

THIS SURVEY IS AUTHORIZED BY TITLE 29 USC 2

NORC
University of Chicago

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CENTER FOR HUMAN RESOURCE RESEARCH
Ohio State University

INTERVIEWER:
(CODE ONE)
Personal
Interview 1

National Longitudinal Survey
of
Labor Market Experience

Telephone
Interview 2

ROUND TEN
Youth Survey, 1988

Introduction for Youth Survey Questionnaire:

We'd like to talk to you once again about your recent work experiences, education, and family life. You will receive \$10 in appreciation for your time.

(READ IF PERSONAL INTERVIEW: In order that your answers to our questions are not biased by anyone else's presence, it is necessary that we conduct the interview in private.)

This study is sponsored by the U.S. Department of Labor, Bureau of Labor Statistics, under authority of Title 29 USC 2. Your participation is vital to the success of the study and is voluntary. All the information you give will be held in confidence and will be used for research purposes only. Results of the study will be made public only in summary or statistical form so that individuals who participate cannot be identified.

NOTICE: All information that would permit identification of respondents or their households will be regarded as strictly confidential, will be used only for research purposes and will not be disclosed or released for any other purpose without prior consent, except as required by law.

HOUSEHOLD INTERVIEW

A. INTERVIEWER: CODE ONE: YOUTH RESPONDENT IS LIVING IN:

OWN DU	(SKIP TO C).....	11	10-11/
RESPONDENT IN PARENT HOUSEHOLD.....	(SKIP TO C).....	19	
CONVENT, MONASTERY, OTHER RELIGIOUS INSTITUTION ..	(SKIP TO Q.13, HHI-6).....	15	
OFF-BASE MILITARY FAMILY HOUSING	(SKIP TO C).....	13	
ON-BASE MILITARY FAMILY HOUSING	(SKIP TO C).....	12	
OTHER INDIVIDUAL QUARTERS (SPECIFY) (SKIP TO Q.13, HHI-6)_____			
		16	
OPEN BAY OR TROOP BARRACKS, ABOARD SHIP.....	(SKIP TO E).....	01	
BACHELOR ENLISTED OR OFFICER QUARTERS.....	(SKIP TO E).....	02	
DORMITORY, FRATERNITY OR SORORITY	(GO TO B).....	03	
JAIL.....	(GO TO B).....	05	
HOSPITAL	(GO TO B).....	04	
OTHER TEMPORARY INDIVIDUAL QUARTERS (SPECIFY) (GO TO B)_____			
		06	

B. Now, I have as your permanent address and phone number READ ADDRESS FROM FACE SHEET. Is that right?

Yes(ENTER ADDRESS AND PHONE # IN SECTION 17, Q.2) 1

No.(ASK FOR CORRECT ADDRESS AND PHONE # AND ENTER THEM IN SECTION 17, Q.2)..... 0

C. I'd like to ask you a few questions about the members of your household. Things change from year to year, and we need to be sure that we have accurate information for this year.

D. INTERVIEWER: DOES RESPONDENT LIVE IN SAME HOUSEHOLD AS AT THE TIME OF THE LAST INTERVIEW?YES(GO TO HHI-2 AND CONTINUE WITH SAME HOUSEHOLD QUESTIONS 1-5) 1NO(GO TO HHI-3 AND CONTINUE WITH NEW HOUSEHOLD QUESTIONS 1-5) 0FOR RESPONDENT WHO LIVES IN OPEN BAY TROOP BARRACKS/BACHELOR ENLISTED OR OFFICERS QUARTERS:E. INTERVIEWER NOTE: IF IT IS NOT ALREADY THERE, ENTER RESPONDENT'S NAME ON FACE SHEET GRID.

I'd like to ask you a few questions about the members of your household. Things change from year to year, and we need to be sure that we have accurate information for this household.

First, I'd like to ask you ...

Are you currently married, widowed, divorced, legally separated, or have you never been married?

Married	(GO TO Q.1 HHI-3)	1	12/
Widowed	(SKIP TO Q.13, HHI-6).....	2	
Divorced	(SKIP TO Q.13, HHI-6).....	3	
Legally Separated	(SKIP TO Q.13, HHI-6).....	4	
Never Married	(SKIP TO Q.13, HHI-6).....	5	

SAME HOUSEHOLD

FOR RESPONDENT WHO WAS LIVING IN SAME HOUSEHOLD OR PERMANENT
RESIDENCE AS AT DATE OF LAST INTERVIEW.

INTERVIEWER NOTE: RECORD QS.1-11 ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**.

I have listed as living in your household (in CITY OF PERMANENT RESIDENCE) (READ NAMES).

Have I missed . . .

ADD OTHER PERSONS ON NEXT AVAILABLE LINES AS THEY ARE NAMED BY THE RESPONDENT.

1. Any babies or small children?

Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

2. Any lodgers, boarders, or persons in (your/their) employ who live (here/there)?

Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

3. Anyone who usually lives (here/there) but is away at present traveling, at school, or in a hospital?

Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

4. Anyone else staying (here/there)?

Yes ... (ASK A) 1
No 0

A. IF YES: May I please have their full names?

5. I have (READ LIST OF NAMES) listed as living (here/there). Do any of these persons have a usual residence somewhere else?

Yes ... (ASK A) 1
No 0

A. IF YES: Who is that? Who else?

CROSS OUT NAMES IN HOUSEHOLD ENUMERATION.

(SKIP TO Q.6 ON HHI-4)

NEW HOUSEHOLD

FOR RESPONDENT WHO HAS A DIFFERENT HOUSEHOLD OR PERMANENT RESIDENCE SINCE DATE OF LAST INTERVIEW

INTERVIEWER NOTE: RECORD QS.1-11 ON THE HOUSEHOLD ENUMERATION ON THE FACE SHEET.

1. First, may I please have the full name of the person who rents or owns your home (in CITY OF PERMANENT RESIDENCE)? (Are you/Is PERSON) currently living or staying (here/there)?

IF YES: ENTER FULL NAME OF HOUSEHOLDER ON FIRST EMPTY LINE OF HOUSEHOLD ENUMERATION. ADD OTHER PERSONS ON NEXT AVAILABLE LINES AS THEY ARE NAMED BY THE RESPONDENT.

2. Next, I would like the names of all the other persons who live [here/there, (in CITY OF PERMANENT RESIDENCE)] or who usually stay (here/there). Let's start with the persons who are related to (HOUSEHOLDER).

- A. First, (do you/does HOUSEHOLDER) have a (husband/wife) living in this household?

Yes ... (ASK a) 1
No 0

- a. IF YES: May I have (his/her) full name?

- B. Next, (your/his/her) children who live (here/there). IF CHILDREN: May I have their full names?

- C. Now any other persons living (here/there) who are related to (HOUSEHOLDER)? IF OTHERS: May I have their full names?

3. Are there any persons who usually stay (here/there) who are not related to (HOUSEHOLDER)?

Yes ... (ASK A) 1
No 0

- A. IF YES: May I have their full names?

