

Section 5 - TOPICAL MODULES

Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE

STATEMENT C →

Read to respondent: **These next questions concern . . . 's retirement expectations and pension plan coverage.**

CHECK ITEM T1

Are any employers entered in question 2a on page 16 or question 10a on page 18?

- 6000** 1 Yes - Enter name(s) and job number(s) below
 2 No - SKIP to Check Item T4, page 57

Employer 1	Employer 2
Employer name	Employer name
Employer ID Number 6002 <input type="checkbox"/>	Employer ID Number 6004 <input type="checkbox"/>

(For each employer ask item 1a through item 3n on page 56, and then return for next employer.)

1a. About how many persons are employed by (Read employer's name) at the location where . . . works - would you say (Read categories)?

Employer 1	Employer 2
<p>6006 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more } SKIP to 2a, page 55 x1 <input type="checkbox"/> DK</p>	<p>6008 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more } SKIP to 2a, page 55 x1 <input type="checkbox"/> DK</p>

b. Does (Read employer's name) operate in more than one location?

<p>6010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 2a, page 55 x1 <input type="checkbox"/> DK</p>	<p>6012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 2a, page 55 x1 <input type="checkbox"/> DK</p>
--	--

c. About how many persons are employed by (Read employer's name) at all locations - would you say (Read categories)?

<p>6014 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK</p>	<p>6016 1 <input type="checkbox"/> Under 10 2 <input type="checkbox"/> 10 to 24 3 <input type="checkbox"/> 25 to 99 4 <input type="checkbox"/> 100 to 499 5 <input type="checkbox"/> 500 to 999 6 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK</p>
---	---

NOTES

TOPICAL MODULES

Section 5 - TOPICAL MODULES (Continued)

Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
2a. Does . . .'s employer or union have a retirement plan for any of its employees? <i>(Exclude Social Security and Railroad Retirement.)</i>	6018 1 <input type="checkbox"/> Yes - <i>SKIP to 2c</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	6020 1 <input type="checkbox"/> Yes - <i>SKIP to 2c</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b. Does . . .'s employer offer a deferred profit-sharing plan or a stock plan - the kind where benefits can be accumulated and paid out at retirement?	6022 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3j</i>	6024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3j</i>
c. Is . . . included in such a plan?	6026 1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3j</i>	6028 1 <input type="checkbox"/> Yes - <i>SKIP to 3a</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3j</i>
d. Why isn't . . . included in such a plan? <i>Mark (X) all that apply.</i>	6030 1 <input type="checkbox"/> Chose not to belong 6034 2 <input type="checkbox"/> No one in . . .'s type of job can belong 6038 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year 6042 4 <input type="checkbox"/> . . . started this job too close to . . .'s retirement date 6046 5 <input type="checkbox"/> . . . is too young 6050 6 <input type="checkbox"/> . . . has not worked for this employer long enough 6054 7 <input type="checkbox"/> Other - <i>Specify</i> <u> </u> 6058 x1 <input type="checkbox"/> DK	6032 1 <input type="checkbox"/> Chose not to belong 6036 2 <input type="checkbox"/> No one in . . .'s type of job can belong 6040 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year 6044 4 <input type="checkbox"/> . . . started this job too close to . . .'s retirement date 6048 5 <input type="checkbox"/> . . . is too young 6052 6 <input type="checkbox"/> . . . has not worked for this employer long enough 6056 7 <input type="checkbox"/> Other - <i>Specify</i> <u> </u> 6060 x1 <input type="checkbox"/> DK

SKIP to 3j, page 56

3a. Is . . . included in more than one retirement or pension plan on this job?	6062 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	6064 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
b. Are the retirement benefits of . . .'s (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan? <i>Mark (X) only one.</i>	6066 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	6068 1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to the plan 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
c. Does (Read employer's name) make payments towards . . .'s (basic) plan?	6070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	6072 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
3d. Does . . . make payments toward . . .'s (basic) plan? (Include payments deducted from . . .'s pay.)	6074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>	6076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>
e. How much does . . . contribute toward . . .'s (basic) plan?	6078 \$ <input type="text"/> . <input type="text"/> 00 PER - 6082 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 6086 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 6090 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	6080 \$ <input type="text"/> . <input type="text"/> 00 PER - 6084 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 6088 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 6092 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
f. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . .'s retirement benefits.) <i>(If respondent reports years and months, round to full years)</i>	6094 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than a year x1 <input type="checkbox"/> DK	6096 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than a year x1 <input type="checkbox"/> DK
g. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?	6098 1 <input type="checkbox"/> Yes - <i>SKIP to 3i</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3i</i>	6100 1 <input type="checkbox"/> Yes - <i>SKIP to 3i</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK - <i>SKIP to 3i</i>
h. Is that because . . . has not been included in the plan enough years?	6102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	6104 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Under this plan, could . . .'s retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . .'s contributions to the plan.)	6106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	6108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
j. Does (Read employer's name) offer a 401K or thrift plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire or withdraw the money.	6110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T3</i> x1 <input type="checkbox"/> DK }	6112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T4, page 57</i> x1 <input type="checkbox"/> DK }
k. Does . . . participate in this plan?	6114 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T3</i> x1 <input type="checkbox"/> DK }	6116 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T4, page 57</i> x1 <input type="checkbox"/> DK }
l. Does . . .'s employer also contribute to this plan or provide any matching contributions?	6118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	6120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
m. As of (Read last day of reference period), what was the total amount . . . had in this plan?	6122 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	6124 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T2 Is item 2c marked "Yes"?	6126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T3</i> x1 <input type="checkbox"/> DK }	6128 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T4, page 57</i> x1 <input type="checkbox"/> DK }
n. Is the 401K plan the same plan that was described previously, or is this an additional plan . . . is included in?	6130 1 <input type="checkbox"/> Same plan 2 <input type="checkbox"/> Different plan x1 <input type="checkbox"/> DK	6132 1 <input type="checkbox"/> Same plan 2 <input type="checkbox"/> Different plan x1 <input type="checkbox"/> DK
CHECK ITEM T3 Is another employer listed in Check Item T1, page 54?	6134 1 <input type="checkbox"/> Yes - <i>ASK item 1a, page 54 for next employer</i> 2 <input type="checkbox"/> No - <i>Go to Check Item T4, page 57</i>	<i>Go to Check Item T4, page 57</i>

Section 5 - TOPICAL MODULES (Continued)

Part A - RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

CHECK ITEM T4	Is . . . self employed? Are any businesses entered in question 1a on page 20 or question 12a on page 22?	6136	1 <input type="checkbox"/> Yes - Enter names and business I.D. numbers below 2 <input type="checkbox"/> No - SKIP to Check Item T5
Ask item 4 for each business owned.		Name of first business	Name of second business
		Business I.D. Number	Business I.D. Number
		6138 <input type="checkbox"/>	6140 <input type="checkbox"/>
4. Not counting Social Security, IRA, KEOGH, and 401K accounts, is . . . covered by a pension or retirement plan in (Read name of business)?		6142	6144
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

CHECK ITEM T5	Refer to cc item 24. Is . . . 25 to 64 years of age?	6146	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T6
----------------------	---	-------------	---

	5a. (Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits, either as a series of regular payments or as a lump-sum payment at retirement? (Exclude Social Security, Railroad Retirement, and other plans already reported.)	6148	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T6
--	---	-------------	---

	b. Is this pension plan from - (Read categories) Mark (X) all that apply.	6150	1 <input type="checkbox"/> A private employer?
		6152	2 <input type="checkbox"/> Military?
		6154	3 <input type="checkbox"/> Federal Government (civilian)?
		6156	4 <input type="checkbox"/> State or local governments?
		6158	5 <input type="checkbox"/> A union?
		6160	6 <input type="checkbox"/> Other - Specify _____

	c. How many years (altogether) did . . . work on (that job/those jobs)?	6162	<input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK
--	--	-------------	---

CHECK ITEM T6	Refer to cc item 24. Is . . . 25 years of age or older?	6164	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7, page 59
----------------------	--	-------------	--

	6a. Did . . . ever receive a lump sum payment from any current or former pension or retirement plan provided by . . . 's current or former employer or union? (Include refunds of . . . 's own contributions to the plan.)	6166	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T7, page 59
--	--	-------------	--

	b. How many times did . . . receive a lump sum payment?	6168	<input type="text"/> <input type="text"/> Number of times x1 <input type="checkbox"/> DK
--	--	-------------	---

	c. When did . . . receive the (most recent) lump sum payment?	6170	1 9 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK
--	--	-------------	---

	d. Approximately how much did . . . receive?	6172	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
--	---	-------------	---

	e. At the time . . . received the (most recent) lump sum payment, did . . . roll over the funds into an IRA or put them into another (or same) pension or retirement plan?	6174	1 <input type="checkbox"/> Yes - SKIP to Check Item T7, page 59 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T7, page 59
--	---	-------------	---

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part A – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

6f. At the time . . . received the lump sum payment, what did . . . do with those funds?
Mark (X) all that apply.
Anything else?

- | | |
|-------------|--|
| 6176 | <input type="checkbox"/> Purchased a home or paid off a mortgage |
| 6178 | <input type="checkbox"/> Used it for children's education |
| 6180 | <input type="checkbox"/> Used it for a period of unemployment |
| 6182 | <input type="checkbox"/> Paid off loans, bills, or spent it on other items |
| 6184 | <input type="checkbox"/> Put it in a savings account |
| 6186 | <input type="checkbox"/> Invested it in some other instrument
(e.g., stocks, money market accounts) |
| 6188 | <input type="checkbox"/> Used it to start or purchase a business |
| 6190 | <input type="checkbox"/> Bought a car, boat, or other vehicle |
| 6192 | <input type="checkbox"/> Paid medical or dental expenses |
| 6194 | <input type="checkbox"/> Used it for general everyday expenses |
| 6196 | <input type="checkbox"/> Other |

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – WORK SCHEDULE

CHECK ITEM T7 Is "Worked" (code 170) marked on the ISS? **8000** 1 Yes
2 No – SKIP to Check Item T8, page 61

ASK OR VERIFY –
1a. Did . . . work at all last month? **8001** 1 Yes
2 No – SKIP to Check Item T8, page 61

STATEMENT D 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? **8002** 1 1
2 2
3 3 +
(Count self-employed as one employer.)

If two or more employers, ask items 1c-1j for the first job, then repeat for the second job.

c. How many hours per day did . . . work that week? **8004** . Hours

8006 . Hours

d. How many days did . . . work during that week? **8008** Days

8010 Days

e. Which days of the week were these?

Mark (X) all that apply.

- 8012** 1 Monday through Friday
8016 2 Sunday
8020 3 Monday
8024 4 Tuesday
8028 5 Wednesday
8032 6 Thursday
8036 7 Friday
8040 8 Saturday
8044 x5 All seven days

- 8014** 1 Monday through Friday
8018 2 Sunday
8022 3 Monday
8026 4 Tuesday
8030 5 Wednesday
8034 6 Thursday
8038 7 Friday
8042 8 Saturday
8046 x5 All seven days

f. During that week, at what time of day did . . . begin work most days?

8048 : { 1 a.m.
2 p.m.
(Time)

8052 : { 1 a.m.
2 p.m.
(Time)

g. At what time of day did . . . end work most days?

8056 : { 1 a.m.
2 p.m.
(Time)

8060 : { 1 a.m.
2 p.m.
(Time)

h. As part of the work schedule for that week, which days, if any, did . . . work only at home?

Mark (X) all that apply.

- 8066** x5 Did not work at home
8068 1 Monday through Friday
8070 2 Sunday
8072 3 Monday
8074 4 Tuesday
8076 5 Wednesday
8078 6 Thursday
8080 7 Friday
8082 8 Saturday
8084 x5 All seven days

- 8067** x5 Did not work at home
8069 1 Monday through Friday
8071 2 Sunday
8073 3 Monday
8075 4 Tuesday
8077 5 Wednesday
8079 6 Thursday
8081 7 Friday
8083 8 Saturday
8085 x5 All seven days

NOTES

TOPICAL MODULES

Section 5 - TOPICAL MODULES (Continued)

Part B - WORK SCHEDULE (Continued)

	JOB 1	JOB 2
<p>1i. Which of the following best describes . . . 's work schedule at this job? (SHOW FLASHCARD KK) Mark (X) only one.</p>	<p align="center">8086</p> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other - Specify <u> </u></p>	<p align="center">8087</p> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other - Specify <u> </u></p>
<p>j. What is the MAIN reason . . . works (Read shift description marked in item 1i)? Mark (X) only one.</p>	<p align="center">8088</p> <p align="center">VOLUNTARY REASONS</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p align="center">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>	<p align="center">8089</p> <p align="center">VOLUNTARY REASONS</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p align="center">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>
<p>CHECK ITEM T7.1 Refer to item 1b. Is there another job to ask about? (Is box 2 or 3 marked?)</p>	<p align="center">8090</p> <p>1 <input type="checkbox"/> Yes - ASK items 1c through 1j for next job</p> <p>2 <input type="checkbox"/> No - Go to Check Item T8, page 61</p>	<p align="center">Go to Check Item T8, page 61</p>
<p>NOTES</p>		

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE

CHECK ITEM T8	<i>Refer to cc items 24 and 27.</i> Is . . . the designated parent or guardian of children under 15 years of age who live in this household?	9330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part D, page 94</i>
CHECK ITEM T8A	<i>Refer to cc items 24 and 27.</i> How many children are under age 15 for which . . . is designated parent or guardian?	9332	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number
CHECK ITEM T9	Is "Worked" (code 170) marked on the ISS?	9334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i>
ASK OR VERIFY – 1. Did . . . work last month?		9336	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T10a</i> 2 <input type="checkbox"/> No
CHECK ITEM T10	<i>Refer to item 30a, page 13</i> Was . . . enrolled in school during the reference period?	9338	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check item T11</i>
2. About how many hours per week did . . . usually spend in school last month?		9340	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> DK x3 <input type="checkbox"/> Not enrolled last month
CHECK ITEM T10A	<i>Refer to items 1 and 2 above.</i> Is item 1 marked "Yes" or are hours or X1 or X2 marked in item 2?	9342	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T12</i> 2 <input type="checkbox"/> No
CHECK ITEM T11	<i>Refer to item 2a, page 2.</i> Did . . . spend time looking for work or on layoff from a job during the reference period?	9344	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement G, page 66</i>
3. About how many hours per week did . . . usually spend looking for a job last month?		9346	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 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 Statement G, page 66

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

YOUNGEST CHILD

<p>CHECK ITEM T12 Refer to cc items 18, 19, 24, and 27</p> <p>Enter the person number, age, and name of the youngest child under age 15 who is a household member for whom the person is a parent or guardian.</p>	<p>Child's person No. 9348 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Child's age <input type="text"/> <input type="text"/></p> <p>Name _____</p>
---	--

STATEMENT E We are going to ask you a few questions about what . . . 's child(ren) was doing and who looked after . . . 's child(ren) in a typical week.

