

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued																	
37a. What is the highest grade or year of regular school that your (husband/partner) has completed and gotten credit for? <i>Mark (X) only one box.</i>				<div>Elementary 1 2 3 4 5 6 7 8 0650 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>High School 1 2 3 4 0651 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>College 1 2 3 4 5 6+ 0652 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>Never attended 1 0653 <input type="checkbox"/> – SKIP to Check Item C-3</div>													
b. What is the highest academic diploma or degree that your (husband/partner) has earned? <i>Mark (X) only one box.</i>				<div>0654 1 <input type="checkbox"/> High school diploma 2 <input type="checkbox"/> GED 3 <input type="checkbox"/> Associate (2 or 3 year course) 4 <input type="checkbox"/> Bachelor's (BA, BS, AB) 5 <input type="checkbox"/> Master's (MA, MS, MBA) 6 <input type="checkbox"/> Doctorate (PhD, MD, LLB, JD) 7 <input type="checkbox"/> Other – Specify _____ 8 <input type="checkbox"/> No diploma or degree received</div>													
CHECK ITEM C-3 <i>Refer to Item 34c, page 32.</i>				<div>0655 1 <input type="checkbox"/> Male partner listed – ASK 37c 2 <input type="checkbox"/> All others – SKIP to 38a</div>													
37c. When did you and your partner first start living together?				<div>0656 <table><tr><td>Month</td><td>Day</td><td>Year</td></tr><tr><td> </td><td> </td><td> </td></tr></table></div>								Month	Day	Year			
Month	Day	Year															
38a. How many children have ever been born to you?				<div>0657 _____ Children – ASK 38b 0658 1 <input type="checkbox"/> None – SKIP to 39a</div>													
b. How many of these children have been born to you since (Date in R6)?				<div>0659 _____ Children – ASK 38c 0660 1 <input type="checkbox"/> None – SKIP to 39a,</div>													
<i>Ask 38c and 38d beginning with the first child. Then ask 38c and 38d for the next child.</i>				FIRST CHILD		SECOND CHILD		THIRD CHILD		FOURTH CHILD							
c. What (is this child's/are those children's) date(s) of birth?				0661		0663		0665		0667							
				Mo.	Day	Year	Mo.	Day	Year	Mo.	Day	Year					
d. What sex is this child?				0662		0664		0666		0668							
				1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female		1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female							
39a. Since (Date in R6), have you ever adopted any children or had any children not born to you come to live with you?				<div>0669 1 <input type="checkbox"/> Yes – ASK 39b 2 <input type="checkbox"/> No – SKIP to 40a</div>													
b. How many children?				<div>0670 _____ Children</div>													
40a. How many persons, not counting yourself (and your husband/partner), are dependent upon you (and your husband/partner) for at least one-half of their support or living expenses?				<div>0671 _____ Persons – ASK 40b 0672 1 <input type="checkbox"/> None – SKIP to 41a, page 37</div>													
b. (Does this dependent/Do any of these dependents) live somewhere else other than here at home with you?				<div>0673 2 <input type="checkbox"/> No – SKIP to 41a, page 37 1 <input type="checkbox"/> Yes – How many _____ 0674 _____ Dependents – ASK 40c, page 37</div>													

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

40c. What is their relationship to you?
Mark (X) all that apply.

0675

1☐ Son – How many? ☒

0676

0677

2☐ Stepson – How many? ☒

0678

0679

3☐ Daughter – How many? ☒

0680

0681

4☐ Stepdaughter – How many? ☒

0682

0683

5☐ Respondent’s mother

0684

6☐ Respondent’s father

0685

7☐ Respondent’s spouse’s mother

0686

8☐ Respondent’s spouse’s father

0687

9☐ Brother or sister – How many? ☒

0688

0689

10☐ Other – Specify _____
How many? ☒

0690

41a. Do you (or your husband/partner) have any children who have attended college during the past 12 months?

0691

2☐ No – SKIP to 41g, page 38
1☐ Yes – How many? ☒

0692

_____ – ASK 41b

b. What (is/are) (this child’s/these children’s) name(s)?
Enter the first name of each child in 41b. Beginning with the “Youngest Child” column, complete items 41c–f for each child listed.

YOUNGEST CHILD	SECOND YOUNGEST CHILD	THIRD YOUNGEST CHILD	FOURTH YOUNGEST CHILD	FIFTH YOUNGEST CHILD
Name	Name	Name	Name	Name

c. What is (Read name of child) ’s date of birth?

0693	0697	0701	0705	0709
Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year	Mo. Day Year

d. Did (Read name of child) live at home while attending college?

0694

1☐ Yes
2☐ No

0698

1☐ Yes
2☐ No

0702

1☐ Yes
2☐ No

0706

1☐ Yes
2☐ No

0710

1☐ Yes
2☐ No

e. Did you (or your husband/partner) contribute more than half of (his/her) support?

0695

1☐ Yes
2☐ No

0699

1☐ Yes
2☐ No

0703

1☐ Yes
2☐ No

0707

1☐ Yes
2☐ No

0711

1☐ Yes
2☐ No

f. How much (do/did) you (or your husband/partner) pay toward (his/her) college expenses per year?

0696

\$ _____ .00
Per year

0700

\$ _____ .00
Per year

0704

\$ _____ .00
Per year

0708

\$ _____ .00
Per year

0712

\$ _____ .00
Per year

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued					
41g. Do you (or your husband/partner) have any outstanding loans that were taken out to cover college expenses for any children who (attend college now or) have attended college in the past?	0713 1 <input type="checkbox"/> Yes – ASK 41h 2 <input type="checkbox"/> No – SKIP to Check Item C-4				
h. What is your total monthly payment on all these loans?	0714 \$ <input type="text"/> .00 per month				
i. When will you finish paying off these loans? Please give us the month and year, if possible.	0715 <table><tr><td>Month</td></tr><tr><td><input type="text"/></td></tr></table> 0716 <table><tr><td>Year</td></tr><tr><td><input type="text"/></td></tr></table>	Month	<input type="text"/>	Year	<input type="text"/>
Month					
<input type="text"/>					
Year					
<input type="text"/>					
CHECK ITEM C-4 Refer to Items 34c and 34e, page 32. Mark first applicable box.	0717 1 <input type="checkbox"/> Son/daughter under age 18 listed – SKIP to Check Item C-5 2 <input type="checkbox"/> Other children under 18 listed – ASK 42a 3 <input type="checkbox"/> No children under age 18 listed – SKIP to 44a, page 41				
42a. Do you have any responsibility for the care or arrangements for the care of the children under age 18 that are living in your household?	0718 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } SKIP to 44a, page 41				
CHECK ITEM C-5 Refer to R9 on the Information Sheet.	0719 1 <input type="checkbox"/> Box 1 marked in R9 (Respondent is in Labor Force Group A) – SKIP to 43a, page 39 2 <input type="checkbox"/> All others – ASK 42b				
42b. Did you do any work for pay in the last four weeks?	0720 1 <input type="checkbox"/> Yes – SKIP to 43a, page 39 2 <input type="checkbox"/> No – ASK 42c				
c. Not counting kindergarten, elementary, or secondary school, in the past four weeks (has your child/have any of your children) been cared for in any regular arrangement such as a day-care center, nursery school, play group, baby sitter, relative, or some other REGULAR child care arrangement?	0721 1 <input type="checkbox"/> Yes – ASK 42d 2 <input type="checkbox"/> No – SKIP to 44a, page 41				
d. In the past four weeks, did you REGULARLY participate in any of the following types of activities while your (child was/children were) being cared for? READ list and mark (X) all that apply.	0722 1 <input type="checkbox"/> Going to school 0723 2 <input type="checkbox"/> Other instruction or training 0724 3 <input type="checkbox"/> Looking for work 0725 4 <input type="checkbox"/> Volunteer work 0726 5 <input type="checkbox"/> Recreational activities 0727 6 <input type="checkbox"/> Shopping 0728 7 <input type="checkbox"/> Other – Specify <input type="text"/> 0729 8 <input type="checkbox"/> No regular activities				
NOTES					

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

FIELD REPRESENTATIVE: Refer to Items 34c and 34e. Mark (X) an age group whenever a son or daughter is in that age group. Fill the appropriate column(s) for the **youngest** child in that age group.

	<input type="checkbox"/> 0–2 years old	<input type="checkbox"/> 3–5 years old	<input type="checkbox"/> 6–8 years old	<input type="checkbox"/> 9–11 years old	<input type="checkbox"/> 12–17 years old
43a. Who usually takes care of your (youngest) child (between ages . . . and . . .) while you are (working/participating) in your (activity/activities)?					
<i>Mark (X) all that apply</i>					
<i>Do not read list of arrangements.</i>					
(1) In own home by relative					
(a) Father	0730 <input type="checkbox"/>	0746 <input type="checkbox"/>	0762 <input type="checkbox"/>	0778 <input type="checkbox"/>	0794 <input type="checkbox"/>
(b) Older brother or sister of child(ren) . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age?	0731 _____	0747 _____	0763 _____	0779 _____	0795 _____
(c) Grandparent	0732 <input type="checkbox"/>	0748 <input type="checkbox"/>	0764 <input type="checkbox"/>	0780 <input type="checkbox"/>	0796 <input type="checkbox"/>
(d) Other relative	0733 <input type="checkbox"/>	0749 <input type="checkbox"/>	0765 <input type="checkbox"/>	0781 <input type="checkbox"/>	0797 <input type="checkbox"/>
(2) In own home by nonrelative.	0734 <input type="checkbox"/>	0750 <input type="checkbox"/>	0766 <input type="checkbox"/>	0782 <input type="checkbox"/>	0798 <input type="checkbox"/>
(3) In relative's home	0735 <input type="checkbox"/>	0751 <input type="checkbox"/>	0767 <input type="checkbox"/>	0783 <input type="checkbox"/>	0799 <input type="checkbox"/>
(4) In nonrelative's home	0736 <input type="checkbox"/>	0752 <input type="checkbox"/>	0768 <input type="checkbox"/>	0784 <input type="checkbox"/>	0800 <input type="checkbox"/>
(5) Day/Group Care Center.	0737 <input type="checkbox"/>	0753 <input type="checkbox"/>	0769 <input type="checkbox"/>	0785 <input type="checkbox"/>	0801 <input type="checkbox"/>
(6) Nursery/Preschool.	0738 <input type="checkbox"/>	0754 <input type="checkbox"/>	0770 <input type="checkbox"/>	0786 <input type="checkbox"/>	0802 <input type="checkbox"/>
(7) Child in kindergarten, elementary, or secondary school	0739 <input type="checkbox"/>	0755 <input type="checkbox"/>	0771 <input type="checkbox"/>	0787 <input type="checkbox"/>	0803 <input type="checkbox"/>
(8) Child cares for self (without supervision). .	0740 <input type="checkbox"/>	0756 <input type="checkbox"/>	0772 <input type="checkbox"/>	0788 <input type="checkbox"/>	0804 <input type="checkbox"/>
(9) Respondent's work/activity at home . .	0741 <input type="checkbox"/>	0757 <input type="checkbox"/>	0773 <input type="checkbox"/>	0789 <input type="checkbox"/>	0805 <input type="checkbox"/>
(10) Respondent cares for child at work/activity place	0742 <input type="checkbox"/>	0758 <input type="checkbox"/>	0774 <input type="checkbox"/>	0790 <input type="checkbox"/>	0806 <input type="checkbox"/>
(11) Other arrangement.	0743 <input type="checkbox"/>	0759 <input type="checkbox"/>	0775 <input type="checkbox"/>	0791 <input type="checkbox"/>	0807 <input type="checkbox"/>
	<i>Specify ↗</i>	<i>Specify ↗</i>	<i>Specify ↗</i>	<i>Specify ↗</i>	<i>Specify ↗</i>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	ASK 43b	ASK 43b	ASK 43b	ASK 43b	ASK 43b
b. About how many hours per week is your child usually cared for under (this/these) arrangement(s)?	0744 _____ Hours	0760 _____ Hours	0776 _____ Hours	0792 _____ Hours	0808 _____ Hours
	0745 _____	0761 _____	0777 _____	0793 _____	0809 _____
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know	<input type="checkbox"/> Don't know