4. Have I missed anyone, such as new babies or small children, roomers or boarders, or other relatives staying (here/there)?

Yes ... (ASK A) 1
No 0

- A. IF YES: May I have their full names?

- 5A. Are there any other persons who usually stay (here/there) but who are away now on vacation or a business trip, at school, or in the hospital? IF R NOT LISTED READ: Don't forget to include yourself.

Yes ... (ASK a) 1
No 0

- a. IF YES: May I have their full names?

- 5B. I have (READ LIST OF NAMES) listed as living (here/there). Do any of these people have a usual residence somewhere else?

Yes ... (ASK a) 1
No 0

- a. IF YES: Who is that? Who else?
CROSS OUT NAMES IN HOUSEHOLD ENUMERATION.

(GO TO Q.6 ON HHI-4)

HHI-4

6. FOR EACH PERSON: IF NOT OBVIOUS, ASK SEX.

7. FOR EACH PERSON (EXCEPT YOUTH RESPONDENT), ASK: What is (PERSON'S) relationship to you?

8. INTERVIEWER: IS R'S SPOUSE LISTED ON HOUSEHOLD ENUMERATION?

YES (SKIP TO Q.9) 1

13/

NO (GO TO A) 0

A. INTERVIEWER: IS THERE AT LEAST ONE PERSON OF THE OPPOSITE SEX NOT RELATED TO THE RESPONDENT LISTED ON THE HOUSEHOLD ENUMERATION?

YES (ASK B) 1

14/

NO (SKIP TO Q.9) 0

B. IF YES TO A: Are you currently living as a partner with someone of the opposite sex?

Yes (ASK C) 1

15/

No (SKIP TO Q.9) 0

C. INTERVIEWER: ENTER LINE NUMBER (FROM FACE SHEET) OF PARTNER HERE: ! ! !
PROBE IF NECESSARY.

16-17/

9. FOR EACH PERSON, ASK: What was (your/PERSON'S) age on (your/his/her) last birthday?

10. A. FOR THE SAME HOUSEHOLD AS LAST YEAR, ASK:

1) FOR AGE 25 AND OLDER, ASK: From last year, we have (GRADE/YEAR) as the highest grade or year of regular school that (you have/PERSON has) completed. Has there been any change in that over the last year?

2) FOR AGES 5-24, ASK: What was the highest grade or year of regular school (you have/PERSON has) ever completed?

B. FOR NEW HOUSEHOLD, FOR AGE 5 OR OLDER, ASK: What was the highest grade or year of regular school (you have/PERSON has) ever completed?

11. FOR AGE 14 OR OLDER, ASK: At any time in 1987, did (you/PERSON) work either full or part time -- not counting work around the house?

HHI-5

12. INTERVIEWER: IF RESPONDENT IS LIVING IN TEMPORARY QUARTERS (Q.A, PAGE 1 CODED 01, 02, 03, 04, 05, OR 06)

READ: Is your home (in CITY OF PERMANENT RESIDENCE) located on a farm?

OTHERWISE,

INTERVIEWER: IS THIS PLACE LOCATED IN A RURAL AREA?

Yes (ASK A) 1

18/

No (GO TO Q.14, HHI-6)..... 0

A. IF YES: How many acres do you and (READ NAMES OF ALL PERSONS AGE 14 OR OLDER WHO ARE RELATED TO YOUTH RESPONDENT) own or rent (here/there)?

LESS THAN ONE ACRE ...(GO TO Q.14, HHI-6).... 00000

OR

! ! ! ! , ! ! ! ! (ASK B)
TOTAL ACREAGE

19-24/

B. (HAND CARD 1) During 1987, how much did the sale of crops, livestock, or other farm products amount to--that is, total sales before expenses? Just tell me the letter.

a. Nothing 01

25-26/

b. \$1 - \$49 02

c. \$50 - \$249 03

d. \$250 - \$999 04

e. \$1,000 - \$2,500 05

f. \$2,501 - \$5,000 06

g. \$5,001 - \$10,000 07

h. \$10,001 - \$20,000 08

i. \$20,001 - \$40,000 09

j. \$40,001 - \$60,000 10

k. \$60,001 - \$80,000 11

l. \$80,001 - 100,000 12

m. \$100,001 or more 13

HAND
CARD
1

SKIP TO Q.14, HHI-6

IF RESPONDENT IS LIVING IN A RELIGIOUS INSTITUTION OR OTHER INDIVIDUAL QUARTERS:

13. INTERVIEWER: IF IT IS NOT ALREADY THERE, ENTER RESPONDENT'S NAME ON **FACE SHEET** GRID.
DELETE ALL OTHER NAMES THERE.
-

14. These are all the questions in this short first part of the interview. Now let's begin the main questionnaire.

BEGIN MAIN QUESTIONNAIRE

SECTION 1

1. INTERVIEWER: RECORD TIME INTERVIEW BEGINS HERE:

TIME			AM/MIDNIGHT
BEGAN			PM/NOON
	HR	MIN	

27-30/

2. INTERVIEWER: BEFORE CONDUCTING THIS INTERVIEW:

ENTER DATE OF LAST INTERVIEW AND TODAY'S DATE ON **CALENDAR**.
DRAW A VERTICAL LINE THROUGH ROWS A-C AT EACH DATE TO INDICATE
THE REFERENCE PERIOD FOR THIS YEAR'S INTERVIEW.

GO TO SECTION 2

INTENTIONALLY BLANK

SECTION 2: MARITAL HISTORY

1. When we last talked with you on (DATE OF LAST INTERVIEW), you said you were (READ MARITAL STATUS FROM **INFORMATION SHEET** ITEM # 1).

- A. Have there been any changes in your marital status since (DATE OF LAST INTERVIEW)?

Yes (GO TO Q.2) 1

31/

No (ASK B) 0

- B. Just to verify, your current marital status is ... (READ CATEGORIES)?