<p>CHECK ITEM T13 Refer to cc item 23</p> <p>This child was born or entered the household before this month?</p>	<p>9350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next child (Check Item T21, page 68)</p>
---	---

ASK item 4a for categories 1-8. Repeat lead-in questions as necessary.

4a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school). (Mark (X) all that apply)	4b. Was that usually at (Name of child)'s home or someplace else?	4c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?
<p>1. Child's other parent/stepparent?</p> <p>9352 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9354 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9356 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Did . . . care for (Name of child) while at work (in school)?</p> <p>9358 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9360 1 <input type="checkbox"/> In . . . 's home 2 <input type="checkbox"/> At work/at school 3 <input type="checkbox"/> Someplace else</p>	<p>9362 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. (Name of child)'s brother/sister age 15 or older?</p> <p>9364 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9366 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9368 <input type="text"/> <input type="text"/> Hours per week</p>
<p>4. (Name of child)'s brother/sister under age 15?</p> <p>9370 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9372 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9374 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. (Name of child)'s grandparent?</p> <p>9376 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9378 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Grandparent's home 3 <input type="checkbox"/> Other place</p>	<p>9380 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Any other relative?</p> <p>9382 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9384 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other relative's home 3 <input type="checkbox"/> Other place</p>	<p>9386 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Family day care provider caring for 2 or more kids outside . . . 's home?</p> <p>9388 1 <input type="checkbox"/> Yes - ASK 4c 2 <input type="checkbox"/> No</p>	<p>9390</p>	<p>9390 <input type="text"/> <input type="text"/> Hours per week</p>
<p>8. Any other friend neighbor/sitter/ nanny/au pair?</p> <p>9392 1 <input type="checkbox"/> Yes - ASK 4b and 4c 2 <input type="checkbox"/> No</p>	<p>9394 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9396 <input type="text"/> <input type="text"/> Hours per week</p>

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

YOUNGEST CHILD (Continued)

<p>CHECK ITEM T14 Refer to Check Item T12</p> <p>Is (Name of child) less than 6 years old?</p>	<p>9398 <input type="checkbox"/> Yes, less than 6 years old <input type="checkbox"/> No, 6 years old or older - Continue reading list with arrangement 4</p>
--	---

Ask items 5a-5c where applicable for arrangements 1-7.

<p>5a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school). Mark (X) all that apply</p>	<p>5b. And where was that? Read response categories.</p>	<p>5c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?</p>
<p>1. Nursery/preschool?</p> <p>9400 <input type="checkbox"/> Yes - Ask 5b and 5c <input type="checkbox"/> No</p>	<p>9402 <input type="checkbox"/> At work (school) <input type="checkbox"/> Somewhere else (Includes . . . working at nursery/preschool)</p>	<p>9404 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Child care/day care center?</p> <p>9406 <input type="checkbox"/> Yes - Ask 5b and 5c <input type="checkbox"/> No</p>	<p>9408 <input type="checkbox"/> At work (school) <input type="checkbox"/> Somewhere else (Includes . . . working at center)</p>	<p>9410 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. Federally supported Headstart program?</p> <p>9412 <input type="checkbox"/> Yes - Ask 5c <input type="checkbox"/> No</p>		<p>9414 <input type="text"/> <input type="text"/> Hours per week</p>

<p>CHECK ITEM T15 Refer to Check Item T12, page 62</p> <p>Age of (Name of child)</p>	<p>9416 <input type="checkbox"/> Less than 4 years old - SKIP to item 7a, page 64 <input type="checkbox"/> 4 to 5 years old - SKIP to item 6a, page 64 <input type="checkbox"/> 6 or more years old - Continue reading list of arrangements with arrangement 4</p>
--	--

<p>4. Organized sports (including practices)?</p> <p>9418 <input type="checkbox"/> Yes - Ask 5b and 5c <input type="checkbox"/> No</p>	<p>9420 <input type="checkbox"/> At school <input type="checkbox"/> Somewhere else</p>	<p>9422 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. Lessons (music, art, dance, language, computer)?</p> <p>9424 <input type="checkbox"/> Yes - Ask 5b and 5c <input type="checkbox"/> No</p>	<p>9426 <input type="checkbox"/> At school <input type="checkbox"/> Somewhere else</p>	<p>9428 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Clubs (boys/girls clubs, scouts, and other organizations)?</p> <p>9430 <input type="checkbox"/> Yes - Ask 5b and 5c <input type="checkbox"/> No</p>	<p>9432 <input type="checkbox"/> At school <input type="checkbox"/> Somewhere else</p>	<p>9434 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Before or after school care program?</p> <p>9436 <input type="checkbox"/> Yes - Ask 5b and 5c <input type="checkbox"/> No</p>	<p>9438 <input type="checkbox"/> At work <input type="checkbox"/> At school <input type="checkbox"/> Somewhere else</p>	<p>9440 <input type="text"/> <input type="text"/> Hours per week</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

YOUNGEST CHILD (Continued)

<p>6a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?</p>	<p>9442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c</p>
<p>b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)? <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9444 <input style="width: 40px;" type="text"/> Hours per week</p>
<p>c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?</p>	<p>9446 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6e</p>
<p>d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)? <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9448 <input style="width: 40px;" type="text"/> Hours per week</p>
<p>e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself/herself for even a small amount of time?</p>	<p>9450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6g</p>
<p>f. About how many hours per week did (Name of child) usually care for himself/herself ? <i>Be sure respondent gives weekly hours of care.</i></p>	<p>9452 <input style="width: 40px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p>g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?</p>	<p>9454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>
<p>h. And about how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondent gives weekly hours of care.</i></p>	<p>9456 <input style="width: 40px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p>7a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>	<p>9458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7c</p>
<p>b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i></p>	<p>9460 <input style="width: 60px;" type="text"/>.00 Per week</p>
<p>c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available? <i>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.</i></p>	<p>9462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to STATEMENT F, page 66</p>
<p>d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?</p>	<p>9464 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

YOUNGEST CHILD (Continued)

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

STATEMENT F

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in (Last month) please tell me if you (. . .) used any of the following arrangements for (Name of child) on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).
Go to item 8a and begin asking each category.

STATEMENT G

We are going to ask you a few questions about what your child(ren) was (were) doing or where your child(ren) was (were) during the time you were not available to care for them.

CHECK ITEM T16

Refer to cc items 18, 19, 24, and 27 or Check Item T12, page 62

Enter the person number, age, and name of the youngest child under age 15 who is a household member for whom the person is a parent or guardian.

YOUNGEST CHILD (Continued)

Child's person No.

9465

Child's age

Name

CHECK ITEM T17

Refer to cc item 23

This child was born or entered the household **before** this month.

9466 Yes

No – SKIP to Check Item T21, page 68

ASK item 8a for categories 1–4. Repeat lead-in questions as necessary.

8a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) when . . . was not looking after him/her?

Mark (X) all that apply.

8b. Was that usually at (Name of child's home or someplace else?)

8c. About how many hours per week was (Name of child) in this arrangement?

1. (Name of child's grandparent?)
9468 Yes – Ask 8b and 8c
 No

9470 Child's home
 Grandparent's home
 Other place

9472 Hours per week

2. Any other relative of child?
9474 Yes – Ask 8b and 8c
 No

9476 Child's home
 Other relative's home
 Someplace else

9478 Hours per week

3. Family day care provider for 2 or more kids outside . . . 's home?
9480 Yes – Ask 8c
 No

[REDACTED]

9482 Hours per week

4. Any other friend/neighbor/sitter/nanny/au pair?
9484 Yes – Ask 8b and 8c
 No

9486 Child's home
 Other private home
 Other place

9488 Hours per week

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

YOUNGEST CHILD (Continued)

CHECK ITEM T18 Refer to Check Item T16, page 66

Is (Name of child) less than 6 years old?

- 9490** 1 Yes, less than 6 years old
2 No, 6 years old or older - Continue reading list with 4 below.

Ask items 9a-9c where appropriate for arrangements 1-7.

9a. During a typical week in (Last month), please tell me if you used any of the following arrangements to look after (Name of child) on a regular basis? <i>Mark (X) all that apply</i>	9b. Was that at school or someplace else?	9c. About how many hours per week was (Name of child) in this arrangement?
<p>1. Nursery/preschool?</p> <p>9492 1 <input type="checkbox"/> Yes - Ask 9c 2 <input type="checkbox"/> No</p>		<p>9494 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Child care/day care center?</p> <p>9496 1 <input type="checkbox"/> Yes - Ask 9c 2 <input type="checkbox"/> No</p>		<p>9498 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. Federally supported Headstart program?</p> <p>9500 1 <input type="checkbox"/> Yes - Ask 9c 2 <input type="checkbox"/> No</p>		<p>9502 <input type="text"/> <input type="text"/> Hours per week</p>
<p>CHECK ITEM T19 Refer to Check Item T16, page 66</p> <p>Age of (Name of child)?</p>	<p>9504 1 <input type="checkbox"/> Less than 4 years old - SKIP to item 11a, page 68 2 <input type="checkbox"/> 4 to 5 years old - SKIP to Check Item T20 3 <input type="checkbox"/> 6 or more years old - Continue reading list with arrangement 4</p>	
<p>4. Organized sports (including practices)?</p> <p>9506 1 <input type="checkbox"/> Yes - Ask 9b and 9c 2 <input type="checkbox"/> No</p>	<p>9508 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9510 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. Lessons (music, art, dance, language, computer)?</p> <p>9512 1 <input type="checkbox"/> Yes - Ask 9b and 9c 2 <input type="checkbox"/> No</p>	<p>9514 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9516 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Clubs (boys/girls clubs, scouts, and other organizations)?</p> <p>9518 1 <input type="checkbox"/> Yes - Ask 9b and 9c 2 <input type="checkbox"/> No</p>	<p>9520 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9522 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Before or after school program?</p> <p>9524 1 <input type="checkbox"/> Yes - Ask 9b and 9c 2 <input type="checkbox"/> No</p>	<p>9526 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9528 <input type="text"/> <input type="text"/> Hours per week</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

YOUNGEST CHILD (Continued)

CHECK ITEM T20	Refer to Check Item 10A, page 61. Is this Check Item marked Yes or No? (... at work or in school last month?)	9530	1 <input type="checkbox"/> Yes - Skip to Item 12 2 <input type="checkbox"/> No
	10a. During a typical week, did (Name of child) usually attend regular kindergarten or grade school?	9532	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 10c
	b. About how many hours per week was (Name of child) usually in school? <i>Be sure the respondent gives weekly hours in school.</i>	9534	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours per week
	c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month) did (Name of child) care for himself(herself) for even a small amount of time?	9536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 11a
	d. About how many hours per week did (Name of child) usually care for himself(herself)? <i>Be sure the respondent gives weekly hours.</i>	9538	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour
	11a. Considering all of the arrangements used for (Name of child), did ... (or ...'s family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i>	9540	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 12
	b. In a typical week in (Last month), how much did ... (or ...'s family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask ... to split the payments between the children as best as she/he can.</i>	9542	<input style="width: 40px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> 00 Per week
	12. During the past 12 months, how many other arrangements, if any, did ... use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.	9544	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number x1 <input type="checkbox"/> None
CHECK ITEM T21	Refer to Check Item T8A, page 61. Are there two or more children in this household?	9546	1 <input type="checkbox"/> Yes - GO to page 70 for second child 2 <input type="checkbox"/> No - GO to Part D, page 94

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

YOUNGEST CHILD (Continued)

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

CHECK ITEM T22 Refer to Check Item 10A, page 61.
 Is Check Item 10A marked Yes or No?
 (... at work or in school last month?)

9548 1 Yes
 2 No - GO to Statement J, page 73

SECOND YOUNGEST CHILD

CHECK ITEM T23 Refer to cc Items 18, 19, 24, and 27

Enter the person number, age, and name of the 2nd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

Child's person No.
 9550
 Child's age

 Name

STATEMENT H → **Now we are going to ask you a few questions about (Name of child)**

CHECK ITEM T24 Refer to cc Item 23

This child was born or entered the household before this month?

9552 1 Yes
 2 No - SKIP to Check Item T32, page 76

ASK item 13a for categories 1-8, Repeat lead-in questions as necessary.

13a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) while ... was working (at school). <i>(Mark (X) all that apply)</i>	13b. Was that usually at (Name of child)'s home or someplace else?	13c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?
1. Child's other parent/stepparent? 9554 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9556 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	9558 <input type="text"/> <input type="text"/> Hours per week
2. Did ... care for (Name of child) while at work (in school)? 9560 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9562 1 <input type="checkbox"/> In ...'s home 2 <input type="checkbox"/> At work/at school 3 <input type="checkbox"/> Someplace else	9564 <input type="text"/> <input type="text"/> Hours per week
3. (Name of child)'s brother/sister age 15 or older? 9566 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9568 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	9570 <input type="text"/> <input type="text"/> Hours per week
4. (Name of child)'s brother/sister under age 15? 9572 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9574 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	9576 <input type="text"/> <input type="text"/> Hours per week
5. (Name of child)'s grandparent? 9578 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9580 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Grandparent's home 3 <input type="checkbox"/> Other place	9582 <input type="text"/> <input type="text"/> Hours per week
6. Any other relative? 9584 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9586 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other relative's home 3 <input type="checkbox"/> Other place	9588 <input type="text"/> <input type="text"/> Hours per week
7. Family day care provider caring for 2 or more kids outside ...'s home? 9590 1 <input type="checkbox"/> Yes - ASK 13c 2 <input type="checkbox"/> No	9592	9592 <input type="text"/> <input type="text"/> Hours per week
8. Any other friend neighbor/sitter/ nanny/au pair? 9594 1 <input type="checkbox"/> Yes - ASK 13b and 13c 2 <input type="checkbox"/> No	9596 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	9598 <input type="text"/> <input type="text"/> Hours per week

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

SECOND YOUNGEST CHILD (Continued)

<p>CHECK ITEM T25 Refer to Check Item T23, page 70.</p> <p>Is (Name of child) less than 6 years old?</p>	<p>9600 1 <input type="checkbox"/> Yes, less than 6 years old 2 <input type="checkbox"/> No, 6 years old or older - Continue reading list with arrangement 4</p>
---	--

Ask Items 14a-14c where applicable for arrangements 1-7.