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued					
CHECK ITEM C-6					
Refer to Item 42b, page 38, and R9 on the Information Sheet.		0810 1 <input type="checkbox"/> "Yes" marked in item 42b – ASK 43c, page 40 2 <input type="checkbox"/> Box 1 marked in R9 (Respondent is in Labor Force Group A) – ASK 43c, page 40 3 <input type="checkbox"/> All others – SKIP to 44a, page 41			
FIELD REPRESENTATIVE: For each column marked in 43a, Mark (X) the same column below and fill the marked column(s) for the youngest child in that age group.					
43c. In the past 12 months did you lose or miss any days from work because you had to care for this child and adequate child care was not available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0-2 years old	3-5 years old	6-8 years old	9-11 years old	12-17 years old
Yes – ASK 43d.	0811 1 <input type="checkbox"/>	0815 1 <input type="checkbox"/>	0819 1 <input type="checkbox"/>	0823 1 <input type="checkbox"/>	0827 1 <input type="checkbox"/>
No – If "No" in all marked columns, SKIP to 43e.	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
d. How many days?	0812	0816	0820	0824	0828
	_____ Days	_____ Days	_____ Days	_____ Days	_____ Days
e. What is the total cost of having this child cared for while you are working?	0813	0817	0821	0825	0829
	\$ _____ (Dollars) (Cents)	\$ _____ (Dollars) (Cents)	\$ _____ (Dollars) (Cents)	\$ _____ (Dollars) (Cents)	\$ _____ (Dollars) (Cents)
Amount per –					
Hour.	0814 1 <input type="checkbox"/>	0818 1 <input type="checkbox"/>	0822 1 <input type="checkbox"/>	0826 1 <input type="checkbox"/>	0830 1 <input type="checkbox"/>
Day.	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Week.	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Month.	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
No cost.	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other.	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
	Specify <input checked="" type="checkbox"/>	Specify <input checked="" type="checkbox"/>	Specify <input checked="" type="checkbox"/>	Specify <input checked="" type="checkbox"/>	Specify <input checked="" type="checkbox"/>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Don't know.	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
CHECK ITEM C-7					
Refer to Item 43e, above.		0831 1 <input type="checkbox"/> "Don't know" marked in more than one column in 43e –ASK 43f 2 <input type="checkbox"/> All others – SKIP to 44a, page 41			
43f. What is the total cost of having all of your children cared for while you are working?	0832 \$ _____ . _____ per (Dollars) (Cents)				
	0833 1 <input type="checkbox"/> Hour 2 <input type="checkbox"/> Day 3 <input type="checkbox"/> Week 4 <input type="checkbox"/> Month 5 <input type="checkbox"/> No cost 6 <input type="checkbox"/> Other – Specify <input checked="" type="checkbox"/> 7 <input type="checkbox"/> Don't know				

Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued

44a. Do you have any biological brothers or sisters, either living now or dead?

0834

1 ☐ Yes – How many ☒

0835

 – ASK 44b

0836

2 ☐ No

3 ☐ Don't know

SKIP to 45, page 42

b. Now, I have a few questions about each of your brothers and sisters. What are their names?

List the names of each sibling; then ask items 44c–44g for each person listed.

c. What is . . . sex?

Mark (X) appropriate box.

1 – Male
2 – Female

d. How old is . . . as of today?

(If deceased enter 998)

e. What is the highest grade (or year) of regular school . . . ever completed?

00 – Never attended

29 – Preschool

30 – Kindergarten

01-08 – Elementary

09-12 – High school

21-26 – College

f. How many children have ever been born to . . . ?

If none, enter "0" and go to 44c for next person.

g. How old was . . . when his/her first child was born?

	Name	Male	Female		Enter code		
1	Last First	0837 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0838	0839	0840	0841
2	Last First	0842 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0843	0844	0845	0846
3	Last First	0847 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0848	0849	0850	0851
4	Last First	0852 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0853	0854	0855	0856
5	Last First	0857 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0858	0859	0860	0861
6	Last First	0862 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0863	0864	0865	0866
7	Last First	0867 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0868	0869	0870	0871
8	Last First	0872 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0873	0874	0875	0876
9	Last First	0877 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0878	0879	0880	0881
10	Last First	0882 1 <input type="checkbox"/>	2 <input type="checkbox"/>	0883	0884	0885	0886

NOTES

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Section 4 – MARITAL HISTORY, FERTILITY, AND OTHER FAMILY BACKGROUND – Continued		
SHOW FLASHCARD B.		
45. What is your origin or descent? Mark (X) all that apply.	0887	1 <input type="checkbox"/> Black, Afro-American, or Negro
	0888	2 <input type="checkbox"/> Chinese
	0889	3 <input type="checkbox"/> Dutch
	0890	4 <input type="checkbox"/> English
	0891	5 <input type="checkbox"/> Filipino or Philipino
	0892	6 <input type="checkbox"/> French
	0893	7 <input type="checkbox"/> German
	0894	8 <input type="checkbox"/> Greek
	0895	9 <input type="checkbox"/> Hawaiian or Pacific Islander
	0896	10 <input type="checkbox"/> Hungarian
	0897	11 <input type="checkbox"/> Native American Indian
	0898	12 <input type="checkbox"/> Indian-Asian
	0899	13 <input type="checkbox"/> Irish
	0900	14 <input type="checkbox"/> Italian
	0901	15 <input type="checkbox"/> Japanese
	0902	16 <input type="checkbox"/> Korean
	Latino or Spanish Descent	
	0903	17 <input type="checkbox"/> Cuban or Cubano
	0904	18 <input type="checkbox"/> Chicano
	0905	19 <input type="checkbox"/> Mexican or Mexicano
	0906	20 <input type="checkbox"/> Mexican-American
	0907	21 <input type="checkbox"/> Puerto Rican, Puertorriqueno, or Borincano
	0908	22 <input type="checkbox"/> Other Latino, Hispano, or Latin-American Descent
0909	23 <input type="checkbox"/> Other Spanish Descent	
0910	24 <input type="checkbox"/> Polish	
0911	25 <input type="checkbox"/> Portuguese	
0912	26 <input type="checkbox"/> Russian	
0913	27 <input type="checkbox"/> Scottish	
0914	28 <input type="checkbox"/> Swedish	
0915	29 <input type="checkbox"/> Vietnamese	
0916	30 <input type="checkbox"/> Welsh	
0917	31 <input type="checkbox"/> Other– Specify – _____	
0918	32 <input type="checkbox"/> If VOLUNTEERED: American	
OR		
0919	33 <input type="checkbox"/> None	
0920	34 <input type="checkbox"/> Refused	
NOTES		

Section 5 – HEALTH	
CHECK ITEM D-1	0930
Refer to R9 on the Information Sheet. Is respondent currently employed?	1 <input type="checkbox"/> Box 1 marked in R9 (Respondent in Labor Force Group A) – SKIP to 47a 2 <input type="checkbox"/> All others – ASK 46a
46a. Does your health or physical condition prevent you from working altogether?	0931 1 <input type="checkbox"/> Yes – ASK 46b 2 <input type="checkbox"/> No – SKIP to 47a
b. When did you become unable to work altogether?	<div><div>0932</div><div>Month </div></div> <div><div>0933</div><div>Year 1 9 </div></div> <div>} SKIP to 47b</div>
47a. Do you have any health problem or condition that limits in any way the AMOUNT or KIND of work you can do? SHOW FLASHCARD C.	0934 1 <input type="checkbox"/> Yes – ASK 47b 2 <input type="checkbox"/> No – SKIP to Check Item D-2
b. What is the MAIN health condition that causes your problem or limitation? Enter only one health condition.	0935 <div><div></div><div></div><div></div></div>
c. Are there any others? SHOW FLASHCARD C.	0936 1 <input type="checkbox"/> Yes – ASK 47d 2 <input type="checkbox"/> No – SKIP to 47e
d. What are they? Enter up to 3 health conditions.	0937 <div><div></div><div></div><div></div></div> 0938 <div><div></div><div></div><div></div></div> 0939 <div><div></div><div></div><div></div></div>
e. For your MAIN health condition, how long have you been limited in this way?	0940 _____ Years AND/OR 0941 _____ Months 0942 1 <input type="checkbox"/> All her life
CHECK ITEM D-2	0943
Refer to item 34c, page 32.	1 <input type="checkbox"/> Respondent lives alone – SKIP to 50e, page 44 2 <input type="checkbox"/> Family members or husband/partner listed – ASK 48a 3 <input type="checkbox"/> No family members listed – SKIP to 50a, page 44
48a. Does the health condition of any family members living here (besides yourself) affect the KIND or AMOUNT of work you can do or where you can work?	0944 1 <input type="checkbox"/> Yes – ASK 48b 2 <input type="checkbox"/> No – SKIP to Check Item D-3
b. Which family member is this? Mark (X) all that apply.	0945 1 <input type="checkbox"/> Husband/Partner 0946 2 <input type="checkbox"/> Son or daughter 0947 3 <input type="checkbox"/> Respondent’s parent(s) 0948 4 <input type="checkbox"/> Husband’s parent(s) 0949 5 <input type="checkbox"/> Sister or brother 0950 6 <input type="checkbox"/> Other relative – Specify <input type="checkbox"/>
CHECK ITEM D-3	0951
Refer to R3 on the Information Sheet and item 34c, page 32.	1 <input type="checkbox"/> Box 1 or 2 marked in R3 2 <input type="checkbox"/> Male partner listed in item 34c 3 <input type="checkbox"/> All others – SKIP to 50a, page 44 } ASK 49a
49a. Does your (husband’s/partner’s) health or physical condition limit the AMOUNT or KIND of work he can do?	0953 1 <input type="checkbox"/> Yes – ASK 49b 2 <input type="checkbox"/> No – SKIP to 50a, page 44
b. How long has he been limited in this way?	0954 _____ Years AND/OR 0955 _____ Months 0956 1 <input type="checkbox"/> All his life

Section 5 - HEALTH - Continued

50a. Is anyone in your household (besides you) disabled or chronically ill?

0958

1 ☐ Yes – *ASK 50b*

2 ☐ No – *SKIP to 50e*

b. Which household member is this?
Anyone else?
Mark (X) all that apply.

0959 1 ☐ Husband/Partner

0960 2 ☐ Son or daughter

0961 3 ☐ Respondent's parent(s)

0962 4 ☐ Husband's parent(s)

0963 5 ☐ Sister or brother

0964 6 ☐ Other relative – Specify 

0965 7 ☐ Other nonrelative – Specify ↘

c. Do you regularly spend time helping or taking care of (this person/these people)?

0966 1 ☐ Yes – ASK 50d
2 ☐ No – SKIP to 50e

d. About how many hours per week do you spend doing this?

0967 _____ Hours per week

e. Do you regularly spend time helping or taking care of a relative or friend who does not live in your household?

0968 1 ☐ Yes – ASK 50f
2 ☐ No – SKIP to 51a

f. About how many hours per week do you spend doing this?

0969 _____ Hours per week

51a. Would you rate your health, compared with other women about your age, as excellent, good, fair, or poor?

0970

- 1 ☐ Excellent
- 2 ☐ Good
- 3 ☐ Fair
- 4 ☐ Poor

b. Have you been in a hospital at least overnight since (Date in R6)?

0971 1 ☐ Yes – ASK 51c
2 ☐ No – SKIP to 51e

c. How many different times?

0972 _____ Times

d. Altogether, how many nights did you spend in a hospital since (Date in R6)?

0973 _____ Nights

e. Have you consulted or been treated by clinics, physicians, healers, or other practitioners since (Date in R6) for other than minor illnesses?