Never married.....(SKIP TO Q.17, PAGE 2-8)..... 0

Married.....(SKIP TO Q.5, PAGE 2-5)..... 1

Separated.....(SKIP TO Q.17, PAGE 2-8)..... 2

32/

Divorced.....(SKIP TO Q.17, PAGE 2-8)..... 3

Widowed.....(SKIP TO Q.17, PAGE 2-8)..... 6

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE
2. A. Since (DATE OF LAST INTERVIEW), what was the (first/second/ETC.) change in your marital status?	Married 1 Separated.... 2 Divorced..... 3 Reunited..... 4 Remarried.... 5 Widowed..... 6	Separated..... 2 Divorced..... 3 Reunited..... 4 Remarried..... 5 Widowed..... 6	Separated..... 2 Divorced..... 3 Reunited..... 4 Remarried..... 5 Widowed..... 6
B. When did that happen? ENTER MONTH & YEAR.	!__!__! 19!__!__! MONTH YEAR 34-35/ 36-37/	!__!__! 19 !__!__! MONTH YEAR 40-41/ 42-43/	!__!__! 19!__!__! MONTH YEAR 46-47/ 48-49/
C. After that, was there any <u>other</u> change in your marital status?	Yes...(GO TO Q.2A FOR SECOND CHANGE).. 1 No...(GO TO Q.3).... 0	Yes...(GO TO Q.2A FOR THIRD CHANGE).. 1 No...(GO TO Q.3).... 0	Yes...(USE A 2ND QUES. GO TO Q.2A, [P.2-4] FOR THE NEXT CHANGE)..... 1 No....(GO TO Q.3)... 0

3. A. Just to verify, your current marital status is ... (READ CATEGORIES)?

Married..... 1 51/
 Separated..... 2
 Divorced..... 3
 Widowed..... 6

B. INTERVIEWER: WAS MARRIED OR REMARRIED CODED IN Q.2A FOR THE FIRST, SECOND, OR THIRD CHANGE?

YES....(GO TO Q.4, PAGE 2-5).... 1 52/
 NO....(SKIP TO Q.5, PAGE 2-5)... 0

4. When was your (most recent) (husband/wife) born?

ENTER MONTH: | | | 53-54/

AND YEAR: 19 | | | 55-56/

5. INTERVIEWER: [IF R IS WIDOWED OR DIVORCED, READ:]

Even though your (husband/wife) is no longer with you, we
would like to get some information about (him/her).

During 1987, what kind of work did your (most recent) (husband/wife) do?
RECORD VERBATIM.

INCLUDE MILITARY DUTY AS WORK FOR SPOUSE.

IF MORE THAN ONE OCCUPATION, PROBE FOR AND RECORD WORK DONE THE LONGEST
DURING THAT PERIOD.

PROBE: What were (his/her) main activities or duties?
PROBE FOR TWO MAIN DUTIES, RECORD VERBATIM, AND GO TO Q.6.

57-59/

OR
DID NOT WORK DURING THAT PERIOD
(ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-6) 995

OR
NEVER WORKED
(ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-6) 996

OR
DON'T KNOW 998

6. A. During the 52 weeks of 1987, how many weeks did your (most recent) (husband/wife) work at all jobs, either full-time or part-time, not counting work around the house?

ENTER NUMBER OF WEEKS

WORKED IN 1987: | | | 60-61/

- B. In the weeks your (most recent) (husband/wife) worked, how many hours did (he/she) usually work per week?

ENTER NUMBER OF HOURS: | | | 62-63/

-
7. INTERVIEWER: TO FIND THE # OF WEEKS THE R'S SPOUSE WAS NOT WORKING IN 1987, SUBTRACT # OF WEEKS IN 6A FROM # OF WEEKS IN A YEAR (52) AND RECORD BELOW.

A. NUMBER OF WEEKS IN 1987: 52

B. NUMBER OF WEEKS IN 6A: - | | |

C. ENTER NUMBER OF WEEKS NOT WORKING: | | | 64-65/D. IF C = 00, GO TO Q.8.IF C = 52, ASK:

You said your (husband/wife) did not work in 1987. How many weeks in 1987 was (he/she) looking for work or on layoff from a job?

OTHERWISE, ASK:

You said your (husband/wife) worked (NUMBER IN B) weeks during 1987. How many of the remaining (NUMBER ENTERED IN C) weeks was (he/she) looking for work or on layoff from a job?

ENTER NUMBER OF WEEKS LOOKING FOR WORK

OR ON LAYOFF FROM A JOB: | | | 66-67/

-
8. INTERVIEWER: DOES R HAVE A SPOUSE CURRENTLY LISTED ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**?

YES.....(GO TO Q.9)..... 1 68/

NO.....(SKIP TO Q.17, PAGE 2-8)..... 0

2-7

9. Now I'd like some information on what your (husband/wife) was doing last week. What was your (husband/wife) doing most of last week--working, keeping house, going to school, or something else? RECORD VERBATIM AND CODE ONE ONLY.

CODE SMALLEST # MENTIONED

Working.....(SKIP TO Q.11).....	01	
WITH A JOB BUT NOT AT WORK.....	02	69-70/
LOOKING FOR WORK.....	03	
Keeping house.....	04	
Going to school.....	05	
UNABLE TO WORK.....(SKIP TO Q.14).....	06	
OTHER (SPECIFIED ABOVE).....	07	

10. Did your (husband/wife) do any work at all last week, not counting work around the house? (INTERVIEWER NOTE: DO NOT INCLUDE VOLUNTEER WORK OR WORK DONE IN PRISON. IF FARM OR BUSINESS OPERATOR IN HH, ASK R ABOUT UNPAID WORK THAT SPOUSE DID.)

Yes.....	1	71/
No.....(SKIP TO Q.14).....	0	

11. How many hours did your (husband/wife) work last week at all jobs?

ENTER # OF HOURS: |__|__|	72-73/
-----------------------------	--------

12. INTERVIEWER: CODE FROM Q.11. R'S SPOUSE WORKED:

1 - 34 HOURS.....(ASK Q.13).....	1	74/
35 OR MORE HOURS...(SKIP TO Q.15).....	2	

ASK Q.13 ONLY IF CODE 1 IN Q.12.

13. Does your (husband/wife) usually work 35 hours or more a week at this job?

Yes.....(SKIP TO Q.15).....	1	75/
No.....(SKIP TO Q.15).....	0	

14. Did your (husband/wife) do any work for pay in the last 4 weeks?

Yes.....(GO TO Q.15).....	1	76/
No.....(SKIP TO Q.17).....	0	

2-8

15. At what time of day did your (husband/wife) usually begin and end work at (his/her) principal job most days [last week/the most recent week that (he/she) worked?]

INTERVIEWER RECORD:

Time usually began: _____ AM / MIDNIGHT
PM / NOON 10-13/
(CIRCLE ONE)

Time usually ended: _____ AM / MIDNIGHT
PM / NOON 14-17/
(CIRCLE ONE)

OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: |__| 18/

16. (Does/Did) your (husband/wife) usually work the same or fixed shift, or does (his/her) shift rotate (for example from days to evenings or nights)?

Same or fixed shift..... 1 19/

Shift rotates..... 2

17. INTERVIEWER: SEE **INFORMATION SHEET** DATE OF LAST INTERVIEW.
WAS R INTERVIEWED IN 1987?

YES.....(SKIP TO **SECTION 3**, PAGE 3-11).... 1 20/

NO.....(GO TO Q.18, PAGE 2-9)..... 0

Now, we have a few questions about your parents.