<p>14a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school). Mark (X) all that apply.</p>	<p>14b. And where was that? Read response categories.</p>	<p>14c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?</p>
<p>1. Nursery/preschool?</p> <p>9602 1 <input type="checkbox"/> Yes - Ask 14b and 14c 2 <input type="checkbox"/> No</p>	<p>9604 1 <input type="checkbox"/> At work (school) 2 <input type="checkbox"/> Someplace else (Includes . . . working at nursery/preschool)</p>	<p>9606 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Child care/day care center?</p> <p>9608 1 <input type="checkbox"/> Yes - Ask 14b and 14c 2 <input type="checkbox"/> No</p>	<p>9610 1 <input type="checkbox"/> At work (school) 2 <input type="checkbox"/> Someplace else (Includes . . . working at center)</p>	<p>9612 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. Federally supported Headstart program?</p> <p>9614 1 <input type="checkbox"/> Yes - Ask 14c 2 <input type="checkbox"/> No</p>		<p>9616 <input type="text"/> <input type="text"/> Hours per week</p>

<p>CHECK ITEM T26 Refer to Check Item T22, page 70.</p> <p>Age of (Name of child)</p>	<p>9618 1 <input type="checkbox"/> Less than 4 years old - SKIP to item 16a, page 72 2 <input type="checkbox"/> 4 to 5 years old - SKIP to item 15a, page 72 3 <input type="checkbox"/> 6 or more years old - Continue reading list of arrangements with arrangement 4</p>
--	---

<p>4. Organized sports? (including practices)</p> <p>9620 1 <input type="checkbox"/> Yes - Ask 14b and 14c 2 <input type="checkbox"/> No</p>	<p>9622 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9624 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. Lessons (music, art, dance, language, computer)?</p> <p>9626 1 <input type="checkbox"/> Yes - Ask 14b and 14c 2 <input type="checkbox"/> No</p>	<p>9628 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9630 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Clubs (boys/girls clubs, scouts, or other organizations)?</p> <p>9632 1 <input type="checkbox"/> Yes - Ask 14b and 14c 2 <input type="checkbox"/> No</p>	<p>9634 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9636 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Before or after school care program?</p> <p>9638 1 <input type="checkbox"/> Yes - Ask 14b and 14c 2 <input type="checkbox"/> No</p>	<p>9640 1 <input type="checkbox"/> At work 2 <input type="checkbox"/> At school 3 <input type="checkbox"/> Someplace else</p>	<p>9642 <input type="text"/> <input type="text"/> Hours per week</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

SECOND YOUNGEST CHILD (Continued)

15a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?	9644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15c
b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)? <i>Be sure respondent gives weekly hours in school.</i>	9646 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week
c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?	9648 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15e
d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)? <i>Be sure respondent gives weekly hours in school.</i>	9650 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week
e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself/herself for even a small amount of time?	9652 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15g
f. About how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondent gives weekly hours of care.</i>	9654 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour
g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?	9656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16a
h. And about how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondent gives weekly hours of care.</i>	9658 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour
16a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i>	9660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16c
b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i>	9662 <input style="width: 60px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Per week
c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available? <i>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.</i>	9664 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to STATEMENT I, page 73
d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?	9666 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

STATEMENT I

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in *(Last month)* please tell me if you (. . .) used any of the following arrangements for *(Name of child)* on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).

Go to item 17a and begin asking each category.

STATEMENT J

We are going to ask you a few questions about *(Name of child)*

CHECK ITEM T27

Refer to cc items 18, 19, 24, and 27 or Check Item T23, page 70

Enter the person number, age, and name of the 2nd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

SECOND YOUNGEST CHILD (Continued)

Child's person No.

9667

Child's age

Name

CHECK ITEM T28

Refer to cc item 23

This child was born or entered the household **before** this month.

9668 1 Yes
2 No – SKIP to Check Item T32, page 76

ASK item 17a for categories 1-4. Repeat lead-in questions as necessary.

17a. During a typical week in *(Last month)*, please tell me if . . . used any of the following arrangements to look after *(Name of child)* when . . . was not looking after him/her?

Mark (X) all that apply.

1. *(Name of child)*'s grandparent?

9670 1 Yes – Ask 17b and 17c
2 No

2.. Any other relative of child?

9676 1 Yes – Ask 17b and 17c
2 No

3. Family day care provider for 2 or more kids outside . . .'s home?

9682 1 Yes – Ask 17c
2 No

4. Any other friend/neighbor/sitter/nanny/au pair?

9686 1 Yes – Ask 17b and 17c
2 No

17b. Was that usually at *(Name of child)*'s home or someplace else?

9672 1 Child's home
2 Grandparent's home
3 Other place

9678 1 Child's home
2 Other relative's home
3 Someplace else

9688 1 Child's home
2 Other private home
3 Other place

17c. About how many hours per week was *(Name of child)* in this arrangement?

9674 Hours per week

9680 Hours per week

9684 Hours per week

9690 Hours per week

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

SECOND YOUNGEST CHILD (Continued)

CHECK ITEM T29

Refer to Check Item T27, page 73

9692

- 1 Yes, less than 6 years old
2 No, 6 years old or older - Continue reading list with arrangement 4 below.

Is (Name of child) less than 6 years old?

Ask items 18a-18c where applicable for arrangements 1-7.

18a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) on a regular basis?
Mark (X) all that apply

18b. Was that at school or someplace else?

18c. About how many hours per week was (Name of child) in this arrangement?

1. Nursery/preschool?

9694

- 1 Yes - Ask 18c
2 No

9696

Hours per week

2. Child care/day care center?

9698

- 1 Yes - Ask 18c
2 No

9700

Hours per week

3. Federally supported Headstart program?

9702

- 1 Yes - Ask 18c
2 No

9704

Hours per week

CHECK ITEM T30

Refer to Check Item T27, page 73

9706

- 1 Less than 4 years old - SKIP to item 20a, page 76
2 4 to 5 years old - SKIP to Check Item T31, page 76
3 6 or more years old - Continue reading list with arrangement 4

Age of (Name of child)?

4. Organized sports (including practices)?

9708

- 1 Yes - Ask 18b and 18c
2 No

9710

- 1 At school
2 Someplace else

9712

Hours per week

5. Lessons (music, art, dance, language, computer)?

9714

- 1 Yes - Ask 18b and 18c
2 No

9716

- 1 At school
2 Someplace else

9718

Hours per week

6. Clubs (boys/girls clubs, scouts, and other organizations)?

9720

- 1 Yes - Ask 18b and 18c
2 No

9722

- 1 At school
2 Someplace else

9724

Hours per week

7. Before or after school care program?

9726

- 1 Yes - Ask 18b and 18c
2 No

9728

- 1 At school
2 Someplace else

9730

Hours per week

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

SECOND YOUNGEST CHILD (Continued)

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

SECOND YOUNGEST CHILD (Continued)

NOTES

Section 4 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

CHECK ITEM T33 Refer to Check Items 10A, page 61
 Is this Check Item marked Yes or No?
 (... at work or in school last month?)

9750 Yes
 No - GO to Statement M, page 81

THIRD YOUNGEST CHILD

CHECK ITEM T34 Refer to cc items 18, 19, 24, and 27

Enter the person number, age, and name of the 3rd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

9751 Child's person No.
 Child's age
 Name _____

STATEMENT K Now we are going to ask you a few questions about (Name of child)

CHECK ITEM T35 Refer to cc item 23
 This child was born or entered the household before this month?

9752 Yes
 No - SKIP Check Item T43, page 84

ASK item 22a for categories 1-8, Repeat lead-in questions as necessary.

22a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) while ... was working (at school). (Mark (X) all that apply)	22b. Was that usually at (Name of child's home or someplace else)?	22c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?
<p>1. Child's other parent/stepparent?</p> <p>9753 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9754 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place</p>	<p>9755 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Did ... care for (Name of child) while at work (in school)?</p> <p>9756 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9757 <input type="checkbox"/> In ...'s home <input type="checkbox"/> At work/at school <input type="checkbox"/> Someplace else</p>	<p>9758 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. (Name of child's brother/sister age 15 or older?</p> <p>9759 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9760 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place</p>	<p>9761 <input type="text"/> <input type="text"/> Hours per week</p>
<p>4. (Name of child)'s brother/sister under age 15?</p> <p>9762 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9763 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place</p>	<p>9764 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. (Name of child)'s grandparent?</p> <p>9765 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9766 <input type="checkbox"/> Child's home <input type="checkbox"/> Grandparent's home <input type="checkbox"/> Other place</p>	<p>9767 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Any other relative?</p> <p>9768 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9769 <input type="checkbox"/> Child's home <input type="checkbox"/> Other relative's home <input type="checkbox"/> Other place</p>	<p>9770 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Family day care provider caring for 2 or more kids outside ...'s home?</p> <p>9771 <input type="checkbox"/> Yes - ASK 22c <input type="checkbox"/> No</p>		<p>9772 <input type="text"/> <input type="text"/> Hours per week</p>
<p>8. Any other friend neighbor/sitter/ nanny/au pair?</p> <p>9773 <input type="checkbox"/> Yes - ASK 22b and 22c <input type="checkbox"/> No</p>	<p>9774 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place</p>	<p>9775 <input type="text"/> <input type="text"/> Hours per week</p>

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

THIRD YOUNGEST CHILD (Continued)

<p>CHECK ITEM T36 Refer to Check Item T34, page 78</p> <p>Is (Name of child) less than 6 years old?</p>	<p>9776 1 <input type="checkbox"/> Yes, less than 6 years old 2 <input type="checkbox"/> No, 6 years old or more - Continue reading list with arrangement 4</p>
---	--

Ask items 23a-23c where applicable for arrangements 1-7.

<p>23a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school).</p> <p>Mark (X) all that apply</p>	<p>23b. And where was that?</p> <p>Read response categories.</p>	<p>23c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?</p>
--	---	---

<p>1. Nursery/preschool?</p> <p>9777 1 <input type="checkbox"/> Yes - Ask 23b and 23c 2 <input type="checkbox"/> No</p>	<p>9778 1 <input type="checkbox"/> At work (school) 2 <input type="checkbox"/> Someplace else (Includes . . . working at nursery/preschool)</p>	<p>9779 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Child care/day care center?</p> <p>9780 1 <input type="checkbox"/> Yes - Ask 23b and 23c 2 <input type="checkbox"/> No</p>	<p>9781 1 <input type="checkbox"/> At work (school) 2 <input type="checkbox"/> Someplace else (Includes . . . working at center)</p>	<p>9782 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. Federally supported Headstart program?</p> <p>9783 1 <input type="checkbox"/> Yes - Ask 23c 2 <input type="checkbox"/> No</p>		<p>9784 <input type="text"/> <input type="text"/> Hours per week</p>

<p>CHECK ITEM T37 Refer to Check Item T34, page 78</p> <p>Age of (Name of child)</p>	<p>9785 1 <input type="checkbox"/> Less than 4 years old - SKIP to item 25a, page 80 2 <input type="checkbox"/> 4 to 5 years old - SKIP to item 24a, page 80 3 <input type="checkbox"/> 6 or more years old - Continue reading list of arrangements with arrangement 4</p>
--	--

<p>4. Organized sports? (including practices)</p> <p>9786 1 <input type="checkbox"/> Yes - Ask 23b and 23c 2 <input type="checkbox"/> No</p>	<p>9787 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9788 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. Lessons (music, art, dance, language, computer)?</p> <p>9789 1 <input type="checkbox"/> Yes - Ask 23b and 23c 2 <input type="checkbox"/> No</p>	<p>9790 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9791 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Clubs (boys/girls clubs, scouts, or other organizations)?</p> <p>9792 1 <input type="checkbox"/> Yes - Ask 23b and 23c 2 <input type="checkbox"/> No</p>	<p>9793 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9794 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Before or after school care program?</p> <p>9795 1 <input type="checkbox"/> Yes - Ask 23b and 23c 2 <input type="checkbox"/> No</p>	<p>9796 1 <input type="checkbox"/> At work 2 <input type="checkbox"/> At school 3 <input type="checkbox"/> Someplace else</p>	<p>9797 <input type="text"/> <input type="text"/> Hours per week</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

THIRD YOUNGEST CHILD (Continued)

<p>24a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?</p>	<p>9798 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24c</p>
<p>b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)? <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9799 <input type="text"/> <input type="text"/> Hours per week</p>
<p>c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?</p>	<p>9800 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24e</p>
<p>d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)? <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9801 <input type="text"/> <input type="text"/> Hours per week</p>
<p>e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself (herself) for even a small amount of time?</p>	<p>9802 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 24g</p>
<p>f. About how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondent gives weekly hours of care.</i></p>	<p>9803 <input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p>g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?</p>	<p>9804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 25a</p>
<p>h. And about how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondent gives weekly hours of care.</i></p>	<p>9805 <input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p>25a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>	<p>9806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 25c</p>
<p>b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i></p>	<p>9807 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per week</p>
<p>c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available? <i>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.</i></p>	<p>9808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to STATEMENT L, page 81</p>
<p>d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?</p>	<p>9809 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

STATEMENT L

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in (Last month) please tell me if you (. . .) used any of the following arrangements for (Name of child) on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).

Go to item 26a and begin asking each category.

STATEMENT M

We are going to ask you a few questions about (Name of child).

CHECK ITEM T38

Refer to cc items 18, 19, 24, and 27 or Check Item T34, page 78

Enter the person number, age, and name of the 3rd youngest child under age 15 who is a household member for whom the person is a parent or guardian.

THIRD YOUNGEST CHILD (Continued)

Child's person No.

9810

Child's age

Name

CHECK ITEM T39

Refer to cc item 23

This child was born or entered the household before this month.

9811 Yes
 No – SKIP to Check Item T43, page 84

ASK item 26a for categories 1-4. Repeat lead-in questions as necessary.

26a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) when . . . was not looking after him/her?

Mark (X) all that apply.

26b. Was that usually at (Name of child's home or someplace else?)

26c. About how many hours per week was (Name of child) in this arrangement?