0974

1 ☐ Yes

2 ☐ No

[illegible]

[illegible]

Section 5 – HEALTH – Continued					
54a. Are you (or your husband/partner), (or any other family member of this household) covered by any medical or hospital insurance like Blue Cross, Blue Shield, or Medicaid?		0986 1 <input type="checkbox"/> Yes – GO to Check Item D-4 2 <input type="checkbox"/> No – SKIP to 55, page 48			
CHECK ITEM D-4 Refer to item 34c, page 32.		0987 1 <input type="checkbox"/> Respondent lives alone – SKIP to 54c 2 <input type="checkbox"/> Family members or husband/partner listed – ASK 54b 3 <input type="checkbox"/> No family members listed – SKIP to 54c			
54b. Are you (and your husband/partner) (and all other family members of this household) covered under the SAME medical or hospital insurance plan?		0988 1 <input type="checkbox"/> Yes – ASK 54c 2 <input type="checkbox"/> No – SKIP to 54d			
SHOW FLASHCARD E. c. Who provides this insurance for (you/your family)? Mark (X) main source only,		0989 1 <input type="checkbox"/> Your current job 2 <input type="checkbox"/> Husband's/Partner's current job 3 <input type="checkbox"/> Bought directly from company 4 <input type="checkbox"/> Medicaid 5 <input type="checkbox"/> Veteran's benefits 6 <input type="checkbox"/> Your former job 7 <input type="checkbox"/> Husband's/Partner's former job 8 <input type="checkbox"/> Job of other family member 9 <input type="checkbox"/> Medicare 10 <input type="checkbox"/> Other source (Specify) <input checked="" type="checkbox"/> } SKIP to 55, page 48			
SHOW FLASHCARD D. d. Which of the family members of this household are covered by hospital or medical insurance? Mark (X) all that apply.		SHOW FLASHCARD E. For each box marked in 54d, ASK 54e. 54e. Who provides this insurance for (Reference person(s) in 54d)? Mark (X) main source only.			
		Provided by a group policy at your CURRENT job or union (1)	Provided by a group policy at your husband's/partner's CURRENT job or union (2)	Bought directly from a medical insurance company (3)	Provided through Medicaid (4)
0990 1 <input type="checkbox"/> Respondent	0991 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
0992 2 <input type="checkbox"/> Husband/Partner	0993 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
0994 3 <input type="checkbox"/> Children	0995 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
0996 4 <input type="checkbox"/> Children under own policies	0997 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
0998 5 <input type="checkbox"/> Respondent's parent(s)	0999 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
1000 6 <input type="checkbox"/> Husband's parent(s)	1001 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
1002 7 <input type="checkbox"/> Grandchildren	1003 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
1004 8 <input type="checkbox"/> Other family members	1005 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
NOTES					

Section 5 - HEALTH - Continued

[illegible]

NOTES

Section 5 – HEALTH – Continued				
SHOW FLASHCARD F.				
Now I would like to ask you some questions about how you have felt or behaved during the past week.				
55. I will read you a series of statements and after each one I would like to know how often you have felt this way – Rarely or None of the time, Some or a little of the time, Occasionally or a moderate amount of time, or Most or all of the time – during the past week?				
During the past week –	RARELY or none of the time (Less than 1 day) (a)	SOME or a little of the time (1–2 days) (b)	OCCASIONALLY or a moderate amount of the time (3–4 days) (c)	MOST or all of the time (5–7 days) (d)
(1) I was bothered by things that usually don't bother me.	1006 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(2) I did not feel like eating; my appetite was poor.	1007 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(3) I felt that I could not shake off the blues even with help from my family or friends.	1008 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(4) I felt that I was just as good as other people.	1009 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) I had trouble keeping my mind on what I was doing.	1010 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(6) I felt depressed.	1011 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(7) I felt that everything I did was an effort.	1012 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(8) I felt hopeful about the future.	1013 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(9) I thought my life had been a failure.	1014 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(10) I felt fearful.	1015 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(11) My sleep was restless.	1016 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(12) I was happy.	1017 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(13) I talked less than usual.	1018 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(14) I felt lonely.	1019 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(15) People were unfriendly.	1020 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(16) I enjoyed life.	1021 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(17) I had crying spells.	1022 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(18) I felt sad.	1023 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(19) I felt that people disliked me.	1024 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(20) I could not get "going."	1025 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
NOTES				

Section 6 – PARENTS AND TRANSFERS

CHECK ITEM E-1

Refer to item 34c, page 32.
Respondent's father lives in household.

1035

- 1 ☐ Yes – Mark box 1 in 56a without asking, then
SKIP to 56f
2 ☐ No – ASK 56a

Now we would like to ask you some questions
about your parents. First your father.

56a. Is your father alive?

1036

- 1 ☐ Yes – SKIP to 56d
2 ☐ No – ASK 56b

b. In what month and year did he die?

1037

Month	Year
	1 9

1039

- 1 ☐ Don't know

c. How old was he when he died?

1040

____ Years old

1041

- 1 ☐ Don't know

} SKIP to Check Item E-2

d. In what month and year was he born?

1042

Month	Year
	1

1044

- 1 ☐ Don't know – ASK 56e

} SKIP to 56f

e. How old is he now?

1045

____ Years old

1046

- 1 ☐ Don't know

(Now we would like to ask you some questions
about your parents. First your father.)

f. Compared to other people his age, is his
health excellent, very good, good, fair,
or poor?

1047

- 1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor
6 ☐ Don't know

g. (Even if a person's overall health is good, they
may have a health condition that requires
some extra care.) Does your father require
any extra care because of a health condition?

1048

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

CHECK ITEM E-2

Refer to item 34c, page 32.
Respondent's mother lives in household.

1049

- 1 ☐ Yes – Mark box 1 in 57a without asking, then
SKIP to 57f
2 ☐ No – ASK 57a

Now some questions about your mother.

57a. Is your mother alive?

1050

- 1 ☐ Yes – SKIP to 57d
2 ☐ No – ASK 57b

b. In what month and year did she die?

1051

Month	Year
	1 9

1053

- 1 ☐ Don't know

c. How old was she when she died?

1054

____ Years old

1055

- 1 ☐ Don't know

} SKIP to Check
Item E-3, page 50

d. In what month and year was she born?

1056

Month	Year
	1

1058

- 1 ☐ Don't know – ASK 57e

} SKIP to 57f

e. How old is she now?

1059

____ Years old

1060

- 1 ☐ Don't know

(Now some questions about your mother.)

f. Compared to other people her age, is her
health excellent, very good, good, fair,
or poor?

1061

- 1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor
6 ☐ Don't know

g. (Even if a person's overall health is good, they
may have a health condition that requires
some extra care.) Does your mother require
any extra care because of a health condition?

1062

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

Section 6 – PARENTS AND TRANSFERS – Continued		
CHECK ITEM E-3	1063	<div><div>1 <input type="checkbox"/> Both mother and father living – ASK 58a</div><div>2 <input type="checkbox"/> Only father living – SKIP to 63a, page 52</div><div>3 <input type="checkbox"/> Only mother living – SKIP to 68a, page 54</div><div>4 <input type="checkbox"/> Neither parent is living – SKIP to Check Item E-11, page 55</div></div>
<div>Refer to items 56a and 57a, page 49.</div> <div>Are respondent’s parents still living?</div>		
58a. Are your parents currently married to each other?	1064	<div><div>1 <input type="checkbox"/> Yes – GO to Check Item E-4</div><div>2 <input type="checkbox"/> No – SKIP to 63a, page 52</div><div>3 <input type="checkbox"/> Don’t know – SKIP to Check Item E-11, page 55</div></div>
CHECK ITEM E-4	1065	<div><div>1 <input type="checkbox"/> Both father and mother live in household – SKIP to 59a</div><div>2 <input type="checkbox"/> All others – ASK 58b</div></div>
<div>Refer to item 34c, page 32.</div> <div>Respondent’s father and mother live in household?</div>		
58b. Are they living in their own home somewhere else, in another relative’s home, in a nursing home, or what?	1066	<div><div>1 <input type="checkbox"/> In own home somewhere else</div><div>2 <input type="checkbox"/> In another relative’s home</div><div>3 <input type="checkbox"/> In nursing home</div><div>4 <input type="checkbox"/> Not living together</div><div>5 <input type="checkbox"/> Other – Specify _____</div></div>
<div>Mark category for NEAREST parent, if parents do not live together.</div> <div>c. About how far away from your home do they live? Is it less than 1 mile, 1 to 10 miles, 11 to 100 miles, or over 100 miles?</div>	1067	<div><div>1 <input type="checkbox"/> Less than 1 mile</div><div>2 <input type="checkbox"/> 1 to 10 miles</div><div>3 <input type="checkbox"/> 11 to 100 miles</div><div>4 <input type="checkbox"/> Over 100 miles</div></div>
59a. Now about your parents’ total yearly income from all sources, including such things as jobs, Social Security, and pensions – how much income did they receive in the past 12 months?	<div>1068 \$ _____ 00 – SKIP to 60a</div> <div>1069 <div><div>1 <input type="checkbox"/> Don’t know</div><div>2 <input type="checkbox"/> Refused</div></div> } ASK 59b</div>	
b. Would it amount to \$25,000 or more?	1070	<div><div>1 <input type="checkbox"/> Yes – ASK 59c</div><div>2 <input type="checkbox"/> No – SKIP to 59d</div><div>3 <input type="checkbox"/> Don’t know – SKIP to 60a</div></div>
c. \$50,000 or more?	1071	<div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know</div></div> } SKIP to 60a
d. \$5,000 or more?	1072	<div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know</div></div>
60a. Do they own their home, pay rent, or what?	1073	<div><div>1 <input type="checkbox"/> Own or are buying – ASK 60b</div><div>2 <input type="checkbox"/> Pay rent</div><div>3 <input type="checkbox"/> Neither own nor rent</div></div> } SKIP to Check Item E-5, page 51
b. Could you tell me what the present value of their home is--ABOUT how much would it bring if sold today?	<div>1074 \$ _____ 00 – SKIP to 60g</div> <div>1075 <div><div>1 <input type="checkbox"/> Don’t know</div><div>2 <input type="checkbox"/> Refused</div></div> } ASK 60c</div>	
c. Would it amount to \$50,000 or more?	1076	<div><div>1 <input type="checkbox"/> Yes – ASK 60d</div><div>2 <input type="checkbox"/> No – SKIP to 60f</div><div>3 <input type="checkbox"/> Don’t know – SKIP to 60g</div></div>
d. \$100,000 or more?	1077	<div><div>1 <input type="checkbox"/> Yes – ASK 60e</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know</div></div> } SKIP to 60g
e. \$150,000 or more?	1078	<div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know</div></div> } SKIP to 60g
f. \$25,000 or more?	1079	<div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know</div></div>
g. Do they have a mortgage on their home?	1080	<div><div>1 <input type="checkbox"/> Yes</div><div>2 <input type="checkbox"/> No</div><div>3 <input type="checkbox"/> Don’t know</div></div>

Section 6 – PARENTS AND TRANSFERS – Continued	
<div>CHECK ITEM E-5</div> <div>Refer to item 34c, page 32.</div>	<div>1081</div> <div><div><div><input type="checkbox"/> Respondent lives with parent(s) only – Use "You" when reading 61a–61g</div><div><input type="checkbox"/> Respondent lives alone or with nonfamily members only – Use "You" when reading 61a–61g</div><div><input type="checkbox"/> Respondent lives with other family members – Use "You and your family living here" when reading 61a–61g</div></div></div>
<div>61a. People sometimes need help from others – either time or money. Let’s start by talking about help in the form of time, either in an emergency or with everyday activities, such as errands, housework, small repairs to a car, or caretaking or babysitting. In the past 12 months, did (you/you and your family living here) spend any time helping your parents?</div>	<div>1082</div> <div><div><div><input type="checkbox"/> Yes – ASK 61b</div><div><input type="checkbox"/> No – SKIP to 61c</div></div></div>
<div>b. About how many hours in the past 12 months did (you/you and your family living here) spend helping them?</div>	<div>1083</div> <div>_____ Hours</div>
<div>c. How about time they spent helping (you/you and your family living here). In the past 12 months, did your parents spend any time helping (you/you and your family living here)?</div>	<div>1084</div> <div><div><div><input type="checkbox"/> Yes – ASK 61d</div><div><input type="checkbox"/> No – SKIP to 61e</div></div></div>
<div>d. About how many hours in the past 12 months did they spend helping (you/you and your family living here)?</div>	<div>1085</div> <div>_____ Hours</div>
<div>e. During the past 12 months, did (you/you and your family living here) receive any loans, gifts, or support worth \$100 or more from your parents?</div>	<div>1086</div> <div><div><div><input type="checkbox"/> Yes – ASK 61f</div><div><input type="checkbox"/> No – SKIP to 61g</div></div></div>
<div>f. About how much were those loans, gifts, or support worth altogether in the past 12 months?</div>	<div>1087</div> <div>\$_____00</div>
<div>g. During the past 12 months, did (you/you and your family living here) give any loans, gifts, or support worth \$100 or more to your parents?</div>	<div>1088</div> <div><div><div><input type="checkbox"/> Yes – ASK 61h</div><div><input type="checkbox"/> No – SKIP to 62a</div></div></div>
<div>h. About how much were those loans, gifts, or support worth altogether in the past 12 months?</div>	<div>1089</div> <div>\$_____00</div>
<div>62a. Suppose your parents were to sell all of their major possessions (including their home), turn all their investments and other assets into cash, and pay all their debts. Would they have something left over, break even, or be in debt?</div>	<div>1090</div> <div><div><div><div><input type="checkbox"/> Have something left over – ASK 62b</div><div><input type="checkbox"/> Break even</div><div><input type="checkbox"/> Be in debt</div></div><div>SKIP to Check Item E-11, page 55</div></div></div>
<div>b. About how much would they have left over?</div>	<div>1091</div> <div>\$_____00 – SKIP to Check Item E-11, page 55</div> <div><div>1092</div><div><div><div><input type="checkbox"/> Don’t know</div><div><input type="checkbox"/> Refused</div></div><div>ASK 62c</div></div></div>
<div>c. Would it amount to \$25,000 or more?</div>	<div>1093</div> <div><div><div><div><input type="checkbox"/> Yes – ASK 62d</div><div><input type="checkbox"/> No – SKIP to 62e</div><div><input type="checkbox"/> Don’t know – SKIP to Check Item E-11, page 55</div></div></div></div>
<div>d. \$100,000 or more?</div>	<div>1094</div> <div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don’t know</div></div><div>SKIP to Check Item E-11, page 55</div></div></div>
<div>e. \$1,000 or more?</div>	<div>1095</div> <div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don’t know</div></div><div>SKIP to Check Item E-11, page 55</div></div></div>
<div>NOTES</div>	