18. When was your natural father born?

	Month	|__|__|	21-22/
ENTER DATE:	Day	|__|__|	NOW GO TO Q.19 23-24/
	Year	|__|__|	25-26/

IF VOLUNTEERED:

HAVE NEVER KNOWN MY FATHER....(GO TO Q.19)..... 66

DON'T KNOW.....(ASK A)..... 68

A. What is your father's age?

|__|__| 27-28/

19. When was your natural mother born?

	Month	|__|__|	29-30/
ENTER DATE:	Day	|__|__|	NOW GO TO SECTION 3 31-32/
	Year	|__|__|	33-34/

IF VOLUNTEERED:

HAVE NEVER KNOWN MY MOTHER..(GO TO SECTION 3).. 66

DON'T KNOW.....(ASK A)..... 68

A. What is your mother's age?

|__|__| 35-36/

PLEASE GO TO NEXT PAGE----->

SECTION 3: REGULAR SCHOOLING

Now, I would like to ask you some questions about school.

First, I would like to ask you about regular school, such as high school, college or graduate school. By regular school we mean school which can be counted toward a high school diploma or a bachelor or graduate degree. Later in the interview I'll be asking about other types of schools and training programs.

1. At any time since (DATE OF LAST INTERVIEW), have you attended or been enrolled in regular school? [READ IF NECESSARY:--that is, in an elementary school, a middle school, a high school, a college, or a graduate school?]

Yes (ASK A AND B) 1 37/

No (SKIP TO Q.7, PAGE 3-16) 0

- A. IF YES: Since (MONTH AND YEAR OF LAST INTERVIEW), in which months were you attending regular school? (If you were attending regular school at all during the month, count it as a month attending school.) CODE ALL THAT APPLY. (IF INTERVIEW COVERS MORE THAN ONE YEAR, ONLY CODE FOR 1987 AND 1988.)

1987

JANUARY	01 38-39/
FEBRUARY	02 40-41/
MARCH	03 42-43/
APRIL	04 44-45/
MAY	05 46-47/
JUNE	06 48-49/
JULY	07 50-51/
AUGUST	08 52-53/
SEPTEMBER	09 54-55/
OCTOBER	10 56-57/
NOVEMBER	11 58-59/
DECEMBER	12 60-61/

1988

BEGIN DECK 03

JANUARY	13 10-11/
FEBRUARY	14 12-13/
MARCH	15 14-15/
APRIL	16 16-17/
MAY	17 18-19/
JUNE	18 20-21/
JULY	19 22-23/
AUGUST	20 24-25/
SEPTEMBER	21 26-27/
OCTOBER	22 28-29/
NOVEMBER	23 30-31/
DECEMBER	24 32-33/

1. (Continued)

B. Are you currently attending or enrolled in regular school?

Yes (ASK C) 1 34/

No (GO TO Q.2, PAGE 3-13) 0

IF YES TO B, ASK C:

C. What grade or year of regular school are you attending or enrolled in?

1ST GRADE 01 35-36/

2ND GRADE 02

3RD GRADE 03

4TH GRADE 04

5TH GRADE 05

6TH GRADE 06

7TH GRADE 07

8TH GRADE 08

9TH GRADE 09

10TH GRADE 10

11TH GRADE 11

12TH GRADE 12

1ST YEAR OF COLLEGE 13

2ND YEAR OF COLLEGE 14

3RD YEAR OF COLLEGE 15

4TH YEAR OF COLLEGE 16

5TH YEAR OF COLLEGE 17

6TH YEAR OF COLLEGE 18

7TH YEAR OF COLLEGE 19

8TH YEAR OF COLLEGE OR MORE 20

UNGRADED 95

(SKIP TO Q.4, PAGE 3-15)

2. In what month and year were you last enrolled in regular school?

MONTH: | | | 37-38/

YEAR: | | | 39-40/

A. What is the main reason you left at that time? RECORD VERBATIM AND CODE ONE ONLY. IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason?

RECEIVED DEGREE, COMPLETED COURSE WORK	01	41-42/
EXPELLED OR SUSPENDED	10	
GETTING MARRIED	02	
PREGNANCY	03	
SCHOOL TOO DANGEROUS	11	
LACK OF ABILITY, POOR GRADES	05	
OTHER REASONS DIDN'T LIKE SCHOOL	04	
HOME RESPONSIBILITIES	06	
OFFERED GOOD JOB, CHOSE TO WORK	07	
FINANCIAL DIFFICULTIES, COULDN'T AFFORD TO ATTEND	08	
ENTERED MILITARY	09	
MOVED AWAY FROM SCHOOL	12	
OTHER (SPECIFIED ABOVE)	13	

3. What is the highest grade of regular school you have ever attended?

1ST GRADE	01
2ND GRADE	02
3RD GRADE	03
4TH GRADE	04
5TH GRADE	05
6TH GRADE	06
7TH GRADE	07
8TH GRADE	08
9TH GRADE	09
10TH GRADE	10
11TH GRADE	11
12TH GRADE	12
1ST YEAR OF COLLEGE	13
2ND YEAR OF COLLEGE	14
3RD YEAR OF COLLEGE	15
4TH YEAR OF COLLEGE	16
5TH YEAR OF COLLEGE	17
6TH YEAR OF COLLEGE	18
7TH YEAR OF COLLEGE	19
8TH YEAR OF COLLEGE OR MORE	20
UNGRADED	95

43-44/

4. What is the highest grade or year of regular school that you have completed and gotten credit for? CIRCLE ONE CODE BELOW.

1ST GRADE	01
2ND GRADE	02
3RD GRADE	03
4TH GRADE	04
5TH GRADE	05
6TH GRADE	06
7TH GRADE	07
8TH GRADE	08
9TH GRADE	09
10TH GRADE	10
11TH GRADE	11
12TH GRADE	12
1ST YEAR OF COLLEGE	13
2ND YEAR OF COLLEGE	14
3RD YEAR OF COLLEGE	15
4TH YEAR OF COLLEGE	16
5TH YEAR OF COLLEGE	17
6TH YEAR OF COLLEGE	18
7TH YEAR OF COLLEGE	19
8TH YEAR OF COLLEGE OR MORE	20
UNGRADED	95

45-46/

5. INTERVIEWER: WHAT GRADE DOES R CURRENTLY ATTEND (SEE Q.1C, PAGE 3-12) OR WHAT IS THE HIGHEST GRADE R HAS ATTENDED SINCE THE DATE OF THE LAST INTERVIEW (SEE Q.3, PAGE 3-14)?

UNGRADED...(SKIP TO SECTION 4 , PG. 4-23)..	1	47/
GRADES 1-8 (SKIP TO SECTION 4 , PG. 4-23)..	2	
GRADES 9-12 (GO TO Q.6)	3	
GRADE 13.....(SKIP TO Q.7)	4	
GRADE 14-20.....(SKIP TO Q.7)	5	

6. INTERVIEWER: SEE Q.1C, PAGE 3-12. IS RESPONDENT CURRENTLY ENROLLED IN GRADES 9-12 (Q.1C CODED 9-12)?

YES (SKIP TO SECTION 4 , PAGE 4-23) ..	1	48/
NO	0	

7. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 2. DID R HAVE A HIGH SCHOOL DIPLOMA OR GED AT THE TIME OF THE LAST INTERVIEW?