1. (Name of child's grandparent?)
 9812 Yes – Ask 26b and 26c
 No

9813 Child's home
 Grandparent's home
 Other place

9814 Hours per week

2. Any other relative of child?
 9815 Yes – Ask 26b and 26c
 No

9816 Child's home
 Other relative's home
 Someplace else

9817 Hours per week

3. Family day care provider for 2 or more kids outside . . . 's home?
 9818 Yes – Ask 26c
 No



9819 Hours per week

4. Any other friend/neighbor/sitter/nanny/au pair?
 9820 Yes – Ask 26b and 26c
 No

9821 Child's home
 Other private home
 Other place

9822 Hours per week

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

THIRD YOUNGEST CHILD (Continued)

<p>CHECK ITEM T40 Refer to Check Item T38, page 81.</p> <p>Is (Name of child) less than 6 years old?</p>	<p>9823 1 <input type="checkbox"/> Yes, less than 6 years old 2 <input type="checkbox"/> No, 6 years old or more - Continue reading list with arrangement 4.</p>
---	--

ASK Items 27a-27c where applicable for arrangements 1-7.

<p>27a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) on a regular basis? Mark (X) all that apply</p>	<p>27b. Was that at school or someplace else?</p>	<p>27c. About how many hours per week was (Name of child) in this arrangement?</p>
<p>1. Nursery/preschool?</p> <p>9824 1 <input type="checkbox"/> Yes - Ask 27c 2 <input type="checkbox"/> No</p>		<p>9825 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>
<p>2. Child care/day care center?</p> <p>9826 1 <input type="checkbox"/> Yes - Ask 27c 2 <input type="checkbox"/> No</p>		<p>9827 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>
<p>3. Federally supported Headstart program?</p> <p>9828 1 <input type="checkbox"/> Yes - Ask 27c 2 <input type="checkbox"/> No</p>		<p>9829 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>

<p>CHECK ITEM T41 Refer to Check Item T38, page 81.</p> <p>Age of (Name of child)?</p>	<p>9830 1 <input type="checkbox"/> Less than 4 years old - SKIP to item 29a, page 84 2 <input type="checkbox"/> 4 to 5 years old - SKIP to Check Item T42, page 84 3 <input type="checkbox"/> 6 or more years old - Continue reading list with arrangement 4</p>
---	---

<p>4. Organized sports (including practices)?</p> <p>9831 1 <input type="checkbox"/> Yes - Ask 27b and 27c 2 <input type="checkbox"/> No</p>	<p>9832 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9833 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>
<p>5. Lessons (music, art, dance, language, computer)?</p> <p>9834 1 <input type="checkbox"/> Yes - Ask 27b and 27c 2 <input type="checkbox"/> No</p>	<p>9835 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9836 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>
<p>6. Clubs (boys/girls clubs, scouts, or other organizations)?</p> <p>9837 1 <input type="checkbox"/> Yes - Ask 27b and 27c 2 <input type="checkbox"/> No</p>	<p>9838 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9839 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>
<p>7. Before or after school care program?</p> <p>9840 1 <input type="checkbox"/> Yes - Ask 27b and 27c 2 <input type="checkbox"/> No</p>	<p>9841 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9842 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Hours per week</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

THIRD YOUNGEST CHILD (Continued)

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

THIRD YOUNGEST CHILD (Continued)

CHECK ITEM T42	Refer to Check Item 10A, page 61. Is this Check Item marked Yes or No? (. . . at work or in school last month?)	9843	1 <input type="checkbox"/> Yes - Skip to item 30 2 <input type="checkbox"/> No
	28a. During a typical week, did (Name of child) usually attend regular kindergarten or grade school?	9844	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 28c
	b. About how many hours per week was (Name of child) usually in school? <i>Be sure the respondent gives weekly hours in school.</i>	9845	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Hours per week
	c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month) did (Name of child) care for himself(herself) for even a small amount of time?	9846	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 29a
	d. About how many hours per week did (Name of child) usually care for himself(herself)? <i>Be sure respondent gives weekly hours of care.</i>	9847	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour
	29a. Considering all of the arrangements used for (Name of child), did . . . (or . . .'s family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i>	9848	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 30
	b. In a typical week in (Last month), how much did . . . (or . . .'s family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i>	9849	<input style="width: 40px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> 00 Per week
	30. During the past 12 months, how many other arrangements, if any, did . . . use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.	9850	<input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Number x1 <input type="checkbox"/> None
CHECK ITEM T43	Refer to Check Item T8a. Are there four or more children in this household?	9851	1 <input type="checkbox"/> Yes - GO to page 86 for fourth child 2 <input type="checkbox"/> No - SKIP to Part D, page 94

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

THIRD YOUNGEST CHILD (Continued)

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

CHECK ITEM T44 Refer to Check Items 10A.
 Is this Check Item marked Yes or No?
 (... at work or in school last month?)

9852 Yes
 2 No - GO to Statement P, page 89

FOURTH YOUNGEST CHILD

CHECK ITEM T45 Refer to cc items 18, 19, 24, and 27

Enter the person number, age, and name of the 4th youngest child under age 15 who is a household member for whom the person is a parent or guardian.

9853 Child's person No.

Child's age

Name

STATEMENT N Now we are going to ask you a few questions about (Name of child).

CHECK ITEM T46 Refer to cc item 23

This child was born or entered the household before this month?

9854 Yes
 2 No - SKIP to Part D, page 94

ASK item 31a for categories 1-8. Repeat lead-in questions as necessary.

31a. During a typical week in (Last month), please tell me if ... used any of the following arrangements to look after (Name of child) while ... was working (at school). (Mark (X) all that apply)	31b. Was that usually at (Name of child's home or someplace else?	31c. About how many hours per week was (Name of child) in this arrangement while ... was working (at school)?
<p>1. Child's other parent/stepparent?</p> <p>9855 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9856 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9857 <input type="text"/> <input type="text"/> Hours per week</p>
<p>2. Did ... care for (Name of child) while at work (in school)?</p> <p>9858 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9859 <input type="checkbox"/> In ...'s home 2 <input type="checkbox"/> At work/at school 3 <input type="checkbox"/> Someplace else</p>	<p>9860 <input type="text"/> <input type="text"/> Hours per week</p>
<p>3. (Name of child's brother/sister age 15 or older?</p> <p>9861 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9862 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9863 <input type="text"/> <input type="text"/> Hours per week</p>
<p>4. (Name of child)'s brother/sister under age 15?</p> <p>9864 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9865 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9866 <input type="text"/> <input type="text"/> Hours per week</p>
<p>5. (Name of child's grandparent?</p> <p>9867 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9868 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Grandparent's home 3 <input type="checkbox"/> Other place</p>	<p>9869 <input type="text"/> <input type="text"/> Hours per week</p>
<p>6. Any other relative?</p> <p>9870 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9871 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other relative's home 3 <input type="checkbox"/> Other place</p>	<p>9872 <input type="text"/> <input type="text"/> Hours per week</p>
<p>7. Family day care provider caring for 2 or more kids outside ...'s home?</p> <p>9873 <input type="checkbox"/> Yes - ASK 31c 2 <input type="checkbox"/> No</p>	<p style="background-color: #cccccc;">[REDACTED]</p>	<p>9874 <input type="text"/> <input type="text"/> Hours per week</p>
<p>8. Any other friend neighbor/sitter/ nanny/au pair?</p> <p>9875 <input type="checkbox"/> Yes - ASK 31b and 31c 2 <input type="checkbox"/> No</p>	<p>9876 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place</p>	<p>9877 <input type="text"/> <input type="text"/> Hours per week</p>

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

FOURTH YOUNGEST CHILD (Continued)

CHECK ITEM T47	Refer to Check Item T45, page 86	9878 1 <input type="checkbox"/> Yes, less than 6 years old 2 <input type="checkbox"/> No, 6 years old or older - Continue reading list with arrangement 4
Is (Name of child) less than 6 years old?		

Ask Items 32a-32c where applicable for arrangements 1-7.

32a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) while . . . was working (at school). Mark (X) all that apply	32b. And where was that? Read response categories.	32c. About how many hours per week was (Name of child) in this arrangement while . . . was working (at school)?
---	--	--

1. Nursery/preschool? 9879 1 <input type="checkbox"/> Yes - Ask 32b and 32c 2 <input type="checkbox"/> No	9880 1 <input type="checkbox"/> At work (school) 2 <input type="checkbox"/> Someplace else (Includes . . . working at nursery/preschool)	9881 <input type="text"/> <input type="text"/> Hours per week
2. Child care/day care center? 9882 1 <input type="checkbox"/> Yes - Ask 32b and 32c 2 <input type="checkbox"/> No	9883 1 <input type="checkbox"/> At work (school) 2 <input type="checkbox"/> Someplace else (Includes . . . working at center)	9884 <input type="text"/> <input type="text"/> Hours per week
3. Federally supported Headstart program? 9885 1 <input type="checkbox"/> Yes - Ask 32c 2 <input type="checkbox"/> No	9886 <input type="text"/> <input type="text"/> Hours per week	9886 <input type="text"/> <input type="text"/> Hours per week

CHECK ITEM T48	Refer to Check Item T45, page 86	9887 1 <input type="checkbox"/> Less than 4 years old - SKIP to item 34a, page 88 2 <input type="checkbox"/> 4 to 5 years old - SKIP to item 33a, page 88 3 <input type="checkbox"/> 6 or more years old - Continue reading list of arrangements with arrangement 4
Age of (Name of child)		

4. Organized sports? (including practices) 9888 1 <input type="checkbox"/> Yes - Ask 32b and 32c 2 <input type="checkbox"/> No	9889 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else	9890 <input type="text"/> <input type="text"/> Hours per week
5. Lessons (music, art, dance, language, computer)? 9891 1 <input type="checkbox"/> Yes - Ask 32b and 32c 2 <input type="checkbox"/> No	9892 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else	9893 <input type="text"/> <input type="text"/> Hours per week
6. Clubs (boys/girls clubs, scouts, and other organizations)? 9894 1 <input type="checkbox"/> Yes - Ask 32b and 32c 2 <input type="checkbox"/> No	9895 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else	9896 <input type="text"/> <input type="text"/> Hours per week
7. Before or after school care? 9897 1 <input type="checkbox"/> Yes - Ask 32b and 32c 2 <input type="checkbox"/> No	9898 1 <input type="checkbox"/> At work 2 <input type="checkbox"/> At school 3 <input type="checkbox"/> Someplace else	9899 <input type="text"/> <input type="text"/> Hours per week

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

FOURTH YOUNGEST CHILD (Continued)

<p>33a. Did (Name of child) usually attend regular kindergarten or grade school during the time . . . was at work (at school)?</p>	<p>9900 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33c</p>
<p>b. About how many hours per week was (Name of child) usually in school during the time . . . was at work (at school)? <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9901 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week</p>
<p>c. Did (Name of child) attend regular kindergarten or grade school during the time . . . was not at work (at school)?</p>	<p>9902 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33e</p>
<p>d. About how many hours per week was (Name of child) usually in school during the time . . . was not at work (at school)? <i>Be sure respondent gives weekly hours in school.</i></p>	<p>9903 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week</p>
<p>e. Sometimes it is difficult to make arrangements to look after children all of the time. During a typical week in (Last month) during the time . . . was at work (at school), did (Name of child) care for himself (herself) for even a small amount of time?</p>	<p>9904 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 33g</p>
<p>f. About how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondents give weekly hours of care.</i></p>	<p>9905 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p>g. Were there any other times when . . . was not at work (at school) when (Name of child) cared for himself/herself?</p>	<p>9906 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34a</p>
<p>h. And about how many hours per week did (Name of child) usually care for himself/herself? <i>Be sure respondents give weekly hours of care.</i></p>	<p>9907 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour</p>
<p>34a. Considering all of the arrangements used for (Name of child), did . . . (or . . . 's family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i></p>	<p>9908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 34e</p>
<p>b. In a typical week in (Last month), how much did . . . (or . . . 's family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask . . . to split the payments between the children as best as she/he can.</i></p>	<p>9909 <input style="width: 60px;" type="text"/> <input style="width: 30px;" type="text"/> Per week</p>
<p>c. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for (Name of child) at that time, even for less than a day, because . . . 's usual child care provider was not available? <i>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.</i></p>	<p>9910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to STATEMENT O, page 89</p>
<p>d. When these changes in arrangements occurred in (Last month) did . . . (or . . . 's spouse) lose any time from work (school), even for part of the day?</p>	<p>9911 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

STATEMENT O

Sometimes children have other regularly scheduled activities when their parents aren't at work (at school). During a typical week in (Last month) please tell me if you (. . .) used any of the following arrangements for (Name of child) on a regular basis. Do not include arrangements you have already mentioned which overlap with the time you were at work (at school).
Go to item 35a and begin asking each category.

STATEMENT P

We are going to ask you a few questions about (Name of child).

CHECK ITEM T49

Refer to cc items 18, 19, 24, and 27 or Check Item T45, page 86

Enter the person number, age, and name of the 4th youngest child under age 15 who is a household member for whom the person is a parent or guardian.

FOURTH YOUNGEST CHILD (Continued)

Child's person No.

9912

Child's age

Name

CHECK ITEM T50

Refer to cc item 23

This child was born or entered the household before this month.

9913 Yes
 No – SKIP to Part D, page 94

ASK item 35a for categories 1–4. Repeat lead-in questions as necessary.

35a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) when . . . was not looking after him/her?

Mark (X) all that apply.

35b. Was that usually at (Name of child's home or someplace else)?

35c. About how many hours per week was (Name of child) in this arrangement?

1. (Name of child's grandparent?)
9914 Yes – Ask 35b and 35c
 No

9915 Child's home
 Grandparent's home
 Other place

9916 Hours per week

2. Any other relative of child?
9917 Yes – Ask 35b and 35c
 No

9918 Child's home
 Other relative's home
 Someplace else

9919 Hours per week

3. Family day care provider for 2 or more kids outside . . . 's home?
9920 Yes – Ask 35c
 No

9921

9921 Hours per week

4. Any other friend/neighbor/sitter/nanny/au pair?
9922 Yes – Ask 35b and 35c
 No

9923 Child's home
 Other private home
 Other place

9924 Hours per week

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD CARE (Continued)

FOURTH YOUNGEST CHILD (Continued)

<p>CHECK ITEM T51 Refer to Check Item T49, page 89</p> <p>Is (Name of child) less than 6 years old?</p>	<p>9925 1 <input type="checkbox"/> Yes, less than 6 years old 2 <input type="checkbox"/> No, 6 years old or more – Continue reading list with arrangement 4 below</p>
--	---

Ask Items 36a–36c where applicable for arrangements 1–7.