Section 6 – PARENTS AND TRANSFERS – Continued	
63a. Is your father currently married to someone else?	1096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know – SKIP to Check Item E-8, page 54 } GO to Check Item E-6
CHECK ITEM E-6 Refer to item 34c, page 32. Respondent's father lives in household?	1097 1 <input type="checkbox"/> Father lives in household – SKIP to 64a 2 <input type="checkbox"/> All others – ASK 63b
63b. (Is your father/Are your father and stepmother) living in (his/their) own home somewhere else, in another relative's home, in a nursing home, or what?	1098 1 <input type="checkbox"/> In own home somewhere else 2 <input type="checkbox"/> In another relative's home 3 <input type="checkbox"/> In nursing home 4 <input type="checkbox"/> Not living together 5 <input type="checkbox"/> Other – Specify _____
Mark category for FATHER, if parents do not live together. C. About how far away from your home (does he/do they) live? Is it less than 1 mile, 1 to 10 miles, 11 to 100 miles, or over 100 miles?	1099 1 <input type="checkbox"/> Less than 1 mile 2 <input type="checkbox"/> 1 to 10 miles 3 <input type="checkbox"/> 11 to 100 miles 4 <input type="checkbox"/> Over 100 miles
64a. Now about your father's (and stepmother's) total yearly income from all sources, including such things as jobs, Social Security, and pensions – how much income did (he/they) receive in the past 12 months?	1100 \$ _____ . 00 – SKIP to 65a 1101 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused } ASK 64b
b. Would it amount to \$25,000 or more?	1102 1 <input type="checkbox"/> Yes – ASK 64c 2 <input type="checkbox"/> No – SKIP to 64d 3 <input type="checkbox"/> Don't know – SKIP to 65a
c. \$50,000 or more?	1103 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65a
d. \$5,000 or more?	1104 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
65a. (Does he own his/Do they own their) home, pay rent, or what?	1105 1 <input type="checkbox"/> Own or are buying – ASK 65b 2 <input type="checkbox"/> Pay rent 3 <input type="checkbox"/> Neither own nor rent } SKIP to Check Item E-7, page 53
b. Could you tell me what the present value of (his/their) home is – ABOUT how much would it bring if sold today?	1106 \$ _____ . 00 – SKIP to 65g 1107 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused } ASK 65c
c. Would it amount to \$50,000 or more?	1108 1 <input type="checkbox"/> Yes – ASK 65d 2 <input type="checkbox"/> No – SKIP to 65f 3 <input type="checkbox"/> Don't know – SKIP to 65g
d. \$100,000 or more?	1109 1 <input type="checkbox"/> Yes – ASK 65e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65g
e. \$150,000 or more?	1110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 65g
f. \$25,000 or more?	1111 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
g. (Does he/do they) have a mortgage on (his/their) home?	1112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

Section 6 – PARENTS AND TRANSFERS – Continued	
CHECK ITEM E-7 Refer to item 34c, page 32.	<div>1113</div> <div>1 <input type="checkbox"/> Respondent lives with parent(s) only – Use "You" when reading 66a–66g</div> <div>2 <input type="checkbox"/> Respondent lives alone or with nonfamily members only – Use "You" when reading 66a–66g</div> <div>3 <input type="checkbox"/> Respondent lives with other family members – Use "You and your family living here" when reading 66a–66g</div>
66a. People sometimes need help from others – either time or money. Let's start by talking about help in the form of time, either in an emergency or with everyday activities, such as errands, housework, small repairs to a car, or caretaking or babysitting. In the past 12 months, did (you/you and your family living here) spend any time helping your father (and stepmother)?	<div>1114</div> <div>1 <input type="checkbox"/> Yes – ASK 66b</div> <div>2 <input type="checkbox"/> No – SKIP to 66c</div>
b. About how many hours in the past 12 months did (you/you and your family living here) spend helping (him/them)?	<div>1115</div> <div>_____ Hours</div>
c. How about time (he/they) spent helping (you/ you and your family living here). In the past 12 months, did your father (and stepmother) spend any time helping (you/you and your family living here)?	<div>1116</div> <div>1 <input type="checkbox"/> Yes – ASK 66d</div> <div>2 <input type="checkbox"/> No – SKIP to 66e</div>
d. About how many hours in the past 12 months did (he/they) spend helping (you/you and your family living here)?	<div>1117</div> <div>_____ Hours</div>
e. During the past 12 months, did (you/you and your family living here) receive any loans, gifts, or support worth \$100 or more from your father (and stepmother)?	<div>1118</div> <div>1 <input type="checkbox"/> Yes – ASK 66f</div> <div>2 <input type="checkbox"/> No – SKIP to 66g</div>
f. About how much were those loans, gifts, or support worth altogether in the past 12 months?	<div>1119</div> <div>\$ _____ <div>00</div></div>
g. During the past 12 months, did (you/you and your family living here) give any loans, gifts, or support worth \$100 or more to your father (and stepmother)?	<div>1120</div> <div>1 <input type="checkbox"/> Yes – ASK 66h</div> <div>2 <input type="checkbox"/> No – SKIP to 67a</div>
h. About how much were those loans, gifts, or support worth altogether in the past 12 months?	<div>1121</div> <div>\$ _____ <div>00</div></div>
67a. Suppose your father (and stepmother) were to sell all of (his/their) major possessions (including (his/their) home), turn all (his/their) investments and other assets into cash, and pay all (his/their) debts. Would (he/they) have something left over, break even, or be in debt?	<div>1122</div> <div>1 <input type="checkbox"/> Have something left over – ASK 67b</div> <div>2 <input type="checkbox"/> Break even</div> <div>3 <input type="checkbox"/> Be in debt</div> <div>} SKIP to Check Item E-8, page 54</div>
b. About how much would (he/they) have left over?	<div>1123</div> <div>\$ _____ <div>00</div> – SKIP to Check Item E-8, page 54</div> <div>1124</div> <div>1 <input type="checkbox"/> Don't know</div> <div>2 <input type="checkbox"/> Refused</div> <div>} ASK 67c</div>
c. Would it amount to \$25,000 or more?	<div>1125</div> <div>1 <input type="checkbox"/> Yes – ASK 67d</div> <div>2 <input type="checkbox"/> No – SKIP to 67e</div> <div>3 <input type="checkbox"/> Don't know – SKIP to Check Item E-8, page 54</div>
d. \$100,000 or more?	<div>1126</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div> <div>} SKIP to Check Item E-8, page 54</div>
e. \$1,000 or more?	<div>1127</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div>
NOTES	

Section 6 – PARENTS AND TRANSFERS – Continued	
CHECK ITEM E-8 Refer to item 57a, page 49. Is respondent's mother living?	1128 1 <input type="checkbox"/> Mother is alive – Ask 68a 2 <input type="checkbox"/> All others – SKIP to Check Item E-11, page 55
68a. Is your mother currently married to someone else?	1129 1 <input type="checkbox"/> Yes } GO to Check Item E-9 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Don't know – SKIP to Check Item E-11, page 55
CHECK ITEM E-9 Refer to item 34c, page 32. Respondent's mother lives in household?	1130 1 <input type="checkbox"/> Mother lives in household – SKIP to 69a 2 <input type="checkbox"/> All others – ASK 68b
68b. (Is your mother/Are your mother and stepfather) living in (her/their) own home somewhere else, in another relative's home, in a nursing home, or what? Mark category for MOTHER, if parents do not live together.	1131 1 <input type="checkbox"/> In own home somewhere else 2 <input type="checkbox"/> In another relative's home 3 <input type="checkbox"/> In nursing home 4 <input type="checkbox"/> Not living together 5 <input type="checkbox"/> Other – Specify _____
c. About how far away from your home (does she/do they) live? Is it less than 1 mile, 1 to 10 miles, 11 to 100 miles, or over 100 miles?	1132 1 <input type="checkbox"/> Less than 1 mile 2 <input type="checkbox"/> 1 to 10 miles 3 <input type="checkbox"/> 11 to 100 miles 4 <input type="checkbox"/> Over 100 miles
69a. Now about your mother's (and stepfather's) total yearly income from all sources, including such things as jobs, Social Security, and pensions – how much income did (she/they) receive in the past 12 months?	1133 \$ _____ 00 – SKIP to 70a 1134 1 <input type="checkbox"/> Don't know } ASK 69b 2 <input type="checkbox"/> Refused }
b. Would it amount to \$25,000 or more?	1135 1 <input type="checkbox"/> Yes – ASK 69c 2 <input type="checkbox"/> No – SKIP to 69d 3 <input type="checkbox"/> Don't know – SKIP to 70a
c. \$50,000 or more?	1136 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } SKIP to 70a 3 <input type="checkbox"/> Don't know }
d. \$5,000 or more?	1137 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
70a. (Does she own her/Do they own their) home, pay rent, or what?	1138 1 <input type="checkbox"/> Own or are buying – ASK 70b 2 <input type="checkbox"/> Pay rent } SKIP to Check Item E-10, page 55 3 <input type="checkbox"/> Neither own nor rent }
b. Could you tell me what the present value of (her/their) home is – ABOUT how much would it bring if sold today?	1139 \$ _____ 00 – SKIP to 70g 1140 1 <input type="checkbox"/> Don't know } ASK 70c 2 <input type="checkbox"/> Refused }
c. Would it amount to \$50,000 or more?	1141 1 <input type="checkbox"/> Yes – ASK 70d 2 <input type="checkbox"/> No – SKIP to 70f 3 <input type="checkbox"/> Don't know – SKIP to 70g
d. \$100,000 or more?	1142 1 <input type="checkbox"/> Yes – ASK 70e 2 <input type="checkbox"/> No } SKIP to 70g 3 <input type="checkbox"/> Don't know }
e. \$150,000 or more?	1143 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } SKIP to 70g 3 <input type="checkbox"/> Don't know }
f. \$25,000 or more?	1144 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
g. (Does she/Do they) have a mortgage on (her/their) home?	1145 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

Section 6 – PARENTS AND TRANSFERS – Continued

CHECK ITEM E-10

Refer to item 34c, page 32.

1146

- 1 ☐ Respondent lives with parent(s) only – Use "You" when reading 71a–71g
2 ☐ Respondent lives alone or with nonfamily members only – Use "You" when reading 71a–71g
3 ☐ Respondent lives with other family members – Use "You and your family living here" when reading 71a–71g

71a. People sometimes need help from others – either time or money. Let's start by talking about help in the form of time, either in an emergency or with everyday activities, such as errands, housework, small repairs to a car, or caretaking or babysitting. In the past 12 months, did (you/you and your family living here) spend any time helping your mother (and stepfather)?

1147

- 1 ☐ Yes – ASK 71b
2 ☐ No – SKIP to 71c

b. About how many hours in the past 12 months did (you/you and your family living here) spend helping (her/them)?

1148

_____ Hours

c. How about time (she/they) spent helping (you/ you and your family living here). In the past 12 months, did your mother (and stepfather) spend any time helping (you/you and your family living here)?

1149

- 1 ☐ Yes – ASK 71d
2 ☐ No – SKIP to 71e

d. About how many hours in the past 12 months did (she/they) spend helping (you/you and your family living here)?

1150

_____ Hours

e. During the past 12 months, did (you/you and your family living here) receive any loans, gifts, or support worth \$100 or more from your mother (and stepfather)?

1151

- 1 ☐ Yes – ASK 71f
2 ☐ No – SKIP to 71g

f. About how much were those loans, gifts, or support worth altogether in the past 12 months?

1152

\$ _____ . 00

g. During the past 12 months, did (you/you and your family living here) give any loans, gifts, or support worth \$100 or more to your mother (and stepfather)?

1153

- 1 ☐ Yes – ASK 71h
2 ☐ No – SKIP to 72a

h. About how much were those loans, gifts, or support worth altogether in the past 12 months?

1154

\$ _____ . 00

72a. Suppose your mother (and stepfather) were to sell all of (her/their) major possessions (including (her/their) home), turn all (her/their) investments and other assets into cash, and pay all (her/their) debts. Would (she/they) have something left over, break even, or be in debt?

1155

- 1 ☐ Have something left over – ASK 72b
2 ☐ Break even
3 ☐ Be in debt } SKIP to Check Item E-11

b. About how much would (she/they) have left over?

1156

\$ _____ . 00 – SKIP to Check Item E-11

1157

- 1 ☐ Don't know
2 ☐ Refused } ASK 72c

c. Would it amount to \$25,000 or more?

1158

- 1 ☐ Yes – ASK 72d
2 ☐ No – SKIP to 72e
3 ☐ Don't know – SKIP to Check Item E-11

d. \$100,000 or more?

1159

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know } SKIP to Check Item E-11

e. \$1,000 or more?