YES .....(SKIP TO Q.9A)	1	49/
NO.....	0	

8. Do you have a high school diploma or have you ever passed a high school equivalency or GED test?

Yes (ASK A & B)	1	50/
No. (SKIP TO SECTION 4 , PAGE 4-23) ..	0	

IF YES, ASK A & B:

- A. Which do you have, a high school diploma or a GED?

High school diploma.....	1	51/
GED	2	
IF VOLUNTEERED: Both..(ASK B REGARDING HIGH SCHOOL DIPLOMA).....		
	3	

- B. When did you receive your (high school diploma/GED)?

MONTH:	|__|	|	52-53/
AND			
YEAR: 19	|__|	|	54-55/

9. A. (HAND CARD B) What is the name of the highest degree you have ever received? (CODE ONE ONLY.)

HAND CARD B

High school diploma (or equivalent) 01

Associate/Junior College (AA) 02

Bachelor of Arts Degree (BA) 03

56-57/

Bachelor of Science (BS) 04

Master's Degree (MA, MBA, MS, MSW) 05

Doctoral Degree (PhD) 06

Professional Degree (MD, LLD, DDS) 07

Other (SPECIFY)

08

- B. In what month and year did you complete that degree?

ENTER MONTH: |__|__|

58-59/

AND

YEAR: 19 |__|__|

60-61/

10. A. INTERVIEWER: SEE INFORMATION SHEET ITEM 3. WAS R INTERVIEWED IN 1986?

YES.....(ASK B)..... 1

62/

NO.....(GO TO Q.11)..... 0

B. Have you attended college since (DATE OF 1986 INTERVIEW)?

Yes.....(SKIP TO Q.14 AND ASK Q.14 THRU Q.27
ABOUT COLLEGES AND UNIVERSITIES
ATTENDED SINCE DATE OF 1986
INTERVIEW)..... 1

63/

No.....(SKIP TO Q.13)..... 0

11. A. INTERVIEWER: SEE INFORMATION SHEET ITEM 4. WAS R INTERVIEWED IN 1984
AND NOT INTERVIEWED IN 1986?

YES.....(ASK B)..... 1

64/

NO.....(GO TO Q.12)..... 0

B. Have you attended college since (DATE OF 1984 INTERVIEW)?

Yes.....(SKIP TO Q.14 AND ASK Q.14 THRU Q.27
ABOUT COLLEGES AND UNIVERSITIES
ATTENDED SINCE DATE OF 1984
INTERVIEW)..... 1 65/

No.....(SKIP TO Q.13)..... 0

12. Have you ever attended college?

Yes.....(SKIP TO Q.14 AND ASK Q.14 THRU Q.27
ABOUT ALL COLLEGES AND UNIVERSITIES
R HAS EVER ATTENDED) 1 66/
No.....(SKIP TO **SECTION 4**, PAGE 4-23) 0

13. Have you ever attended college?

Yes.....(SKIP TO Q.28)..... 1 67/
No.....(SKIP TO **SECTION 4**, PAGE 4-23)..... 0

INTERVIEWER NOTE: IF R WAS INTERVIEWED IN 1986, ASK ABOUT ALL COLLEGES AND UNIVERSITIES ATTENDED SINCE DATE OF 1986 INTERVIEW.

IF R WAS INTERVIEWED IN 1984, BUT NOT IN 1986, ASK ABOUT ALL COLLEGES AND UNIVERSITIES ATTENDED SINCE DATE OF 1984 INTERVIEW.

OTHERWISE, ASK ABOUT ALL COLLEGES AND UNIVERSITIES R HAS EVER ATTENDED.

14. Now, I would like to ask you about all of the degree-granting colleges or universities you have attended [since (DATE OF 1986 INTERVIEW/DATE OF 1984 INTERVIEW)]. Let's start with the most recent first.

	COLUMN 1	COLUMN 2	COLUMN 3
A. <u>INTERVIEWER:</u> ASK Q.15-27 FOR MOST RECENT SCHOOL BEFORE ASKING ABOUT NEXT SCHOOL, IF ANY. BEGIN DECK 04	MOST RECENT SCHOOL 10-34/	NEXT RECENT SCHOOL BEGIN DECK 05 10-34/	NEXT RECENT SCHOOL BEGIN DECK 06 10-34
15. What is the name of the (next) college or university you (are currently attending/have most recently attended)?	_____	_____	_____
OFFICE USE ONLY	35-40/ ! ! ! ! ! ! !	35-40/ ! ! ! ! ! ! !	35-40/ ! ! ! ! ! ! !
16. <u>INTERVIEWER:</u> SEE INFORMATION SHEET ITEM 6. IS THIS THE SAME SCHOOL AS LISTED ON THE INFORMATION SHEET ?	YES (SKIP TO Q.20)... 1 NO 0	YES (SKIP TO Q.20)... 1 NO 0	YES (SKIP TO Q.20)... 1 NO 0
17. Where is this school located? What is the town or city and state? <u>INTERVIEWER NOTE:</u> IF LOCATION IS IN A FOREIGN COUNTRY, LIST COUNTRY HERE----->	42-59/ (town or city) 60-61/ (state)	42-59/ (town or city) 60-61/ (state)	42-59/ (town or city) 60-61/ (state)
18. (Is/Was) (NAME OF SCHOOL) a 2-year or 4-year school?	62/ 2-year 1 4-year 2	62/ 2-year 1 4-year 2	62/ 2-year 1 4-year 2
19. When did you first attend or enroll in this (college/university)?	63-66/ ! ! ! ! ! MONTH YEAR	63-66/ ! ! ! ! ! MONTH YEAR	63-66/ ! ! ! ! ! MONTH YEAR
20. What (is/was) your field of study at (NAME OF SCHOOL)? RECORD VERBATIM. PROBE IF NECESSARY: What (are/were) you majoring in?	67-70/ _____ _____ _____	67-70/ _____ _____ _____	67-70/ _____ _____ _____
21. (Does/Did) (NAME OF SCHOOL) consider you a full-time or part-time student? IF DON'T KNOW, PROBE: What (do/did) you consider yourself?	71/ full-time.... 1 part-time.... 2	71/ full-time.... 1 part-time.... 2	71/ full-time.... 1 part-time.... 2
22. What (is/was) the total number of credit hours you (have) earned at (NAME OF SCHOOL)?	72-74/ ! ! ! ! ! # OF HOURS	72-74/ ! ! ! ! ! # OF HOURS	72-74/ ! ! ! ! ! # OF HOURS