<p>36a. During a typical week in (Last month), please tell me if . . . used any of the following arrangements to look after (Name of child) on a regular basis? Mark (X) all that apply</p>	<p>36b. Was that at school or someplace else?</p>	<p>36c. About how many hours per week was (Name of child) in this arrangement?</p>
<p>1. Nursery/preschool?</p> <p>9926 1 <input type="checkbox"/> Yes – Ask 36c 2 <input type="checkbox"/> No</p>		<p>9927 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>
<p>2. Child care/day care center?</p> <p>9928 1 <input type="checkbox"/> Yes – Ask 36c 2 <input type="checkbox"/> No</p>		<p>9929 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>
<p>3. Federally supported Headstart program?</p> <p>9930 1 <input type="checkbox"/> Yes – Ask 36c 2 <input type="checkbox"/> No</p>		<p>9931 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>

<p>CHECK ITEM T52 Refer to Check Item T49, page 89</p> <p>Age of (Name of child)?</p>	<p>9932 1 <input type="checkbox"/> Less than 4 years old – SKIP to item 38a, page 92 2 <input type="checkbox"/> 4 to 5 years old – SKIP to Check Item T53, page 92 3 <input type="checkbox"/> 6 or more years old – Continue reading list with arrangement 4</p>
--	---

<p>4. Organized sports (including practices)?</p> <p>9933 1 <input type="checkbox"/> Yes – Ask 36b and 36c 2 <input type="checkbox"/> No</p>	<p>9934 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9935 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>
<p>5. Lessons (music, art, dance, language, computer)?</p> <p>9936 1 <input type="checkbox"/> Yes – Ask 36b and 36c 2 <input type="checkbox"/> No</p>	<p>9937 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9938 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>
<p>6. Clubs (boys/girls clubs, scouts, and other organizations)?</p> <p>9939 1 <input type="checkbox"/> Yes – Ask 36b and 36c 2 <input type="checkbox"/> No</p>	<p>9940 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9941 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>
<p>7. Before or after school care program?</p> <p>9942 1 <input type="checkbox"/> Yes – Ask 36b and 36c 2 <input type="checkbox"/> No</p>	<p>9943 1 <input type="checkbox"/> At school 2 <input type="checkbox"/> Someplace else</p>	<p>9944 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours per week</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

FOURTH YOUNGEST CHILD (Continued)

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

FOURTH YOUNGEST CHILD (Continued)

CHECK ITEM T53	Refer to Check Item 10A, page 61. Is this Check Item marked Yes or No? (... at work or in school last month?)	9945	1 <input type="checkbox"/> Yes - GO to item 39 2 <input type="checkbox"/> No
	37a. During a typical week, did (Name of child) usually attend regular kindergarten or grade school?	9946	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 37c
	b. About how many hours per week was (Name of child) usually in school? <i>Be sure the respondent gives weekly hours in school.</i>	9947	<input type="text"/> <input type="text"/> Hours per week
	c. Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school. During a typical week in (Last month), did (Name of child) care for himself(herself) for even a small amount of time?	9948	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to item 38a
	d. About how many hours per week did (Name of child) usually care for himself(herself)? <i>Be sure the respondent gives weekly hours.</i>	9949	<input type="text"/> <input type="text"/> Hours per week x4 <input type="checkbox"/> Less than 1 hour
	38a. Considering all of the arrangements used for (Name of child), did ... (or ...'s family) usually make any money payment for any arrangement? <i>Include cost of preschool and nursery school; exclude tuition costs for kindergarten or grade school.</i>	9950	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Item 39
	b. In a typical week in (last month), how much did ... (or ...'s family) pay for all of these arrangements for (Name of child)? <i>If arrangements are shared with other children, ask ... to split the payments between the children as best as she/he can.</i>	9951	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 Per week
	39. During the past 12 months, how many other arrangements, if any, did ... use for (Name of child) which lasted for 1 or more weeks? Exclude any arrangements already mentioned.	9952	<input type="text"/> <input type="text"/> Number x1 <input type="checkbox"/> None
NOTES			

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD CARE (Continued)

FOURTH YOUNGEST CHILD (Continued)

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – CHILDREN’S WELL-BEING

**CHECK
ITEM T54**

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 T65, page 107*

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

**CHECK
ITEM T55**

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 T59, page 98*

Go to Check Item T56, page 96

Section 5 - TOPICAL MODULES (Continued)

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

NOTES

Section 5 - TOPICAL MODULES (Continued)

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

CHECK ITEM T56	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST	
		7002	<input type="text"/> <input type="text"/> Person No.	7003	<input type="text"/> <input type="text"/> Person No.
		7009	<input type="text"/> <input type="text"/> Age	7010	<input type="text"/> <input type="text"/> Age
		Name _____			

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.

Complete all of items 1-5 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
---	------	---	------	---	------	---

CHECK ITEM T57	Refer to Check Item T56	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST		
Is (Child's name) aged 1 through 5 years old?	7261	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7262	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7263	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child

2. How many times in the past week did . . . 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
---	------	---	------	---	------	---

3. How many times in the past month did . . . or any family member take (Child's name) on any kind of outing - out to the park, grocery store, zoo, 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 T58	Refer to Check Item T56	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST		
Is (Child's name) 3, 4, or 5 years old?	7282	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7283	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7284	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child

4. 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
---	------	---	------	---	------	---

5a. 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 <i>GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</i>	7304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</i>	7305	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child</i>
---	------	---	------	---	------	---

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part D - 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.	7006 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7007 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7008 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
7012 <input type="text"/> <input type="text"/> Age	7013 <input type="text"/> <input type="text"/> Age	7014 <input type="text"/> <input type="text"/> Age	7015 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	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
7264 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7266 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Check Item T59, page 98
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 - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7287 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - GO to Check Item T59, page 98
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 for next child, or Check Item T59, page 98 if this is the last child	7307 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Item 1 for next child, or Check Item T59, page 98 if this is the last child	7309 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to Check Item T59, page 98

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part D - 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 _____

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 Item 6 for next child, or Check Item T61, page 100 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 Item 6 for next child, or Check Item T61, page 100 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 Item 6 for next child, or Check Item T61, page 100 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 T61, page 100

NOTES

Section 5 - TOPICAL MODULES (Continued)

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

CHECK ITEM T61	Refer to cc items 24 and 27.	7598 1 <input type="checkbox"/> Yes
	Is . . . the designated parent or guardian of children aged 12 to 17 who live in this household?	2 <input type="checkbox"/> No - SKIP to Check Item T64, page 106

CHECK ITEM T62	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		SECOND YOUNGEST		THIRD YOUNGEST	
		7599 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7600 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7601 <input type="text"/> <input type="text"/> <input type="text"/> Person No.			
		7606 <input type="text"/> <input type="text"/> Age	7607 <input type="text"/> <input type="text"/> Age	7608 <input type="text"/> <input type="text"/> Age			
		Name _____	Name _____	Name _____			

Complete all of items 9-18 for each child listed before continuing with the next child.

CHECK ITEM T63	Refer to Check Item T62	7613 1 <input type="checkbox"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17	7614 1 <input type="checkbox"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17	7615 1 <input type="checkbox"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17
	What is child's age?			
9.	Is (Child's name) on a sports team either in or out of school?	7620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10.	Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?	7627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
11.	Does (Child's name) participate in any clubs or organizations after school or on weekends, such as school newspaper, glee club, or Scouts?	7634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
12.	Are there family rules for (Child's name) about what television programs he/she can watch?	7641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
13.	Are there family rules about how early or late (Child's name) may watch television?	7648 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7649 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
14.	Are there family rules about how many hours (Child's name) may watch television?	7655 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7657 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

Section 5 - TOPICAL MODULES (Continued)

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

Section 5 - TOPICAL MODULES (Continued)			
Part D - 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"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17	7617 1 <input type="checkbox"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17	7618 1 <input type="checkbox"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17	7619 1 <input type="checkbox"/> 12-14 SKIP to 12 2 <input type="checkbox"/> 15-17
7623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7645 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7646 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7647 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7651 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7652 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7653 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7654 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7658 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7659 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7661 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part D - CHILDREN'S WELL-BEING

Transcribe person numbers and names from pages 100 and 101 →	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	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 _____
15. During the last four months, did (Child's name) have any kind of injury, accident, or poisoning resulting in either a visit or telephone call to a health care professional or which caused him/her to miss more than one half day of school, work or other activities?	7669 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child	7670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child	7671 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child
16. Was there only one injury or more than one injury?	7676 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b	7677 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b	7678 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b
17a. Thinking about this injury, what was (Child's name) doing when the injury or poisoning happened? Mark (X) all that apply for each category.	Physical exercise or sports 7683 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized 7690 3 <input type="checkbox"/> School activity besides Sports/PE 7697 4 <input type="checkbox"/> Community, club, and church events	Physical exercise or sports 7684 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized 7691 3 <input type="checkbox"/> School activity besides Sports/PE 7698 4 <input type="checkbox"/> Community, club, and church events	Physical exercise or sports 7685 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized 7692 3 <input type="checkbox"/> School activity besides Sports/PE 7699 4 <input type="checkbox"/> Community, club, and church events
b. Thinking about the injury that caused (Child's name) to cut back his/her activities the most, what was (Child's name) doing when the injury or poisoning happened? If (Child's name) was not forced to cut back, describe the most recent injury. Mark (X) all that apply for each category.	7704 5 <input type="checkbox"/> Other recreational activity 7711 6 <input type="checkbox"/> Hanging out, fooling around, resting Working 7718 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income Driving/riding in motorized vehicle (check type of vehicle) 7725 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other Motorized vehicle (not as passenger) (check type of vehicle) 7732 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other Non-motorized vehicle (as rider or non-rider) 7739 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other 7746 23 <input type="checkbox"/> Cooking (at home or work) 7753 24 <input type="checkbox"/> Eating, drinking 7760 25 <input type="checkbox"/> Sleeping 7767 26 <input type="checkbox"/> Unspecified	7705 5 <input type="checkbox"/> Other recreational activity 7712 6 <input type="checkbox"/> Hanging out, fooling around, resting Working 7719 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income Driving/riding in motorized vehicle (check type of vehicle) 7726 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other Motorized vehicle (not as passenger) (check type of vehicle) 7733 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other Non-motorized vehicle (as rider or non-rider) 7740 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other 7747 23 <input type="checkbox"/> Cooking (at home or work) 7754 24 <input type="checkbox"/> Eating, drinking 7761 25 <input type="checkbox"/> Sleeping 7768 26 <input type="checkbox"/> Unspecified	7706 5 <input type="checkbox"/> Other recreational activity 7713 6 <input type="checkbox"/> Hanging out, fooling around, resting Working 7720 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income Driving/riding in motorized vehicle (check type of vehicle) 7727 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other Motorized vehicle (not as passenger) (check type of vehicle) 7734 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other Non-motorized vehicle (as rider or non-rider) 7741 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other 7748 23 <input type="checkbox"/> Cooking (at home or work) 7755 24 <input type="checkbox"/> Eating, drinking 7762 25 <input type="checkbox"/> Sleeping 7769 26 <input type="checkbox"/> Unspecified

Section 5 - TOPICAL MODULES (Continued)

Part D - CHILDREN'S WELL-BEING

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<p>7665 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p>7666 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p>7667 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p>7668 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>
<p>7672 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child</p>	<p>7673 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child</p>	<p>7674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Item 9 for next child, or Check Item T64, page 106 if this is the last child</p>	<p>7675 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - Go to Check Item T64, page 106</p>
<p>7679 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>	<p>7680 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>	<p>7681 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>	<p>7682 1 <input type="checkbox"/> One injury - SKIP to 17a 2 <input type="checkbox"/> More than one injury - SKIP to 17b</p>
<p>Physical exercise or sports</p> <p>7686 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p>7693 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p>7700 4 <input type="checkbox"/> Community, club, and church events</p> <p>7707 5 <input type="checkbox"/> Other recreational activity</p> <p>7714 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p>Working</p> <p>7721 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p>Driving/riding in motorized vehicle (check type of vehicle)</p> <p>7728 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p>Motorized vehicle (not as passenger) (check type of vehicle)</p> <p>7735 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p>Non-motorized vehicle (as rider or non-rider)</p> <p>7742 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p>7749 23 <input type="checkbox"/> Cooking (at home or work)</p> <p>7756 24 <input type="checkbox"/> Eating, drinking</p> <p>7763 25 <input type="checkbox"/> Sleeping</p> <p>7770 26 <input type="checkbox"/> Unspecified</p>	<p>Physical exercise or sports</p> <p>7687 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p>7694 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p>7701 4 <input type="checkbox"/> Community, club, and church events</p> <p>7708 5 <input type="checkbox"/> Other recreational activity</p> <p>7715 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p>Working</p> <p>7722 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p>Driving/riding in motorized vehicle (check type of vehicle)</p> <p>7729 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p>Motorized vehicle (not as passenger) (check type of vehicle)</p> <p>7736 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p>Non-motorized vehicle (as rider or non-rider)</p> <p>7743 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p>7750 23 <input type="checkbox"/> Cooking (at home or work)</p> <p>7757 24 <input type="checkbox"/> Eating, drinking</p> <p>7764 25 <input type="checkbox"/> Sleeping</p> <p>7771 26 <input type="checkbox"/> Unspecified</p>	<p>Physical exercise or sports</p> <p>7688 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p>7695 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p>7702 4 <input type="checkbox"/> Community, club, and church events</p> <p>7709 5 <input type="checkbox"/> Other recreational activity</p> <p>7716 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p>Working</p> <p>7723 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p>Driving/riding in motorized vehicle (check type of vehicle)</p> <p>7730 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p>Motorized vehicle (not as passenger) (check type of vehicle)</p> <p>7737 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p>Non-motorized vehicle (as rider or non-rider)</p> <p>7744 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p>7751 23 <input type="checkbox"/> Cooking (at home or work)</p> <p>7758 24 <input type="checkbox"/> Eating, drinking</p> <p>7765 25 <input type="checkbox"/> Sleeping</p> <p>7772 26 <input type="checkbox"/> Unspecified</p>	<p>Physical exercise or sports</p> <p>7689 1 <input type="checkbox"/> Organized 2 <input type="checkbox"/> Informal/unorganized</p> <p>7696 3 <input type="checkbox"/> School activity besides Sports/PE</p> <p>7703 4 <input type="checkbox"/> Community, club, and church events</p> <p>7710 5 <input type="checkbox"/> Other recreational activity</p> <p>7717 6 <input type="checkbox"/> Hanging out, fooling around, resting</p> <p>Working</p> <p>7724 7 <input type="checkbox"/> For income 8 <input type="checkbox"/> Not for income</p> <p>Driving/riding in motorized vehicle (check type of vehicle)</p> <p>7731 9 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 10 <input type="checkbox"/> Truck or other commercial vehicle 11 <input type="checkbox"/> Motorcycle, ATV 12 <input type="checkbox"/> Work equipment 13 <input type="checkbox"/> Other</p> <p>Motorized vehicle (not as passenger) (check type of vehicle)</p> <p>7738 14 <input type="checkbox"/> Passenger vehicle (includes light truck, van) 15 <input type="checkbox"/> Truck or other commercial vehicle 16 <input type="checkbox"/> Motorcycle, ATV 17 <input type="checkbox"/> Work equipment 18 <input type="checkbox"/> Other</p> <p>Non-motorized vehicle (as rider or non-rider)</p> <p>7745 19 <input type="checkbox"/> Bikes 20 <input type="checkbox"/> Skates, skateboards 21 <input type="checkbox"/> Horse, other animal 22 <input type="checkbox"/> Other</p> <p>7752 23 <input type="checkbox"/> Cooking (at home or work)</p> <p>7759 24 <input type="checkbox"/> Eating, drinking</p> <p>7766 25 <input type="checkbox"/> Sleeping</p> <p>7773 26 <input type="checkbox"/> Unspecified</p>

