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
			5036		<input type="text"/>		00		4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	5. What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts held jointly by husband and wife? (Item 2c, page 48)		Amounts for the period - <input type="text"/> through <input type="text"/>						
			5038		<input type="text"/>		00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	6. What was the average amount in savings/money market deposit accounts/CD's/interest-earning checking accounts in own name? (Item 3c, page 48)								
			5040		<input type="text"/>		00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average amount in money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 49)								
			5042		<input type="text"/>		00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average amount in money market funds/securities/bonds in own name? (Item 3c, page 49)								
			5044		<input type="text"/>		00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends jointly by husband and wife? (Item 1b, page 50)								
			5048		<input type="text"/>		00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? (Item 2a, page 50)								
			5050		<input type="text"/>		00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
CHECK ITEM C2		Has an interview been conducted for all household members 15+?							
		5052		1 <input type="checkbox"/> Yes - Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No - Enter finish time for this household member, THEN interview next 15+ household member					

INCOME SOURCE SUMMARY (ISS)				
INSTRUCTION – Column (a) shows the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. In column (c), enter the code to indicate whether the respondent used records to verify or provide amounts. Column (d) shows the type of income source. The Amounts section should be filled starting with the page number shown in column (e) for those income sources which have been marked.				
PGM 9				
ISS code	Mark (X)	Record use code 1 = Yes 2 = No 3 = Ref. 4 = Sp. Q.	Type of income source and income source code <i>REMINDER – After obtaining amounts for each income source, probe to determine whether the respondent was using records to provide amounts.</i> Current reference period: _____, _____, _____, and _____ Previous reference Period: _____, _____, _____, and _____ Month and year of next interview: _____, 19 _____	Amounts section page number
(a)	(b)	(c)	(d)	(e)
1			INCOME CODES 1–7 Social Security	
2			U.S. Government Railroad Retirement pay	
3			Federal Supplemental Security Income (SSI)	
5			State Unemployment compensation	
6			Supplemental Unemployment Benefits	
8			INCOME CODES 8–13 Veterans' compensation or pensions	
20			INCOME CODES 20–29 Aid to Families with Dependent Children (AFDC, ADC)	
24			Other Welfare – <i>Specify</i>	
25			WIC (Women, Infants, and Children Nutrition Program)	
27			Food Stamps	
28			Child support payments	
29			Alimony payments	
30			INCOME CODES 30–38 Pension from company or union	
40			INCOME CODES 40–41 GI Bill education benefits	
55			INCOME CODES 50–56 Incidental or casual earnings	
100			ASSET CODES 100–150 Interest-earning assets Regular/Passbook savings accounts in a bank, savings and loan, or credit union	
101			Money market deposit accounts	
102			Certificates of deposit or other savings certificates	
103			Interest-earning checking accounts (such as NOW or Super-NOW accounts)	
104			Money market funds	
105			U.S. Government securities	
106			Municipal or corporate bonds	
107			Other interest-earning assets	
110			Stocks or mutual fund shares	
120			Rental property	
130			Mortgages	
140			Royalties	
150			Other financial investments	
170			SPECIAL INDICATOR CODES 170–183, 200, 201 Worked	
171			Disabled	
172			Medicare	
173			Medicaid	
174			U.S. Savings Bonds	
200			VA disability rating of 100%	
201			VA disability rating of less than 100%	

A – 24
28
32
36
40
44

(B) – 48

(C) – 49

(D) – 50

(E) – 51

(F) – 52

Section 2

DO
NOT
FILL

INCOME SOURCE LIST

INCOME LIST

Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans' compensation or pensions	35	Local government pensions
9	Black Lung payments	36	Income from paid-up life insurance policies or annuities
10	Workers' Compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability, or survivor
12	Employer or union temporary sickness policy	40	GI Bill
13	Payments from a sickness, accident, or disability insurance policy purchased on your own	41	Other Department of Veterans Affairs (VA) Educational Assistance
20	Aid to Families with Dependent Children (AFDC, ADC)	50	Income assistance from a charitable group
21	General Assistance or General Relief	51	Money from relatives or friends
22	Indian, Cuban, or Refugee Assistance	52	Lump sum payments
23	Foster Child Care payments	53	Income from roomers or boarders
24	Other welfare	54	National Guard or Reserve pay
25	WIC (Women, Infants and Children Nutrition Program)	55	Incidental or casual earnings
27	Food Stamps	56	Other cash income not included elsewhere

ASSET LIST

SPECIAL INDICATORS

Code	Type	Code	Type
100	Regular/Passbook savings accounts in a bank, savings and loan, or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of deposit or other savings certificates	172	Medicare
103	Interest-earning checking accounts (such as NOW or Super NOW accounts)	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College Work Study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earning assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	Perkins Loan or National Direct Student Loan (NDSL)
120	Rental property	179	Stafford Loan or Guaranteed Student Loan (GSL)
130	Mortgages	180	Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
140	Royalties	181	Assistance from Employer
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover Page)	1
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	12
Check Item T32	82
11a, Finish time (Cover Page)	1