	<u>COLUMN 1</u>	<u>COLUMN 2</u>	<u>COLUMN 3</u>
	MOST RECENT SCHOOL	NEXT MOST RECENT SCHOOL	NEXT MOST RECENT SCHOOL
	10/	22/	33/
23. (Do/Did) you receive a loan to cover any of the costs for your college expenses at (NAME OF SCHOOL)?	Yes 1 No (SKIP TO Q.25)..... 0	Yes 1 No (SKIP TO Q.26)..... 0	Yes 1 No (SKIP TO Q.26)..... 0
24. How much was the total dollar value of all the loans you have ever received for your college expenses at (NAME OF SCHOOL)?	11-15/ ! ! ! ! ! DOLLARS	23-27/ ! ! ! ! ! DOLLARS	34-38/ ! ! ! ! ! DOLLARS
25. <u>INTERVIEWER</u> : FOR COLUMN ONE - MOST RECENT SCHOOL ONLY: IS R CURRENTLY ATTENDING OR ENROLLED IN THIS SCHOOL? (Q.1B,PAGE 3-12 IS CODED YES)	16/ YES..(SKIP TO Q.27)..1 NO..(GO TO Q.26)...0		
26. When did you last attend (NAME OF SCHOOL)?	17-20/ ! ! ! ! ! MONTH YEAR	28-31/ ! ! ! ! ! MONTH YEAR	39-42/ ! ! ! ! ! MONTH YEAR
27. Have you attended any other college or university [since (DATE OF 1986 INTERVIEW/DATE OF 1984 INTERVIEW)]?	Yes (GO BACK TO Q.15 (P. 3-20) COLUMN 2).... 1 No ...(GO TO Q.28)..... 0 21/	Yes (GO BACK TO Q.15 (P. 3-20) COLUMN 3).... 1 No ...(GO TO Q.28)..... 0 32/	Yes (GO TO Q.15, P. 3-20) IN A NEW QUESTIONNAIRE)... 1 No ..(GO TO Q.28)..... 0 43/
<hr/>			
28. <u>INTERVIEWER</u> : SEE INFORMATION SHEET , ITEM 05. DO WE NEED A TRANSCRIPT RELEASE FORM?			
	BLANK (ASK Q.29) 1		44/
	OKAY (SKIP TO SECTION 4 , PAGE 4-23) 2		
<hr/>			
29. We are also interested in acquiring a copy of your college transcripts. Please sign this Transcript Release Form for the universities or colleges you have attended. CODE ONE ONLY.			
	R SIGNED FORM 1	45/	
	R REFUSED TO SIGN FORM 7		

GO TO SECTION 4

INTENTIONALLY BLANK

SECTION 4: MILITARY

And now I'd like to ask some questions about military service.

1. INTERVIEWER: WAS R SERVING IN THE MILITARY AT TIME OF LAST INTERVIEW?
SEE **INFORMATION SHEET**, ITEM 7.

YES 1 46/
NO(SKIP TO Q.6, PAGE 4-24)..... 0

2. Are you currently serving in (BRANCH FROM ITEM 7 OF **INFORMATION SHEET**)?

Yes (ANSWER A) 1 47/
No (SKIP TO Q.4, PAGE 4-24) 0

A. IF YES:

INTERVIEWER: WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES,
COAST GUARD) DURING THIS PERIOD OF SERVICE? (SEE ITEM 7 ON
INFORMATION SHEET.)

YES .. (DRAW A LINE ON ROW A OF
CALENDAR FROM DATE OF LAST
INTERVIEW TO NOW) 1 48/
NO 0

3. What is your current pay grade?

E: |__|__| 49-51/
O: |__|__|
W: |__|__|

- A. INTERVIEWER: IS R CURRENTLY IN THE ACTIVE FORCES? (ARMY, NAVY, AIR
FORCE, MARINES, COAST GUARD) (IS Q.2A CODED "1"?)

YES..... (READ B) 1 52/
NO..... (SKIP TO Q.14, PAGE 4-28)..... 0

- B. Now we would like to ask you some more specific questions about your
current military job.

SKIP TO SECTION 5 , Q.36, PAGE 5-49
--

IF Q.2 IS CODED 0:

4. We'd like to ask you a few questions about your service in the (BRANCH) since (DATE OF LAST INTERVIEW).

In what month and year did you separate from the (BRANCH)?

MONTH: |_|_| 53-54/

AND

YEAR: 19 |_|_| 55-56/

- A. INTERVIEWER: WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE? SEE ITEM 7 ON INFORMATION SHEET.

YES (ASK B) 1 57/

NO (GO TO Q.5) 0

- B. IF YES TO A, ASK:

On what day did you separate?

INTERVIEWER: ENTER DAY HERE AND RECORD DATE ON ROW A OF CALENDAR. DRAW A LINE FROM DATE OF LAST INTERVIEW TO DATE SEPARATED.

DAY DATE: |_|_| 58-59/

-
5. What was your pay grade when you left the (BRANCH)?

E: |_|_| 60-62/

O: |_|_|

W: |_|_|

-
6. Since (DATE OF LAST INTERVIEW) have you been sworn into any (other) branch of the Armed Services, including the National Guard, the Reserves, or a Delayed Entry Program?

Yes..... 1 63/

No...(SKIP TO Q.14, PG.4-28).... 0

7. Which branch (were you sworn into)? CODE ONE ONLY.
(IF MORE THAN ONE, PROBE FOR MOST RECENT BRANCH.)

	ARMY	(ASK A)	01	64-65/
ACTIVE	NAVY	(ASK A)	02	
FORCES	AIR FORCE	(ASK A)	03	
	MARINE CORPS	(ASK A)	04	
	COAST GUARD	(ASK A)	11	

	ARMY RESERVES	(GO TO Q.8, PAGE 4-26)...	05
	NAVY RESERVES	(GO TO Q.8, PAGE 4-26)...	06
RESERVES	AIR FORCE RESERVES	(GO TO Q.8, PAGE 4-26)...	07
	MARINE CORPS RESERVES ..	(GO TO Q.8, PAGE 4-26)...	08
	COAST GUARD RESERVES ..	(GO TO Q.8, PAGE 4-26)...	12
	AIR NATIONAL GUARD	(GO TO Q.8, PAGE 4-26)...	09
GUARD	ARMY NATIONAL GUARD ...	(GO TO Q.8, PAGE 4-26)...	10
	OTHER (SPECIFY BELOW, AND SKIP TO <u>SECTION 5</u> , PAGE 5-29)		

13

- A. IF CODES 01-04 OR 11, ASK A:
Was that in the regular (BRANCH OF SERVICE), the (BRANCH) Reserves, or the (BRANCH) National Guard?

Regular	(GO TO Q.8, PAGE 4-26).....	1	66/
Reserves	(ASK B)	2	
Guard	(ASK B)	3	
BOTH (PROBE FOR AND CODE Q.7 FOR THE MOST RECENT BRANCH)		4	

- B. INTERVIEWER: IF RESERVES OR GUARD IN A., IS Q.7 CODED ACTIVE FORCES?

YES	(CORRECT Q.7 TO RESERVES OR GUARD)...	1	67/
NO	(GO TO Q.8)	0	

8. Are you currently serving in the (MOST RECENT BRANCH)?

Yes 1 68/

No(SKIP TO Q.10)..... 0

9. In what month and year did you enter the (MOST RECENT BRANCH)?

MONTH: |_|_| 69-70/

AND

YEAR: 19 |_|_| 71-72/

A. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (IS Q.7 CODED 01-04 OR 11?)