Section 5 - TOPICAL MODULES (Continued)

Part D - CHILDREN'S WELL-BEING

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p><i>Transcribe person numbers and names from pages 100 and 101 →</i></p>	<p>7774 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p>7775 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>	<p>7776 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____</p>
<p><i>ASK OR VERIFY -</i></p> <p>18. Where did the injury or poisoning happen?</p> <p><i>Mark (X) all that apply for each category.</i></p>	<p>Own home 7781 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside</p> <p>Other home 7788 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside</p> <p>School 7795 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside</p> <p>7802 7 <input type="checkbox"/> Street/highway, sidewalk</p> <p>7809 8 <input type="checkbox"/> Parking lot</p> <p>7816 9 <input type="checkbox"/> Recreation center, sports facility</p> <p>7823 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths</p> <p>Water 7830 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other</p> <p>7837 13 <input type="checkbox"/> Farm</p> <p>7844 14 <input type="checkbox"/> Other</p> <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p>Own home 7782 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside</p> <p>Other home 7789 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside</p> <p>School 7796 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside</p> <p>7803 7 <input type="checkbox"/> Street/highway, sidewalk</p> <p>7810 8 <input type="checkbox"/> Parking lot</p> <p>7817 9 <input type="checkbox"/> Recreation center, sports facility</p> <p>7824 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths</p> <p>Water 7831 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other</p> <p>7838 13 <input type="checkbox"/> Farm</p> <p>7845 14 <input type="checkbox"/> Other</p> <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p>Own home 7783 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside</p> <p>Other home 7790 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside</p> <p>School 7797 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside</p> <p>7804 7 <input type="checkbox"/> Street/highway, sidewalk</p> <p>7811 8 <input type="checkbox"/> Parking lot</p> <p>7818 9 <input type="checkbox"/> Recreation center, sports facility</p> <p>7825 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths</p> <p>Water 7832 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other</p> <p>7839 13 <input type="checkbox"/> Farm</p> <p>7846 14 <input type="checkbox"/> Other</p> <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>
<p>NOTES</p>			

Section 5 - TOPICAL MODULES (Continued)

Part D - CHILDREN'S WELL-BEING

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
<div style="border: 1px solid black; padding: 2px;">7777</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">Person No.</div> </div> <p>Name _____</p>	<div style="border: 1px solid black; padding: 2px;">7778</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">Person No.</div> </div> <p>Name _____</p>	<div style="border: 1px solid black; padding: 2px;">7779</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">Person No.</div> </div> <p>Name _____</p>	<div style="border: 1px solid black; padding: 2px;">7780</div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="text-align: right;">Person No.</div> </div> <p>Name _____</p>
<p>Own home</p> <div style="border: 1px solid black; padding: 2px;">7784</div> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <p>Other home</p> <div style="border: 1px solid black; padding: 2px;">7791</div> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <p>School</p> <div style="border: 1px solid black; padding: 2px;">7798</div> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <div style="border: 1px solid black; padding: 2px;">7805</div> 7 <input type="checkbox"/> Street/highway, sidewalk <div style="border: 1px solid black; padding: 2px;">7812</div> 8 <input type="checkbox"/> Parking lot <div style="border: 1px solid black; padding: 2px;">7819</div> 9 <input type="checkbox"/> Recreation center, sports facility <div style="border: 1px solid black; padding: 2px;">7826</div> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <p>Water</p> <div style="border: 1px solid black; padding: 2px;">7833</div> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">7840</div> 13 <input type="checkbox"/> Farm <div style="border: 1px solid black; padding: 2px;">7847</div> 14 <input type="checkbox"/> Other <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p>Own home</p> <div style="border: 1px solid black; padding: 2px;">7785</div> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <p>Other home</p> <div style="border: 1px solid black; padding: 2px;">7792</div> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <p>School</p> <div style="border: 1px solid black; padding: 2px;">7799</div> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <div style="border: 1px solid black; padding: 2px;">7806</div> 7 <input type="checkbox"/> Street/highway, sidewalk <div style="border: 1px solid black; padding: 2px;">7813</div> 8 <input type="checkbox"/> Parking lot <div style="border: 1px solid black; padding: 2px;">7820</div> 9 <input type="checkbox"/> Recreation center, sports facility <div style="border: 1px solid black; padding: 2px;">7827</div> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <p>Water</p> <div style="border: 1px solid black; padding: 2px;">7834</div> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">7841</div> 13 <input type="checkbox"/> Farm <div style="border: 1px solid black; padding: 2px;">7848</div> 14 <input type="checkbox"/> Other <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p>Own home</p> <div style="border: 1px solid black; padding: 2px;">7786</div> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <p>Other home</p> <div style="border: 1px solid black; padding: 2px;">7793</div> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <p>School</p> <div style="border: 1px solid black; padding: 2px;">7800</div> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <div style="border: 1px solid black; padding: 2px;">7807</div> 7 <input type="checkbox"/> Street/highway, sidewalk <div style="border: 1px solid black; padding: 2px;">7814</div> 8 <input type="checkbox"/> Parking lot <div style="border: 1px solid black; padding: 2px;">7821</div> 9 <input type="checkbox"/> Recreation center, sports facility <div style="border: 1px solid black; padding: 2px;">7828</div> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <p>Water</p> <div style="border: 1px solid black; padding: 2px;">7835</div> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">7842</div> 13 <input type="checkbox"/> Farm <div style="border: 1px solid black; padding: 2px;">7849</div> 14 <input type="checkbox"/> Other <p><i>GO to Item 9 for the next child, or Check Item T64, page 106 if this is the last child</i></p>	<p>Own home</p> <div style="border: 1px solid black; padding: 2px;">7787</div> 1 <input type="checkbox"/> Inside 2 <input type="checkbox"/> Outside <p>Other home</p> <div style="border: 1px solid black; padding: 2px;">7794</div> 3 <input type="checkbox"/> Inside 4 <input type="checkbox"/> Outside <p>School</p> <div style="border: 1px solid black; padding: 2px;">7801</div> 5 <input type="checkbox"/> Inside 6 <input type="checkbox"/> Outside <div style="border: 1px solid black; padding: 2px;">7808</div> 7 <input type="checkbox"/> Street/highway, sidewalk <div style="border: 1px solid black; padding: 2px;">7815</div> 8 <input type="checkbox"/> Parking lot <div style="border: 1px solid black; padding: 2px;">7822</div> 9 <input type="checkbox"/> Recreation center, sports facility <div style="border: 1px solid black; padding: 2px;">7829</div> 10 <input type="checkbox"/> Park, play-grounds, playing fields, bike paths <p>Water</p> <div style="border: 1px solid black; padding: 2px;">7836</div> 11 <input type="checkbox"/> Pool 12 <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">7843</div> 13 <input type="checkbox"/> Farm <div style="border: 1px solid black; padding: 2px;">7850</div> 14 <input type="checkbox"/> Other <p><i>GO to Check Item T64, page 106</i></p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part D - CHILDREN'S WELL-BEING

**CHECK
ITEM T64**

Refer to cc items 24 and 27.

7851

1 Yes

2 No - SKIP to Check Item T65, page 107

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

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 a scale from 0 to 10, when 0 means you do not agree at all and 10 means you agree completely.

19. How much would you say that —

- | | | | | |
|--|------|----------------------|----------------------|--|
| a. People in this (neighborhood/community) help each other out? | 7852 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |
| b. We watch out for each other's children in this (neighborhood/community)? | 7853 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |
| c. There are people I can count on in this (neighborhood/community)? | 7854 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |
| d. There are people in this (neighborhood/community) who might be a bad influence on my child(ren)? | 7855 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |
| e. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child. | 7856 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |
| f. I keep my children inside my home as much as possible because of dangers in the (neighborhood/community)? | 7857 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |
| g. There are safe places in the (neighborhood/community) for children to play outside? | 7858 | <input type="text"/> | <input type="text"/> | x1 <input type="checkbox"/> DK
x3 <input type="checkbox"/> NA |

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – CHILD SUPPORT AGREEMENTS

CHECK ITEM T65 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 F, page 123

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 F, page 123

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			
<input type="text"/> 8403 <input type="text"/>	_____	<input type="checkbox"/> 8404 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8405 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8406 1 <input type="checkbox"/> Yes
<input type="text"/> 8407 <input type="text"/>	_____	<input type="checkbox"/> 8408 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8409 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8410 1 <input type="checkbox"/> Yes
<input type="text"/> 8411 <input type="text"/>	_____	<input type="checkbox"/> 8412 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8413 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8414 1 <input type="checkbox"/> Yes
<input type="text"/> 8415 <input type="text"/>	_____	<input type="checkbox"/> 8416 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8417 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8418 1 <input type="checkbox"/> Yes
<input type="text"/> 8419 <input type="text"/>	_____	<input type="checkbox"/> 8420 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8421 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8422 1 <input type="checkbox"/> Yes
<input type="text"/> 8423 <input type="text"/>	_____	<input type="checkbox"/> 8424 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8425 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8426 1 <input type="checkbox"/> Yes
<input type="text"/> 8427 <input type="text"/>	_____	<input type="checkbox"/> 8428 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8429 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8430 1 <input type="checkbox"/> Yes
<input type="text"/> 8431 <input type="text"/>	_____	<input type="checkbox"/> 8432 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 8433 1 <input type="checkbox"/> Yes	<input type="checkbox"/> 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 117

CHECK ITEM T66 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, page 108
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 T67, page 108)

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 E - CHILD SUPPORT AGREEMENTS (Continued)

<p>2u. Where does the other parent (for this agreement) now live?</p>	<p>8482</p> <p>1 <input type="checkbox"/> Same county/city 2 <input type="checkbox"/> Same State (different county/city) 3 <input type="checkbox"/> Different State 4 <input type="checkbox"/> Other parent now deceased - <i>SKIP to Check Item T70, page 117</i> 5 <input type="checkbox"/> Other - <i>Specify</i> <u>z</u> 6 <input type="checkbox"/> Unknown - <i>SKIP to Check Item T70, page 117</i></p>
<p>CHECK ITEM T68a Refer to Check Items T67a and T67b, page 108 Is either box 1 marked?</p>	<p>8483</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>Skip to Check Item T70 page 117</i></p>
<p>v. Do you and the other parent still live in the same State(s) where the initial child support agreement was reached?</p>	<p>8484</p> <p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item T70, page 117</i> 2 <input type="checkbox"/> No</p>
<p>w. Who moved?</p>	<p>8485</p> <p>1 <input type="checkbox"/> Respondent 2 <input type="checkbox"/> Other parent 3 <input type="checkbox"/> Both respondent and other parent</p> <p><i>SKIP to Check Item T70, page 117</i></p>
<p>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?</p>	<p>8486</p> <p>1 9</p> <p>x1 <input type="checkbox"/> DK</p>
<p>b. What was the dollar amount of that (agreement/understanding)?</p>	<p>8487 \$.00 Per week</p> <p>8488 \$.00 Biweekly</p> <p>8489 \$.00 Per month</p> <p>8490 \$.00 Per year</p> <p>8491 x1 <input type="checkbox"/> DK</p>
<p>c. Has the dollar amount ever been changed?</p>	<p>8492</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T68c</i></p>
<p>d. In what year was the amount LAST changed?</p>	<p>8493</p> <p>1 9</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T68b Refer to 3d above. Is the entry . . . ?</p>	<p>8494</p> <p>1 <input type="checkbox"/> 1993, 1994, 1995, or 1996 - <i>Skip to 3e</i> 2 <input type="checkbox"/> 1992 or earlier 3 <input type="checkbox"/> DK</p> <p><i>SKIP to 3h</i></p>
<p>CHECK ITEM T68c Refer to 3a above. Is the entry . . . ?</p>	<p>8495</p> <p>1 <input type="checkbox"/> 1993, 1994, 1995, or 1996 - <i>Skip to 3f</i> 2 <input type="checkbox"/> 1992 or earlier 3 <input type="checkbox"/> DK</p> <p><i>SKIP to 3h</i></p>
<p>e. What was the dollar amount for the (agreement/understanding) after the last change?</p>	<p>8496 \$.00 Per week</p> <p>8497 \$.00 Biweekly</p> <p>8498 \$.00 Per month</p> <p>8499 \$.00 Per year</p> <p>8500 x1 <input type="checkbox"/> DK</p>
<p>f. Were any payments due in the last 12 months?</p>	<p>8501</p> <p>1 <input type="checkbox"/> Yes - <i>SKIP to 3h</i> 2 <input type="checkbox"/> No</p>
<p>g. Why were no payments due in the last 12 months?</p>	<p>8502</p> <p>1 <input type="checkbox"/> Child(ren) too old 2 <input type="checkbox"/> Other parent not working 3 <input type="checkbox"/> Other parent in jail or institution 4 <input type="checkbox"/> Other - <i>Specify</i> <u>z</u></p> <p><i>SKIP to 3k</i></p>