1160

- 1 ☐ Yes
2 ☐ No
3 ☐ Don't know

CHECK ITEM E-11

Refer to item R3 on the Information Sheet.
Is respondent currently married?

1161

- 1 ☐ Box 1 or 2 marked in R3 – GO to Check Item E-12, page 56
2 ☐ All others – SKIP to Check Item F-1, page 63

Section 6 – PARENTS AND TRANSFERS – Continued	
CHECK ITEM E-12 Refer to item 34c, page 32. Respondent's father-in-law lives in household.	<div>1162</div> <div>1 <input type="checkbox"/> Yes – Mark box 1 in 73a, without asking, THEN – SKIP to 73f</div> <div>2 <input type="checkbox"/> No – ASK 73a</div>
Now we would like to ask you some questions about your husband's parents. First his father.	<div>1163</div> <div>1 <input type="checkbox"/> Yes – SKIP to 73d</div> <div>2 <input type="checkbox"/> No – ASK 73b</div>
73a. Is your husband's father alive?	
b. In what month and year did he die?	<div>1164</div> <div>Month<div></div></div> <div>1165</div> <div>Year<div>1</div><div>9</div><div></div><div></div></div> <div>1166</div> <div>1 <input type="checkbox"/> Don't know</div>
c. How old was he when he died?	<div>1167</div> <div>_____ Years old</div> <div>1168</div> <div>1 <input type="checkbox"/> Don't know</div> <div>} SKIP to Check Item E-13</div>
d. In what month and year was he born?	<div>1169</div> <div>Month<div></div></div> <div>1170</div> <div>Year<div>1</div><div></div><div></div><div></div></div> <div>1171</div> <div>1 <input type="checkbox"/> Don't know – ASK 73e</div> <div>} SKIP to 73f</div>
e. How old is he now?	<div>1172</div> <div>_____ Years old</div> <div>1173</div> <div>1 <input type="checkbox"/> Don't know</div>
(Now we would like to ask you some questions about your husband's parents. First his father.)	
f. Compared to other people his age, is his health excellent, very good, good, fair, or poor?	<div>1174</div> <div>1 <input type="checkbox"/> Excellent</div> <div>2 <input type="checkbox"/> Very good</div> <div>3 <input type="checkbox"/> Good</div> <div>4 <input type="checkbox"/> Fair</div> <div>5 <input type="checkbox"/> Poor</div> <div>6 <input type="checkbox"/> Don't know</div>
g. (Even if a person's overall health is good, they may have a health condition that requires some extra care.) Does your husband's father require any extra care because of a health condition?	<div>1175</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div>
CHECK ITEM E-13 Refer to item 34c, page 32. Respondent's mother-in-law lives in household.	<div>1176</div> <div>1 <input type="checkbox"/> Yes – Mark box 1 in 74a, without asking, THEN – SKIP to 74f</div> <div>2 <input type="checkbox"/> No – ASK 74a</div>
Now some questions about your husband's mother.	<div>1177</div> <div>1 <input type="checkbox"/> Yes – SKIP to 74d</div> <div>2 <input type="checkbox"/> No – ASK 74b</div>
74a. Is your husband's mother alive?	
b. In what month and year did she die?	<div>1178</div> <div>Month<div></div></div> <div>1179</div> <div>Year<div>1</div><div>9</div><div></div><div></div></div> <div>1180</div> <div>1 <input type="checkbox"/> Don't know</div>
c. How old was she when she died?	<div>1181</div> <div>_____ Years old</div> <div>1182</div> <div>1 <input type="checkbox"/> Don't know</div> <div>} SKIP to Check Item E-14, page 57</div>
d. In what month and year was she born?	<div>1183</div> <div>Month<div></div></div> <div>1184</div> <div>Year<div>1</div><div></div><div></div><div></div></div> <div>1185</div> <div>1 <input type="checkbox"/> Don't know – ASK 74e</div> <div>} SKIP to 74f</div>
e. How old is she now?	<div>1186</div> <div>_____ Years old</div> <div>1187</div> <div>1 <input type="checkbox"/> Don't know</div>
(Now some questions about your husband's mother.)	
f. Compared to other people her age, is her health excellent, very good, good, fair, or poor?	<div>1188</div> <div>1 <input type="checkbox"/> Excellent</div> <div>2 <input type="checkbox"/> Very good</div> <div>3 <input type="checkbox"/> Good</div> <div>4 <input type="checkbox"/> Fair</div> <div>5 <input type="checkbox"/> Poor</div> <div>6 <input type="checkbox"/> Don't know</div>
g. (Even if a person's overall health is good, they may have a health condition that requires some extra care.) Does your husband's mother require any extra care because of a health condition?	<div>1189</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div>

Section 6 – PARENTS AND TRANSFERS – Continued

CHECK ITEM E-14

Refer to items 73a and 74a, page 56.
Are respondent's husband's parents still living?

1190

- ☐ Husband's mother and father both living – Ask 75a
- ☐ Only husband's father living – SKIP to 80a, page 59
- ☐ Only husband's mother living – SKIP to 85a, page 61
- ☐ Neither parent is living – SKIP to Check Item F-1, page 63

75a. Are your husband's parents currently married to each other?

1191

- ☐ Yes – GO to Check Item E-15
- ☐ No – SKIP to 80a, page 59
- ☐ Don't know – SKIP to Check Item F-1, page 63

CHECK ITEM E-15

Refer to item 34c, page 32.
Respondent's father-in-law and mother-in-law live in household?

1192

- ☐ Both father-in-law and mother-in-law live in household – SKIP to 76a
- ☐ All others – ASK 75b

75b. Are they living in their own home somewhere else, in another relative's home, in a nursing home, or what?

1193

- ☐ In own home somewhere else
- ☐ In another relative's home
- ☐ In nursing home
- ☐ Not living together
- ☐ Other – Specify _____

Mark category for NEAREST parent, if husband's parents do not live together.

c. About how far away from your home do they live? Is it less than 1 mile, 1 to 10 miles, 11 to 100 miles, or over 100 miles?

1194

- ☐ Less than 1 mile
- ☐ 1 to 10 miles
- ☐ 11 to 100 miles
- ☐ Over 100 miles

76a. Now about your husband's parents' total yearly income from all sources, including such things as jobs, Social Security, and pensions – how much income did they receive in the past 12 months?

1195

\$ _____ . – SKIP to 77a

1196

- ☐ Don't know
 - ☐ Refused
- ASK 76b

b. Would it amount to \$25,000 or more?

1197

- ☐ Yes – ASK 76c
- ☐ No – SKIP to 76d
- ☐ Don't know – SKIP to 77a

c. \$50,000 or more?

1198

- ☐ Yes
 - ☐ No
 - ☐ Don't know
- SKIP to 77a

d. \$5,000 or more?

1199

- ☐ Yes
- ☐ No
- ☐ Don't know

77a. Do they own their home, pay rent, or what?

1200

- ☐ Own or are buying – ASK 77b
 - ☐ Pay rent
 - ☐ Neither own nor rent
- SKIP to Check Item E-16, page 58

b. Could you tell me what the present value of their home is--ABOUT how much would it bring if sold today?

1201

\$ _____ . – SKIP to 77g

1202

- ☐ Don't know
 - ☐ Refused
- ASK 77c

c. Would it amount to \$50,000 or more?

1203

- ☐ Yes – ASK 77d
- ☐ No – SKIP to 77f
- ☐ Don't know – SKIP to 77g

d. \$100,000 or more?

1204

- ☐ Yes – ASK 77e
 - ☐ No
 - ☐ Don't know
- SKIP to 77g

e. \$150,000 or more?

1205

- ☐ Yes
 - ☐ No
 - ☐ Don't know
- SKIP to 77g

f. \$25,000 or more?

1206

- ☐ Yes
- ☐ No
- ☐ Don't know

g. Do they have a mortgage on their home?

1207

- ☐ Yes
- ☐ No
- ☐ Don't know

Section 6 – PARENTS AND TRANSFERS – Continued		
CHECK ITEM E-16	1208	<div><div><input type="checkbox"/> Respondent lives with husband's parent(s) only – Use "You" when reading 78a–78g</div><div><input type="checkbox"/> Respondent lives alone or with nonfamily members only – Use "You" when reading 78a–78g</div><div><input type="checkbox"/> Respondent lives with other family members – Use "You and your family living here" when reading 78a–78g</div></div>
Refer to item 34c, page 32.		
78a. People sometimes need help from others – either time or money. Let's start by talking about help in the form of time, either in an emergency or with everyday activities, such as errands, housework, small repairs to a car, or caretaking or babysitting. In the past 12 months, did (you/you and your family living here) spend any time helping your husband's parents?	1209	<div><div><input type="checkbox"/> Yes – ASK 78b</div><div><input type="checkbox"/> No – SKIP to 78c</div></div>
b. About how many hours in the past 12 months did (you/you and your family living here) spend helping them?	1210	<div><div>_____ Hours</div></div>
c. How about time they spent helping (you/you and your family living here). In the past 12 months, did your husband's parents spend any time helping (you/you and your family living here)?	1211	<div><div><input type="checkbox"/> Yes – ASK 78d</div><div><input type="checkbox"/> No – SKIP to 78e</div></div>
d. About how many hours in the past 12 months did they spend helping (you/you and your family living here)?	1212	<div><div>_____ Hours</div></div>
e. During the past 12 months, did (you/you and your family living here) receive any loans, gifts, or support worth \$100 or more from your husband's parents?	1213	<div><div><input type="checkbox"/> Yes – ASK 78f</div><div><input type="checkbox"/> No – SKIP to 78g</div></div>
f. About how much were those loans, gifts, or support worth altogether in the past 12 months?	1214	<div><div>\$_____00</div></div>
g. During the past 12 months, did (you/you and your family living here) give any loans, gifts, or support worth \$100 or more to your husband's parents?	1215	<div><div><input type="checkbox"/> Yes – ASK 78h</div><div><input type="checkbox"/> No – SKIP to 79a</div></div>
h. About how much were those loans, gifts, or support worth altogether in the past 12 months?	1216	<div><div>\$_____00</div></div>
79a. Suppose your husband's parents were to sell all of their major possessions (including their home), turn all their investments and other assets into cash, and pay all their debts. Would they have something left over, break even, or be in debt?	1217	<div><div><div><div><input type="checkbox"/> Have something left over – ASK 79b</div><div><input type="checkbox"/> Break even</div><div><input type="checkbox"/> Be in debt</div></div><div>SKIP to Check Item F-1, page 63</div></div></div>
b. About how much would they have left over?	1218	<div><div>\$_____00 – SKIP to Check Item F-1, page 63</div></div>
	1219	<div><div><div><div><input type="checkbox"/> Don't know</div><div><input type="checkbox"/> Refused</div></div><div>ASK 79c</div></div></div>
c. Would it amount to \$25,000 or more?	1220	<div><div><div><div><input type="checkbox"/> Yes – ASK 79d</div><div><input type="checkbox"/> No – SKIP to 79e</div><div><input type="checkbox"/> Don't know – SKIP to Check Item F-1, page 63</div></div></div></div>
d. \$100,000 or more?	1221	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div><div>SKIP to Check Item F-1, page 63</div></div></div>
e. \$1,000 or more?	1222	<div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div><div>SKIP to Check Item F-1, page 63</div></div></div>
NOTES		