YES(ASK B)..... 1 73/

NO (GO TO Q. 12, PG. 4-27) 0

IF YES TO A, ASK B:

B. On what day was that? ENTER DAY HERE AND RECORD DATE ON **CALENDAR**, ROW A.
DRAW A LINE FROM DATE ENTERED TO NOW.

DAY DATE: |_|_| 74-75/

SKIP TO Q.12, PAGE 4-27

10. Did you serve any time on active duty in the (BRANCH)?

Yes (ASK A) 1 10/

No ..(SKIP TO **SECTION 5**, PG. 5-29)... 0

A. On what date did you enter active duty in the (BRANCH)?

ENTER DATE HERE: |_|_|_|, 19 |_|_| 11-16/
 MONTH DAY YEAR

B. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q.7, PAGE 4-25 IS
CODED 01-04 OR 11?)

YES ...(RECORD DATE IN ROW A OF **CALENDAR**) ... 1 17/

NO 0

11. And on what date did you separate from the (BRANCH)?

ENTER DATE HERE: |_|_|_|, 19 |_|_| 18-23/
 MONTH DAY YEAR

A. INTERVIEWER: WAS R IN THE ACTIVE FORCES? - (Q.7, PAGE 4-25 IS
CODED 01-04 OR 11?)

YES ...(RECORD DATE IN ROW A OF **CALENDAR**.

DRAW A LINE FROM DATE ENTERED TO DATE

SEPARATED) 1 24/

NO 0

12. What (is/was) your (current) pay grade [when you left the (BRANCH)?]

E: |_|_| 25-27/

O: |_|_|

W: |_|_|

13. INTERVIEWER: IS R CURRENTLY IN ACTIVE FORCES?
(Q.7, PAGE 4-25 IS CODED 01-04 OR 11 AND Q.8 = YES).

YES (ASK A) 1 28/

NO(GO TO Q.14)..... 0

A. IF YES: Now we would like to ask you some more specific questions about
your current military job.

SKIP TO **SECTION 5**, Q.36, PAGE 5-49

14. INTERVIEWER: HAS R SERVED IN AND LEFT THE ACTIVE FORCES (Q.4A, PAGE 4-24 IS CODED "1"--"YES" OR IS **INFORMATION SHEET** ITEM 8 CODED "YES"?

YES.....(GO TO Q.15)..... 1 29/

NO....(SKIP TO **SECTION 5**, PG. 5-29).. 0

-
15. Have you worked at a civilian job for pay since leaving the military?

Yes..... 1 30/

No..(SKIP TO **SECTION 5**, PAGE 5-29)... 0

-
16. (Are/Were) you doing the same kind of work in your most recent civilian job that you did while you were in the military?

Yes..(SKIP TO **SECTION 5**, PG. 5-29)... 1 31/

No 0

-
17. Have you used any of the job skills you learned while in the military in any of the civilian jobs you held since leaving the military?

Yes 1 32/

No 0

GO TO SECTION 5 , PG. 5-29

SECTION 5: ON CURRENT LABOR FORCE STATUS (CPS QUESTIONS)

1. Now I'd like some information on what you were doing last week. What were you doing most of last week--working, keeping house, going to school, or something else? RECORD VERBATIM AND CODE ONE ONLY.

CODE SMALLEST # MENTIONED

Working(SKIP TO Q.3)..... 01 33-34/
 WITH A JOB BUT NOT AT WORK..... 02
 LOOKING FOR WORK..... 03
 Keeping house..... 04
 Going to school..... 05
 UNABLE TO WORK ..(SKIP TO Q.20,
 PAGE 5-41)..... 06
 OTHER (SPECIFY) _____
 _____ 07

2. Did you do any work at all last week, not counting work around the house?
 -----> (INTERVIEWER NOTE: DO NOT INCLUDE VOLUNTEER WORK OR WORK DONE IN
 PRISON. IF FARM OR BUSINESS OPERATOR IN HH, ASK R ABOUT UNPAID WORK.)

Yes..... 1 35/
 No .. (SKIP TO Q.8, PAGE 5-34).. 0

3. How many hours did you work last week at all jobs?

ENTER # OF HOURS: |__|__| 36-37/

4. INTERVIEWER: CODE FROM Q.3. RESPONDENT WORKED:

1 - 34 HOURS(ASK Q.5)..... 1 38/
 35 - 48 HOURS ... (SKIP TO Q.6, PAGE 5-32) 2
 49 OR MORE HOURS .. (SKIP TO Q.24, PAGE 5-43).. 3

ASK Q.5 ONLY IF CODE 1 IN Q.4.

5. Do you usually work 35 hours or more a week at this job?

Yes.....(ASK A)..... 1 39/
 No.....(ASK B)..... 0

5. (Continued)

- A. IF YES: What is the reason you worked less than 35 hours last week?
RECORD VERBATIM AND CODE ONE ONLY.

IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you worked less than 35 hours last week?

SLACK WORK	01	40-41/
MATERIAL SHORTAGE.....	02	
PLANT OR MACHINE REPAIR.....	03	
NEW JOB STARTED DURING WEEK.....	04	
JOB TERMINATED DURING WEEK.....	05	
COULD FIND ONLY PART-TIME WORK.....	06	
HOLIDAY--LEGAL OR RELIGIOUS.....	07	
LABOR DISPUTE.....	08	
BAD WEATHER.....	09	
OWN ILLNESS.....	10	
ILLNESS OF OTHER FAMILY MEMBER.....	11	
ON VACATION.....	12	
ATTENDS SCHOOL.....	13	
TOO BUSY WITH HOUSEWORK, PERSONAL BUSINESS, ETC.....	14	
DID NOT WANT FULL-TIME WORK.....	15	
FULL-TIME WORK WEEK UNDER 35 HOURS.....	16	
OTHER REASON (SPECIFY) _____		
	17	

NOW SKIP TO Q.24, PAGE 5-43

5. (Continued)

- B. IF NO: What is the reason you usually work less than 35 hours a week?
RECORD VERBATIM AND CODE ONE ONLY.

IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you worked less than 35 hours last week?

SLACK WORK	01	42-43/
MATERIAL SHORTAGE.....	02	
PLANT OR MACHINE REPAIR.....	03	
COULD FIND ONLY PART-TIME WORK.....	06	
BAD WEATHER.....	09	
OWN ILLNESS.....	10	
ILLNESS OF OTHER FAMILY MEMBER.....	11	
ATTENDS SCHOOL.....	13	
TOO BUSY WITH HOUSEWORK, PERSONAL BUSINESS, ETC.....	14	
DID NOT WANT FULL-TIME WORK.....	15	
FULL-TIME WORK WEEK UNDER 35 HOURS.....	16	
OTHER REASON (SPECIFY)_____		
_____	17	

NOW SKIP TO Q.24, PAGE 5-43

ASK Q.6 ONLY IF "35-48" HOURS IN Q.4, PAGE 5-29

6. Did you lose any time or take any time off last week for any reason such as illness, holiday, or slack work?

Yes (ASK A & B)..... 1 44/

No (GO TO Q.7, PAGE 5-34) 0

IF YES, ASK A & B. OTHERWISE, GO TO Q.7, PAGE 5-34.