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

<p>3h. 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)?</p>	<p>8503 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>
<p>i. What is the total amount that . . . actually received in child support payments under that (agreement/understanding) during the past 12 months?</p>	<p>8504 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None - SKIP to 3k x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T68d Refer to Check Items T68b and 68c, page 110. Is either box 1 marked?</p>	<p>8505 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T69</p>
<p>3j. How regularly are child support payments received over the past 12 months? Were they received - (Read responses)</p>	<p>8506 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</p>
<p>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?</p>	<p>8507 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3m x1 <input type="checkbox"/> DK</p>
<p>l. Would you say the amount of back payments due . . . is - (Read responses)</p>	<p>8508 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</p>
<p>m. What kinds of provisions for health care costs were agreed to? Mark (X) all that apply.</p>	<p>8509 1 <input type="checkbox"/> Non-custodial parent to provide health insurance 8510 2 <input type="checkbox"/> Custodial parent to provide health insurance 8511 3 <input type="checkbox"/> Non-custodial parent to pay actual medical costs directly 8512 4 <input type="checkbox"/> Child support payments to include cash medical support 8513 5 <input type="checkbox"/> None 8514 6 <input type="checkbox"/> Other - Specify <u> </u></p>
<p>n. What child custody arrangements does the (agreement/understanding) specify?</p>	<p>8515 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 <u> </u></p>
<p>o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?</p>	<p>8516 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T69 Refer to the roster, column C. Is more than one child marked "Yes"?</p>	<p>8517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3q</p>
<p>3p. Did all the children visit the other parent about the same number of days in the last 12 months?</p>	<p>8518 1 <input type="checkbox"/> Yes - ASK 3q for all children 2 <input type="checkbox"/> No - ASK 3q for oldest child</p>
<p>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?</p>	<p>8519 <input type="text"/> <input type="text"/> <input type="text"/> Days 8520 <input type="text"/> <input type="text"/> Weeks 8521 <input type="text"/> <input type="text"/> Months 8522 x3 <input type="checkbox"/> None 8523 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T69a Refer to cc item 28. Is . . . male/female?</p>	<p>8524 1 <input type="checkbox"/> Male - Go to Check item T69g, page 116 2 <input type="checkbox"/> Female</p>
<p>CHECK ITEM T69b Refer to cc item 26a. What is . . . 's Marital Status?</p>	<p>8525 1 <input type="checkbox"/> Never Married - Go to Check Item T69c, page 112 2 <input type="checkbox"/> All others - SKIP to Check Item T69e, page 114</p>

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

NEVER MARRIED WOMEN WITH VERBAL AGREEMENT

CHECK ITEM T69c	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	<p><i>Record person number, age, and name of every child marked "Yes" in column C, page 107.</i></p> <p><i>(Record youngest to oldest)</i></p>	<p>8526 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8534 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8527 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8535 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>
<p>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.</p> <p><i>(Ask 3r.2-3r.6 for the first child recorded in Check Item T69c before moving on to next child recorded in Check Item T69c)</i></p>			
<p>3r.2 Was (Child's name) father ever legally identified by a court ruling?</p>	<p>8542 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8543 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8544 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>3r.3 Was (Child's name) father ever legally identified by a blood test or other genetic test?</p>	<p>8550 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8551 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8552 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>3r.4 Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</p>	<p>8558 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8559 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8560 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>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?</p>	<p>8566 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8567 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8568 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>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?</p>	<p>8574 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8575 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8576 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T69d</p> <p>Are there any more children recorded in Check Item T69c?</p>	<p>8582 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child <input type="checkbox"/> No - Go to Check Item T69g, page 116</p>	<p>8583 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child <input type="checkbox"/> No - Go to Check Item T69g, page 116</p>	<p>8584 <input type="checkbox"/> Yes - ASK 3r.2-3r.6 for next child <input type="checkbox"/> No - Go to Check Item T69g, page 116</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

CURRENTLY MARRIED, OR ONCE MARRIED WOMEN WITH VERBAL AGREEMENT

CHECK ITEM T69e	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	Record person number, age, and name of every child marked "Yes" in column C, page 107. (Record youngest to oldest)	8590 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8598 <input type="text"/> <input type="text"/> Age Name _____	8591 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8599 <input type="text"/> <input type="text"/> Age 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?	8606 1 <input type="checkbox"/> Yes - Go to Check Item T69g, page 116 2 <input type="checkbox"/> No		
3r.9 Was (Child's name) father ever legally identified by a court ruling?	8607 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	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
3r.10 Was (Child's name) father ever legally identified by a blood test or other genetic test?	8615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	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
3r.11 Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	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
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?	8631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	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
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?	8639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T69f Are there any more children recorded in Check Item T69e?	8647 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8648 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8649 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8593 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8594 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8595 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8596 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8597 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
8601 <input type="text"/> <input type="text"/> Age	8602 <input type="text"/> <input type="text"/> Age	8603 <input type="text"/> <input type="text"/> Age	8604 <input type="text"/> <input type="text"/> Age	8605 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____	Name _____
8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8611 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8614 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	8619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8622 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	8627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8630 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	8635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8645 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8646 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8650 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8651 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8652 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	8653 1 <input type="checkbox"/> Yes - ASK 3r.9-3r.13 for next child 2 <input type="checkbox"/> No - Go to Check Item T69g, page 116	Go to Check Item T69g, page 116

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

**CHECK
ITEM T70**

Refer to the roster, column D, page 107
Were any other of . . . 's own children
covered by another agreement?

- 8668 1 Yes
2 No - SKIP to 5a

**4a. Now I would like to ask a few questions about
the other child support agreement(s) . . . 's had
for . . . 's children ("Yes" marked in column D,
page 107).**

**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?**

- 8669 \$. 00 Per week
8670 \$. 00 Biweekly
8671 \$. 00 Per month
8672 \$. 00 Per year
8673 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 T71, page 118

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

- 8678 1 9
x1 DK

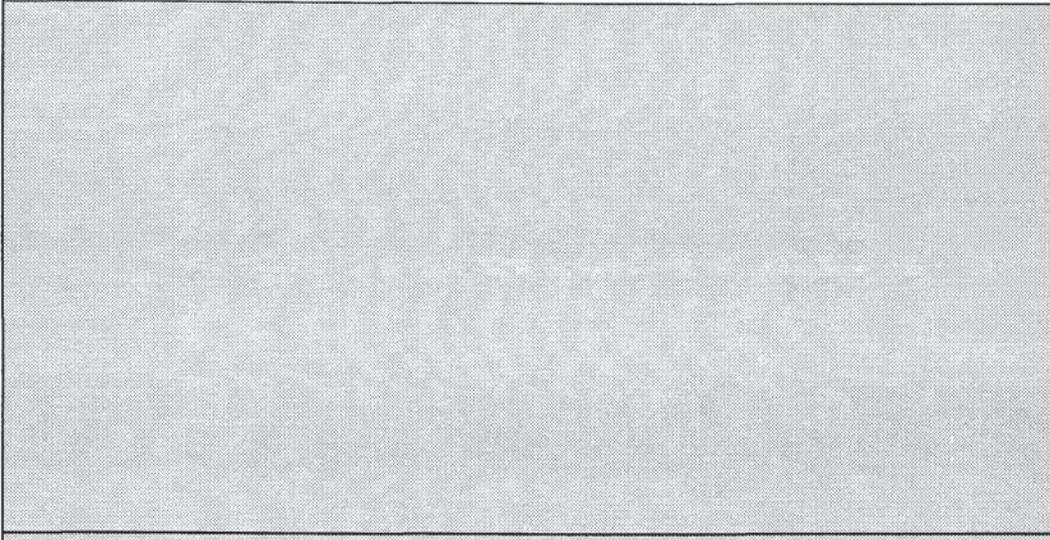
**c. What type of help did . . . ask for (Last contact)?
Mark (X) all that apply.**

- 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 E - CHILD SUPPORT AGREEMENTS (Continued)



FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
-----------------	----------------	----------------	------------------	-----------------

8718 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8719 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8720 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8721 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8722 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
--	--	--	--	--

8726 <input type="text"/> <input type="text"/> Age	8727 <input type="text"/> <input type="text"/> Age	8728 <input type="text"/> <input type="text"/> Age	8729 <input type="text"/> <input type="text"/> Age	8730 <input type="text"/> <input type="text"/> Age
--	--	--	--	--

Name _____	Name _____	Name _____	Name _____	Name _____
---------------	---------------	---------------	---------------	---------------



8734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8735 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8736 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8737 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8738 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
--	--	--	--	--

8742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8743 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8744 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8745 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8746 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
--	--	--	--	--

8750 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8751 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8752 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8753 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8754 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
--	--	--	--	--

8758 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8759 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8761 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8762 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
--	--	--	--	--

8766 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8767 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8768 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8769 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8770 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
--	--	--	--	--

8774 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	8775 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	8776 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	8777 1 <input type="checkbox"/> Yes - ASK 6a-6e for next child 2 <input type="checkbox"/> No - GO to Check Item T79, page 122	
---	---	---	---	--

*GO to Check
Item T79,
Page 122*

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

CURRENTLY MARRIED OR ONCE MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT

CHECK ITEM T75	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	<p><i>Record person number, age, and name of every child marked "Yes" in column B, page 106.</i></p> <p><i>(Record youngest to oldest)</i></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>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 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to 7c for this child</p>	<p>8796 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child</p> <p><input type="checkbox"/> No - SKIP to 7c for this child</p>	<p>8797 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 for this child If not last child ask 7a for next child</p> <p><input type="checkbox"/> No - SKIP to 7c for child</p>
<p>CHECK ITEM T76</p> <p>Are there any more children recorded in Check Item T69?</p>	<p>8803 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - SKIP to page 122 and ASK 9a-9c for this child</p>		
<p>7b. Do (Read names of all children recorded in Check Item T70) all have the same father?</p>	<p>8804 <input type="checkbox"/> Yes - SKIP to 9a, page 122 and ask 9a-9c for youngest child listed in Check Item T75</p> <p><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 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8806 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8807 <input type="checkbox"/> Yes</p> <p><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 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8814 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8815 <input type="checkbox"/> Yes</p> <p><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 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8822 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8823 <input type="checkbox"/> Yes</p> <p><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 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8830 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8831 <input type="checkbox"/> Yes</p> <p><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 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8838 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8839 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T77</p> <p>Are there any more children recorded in Check Item T69?</p>	<p>8845 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p><input type="checkbox"/> No - SKIP to 9a, page 122</p>	<p>8846 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p><input type="checkbox"/> No - SKIP to 9a, page 122</p>	<p>8847 <input type="checkbox"/> Yes - GO to 7a for next child</p> <p><input type="checkbox"/> No - SKIP to 9a, page 122</p>
<p>CHECK ITEM T78</p> <p>Is there an answer marked, in item 7b?</p>		<p>8853 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122</p> <p><input type="checkbox"/> No - SKIP to 8a, page 122</p>	<p>8854 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122</p> <p><input type="checkbox"/> No - SKIP to 8a, page 122</p>

Section 5 - TOPICAL MODULES (Continued)

Part E - 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.	8783 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8784 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8785 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	8786 <input type="text"/> <input type="text"/> <input type="text"/> Person No.
8790 <input type="text"/> <input type="text"/> Age	8791 <input type="text"/> <input type="text"/> Age	8792 <input type="text"/> <input type="text"/> Age	8793 <input type="text"/> <input type="text"/> Age	8794 <input type="text"/> <input type="text"/> Age
Name _____	Name _____	Name _____	Name _____	Name _____
8798 1 <input type="checkbox"/> Yes - If last child SKIP to Check Item T79 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 T79 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 T79 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 T79 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 T79 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 - SKIP to 9a, page 122	8849 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122	8850 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122	8851 1 <input type="checkbox"/> Yes - GO to 7a for next child 2 <input type="checkbox"/> No - SKIP to 9a, page 122	GO to Check Item T78
8855 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122	8856 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122	8857 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122	8858 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122	8859 1 <input type="checkbox"/> Yes - SKIP to Check Item T79, page 122 2 <input type="checkbox"/> No - SKIP to 8a, page 122

Section 5 - TOPICAL MODULES (Continued)

Part E - CHILD SUPPORT AGREEMENTS (Continued)

8a. Do (Read names of all children recorded in Check Item T68a or Check Item T69) **all have the same father?**

8862 1 Yes
 2 No

CHECK ITEM T79 Do all of the children have the same father? (Item 7b, page 120 = "Yes" or Item 8a, above = "Yes")

8864 1 Yes - ASK 9a-9c for first child recorded in Check Item T74a or Check Item T75
 2 No - ASK 9a-9c for first and last child recorded in Check Item T74a or Check Item T75

CHECK ITEM T80 Does more than one child have column B, page 106 marked "Yes"?