Section 6 – PARENTS AND TRANSFERS – Continued	
80a. Is your husband's father currently married to someone else?	<div>1223</div> <div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know – SKIP to Check Item E-19, page 61</div></div><div>GO to Check Item E-17</div></div>
CHECK ITEM E-17 Refer to item 34c, page 32. Respondent's husband's father lives in household?	<div>1224</div> <div><div><input type="checkbox"/> Husband's father lives in household – SKIP to 81a</div><div><input type="checkbox"/> All others – ASK 80b</div></div>
80b. (Is your husband's father/Are your husband's father and stepmother) living in (his/their) own home somewhere else, in another relative's home, in a nursing home, or what?	<div>1225</div> <div><div><input type="checkbox"/> In own home somewhere else</div><div><input type="checkbox"/> In another relative's home</div><div><input type="checkbox"/> In nursing home</div><div><input type="checkbox"/> Not living together</div><div><input type="checkbox"/> Other – Specify _____</div></div>
Mark category for HUSBAND'S FATHER, if parents do not live together. c. About how far away from your home (does he/do they) live? Is it less than 1 mile, 1 to 10 miles, 11 to 100 miles, or over 100 miles?	<div>1226</div> <div><div><input type="checkbox"/> Less than 1 mile</div><div><input type="checkbox"/> 1 to 10 miles</div><div><input type="checkbox"/> 11 to 100 miles</div><div><input type="checkbox"/> Over 100 miles</div></div>
81a. Now about your husband's father's (and stepmother's) total yearly income from all sources, including such things as jobs, Social Security, and pensions – how much income did (he/they) receive in the past 12 months?	<div>1227</div> <div><div><div>\$ _____</div><div>00</div><div>– SKIP to 82a</div></div><div><div><div>1228</div><div><div><input type="checkbox"/> Don't know</div><div><input type="checkbox"/> Refused</div></div><div>ASK 81b</div></div></div></div>
b. Would it amount to \$25,000 or more?	<div>1229</div> <div><div><input type="checkbox"/> Yes – ASK 81c</div><div><input type="checkbox"/> No – SKIP to 81d</div><div><input type="checkbox"/> Don't know – SKIP to 82a</div></div>
c. \$50,000 or more?	<div>1230</div> <div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div><div>SKIP to 82a</div></div>
d. \$5,000 or more?	<div>1231</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div>
82a. (Does he own his/Do they own their) home, pay rent, or what?	<div>1232</div> <div><div><div><input type="checkbox"/> Own or are buying – ASK 82b</div><div><input type="checkbox"/> Pay rent</div><div><input type="checkbox"/> Neither own nor rent</div></div><div>SKIP to Check Item E-18, page 60</div></div>
b. Could you tell me what the present value of (his/their) home is – ABOUT how much would it bring if sold today?	<div>1233</div> <div><div><div>\$ _____</div><div>00</div><div>– SKIP to 82g</div></div><div><div><div>1234</div><div><div><input type="checkbox"/> Don't know</div><div><input type="checkbox"/> Refused</div></div><div>ASK 82c</div></div></div></div>
c. Would it amount to \$50,000 or more?	<div>1235</div> <div><div><div><input type="checkbox"/> Yes – ASK 82d</div><div><input type="checkbox"/> No – SKIP to 82f</div><div><input type="checkbox"/> Don't know – SKIP to 82g</div></div></div>
d. \$100,000 or more?	<div>1236</div> <div><div><div><input type="checkbox"/> Yes – ASK 82e</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div><div>SKIP to 82g</div></div>
e. \$150,000 or more?	<div>1237</div> <div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div><div>SKIP to 82g</div></div>
f. \$25,000 or more?	<div>1238</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div>
g. (Does he/do they) have a mortgage on (his/their) home?	<div>1239</div> <div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div>

Section 6 – PARENTS AND TRANSFERS – Continued	
CHECK ITEM E-18	
Refer to item 34c, page 32.	1240 1 <input type="checkbox"/> Respondent lives with husband's parent(s) only – Use "You" when reading 83a–83g 2 <input type="checkbox"/> Respondent lives alone or with nonfamily members only – Use "You" when reading 83a–83g 3 <input type="checkbox"/> Respondent lives with other family members – Use "You and your family living here" when reading 83a–83g
83a. People sometimes need help from others – either time or money. Let's start by talking about help in the form of time, either in an emergency or with everyday activities, such as errands, housework, small repairs to a car, or caretaking or babysitting. In the past 12 months, did (you/you and your family living here) spend any time helping your husband's father (and stepmother)?	1241 1 <input type="checkbox"/> Yes – ASK 83b 2 <input type="checkbox"/> No – SKIP to 83c
b. About how many hours in the past 12 months did (you/you and your family living here) spend helping (him/them)?	1242 _____ Hours
c. How about time (he/they) spent helping (you/you and your family living here). In the past 12 months, did your husband's father (and stepmother) spend any time helping (you/you and your family living here)?	1243 1 <input type="checkbox"/> Yes – ASK 83d 2 <input type="checkbox"/> No – SKIP to 83e
d. About how many hours in the past 12 months did (he/they) spend helping (you/you and your family living here)?	1244 _____ Hours
e. During the past 12 months, did (you/you and your family living here) receive any loans, gifts, or support worth \$100 or more from your husband's father (and stepmother)?	1245 1 <input type="checkbox"/> Yes – ASK 83f 2 <input type="checkbox"/> No – SKIP to 83g
f. About how much were those loans, gifts, or support worth altogether in the past 12 months?	1246 \$ _____ 00
g. During the past 12 months, did (you/you and your family living here) give any loans, gifts, or support worth \$100 or more to your husband's father (and stepmother)?	1247 1 <input type="checkbox"/> Yes – ASK 83h 2 <input type="checkbox"/> No – SKIP to 84a
h. About how much were those loans, gifts, or support worth altogether in the past 12 months?	1248 \$ _____ 00
84a. Suppose your husband's father (and stepmother) were to sell all of (his/their) major possessions (including (his/their) home), turn all (his/their) investments and other assets into cash, and pay all (his/their) debts. Would (he/they) have something left over, break even, or be in debt?	1249 1 <input type="checkbox"/> Have something left over – ASK 84b 2 <input type="checkbox"/> Break even 3 <input type="checkbox"/> Be in debt } SKIP to Check Item E-19, page 61
b. About how much would (he/they) have left over?	1250 \$ _____ 00 – SKIP to Check Item E-19, page 61 1251 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused } ASK 84c
c. Would it amount to \$25,000 or more?	1252 1 <input type="checkbox"/> Yes – ASK 84d 2 <input type="checkbox"/> No – SKIP to 84e 3 <input type="checkbox"/> Don't know – SKIP to Check Item E-19, page 61
d. \$100,000 or more?	1253 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to Check Item E-19, page 61
e. \$1,000 or more?	1254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
NOTES	

Section 6 – PARENTS AND TRANSFERS – Continued	
CHECK ITEM E-19 Refer to item 74a, page 56. Is respondent's husband's mother living?	1255 1 <input type="checkbox"/> Husband's mother is alive – ASK 85a 2 <input type="checkbox"/> All others – SKIP to Check Item F-1, page 63
85a. Is your husband's mother currently married to someone else?	1256 1 <input type="checkbox"/> Yes } GO to Check Item E-20 2 <input type="checkbox"/> No } 3 <input type="checkbox"/> Don't know – SKIP to Check Item F-1, page 63
CHECK ITEM E-20 Refer to item 34c, page 32. Respondent's husband's mother lives in household?	1257 1 <input type="checkbox"/> Husband's mother lives in household – SKIP to 86a 2 <input type="checkbox"/> All others – ASK 85b
85b. (Is your husband's mother/Are your husband's mother and stepfather) living in (her/their) own home somewhere else, in another relative's home, in a nursing home, or what?	1258 1 <input type="checkbox"/> In own home somewhere else 2 <input type="checkbox"/> In another relative's home 3 <input type="checkbox"/> In nursing home 4 <input type="checkbox"/> Not living together 5 <input type="checkbox"/> Other – Specify _____
Mark category for HUSBAND'S MOTHER, if parents do not live together. c. About how far away from your home (does she/do they) live? Is it less than 1 mile, 1 to 10 miles, 11 to 100 miles, or over 100 miles?	1259 1 <input type="checkbox"/> Less than 1 mile 2 <input type="checkbox"/> 1 to 10 miles 3 <input type="checkbox"/> 11 to 100 miles 4 <input type="checkbox"/> Over 100 miles
86a. Now about your husband's mother's (and stepfather's) total yearly income from all sources, including such things as jobs, Social Security, and pensions – how much income did (she/they) receive in the past 12 months?	1260 \$ _____ 00 – SKIP to 87a 1261 1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
b. Would it amount to \$25,000 or more?	1262 1 <input type="checkbox"/> Yes – ASK 86c 2 <input type="checkbox"/> No – SKIP to 86d 3 <input type="checkbox"/> Don't know – SKIP to 87a
c. \$50,000 or more?	1263 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 87a
d. \$5,000 or more?	1264 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
87a. (Does she own her/Do they own their) home, pay rent, or what?	1265 1 <input type="checkbox"/> Own or are buying – ASK 87b 2 <input type="checkbox"/> Pay rent 3 <input type="checkbox"/> Neither own nor rent } SKIP to Check Item E-21, page 62
b. Could you tell me what the present value of (her/their) home is – ABOUT how much would it bring if sold today?	1266 \$ _____ 00 – SKIP to 87g 1267 1 <input type="checkbox"/> Don't know } ASK 87c 2 <input type="checkbox"/> Refused }
c. Would it amount to \$50,000 or more?	1268 1 <input type="checkbox"/> Yes – ASK 87d 2 <input type="checkbox"/> No – SKIP to 87f 3 <input type="checkbox"/> Don't know – SKIP to 87g
d. \$100,000 or more?	1269 1 <input type="checkbox"/> Yes – ASK 87e 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 87g
e. \$150,000 or more?	1270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 87g
f. \$25,000 or more?	1271 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
g. (Does she/do they) have a mortgage on (her/their) home?	1272 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

Section 6 – PARENTS AND TRANSFERS – Continued	
<div>CHECK ITEM E-21</div> <div>Refer to item 34c, page 32.</div>	<div>1273</div> <div><div><div><input type="checkbox"/> Respondent lives with husband’s parent(s) only – Use "You" when reading 88a–88g</div><div><input type="checkbox"/> Respondent lives alone or with nonfamily members only – Use "You" when reading 88a–88g</div><div><input type="checkbox"/> Respondent lives with other family members – Use "You and your family living here" when reading 88a–88g</div></div></div>
<div>88a. People sometimes need help from others – either time or money. Let’s start by talking about help in the form of time, either in an emergency or with everyday activities, such as errands, housework, small repairs to a car, or caretaking or babysitting. In the past 12 months, did (you/you and your family living here) spend any time helping your husband’s mother (and stepfather)?</div>	<div>1274</div> <div><div><input type="checkbox"/> Yes – ASK 88b</div><div><input type="checkbox"/> No – SKIP to 88c</div></div>
<div>b. About how many hours in the past 12 months did (you/you and your family living here) spend helping (her/them)?</div>	<div>1275</div> <div><div>_____ Hours</div></div>
<div>c. How about time (she/they) spent helping (you/you and your family living here). In the past 12 months, did your husband’s mother (and stepfather) spend any time helping (you/you and your family living here)?</div>	<div>1276</div> <div><div><input type="checkbox"/> Yes – ASK 88d</div><div><input type="checkbox"/> No – SKIP to 88e</div></div>
<div>d. About how many hours in the past 12 months did (she/they) spend helping (you/you and your family living here)?</div>	<div>1277</div> <div><div>_____ Hours</div></div>
<div>e. During the past 12 months, did (you/you and your family living here) receive any loans, gifts, or support worth \$100 or more from your husband’s mother (and stepfather)?</div>	<div>1278</div> <div><div><input type="checkbox"/> Yes – ASK 88f</div><div><input type="checkbox"/> No – SKIP to 88g</div></div>
<div>f. About how much were those loans, gifts, or support worth altogether in the past 12 months?</div>	<div>1279</div> <div><div>\$_____00</div></div>
<div>g. During the past 12 months, did (you/you and your family living here) give any loans, gifts, or support worth \$100 or more to your husband’s mother (and stepfather)?</div>	<div>1280</div> <div><div><input type="checkbox"/> Yes – ASK 88h</div><div><input type="checkbox"/> No – SKIP to 89a</div></div>
<div>h. About how much were those loans, gifts, or support worth altogether in the past 12 months?</div>	<div>1281</div> <div><div>\$_____00</div></div>
<div>89a. Suppose your husband’s mother (and stepfather) were to sell all of (her/their) major possessions (including (her/their) home), turn all (her/their) investments and other assets into cash, and pay all (her/their) debts. Would (she/they) have something left over, break even, or be in debt?</div>	<div>1282</div> <div><div><div><div><input type="checkbox"/> Have something left over – ASK 89b</div><div><input type="checkbox"/> Break even</div><div><input type="checkbox"/> Be in debt</div></div><div>SKIP to Check Item F-1, page 63</div></div></div>
<div>b. About how much would (she/they) have left over?</div>	<div>1283</div> <div><div><div>\$_____00</div><div>– SKIP to Check Item F-1, page 63</div></div></div> <div><div>1284</div><div><div><div><input type="checkbox"/> Don’t know</div><div><input type="checkbox"/> Refused</div></div><div>ASK 89c</div></div></div>
<div>c. Would it amount to \$25,000 or more?</div>	<div>1285</div> <div><div><div><input type="checkbox"/> Yes – ASK 89d</div><div><input type="checkbox"/> No – SKIP to 89e</div><div><input type="checkbox"/> Don’t know – SKIP to Check Item F-1, page 63</div></div></div>
<div>d. \$100,000 or more?</div>	<div>1286</div> <div><div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don’t know</div></div><div>SKIP to Check Item F-1, page 63</div></div></div>
<div>e. \$1,000 or more?</div>	<div>1287</div> <div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don’t know</div></div></div>
<div>NOTES</div>	

Section 7 – INCOME AND ASSETS

CHECK ITEM F-1

Refer to R3 on the Information Sheet
and item 34c, page 32.