8866 1 Yes
 2 No - ASK 9a-9c for child marked "Yes" in column B, page 107

8b. Do (Read names of all children marked "Yes" in column B, page 106) **all have the same mother?**

8868 1 Yes - ASK 9a-9c for youngest child marked "Yes" in column B, page 107
 2 No - ASK 9a-9c for youngest and oldest child marked "Yes" in column B, page 107

8a. 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.	YOUNGEST CHILD		OLDEST CHILD	
	8869	Person number	8870	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 _____	8886	8 <input type="checkbox"/> Other - Specify _____

b. Where does the other parent for this (youngest) (oldest) child now live?	YOUNGEST CHILD		OLDEST CHILD	
	8887	8889	8888	8890
	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 _____	8896	5 <input type="checkbox"/> Other - Specify _____
		x1 <input type="checkbox"/> Unknown		x1 <input type="checkbox"/> Unknown

c. What is the total amount of time the (youngest) (oldest) child spent visiting the other parent in the last 12 months?	YOUNGEST CHILD		OLDEST CHILD	
	8897	8900	8898	8901
	8897	Days	8898	Days
	8900	Weeks	8901	Weeks
	8902	Months	8903	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 Yes
 2 No - SKIP to 12

11. What is the total amount that . . . received from the other parent(s) in the past 12 months?

8909 \$ _____ . 00

OR

x1 DK

12. Were any non-cash items or services for child support received for any of . . . 's children?

8910 1 Yes - Specify _____
 2 No

Section 5 - TOPICAL MODULES (Continued)

Part F - SUPPORT FOR NONHOUSEHOLD MEMBERS

<p>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?</p> <p><i>(Do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member)</i></p>	<p>9100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 5a, page 124</i></p>
<p>2a. Did . . . make regular payments, lump-sum payments, or both?</p>	<p>9102 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both</p>
<p>b. For how many children did . . . make support payments?</p>	<p>9104 <input type="text"/> <input type="text"/> Children x1 <input type="checkbox"/> DK</p>
<p>c. How many of these children were under age 18?</p>	<p>9106 <input type="text"/> <input type="text"/> Children x1 <input type="checkbox"/> DK</p>
<p>d. Were any of these payments the result of a court order or some other kind of agreement?</p>	<p>9108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4d, page 124</i></p>
<p>3a. These next few questions relate to the most recent child support agreement for . . .'s children. How many children are covered by that agreement?</p>	<p>9110 <input type="text"/> <input type="text"/> Children x1 <input type="checkbox"/> DK</p>
<p>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?</p>	<p>9112 1 <input type="checkbox"/> Voluntary written agreement ratified by the court 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other type of written agreement - <i>Specify</i> _____ 4 <input type="checkbox"/> Non-written agreement</p>
<p>c. In what year was this agreement FIRST reached?</p>	<p>9114 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK</p>
<p>d. Has the dollar amount originally agreed to ever been changed?</p>	<p>9116 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i></p>
<p>e. In what year was the amount last changed?</p>	<p>9118 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK</p>
<p>f. Was this change made or agreed to by a court or child support agency?</p>	<p>9120 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>g. Is . . . still supposed to pay child support?</p>	<p>9122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>h. How much did . . . pay in child support under this agreement during the past 12 months?</p>	<p>9124 \$ <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"/> <input type="text"/> x1 <input type="checkbox"/> DK</p>
<p>i. Are these payments made - (Read responses.)</p>	<p>9126 1 <input type="checkbox"/> Through employment related wage withholding? 2 <input type="checkbox"/> Directly to the other parent? 3 <input type="checkbox"/> Directly to the court? 4 <input type="checkbox"/> Directly to a child support agency? 5 <input type="checkbox"/> Other - <i>Specify</i> _____ x1 <input type="checkbox"/> DK</p>

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part F - SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

<p>3j. What kinds of provisions for health care costs were included in the child support agreement? <i>Mark (X) all that apply.</i></p>	<p>9128</p> <p>9130</p> <p>9132</p> <p>9134</p> <p>9136</p> <p>9138</p>	<p><input type="checkbox"/> Non-custodial parent to provide health insurance</p> <p><input type="checkbox"/> Custodial parent to provide health insurance</p> <p><input type="checkbox"/> Non-custodial parent to pay medical costs directly</p> <p><input type="checkbox"/> Child support payments to include cash medical support</p> <p><input type="checkbox"/> Other - <i>Specify</i> _____</p> <p>x3 <input type="checkbox"/> None</p>				
<p>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?</p>	<p>9140</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - <i>SKIP to 4c</i></p>				
<p>b. How much did . . . pay in child support for this/these agreement(s) during the past 12 months?</p>	<p>9142</p>	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>				
<p>c. Were any child support payments made without a child support agreement for . . . 's children under age 21 during the past 12 months?</p>	<p>9144</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - <i>SKIP to 5a</i></p>				
<p>d. How much did . . . pay for child support under this arrangement during the past 12 months?</p>	<p>9146</p>	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>				
<p>5a. During the past 12 months, did . . . make regular or lump sum payments for the support of any other person not living in . . . 's household?</p>	<p>9148</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - <i>SKIP to Part G, page 125</i></p>				
<p>b. For how many (other) persons did . . . make support payments?</p>	<p>9150</p>	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Persons</p> <p>x1 <input type="checkbox"/> DK</p>				
<p>c. How is this person related to . . . ?</p>	<p>9152</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FIRST PERSON</th> <th style="width:50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Ex-spouse</p> <p><input type="checkbox"/> Child under 21</p> <p><input type="checkbox"/> Child 21 or older</p> <p><input type="checkbox"/> Other relative</p> <p><input type="checkbox"/> Not related</p> </td> <td style="vertical-align: top;"> <p>9153</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Ex-spouse</p> <p><input type="checkbox"/> Child under 21</p> <p><input type="checkbox"/> Child 21 or older</p> <p><input type="checkbox"/> Other relative</p> <p><input type="checkbox"/> Not related</p> </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Ex-spouse</p> <p><input type="checkbox"/> Child under 21</p> <p><input type="checkbox"/> Child 21 or older</p> <p><input type="checkbox"/> Other relative</p> <p><input type="checkbox"/> Not related</p>	<p>9153</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Ex-spouse</p> <p><input type="checkbox"/> Child under 21</p> <p><input type="checkbox"/> Child 21 or older</p> <p><input type="checkbox"/> Other relative</p> <p><input type="checkbox"/> Not related</p>
FIRST PERSON	SECOND PERSON					
<p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Ex-spouse</p> <p><input type="checkbox"/> Child under 21</p> <p><input type="checkbox"/> Child 21 or older</p> <p><input type="checkbox"/> Other relative</p> <p><input type="checkbox"/> Not related</p>	<p>9153</p> <p><input type="checkbox"/> Parent</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Ex-spouse</p> <p><input type="checkbox"/> Child under 21</p> <p><input type="checkbox"/> Child 21 or older</p> <p><input type="checkbox"/> Other relative</p> <p><input type="checkbox"/> Not related</p>					
<p>d. Where was this person most often living during the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?</p>	<p>9154</p>	<p><input type="checkbox"/> Private home or apartment</p> <p><input type="checkbox"/> Nursing home</p> <p><input type="checkbox"/> Someplace else</p>				
<p>e. How much did . . . pay for the support of this person during the past 12 months?</p>	<p>9156</p>	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T81 Is the entry in 5b "03" or more?</p>	<p>9158</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - <i>SKIP to Part G, page 125</i></p>				
<p>6. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?</p>	<p>9159</p>	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>				
<p>NOTES</p>						

Section 5 - TOPICAL MODULES (Continued)

Part G - BASIC NEEDS

FIELD REPRESENTATIVE NOTE ► This topical module is to be asked only once per household. If the reference person is not available, ask this module of only one other knowledgeable household member.

CHECK ITEM T82	Is this the Reference Person's questionnaire?	9200	1 <input type="checkbox"/> Yes - SKIP to 1 2 <input type="checkbox"/> No
CHECK ITEM T82a	Is the Reference Person available to be interviewed?	9201	1 <input type="checkbox"/> Yes - SKIP to Check Item C1, page 128 2 <input type="checkbox"/> No

ABILITY TO MEET EXPENSES

1. During the past 12 months, has there been a time when your household did not meet its essential expenses? By essential expenses, I mean things like the mortgage or rent payment, utility bills, or important medical care.	9202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
---	-------------	---

FIELD REPRESENTATIVE INSTRUCTION ► When asking items 2a through 2g, if respondent answers "Yes," then ask questions 3 and 4 (if applicable) before moving to the next condition.

<i>IF PERSONAL VISIT, SHOW FLASHCARD GG</i>			
2. In the past 12 months, has there been a time when your household - <i>Mark (X) all that apply.</i>		3. Did any person or organization help?	4. (Please look at Flashcard HH.) Who helped?
a. did not pay the full amount of the rent or mortgage?	9204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9208 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK
b. was evicted from your home/apartment for not paying the rent or mortgage?	9210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9214 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK
c. did not pay the full amount of the gas, oil, or electricity bills?	9216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9218 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9220 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK
d. had service turned off by the gas or electric company, or oil company would not deliver oil?	9222 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9226 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK
e. had service disconnected by the telephone company because payments were not made?	9228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9232 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK
f. had someone in your household who needed to see a doctor or go to the hospital but didn't go?	9234 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9236 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9238 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK
g. had someone who needed to see a dentist but didn't go?	9240 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9242 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9244 <input type="checkbox"/> <input type="checkbox"/> x1 <input type="checkbox"/> DK

HELP WHEN IN NEED

5. Please look at Flashcard II for these next three questions. If your household had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get from family living nearby?	9246	1 <input type="checkbox"/> All of the help I/we need 2 <input type="checkbox"/> Most of the help I/we need 3 <input type="checkbox"/> Very little of the help I/we need 4 <input type="checkbox"/> No help x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> NA
6. If your household had a problem with which you needed help, how much help would you expect to get from friends?	9248	1 <input type="checkbox"/> All of the help I/we need 2 <input type="checkbox"/> Most of the help I/we need 3 <input type="checkbox"/> Very little of the help I/we need 4 <input type="checkbox"/> No help x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> NA
7. If your household had a problem with which you needed help, how much help would you expect to get from other people in the community besides family and friends, such as a social agency or a church?	9250	1 <input type="checkbox"/> All of the help I/we need 2 <input type="checkbox"/> Most of the help I/we need 3 <input type="checkbox"/> Very little of the help I/we need 4 <input type="checkbox"/> No help x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> NA

Section 5 - TOPICAL MODULES (Continued)

Part G - BASIC NEEDS (Continued)

FOOD ADEQUACY

These next few questions are about the food eaten in your household.

<p>8. Which of the following statements best describes the amount of food eaten in your household — (Read answer categories)?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9252</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Enough food to eat <input type="checkbox"/> Sometimes not enough to eat - Skip to 10 <input type="checkbox"/> Often not enough to eat - Skip to 10 </td> </tr> </table>	9252	<input type="checkbox"/> Enough food to eat <input type="checkbox"/> Sometimes not enough to eat - Skip to 10 <input type="checkbox"/> Often not enough to eat - Skip to 10								
9252	<input type="checkbox"/> Enough food to eat <input type="checkbox"/> Sometimes not enough to eat - Skip to 10 <input type="checkbox"/> Often not enough to eat - Skip to 10										
<p>9. Do you have enough and the kind of food you want to eat, or do you have enough but not always the kind of food you want to eat?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9254</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Enough and the kind </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9256</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Enough but not always the kind </td> </tr> </table> <p style="text-align: right; margin-right: 20px;">} SKIP to 14</p>	9254	<input type="checkbox"/> Enough and the kind	9256	<input type="checkbox"/> Enough but not always the kind						
9254	<input type="checkbox"/> Enough and the kind										
9256	<input type="checkbox"/> Enough but not always the kind										
<p>10. Thinking now about the past four months, in which of those four months did your household not have enough to eat?</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9258</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Last month </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9260</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Two months ago </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9262</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Three months ago </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9264</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Four months ago </td> </tr> </table>	9258	<input type="checkbox"/> Last month	9260	<input type="checkbox"/> Two months ago	9262	<input type="checkbox"/> Three months ago	9264	<input type="checkbox"/> Four months ago		
9258	<input type="checkbox"/> Last month										
9260	<input type="checkbox"/> Two months ago										
9262	<input type="checkbox"/> Three months ago										
9264	<input type="checkbox"/> Four months ago										
<p>11. Here are some reasons why people don't always have enough to eat. For each of these, please tell me whether it applies to you.</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9266</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Not enough money for food </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9268</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Too hard to get to the store </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9270</td> <td style="padding-left: 10px;"> <input type="checkbox"/> No working stove </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9272</td> <td style="padding-left: 10px;"> <input type="checkbox"/> No working refrigerator </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9274</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Not able to cook or eat because of health problems </td> </tr> </table>	9266	<input type="checkbox"/> Not enough money for food	9268	<input type="checkbox"/> Too hard to get to the store	9270	<input type="checkbox"/> No working stove	9272	<input type="checkbox"/> No working refrigerator	9274	<input type="checkbox"/> Not able to cook or eat because of health problems
9266	<input type="checkbox"/> Not enough money for food										
9268	<input type="checkbox"/> Too hard to get to the store										
9270	<input type="checkbox"/> No working stove										
9272	<input type="checkbox"/> No working refrigerator										
9274	<input type="checkbox"/> Not able to cook or eat because of health problems										
<p>12. Now, please think about the past 30 days. On about how many days during the past 30 days did your household not have food to make a meal or not have money or food stamps to get food?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9276</td> <td style="padding-left: 10px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="padding-left: 5px;">Number of days</td> </tr> </table> </td> </tr> <tr> <td></td> <td style="padding-left: 10px;"> x3 <input type="checkbox"/> None - SKIP to 14 </td> </tr> </table>	9276	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="padding-left: 5px;">Number of days</td> </tr> </table>			Number of days		x3 <input type="checkbox"/> None - SKIP to 14			
9276	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;"> </td> <td style="padding-left: 5px;">Number of days</td> </tr> </table>			Number of days							
		Number of days									
	x3 <input type="checkbox"/> None - SKIP to 14										
<p>13. About how much money did your household fall short on its food budget last month?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">9278</td> <td style="padding-left: 10px;"> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</td> </tr> </table> </td> </tr> </table>	9278	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</td> </tr> </table>		00						
9278	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100px; height: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">00</td> </tr> </table>		00								
	00										

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – BASIC NEEDS (Continued)

MINIMUM INCOME

(Please look at Flashcard MM.)

14. Which of the following categories best describes how you feel about your family income (or your own income if you are not living with relatives) — (Read categories)?

Mark (X) only one answer.

- 9280
- 1 Delighted
 - 2 Pleased
 - 3 Mostly satisfied
 - 4 Mixed (about equally satisfied and dissatisfied)
 - 5 Mostly dissatisfied
 - 6 Unhappy
 - 7 Terrible

CHECK ITEM T83

Refer to Item 2 on the Control Card.

- 9282
- 1 Check digit is an even number – Ask question 15a
 - 2 Check digit is an odd number –Ask question 16a

15a. To meet the expenses you consider necessary, what do you think is the minimum income, BEFORE TAX, a family like yours needs, on a yearly basis, to make ends meet? (If you are not living with relatives, what are the minimum income needs, BEFORE TAX, of an individual like you?)

9284 \$. 00 Yearly – SKIP to Check Item C1, page 128

x1 DK

b. If it is easier, give me an estimate for a week, 2 weeks, or a month.

9286	\$ <input type="text"/>	.	<input type="text"/> 00	Per week	} SKIP to Check Item C1, page 128
9288	\$ <input type="text"/>	.	<input type="text"/> 00	Biweekly	
9290	\$ <input type="text"/>	.	<input type="text"/> 00	Per month	

16a. In your opinion, how much would you have to SPEND each year in order to provide the BASIC necessities for your family? By basic necessities I mean barely adequate food, shelter, clothing, and other essential items required for daily living.

9292 \$. 00 Yearly – Skip to Check Item C1, page 128

x1 DK

b. If it is easier, give me an estimate for a week, 2 weeks, or a month.

9294	\$ <input type="text"/>	.	<input type="text"/> 00	Per week	} SKIP to Check Item C1, page 128
9296	\$ <input type="text"/>	.	<input type="text"/> 00	Biweekly	
9298	\$ <input type="text"/>	.	<input type="text"/> 00	Per month	

NOTES