- 1300 1 ☐ Box 1 or 2 marked in R3 – ASK 90
2 ☐ Male partner listed in 34c
3 ☐ All others } SKIP to 91a

90. Now I would like to ask you a few questions about your income and housing.

Do you and your husband for the most part own things jointly and pool your incomes, or do you and your husband for the most part keep separate accounts.

- 1301 1 ☐ Pool incomes
2 ☐ Keep separate accounts

91a. Is this (house/apartment) owned or being bought by you (or your husband/partner)?

- 1302 1 ☐ Yes – ASK 91b
2 ☐ No – SKIP to 92

b. About how much do you think this property would sell for on today's market?

1303 \$ _____ 00

c. About how much do you (or your husband/partner) owe on this property for mortgages?

1304 \$ _____ 00

1305 0 ☐ None

d. How much other debt do you (or your husband/partner) have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, or home repair bills, etc.?

1306 \$ _____ 00

1307 0 ☐ None

92. Do you (or your husband/partner) have any money in savings or checking accounts, savings and loan companies, money market funds, or credit unions?

- 1308 2 ☐ No – ASK 93a
1 ☐ Yes – How much altogether? ↘

1309 \$ _____ 00

93. Do you (or your husband/partner) have any –
a. U.S. Savings Bonds?

- 1310 2 ☐ No – ASK 93b
1 ☐ Yes – What is their face value? ↘

1311 \$ _____ 00

b. Stocks, bonds, or shares in mutual funds?

- 1312 2 ☐ No – ASK 93c
1 ☐ Yes – About how much is their market value? ↘

1313 \$ _____ 00

c. Personal loans to others or mortgages you hold, that is, money owed to you by other people?

- 1314 2 ☐ No – ASK 94a
1 ☐ Yes – How much? ↘

1315 \$ _____ 00

94a. Do you (or your husband/partner) rent, own, or have an investment in a farm?

- 1316 1 ☐ Yes – ASK 94b
2 ☐ No – SKIP to 95a

b. What is the total market value of your farm operation? Include value of land, buildings, house, if you own them, and the equipment, livestock, stored crops, and other assets. Do not include crops held under Commodity Credit Loans.

1317 \$ _____ 00

c. Does that include the value of this house?

- 1318 1 ☐ Yes
2 ☐ No

d. How much do you owe on mortgages or other debts in connection with the farm itself, the equipment, livestock, or anything else? Do not count Commodity Credit Loans.

1319 \$ _____ 00

1320 0 ☐ None

Section 7 – INCOME AND ASSETS – Continued

95a. Do you (or your husband/partner) rent, own, or have an investment in a business or professional practice?	1321 1 <input type="checkbox"/> Yes – ASK 95b 2 <input type="checkbox"/> No – SKIP to 96a
b. What is the total market value of all assets in the business, including tools and equipment? In other words, how much do you think this business would sell for on today's market? <i>(Obtain value of respondent's and husband's/partner's share only.)</i>	1322 \$ _____ 00
c. What is the total amount of debts or liabilities owed by the business? <i>(Include respondent's and husband's/partner's share of all liabilities, as carried on the books.)</i>	1323 \$ _____ 00 1324 0 <input type="checkbox"/> None
96a. Do you (or your husband/partner) own any other real estate, not counting the property on which you are living?	1325 1 <input type="checkbox"/> Yes – ASK 96b 2 <input type="checkbox"/> No – SKIP to 97a
b. About how much do you think this property would sell for on today's market?	1326 \$ _____ 00
c. How much is the unpaid amount of any mortgages on this property?	1327 \$ _____ 00 1328 0 <input type="checkbox"/> None
d. How much other debt do you (or your husband/partner) have on this property, such as back taxes or assessments, unpaid amounts of home improvement loans, or home repair bills, etc.?	1329 \$ _____ 00 1330 0 <input type="checkbox"/> None
97a. Do you (or your husband/partner) own any motor vehicles that are primarily for personal use, including cars, motorcycles, trucks, a motor home or trailer?	1331 1 <input type="checkbox"/> Yes – ASK 97b 2 <input type="checkbox"/> No – SKIP to 98, page 65
b. Do you (or your husband/partner) owe any money on (this/these) vehicle(s)?	1332 1 <input type="checkbox"/> Yes – ASK 97c 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } SKIP to 97d
c. How much altogether?	1333 \$ _____ 00 1334 1 <input type="checkbox"/> Don't know
d. How much would (this/these) vehicle(s) sell for on today's market?	1335 \$ _____ 00 1336 1 <input type="checkbox"/> Don't know

NOTES

Section 7 – INCOME AND ASSETS – Continued

98. Aside from any debts you have already mentioned, do you (or your husband/partner) now owe any money to stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1337</div> <div> <input type="checkbox"/> No – ASK 99a <input type="checkbox"/> Yes – How much altogether? Z </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1338</div> <div> \$ 00 </div> </div>
99a. Suppose you (and your husband/partner) were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all of your debts. Would you have some money left over, break even, or be in debt?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1339</div> <div> <input type="checkbox"/> Have something left over – ASK 99b <input type="checkbox"/> Break even <input type="checkbox"/> Be in debt </div> </div> <div style="text-align: right; margin-top: -20px;"> } SKIP to 100a </div>
b. How much money would you have left over?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1340</div> <div> \$ 00 – SKIP to 100a </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1341</div> <div> <input type="checkbox"/> Refused <input type="checkbox"/> Don't know </div> </div> <div style="text-align: right; margin-top: -20px;"> } ASK 99c </div>
c. Would it be \$10,000 or more?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1341</div> <div> <input type="checkbox"/> Yes – SKIP to 99e <input type="checkbox"/> No – ASK 99d <input type="checkbox"/> Refused <input type="checkbox"/> Don't know </div> </div> <div style="text-align: right; margin-top: -20px;"> } SKIP to 100a </div>
d. Would it be \$1,000 or more?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1342</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> <div style="text-align: right; margin-top: -20px;"> } SKIP to 100a </div>
e. Would it be \$50,000 or more?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1343</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>
100a. Since (Date in R6) have you (or your husband/partner) acquired any rights to an estate or an investment trust?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1344</div> <div> <input type="checkbox"/> Yes – ASK 100b <input type="checkbox"/> No – SKIP to 100c </div> </div>
b. What is the total value of the estate or the investment trust that you (or your husband/partner) will receive?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1345</div> <div> \$ 00 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">1346</div> <div> <input type="checkbox"/> Don't know </div> </div>
c. Since (Date in R6), did you (or your husband/partner) receive any property or money, even if only a small amount, from any estates, trusts, inheritance, or gifts from relatives?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1347</div> <div> <input type="checkbox"/> Yes – ASK 100d <input type="checkbox"/> No – SKIP to Check Item F-2, page 66 </div> </div>
d. What was the total market value or amount that you (or your husband/partner) received from these sources?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">1348</div> <div> \$ 00 </div> </div>

NOTES

Section 7 – INCOME AND ASSETS – Continued

CHECK ITEM F-2

Refer to item 34c, page 32.

1349

- 1 ☐ Respondent lives alone – *SKIP to 102a*
2 ☐ Family members or husband/partner listed – *ASK 101*
3 ☐ No family members listed – *SKIP to 102a*

SHOW FLASHCARD G.

101. In the past 12 months, what was the total income of ALL family members living here?

Mark (X) only one box.

1350

- 1 ☐ \$ 0 – \$3,999
2 ☐ 4,000 – 5,999
3 ☐ 6,000 – 7,499
4 ☐ 7,500 – 9,999
5 ☐ 10,000 – 14,999
6 ☐ 15,000 – 17,499
7 ☐ 17,500 – 19,999
8 ☐ 20,000 – 24,999
9 ☐ 25,000 – 34,999
10 ☐ 35,000 – 49,999
11 ☐ 50,000 – 74,999
12 ☐ 75,000 – 99,999
13 ☐ 100,000 and over
14 ☐ Nothing
15 ☐ Don't know
16 ☐ Refused

Now I would like to ask a few questions about YOUR income in the past 12 months.

102a. PLEASE REMEMBER THE FOLLOWING QUESTIONS ONLY CONCERN YOUR INCOME IN THE PAST 12 MONTHS, that is, from (Present month) 1992 to (Present month) 1993.

In the past 12 months, did you receive any income from wages, salary, commissions, or tips?

1351

- 1 ☐ Yes – *ASK 102b*
2 ☐ No – *SKIP to 102c*

b. How much did you receive from all jobs before deductions for taxes or anything else?

1352

\$ _____ . 00

c. Did you receive any–

1353

- 2 ☐ No – *ASK 102c(2)*
1 ☐ Yes – **How much?**

(1) Income from working on your own or in a nonfarm business or professional practice?

1354

\$ _____ . 00

1355

- 1 ☐ Loss amount
2 ☐ Broke even

ASK 102c(2)

\$ _____ less \$ _____ = \$ _____
(Gross income) (Expenses) (Net income)

1356

COMPUTER USE ONLY

(2) Unemployment compensation?

1357

- 1 ☐ Yes – *ASK 102c(2)(a)*
2 ☐ No – *SKIP to 102c(3)*

(a) How many weeks?

1358

_____ Weeks

(b) How much did you receive per week on the average?

1359

\$ _____ . 00 per week

(3) Supplemental Unemployment Benefits (SUB) from your employer?

1360

- 1 ☐ Yes – *ASK 102c(3)(a)*
2 ☐ No – *SKIP to 102c(4)*

(a) How many weeks?

1361

_____ Weeks

(b) How much did you receive per week on the average?

1362

\$ _____ . 00 per week

(4) Social Security payments such as retired worker, spouse survivors benefits, or Railroad Retirement benefits? Do not include disability payments.

1363

- 1 ☐ Yes – *ASK 102c(4)(a)*
2 ☐ No – *SKIP to 102d*

(a) How many months?

1364

_____ Months

(b) How much did you receive per month on the average?

1365

\$ _____ . 00 per month

(c) Were these benefits based only on your work record?

1366

- 1 ☐ Yes
2 ☐ No

Section 7 – INCOME AND ASSETS – Continued

102d. In the past 12 months, did you receive income as a result of disability or illness such as – <i>If “Yes,” list amount received during the past 12 months.</i>	1367 2 <input type="checkbox"/> No – ASK 102d(2) 1 <input type="checkbox"/> Yes – How much? ↘
(1) Veteran’s compensation or pension?	1368 \$ _____ 00
(2) Worker’s compensation?	1369 2 <input type="checkbox"/> No – ASK 102d(3) 1 <input type="checkbox"/> Yes – How much? ↘
	1370 \$ _____ 00
(3) Social Security disability payment?	1371 2 <input type="checkbox"/> No – ASK 102d(4) 1 <input type="checkbox"/> Yes – How much? ↘
	1372 \$ _____ 00
(4) Any other disability payment? – Specify ↘ _____	1373 2 <input type="checkbox"/> No – ASK 103a 1 <input type="checkbox"/> Yes – How much? ↘
	1374 \$ _____ 00
103a. In the past 12 months did you receive any pension income from any source other than Social Security or Railroad Retirement?	1375 1 <input type="checkbox"/> Yes – ASK 103b 2 <input type="checkbox"/> No – SKIP to Check Item F-3
b. Did you receive pension income from – <i>If “Yes,” list amount received during the past 12 months.</i>	1376 2 <input type="checkbox"/> No – ASK 103b(2) 1 <input type="checkbox"/> Yes – How much? ↘
(1) Private employer?	1377 \$ _____ 00
(2) Military?	1378 2 <input type="checkbox"/> No – ASK 103b(3) 1 <input type="checkbox"/> Yes – How much? ↘
	1379 \$ _____ 00
(3) Federal government (civilian)?	1380 2 <input type="checkbox"/> No – ASK 103b(4) 1 <input type="checkbox"/> Yes – How much? ↘
	1381 \$ _____ 00
(4) State or local government?	1382 2 <input type="checkbox"/> No – ASK 103b(5) 1 <input type="checkbox"/> Yes – How much? ↘
	1383 \$ _____ 00
(5) Union?	1384 2 <input type="checkbox"/> No – ASK 103b(6) 1 <input type="checkbox"/> Yes – How much? ↘
	1385 \$ _____ 00
(6) A personal plan such as IRA, KEOGH, or 401K account?	1386 2 <input type="checkbox"/> No – ASK 103b(7) 1 <input type="checkbox"/> Yes – How much? ↘
	1387 \$ _____ 00
(7) Other sources? – Specify ↘ _____	1388 2 <input type="checkbox"/> No – GO to Check Item F-3 1 <input type="checkbox"/> Yes – How much? ↘
	1389 \$ _____ 00
CHECK ITEM F-3 <i>Refer to R3 on the Information Sheet and item 34c, page 32.</i>	1390 1 <input type="checkbox"/> Box 1 or 2 marked in R3 } ASK 104a 2 <input type="checkbox"/> Male partner listed in 34c } 3 <input type="checkbox"/> All others – SKIP to 106a, page 69
104a. Now I would like to ask a few questions about your (husband’s/partner’s) income in the past 12 months. PLEASE REMEMBER THE FOLLOWING QUESTIONS ONLY CONCERN YOUR (HUSBAND’S/PARTNER’S) INCOME IN THE PAST 12 MONTHS, that is, from (Present month) 1992 to (Present month) 1993. In the past 12 months, did your (husband/partner) receive any income from wages, salary, commissions, or tips?	1391 1 <input type="checkbox"/> Yes – ASK 104b 2 <input type="checkbox"/> No – SKIP to 104c, page 68
b. How much did he receive from all jobs, before deductions for taxes or anything else?	1392 \$ _____ 00

Section 7 – INCOME AND ASSETS – Continued

104c. Did your (husband/partner) receive any –	1393	2 <input type="checkbox"/> No – ASK 104c(2) 1 <input type="checkbox"/> Yes – How much? ↘
(1) Income from working on his own or in a nonfarm business or professional practice?	1394	\$ _____ 00 } ASK 104c(2)
 \$ _____ less \$ _____ = \$ _____ (Gross income) (Expenses) (Net income)	1395	1 <input type="checkbox"/> Loss amount 2 <input type="checkbox"/> Broke even
1396 COMPUTER USE ONLY		
(2) Unemployment compensation?	1397	1 <input type="checkbox"/> Yes – ASK 104c(2)(a) 2 <input type="checkbox"/> No – SKIP to 104c(3)
(a) How many weeks?	1398	_____ Weeks
(b) How much did he receive per week on the average?	1399	\$ _____ 00 per week
(3) Supplemental Unemployment Benefits (SUB) from his employer?	1400	1 <input type="checkbox"/> Yes – ASK 104c(3)(a) 2 <input type="checkbox"/> No – SKIP to 104c(4)
(a) How many weeks?	1401	_____ Weeks
(b) How much did he receive per week on the average?	1402	\$ _____ 00 per week
(4) Social Security payments such as retired worker, spouse survivors benefits, or Railroad Retirement benefits? Do not include disability payments.	1403	1 <input type="checkbox"/> Yes – ASK 104c(4)(a) 2 <input type="checkbox"/> No – SKIP to 104d
(a) How many months?	1404	_____ Months
(b) How much did he receive per month on the average?	1405	\$ _____ 00 per month
(c) Were these benefits based only on his work record?	1406	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. In the past 12 months, did your (husband/partner) receive income as a result of disability or illness such as – <i>If "Yes," list amount received during the past 12 months.</i>	1407	2 <input type="checkbox"/> No – ASK 104d(2) 1 <input type="checkbox"/> Yes – How much? ↘
(1) Veteran's compensation or pension?	1408	\$ _____ 00
(2) Worker's compensation?	1409	2 <input type="checkbox"/> No – ASK 104d(3) 1 <input type="checkbox"/> Yes – How much? ↘
	1410	\$ _____ 00
(3) Social Security disability payment?	1411	2 <input type="checkbox"/> No – ASK 104d(4) 1 <input type="checkbox"/> Yes – How much? ↘
	1412	\$ _____ 00
(4) Any other disability payment? – Specify ↘	1413	2 <input type="checkbox"/> No – ASK 105a, page 69 1 <input type="checkbox"/> Yes – How much? ↘
	1414	\$ _____ 00

NOTES

Section 7 – INCOME AND ASSETS – Continued

105a. In the past 12 months, did your (husband/partner) receive any pension income from any source other than Social Security or Railroad Retirement?	1415 1 <input type="checkbox"/> Yes – ASK 105b 2 <input type="checkbox"/> No – SKIP to 106a
b. Did your (husband/partner) receive pension income from – <i>If "Yes," list amount received during last 12 months.</i>	1416 2 <input type="checkbox"/> No – ASK 105b(2) 1 <input type="checkbox"/> Yes – How much? ↗
(1) Private employer?	1417 \$ _____ 00
(2) Military?	1418 2 <input type="checkbox"/> No – ASK 105b(3) 1 <input type="checkbox"/> Yes – How much? ↗
	1419 \$ _____ 00
(3) Federal government (civilian)?	1420 2 <input type="checkbox"/> No – ASK 105b(4) 1 <input type="checkbox"/> Yes – How much? ↗
	1421 \$ _____ 00
(4) State or local government?	1422 2 <input type="checkbox"/> No – ASK 105b(5) 1 <input type="checkbox"/> Yes – How much? ↗
	1423 \$ _____ 00
(5) Union?	1424 2 <input type="checkbox"/> No – ASK 105b(6) 1 <input type="checkbox"/> Yes – How much? ↗
	1425 \$ _____ 00
(6) A personal plan such as IRA, KEOGH, or 401K account?	1426 2 <input type="checkbox"/> No – ASK 105b(7) 1 <input type="checkbox"/> Yes – How much? ↗
	1427 \$ _____ 00
(7) Other sources? – Specify ↗ _____	1428 2 <input type="checkbox"/> No – ASK 106a 1 <input type="checkbox"/> Yes – How much? ↗
	1429 \$ _____ 00
106a. In the past 12 months, did you (or your husband/partner) receive – Any income from operating a farm? \$ _____ less \$ _____ = \$ _____ <i>(Gross income) (Expenses) (Net income)</i>	1430 2 <input type="checkbox"/> No – ASK 106b 1 <input type="checkbox"/> Yes – How much? ↗ 1431 \$ _____ 00 } ASK 106b 1432 1 <input type="checkbox"/> Loss amount 2 <input type="checkbox"/> Broke even
	1433 COMPUTER USE ONLY
b. Any rental income from roomers and boarders, an apartment in this house or another building, or other real estate? \$ _____ less \$ _____ = \$ _____ <i>(Gross income) (Expenses) (Net income)</i>	1434 2 <input type="checkbox"/> No – ASK 106c 1 <input type="checkbox"/> Yes – How much? ↗ 1435 \$ _____ 00 } ASK 106c 1436 1 <input type="checkbox"/> Loss amount 2 <input type="checkbox"/> Broke even
	1437 COMPUTER USE ONLY
c. Any interest or dividends on savings, stocks, bonds, or income from estates or trusts?	1438 2 <input type="checkbox"/> No – ASK 107a 1 <input type="checkbox"/> Yes – How much? ↗
	1439 \$ _____ 00
107a. In the past 12 months, did you (or your husband/partner) receive any food stamps under the Government's Food Stamp Plan?	1440 1 <input type="checkbox"/> Yes – ASK 107b 2 <input type="checkbox"/> No – SKIP to 108a, page 70
b. In how many months did you (or your husband/partner) receive stamps?	1441 _____ Months
c. In the most recent month food stamps were received, what was the total face value of the food stamps received?	1442 \$ _____ 00 per month

Section 7 – INCOME AND ASSETS – Continued

108a. During the past 12 months, did you (or your husband/partner) receive any income from Aid to Families with Dependent Children (AFDC)?	1443 1 <input type="checkbox"/> Yes – ASK 108b 2 <input type="checkbox"/> No – SKIP to 109a				
b. How many months?	1444 _____ Months				
c. How much did you receive per month on the average?	1445 \$ _____ . 00 per month				
109a. In the past 12 months, did you (or your husband/partner) receive any Supplemental Security Income or any other public assistance from the local, State, or Federal Government?	1446 1 <input type="checkbox"/> Yes – ASK 109b 2 <input type="checkbox"/> No – SKIP to 110a				
b. How many months?	1447 _____ Months				
c. How much did you receive per month on the average?	1448 \$ _____ . 00 per month				
110a. In the past 12 months, did you (or your husband/ partner) receive any money from someone living outside (your/this) household for alimony?	1449 1 <input type="checkbox"/> Yes – ASK 110b 2 <input type="checkbox"/> No – SKIP to 111a				
b. How much did you (or your husband/ partner) receive for alimony during the past 12 months?	1450 \$ _____ . 00				
111a. Are you (or your husband/partner) currently legally entitled to receive child support payments through a court order or any other type of legal agreement?	1451 1 <input type="checkbox"/> Yes – GO to Check Item F-4 2 <input type="checkbox"/> No – SKIP to 112, page 72				
CHECK ITEM F-4 Refer to R3 on the Information Sheet and Item 34c, page 32.	1452 1 <input type="checkbox"/> Box 1 or 2 marked in R3 2 <input type="checkbox"/> Male partner listed in 34c 2 <input type="checkbox"/> All others – Mark box 1 in 111b without asking, then ASK 111c } ASK 111b				
111b. Who is legally entitled to receive child support – you, your (husband/partner), or both of you?	1453 1 <input type="checkbox"/> Respondent only –ASK 111c 2 <input type="checkbox"/> Husband only – SKIP to 111n, page 71 3 <input type="checkbox"/> Both respondent and husband – ASK 111c 4 <input type="checkbox"/> Partner only – SKIP to 111n, page 71 5 <input type="checkbox"/> Both respondent and partner – ASK 111c				
c. When were YOUR payments first agreed to or awarded?	1454 <table><tr><td>Month</td></tr><tr><td> </td></tr></table> 1455 <table><tr><td>Year</td></tr><tr><td>1 9 </td></tr></table>	Month		Year	1 9
Month					
Year					
1 9					
d. What amount of child support for YOUR children was agreed to in the agreement or award made in (month and year in 111c)?	1456 \$ _____ . 00 per π 1457 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Other – Specify _____ 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused				
e. Since YOU began receiving child support payments, has there ever been a change in the amount of money YOU are supposed to receive?	1458 1 <input type="checkbox"/> Yes – ASK 111f 2 <input type="checkbox"/> No – SKIP to 111h				
f. When was the most recent change in YOUR child support agreement or award made?	1459 <table><tr><td>Month</td></tr><tr><td> </td></tr></table> 1460 <table><tr><td>Year</td></tr><tr><td>1 9 </td></tr></table>	Month		Year	1 9
Month					
Year					
1 9					

Section 7 – INCOME AND ASSETS – Continued

111g. What amount of child support for YOUR children are you entitled to now?	<div>1461 \$. 00 per</div> <div>1462 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Other – Specify 5 <input type="checkbox"/> Don't know 6 <input type="checkbox"/> Refused</div>
h. How did YOU reach agreement on your (most recent) child support amount? Did YOU . . . (read answer categories 1–3)	<div>1463 1 <input type="checkbox"/> Settle without assistance 2 <input type="checkbox"/> Settle with assistance from attorneys 3 <input type="checkbox"/> Settle by court order 4 <input type="checkbox"/> Other – Specify PGM 7 6011</div>
i. Was any type of state or county child support guidelines or schedule used to decide on the amount of child support?	<div>PGM 3 1464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know</div>
j. How many of YOUR children are legally entitled to child support under the current court order or agreement?	<div>1465 Number of Children</div>
k. In total, how much in child support were YOU SUPPOSED to receive in the last 12 months?	<div>1466 \$. 00 1467 1 <input type="checkbox"/> Don't know</div>
l. In total, how much in child support did YOU ACTUALLY receive in the last 12 months?	<div>1468 \$. 00 1469 1 <input type="checkbox"/> Don't know</div>
CHECK ITEM F-5	
Subtract amount in 111l from amount in 111k. Record amount at right.	<div>1470 \$. 00</div>
111m. Just to verify, this means that YOU received (less than/more than/as much as) YOU were supposed to receive in the last 12 months?	<div>1471 1 <input type="checkbox"/> Yes – GO to Check Item F-6 2 <input type="checkbox"/> No – Verify amounts in 111k and 111l. Check amount in Check Item F-5. Then REASK 111m.</div>
CHECK ITEM F-6	
Refer to 111b, page 70.	<div>1472 1 <input type="checkbox"/> Box 3 or 5 is marked –ASK 111n 2 <input type="checkbox"/> All others – SKIP to 112, page 72</div>
111n. How many of your (husband's/partner's) children are legally entitled to child support under the current court order or agreement?	<div>1473 Number of Children</div>
o. In total, how much in child support was your (husband/partner) SUPPOSED to receive in the last 12 months?	<div>1474 \$. 00 1 <input type="checkbox"/> Don't know</div>
p. In total, how much in child support did your (husband/partner) ACTUALLY receive in the last 12 months?	<div>1475 \$. 00 1 <input type="checkbox"/> Don't know</div>
CHECK ITEM F-7	
Subtract amount in 111p from amount in 111o. Record amount at right.	<div>1476 \$. 00</div>
111q. Just to verify, this means that your (husband/partner) received (less than/more than/as much as) he was supposed to receive in the last 12 months?	<div>1477 1 <input type="checkbox"/> Yes – SKIP to 112, page 72 2 <input type="checkbox"/> No – Verify amounts in 111o and 111p. Check amount in Check Item F-7. Then REASK 111q.</div>