- A. How many hours did you take off?

ENTER # OF HOURS: | | | 45-46/

- B. You told me earlier that you worked (# OF HOURS IN Q.3, PAGE 5-29) hours last week. In saying that you worked (# OF HOURS IN Q.3) hours, had you already subtracted the (# OF HOURS IN A) hours that you took off last week?

Yes(SKIP TO Q.24, PAGE 5-43)... 1 47/

No(ASK C & D)..... 0

IF "NO" TO B, ASK C & D. OTHERWISE, GO TO Q.24, PAGE 5-43.

- C. Thinking of the (# OF HOURS IN A) hours that you took off last week, how many hours did you end up working last week, at all jobs?

ENTER # OF HOURS: | | | 48-49/

- D. INTERVIEWER: CODE FROM C--RESPONDENT WORKED

1 - 34 HOURS(ASK E)..... 1 50/

35 OR MORE HOURS (SKIP TO Q.24,
PAGE 5-43) 2

6. (Continued)

E. IF "1-34" HOURS IN D: What is the reason you worked less than 35 hours last week? RECORD VERBATIM AND CODE ONE ONLY.

IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you worked less than 35 hours last week?

SLACK WORK.....	01	51-52/
MATERIAL SHORTAGE.....	02	
PLANT OR MACHINE REPAIR.....	03	
NEW JOB STARTED DURING WEEK.....	04	
JOB TERMINATED DURING WEEK.....	05	
COULD FIND ONLY PART-TIME WORK.....	06	
HOLIDAY--LEGAL OR RELIGIOUS.....	07	
LABOR DISPUTE.....	08	
BAD WEATHER.....	09	
OWN ILLNESS.....	10	
ILLNESS OF OTHER FAMILY MEMBER.....	11	
ON VACATION.....	12	
ATTENDS SCHOOL.....	13	
TOO BUSY WITH HOUSEWORK, PERSONAL BUSINESS, ETC.....	14	
DID NOT WANT FULL-TIME WORK.....	15	
FULL-TIME WORK WEEK UNDER 35 HOURS..	16	
OTHER REASON (SPECIFY) _____		

17

NOW SKIP TO Q.24, PAGE 5-43

7. Did you work any overtime or at more than one job last week?

Yes(ASK A)..... 1 53/

No (SKIP TO Q.24, PAGE 5-43).. 0

IF "YES," ASK A. OTHERWISE, SKIP TO Q.24, PAGE 5-43.

A. How many extra hours did you work?

ENTER # OF
EXTRA HOURS: | | (ASK B) 54-55/

OR

NO EXTRA HOURS ..(SKIP TO Q.24, PAGE 5-43).. 00

B. You told me earlier that you worked (# OF HOURS IN Q.3, PAGE 5-29) hours last week. In saying that you worked (# OF HOURS IN Q.3) hours, had you already included those extra hours you just told me about?

Yes (SKIP TO Q.24, PAGE 5-43).. 1 56/

No.....(ASK C)..... 0

C. IF "NO" TO B: Think of the (# OF HOURS IN A) hours that you worked extra last week. How many hours altogether, did you end up working last week?

ENTER # OF
HOURS: | | 57-58/

NOW SKIP TO Q.24, PAGE 5-43

ASK Q.8 ONLY IF "NO" TO Q.2, PAGE 5-29

8. A. INTERVIEWER: LOOK AT Q.1, PAGE 5-29. WAS CATEGORY 02 "WITH A JOB BUT NOT AT WORK" CODED?

YES (GO TO Q.9, PAGE 5-35)... 1 59/

NO(ASK B)..... 0

B. IF NO: Did you have a job or business from which you were temporarily absent or on layoff last week?

Yes (ASK Q.9, PAGE 5-35)..... 1 60/

No (SKIP TO Q.13, PAGE 5-37). 0

ASK Q.9 ONLY IF "YES" TO Q.8A OR 8B.

9. Why were you absent from work last week? RECORD VERBATIM AND CODE ONLY ONE.

IF MORE THAN ONE REASON GIVEN, PROBE: What was the main reason why you were absent from work last week?

OWN ILLNESS.....(SKIP TO Q.11, PAGE 5-36)..... 01 61-62/

ILLNESS OF OTHER FAMILY MEMBER
(SKIP TO Q.11, PAGE 5-36)..... 02

ON VACATION.....(SKIP TO Q.11, PAGE 5-36)..... 03

BAD WEATHER.....(SKIP TO Q.11, PAGE 5-36)..... 04

LABOR DISPUTE...(SKIP TO Q.11, PAGE 5-36)..... 05

NEW JOB TO BEGIN.....(ASK A)..... 06

ON LAYOFF.....(GO TO Q.10, PAGE 5-36)..... 07

SCHOOL INTERFERED..(SKIP TO Q.11, PAGE 5-36)..... 08

OTHER (SPECIFY) (SKIP TO Q.11, PAGE 5-36)_____

09

A. IF "NEW JOB TO BEGIN:" Is your new job scheduled to begin within
30 days from today, or sometime after that?

Within 30 days (SKIP TO Q.15, PAGE 5-38) 1 63/

Sometime after that (SKIP TO Q.13B, PAGE 5-37). 2

ASK Q.10 IF "ON LAYOFF" IN Q.9.

10. A. When you were laid off, were you given a definite date on which to report back to work, or were you not given such a date?

Was given a definite date to report
back to work(ASK B)..... 1 64/

Was not given such a date to report
back to work(GO TO C)..... 2

- B. IF "WAS GIVEN A DEFINITE DATE": Altogether, will your period of layoff last 30 days or less, or will it last more than 30 days?

30 days or less..... 1 65/

More than 30 days..... 2

- C. How many weeks ago were you laid off?

ENTER # OF WEEKS: | | | 66-67/

- D. Is the job from which you were laid off a full-time or a part-time job?

Full-time..... 1 68/

Part-time..... 2

NOW SKIP TO Q.19, PAGE 5-40

-
11. Are you getting wages or salary for any of the time off last week?

Yes..... 1 69/

No..... 0

(IF VOLUNTEERED): SELF-EMPLOYED..... 3

-
12. Do you usually work 35 hours or more a week at this job?

Yes..... 1 70/

No..... 0

NOW SKIP TO Q.24, PAGE 5-43

ASK Q.13A ONLY IF "NO" TO Q.8B, PAGE 5-34.

13. A. INTERVIEWER: SEE Q.1, PAGE 5-29. WAS CATEGORY 03, "LOOKING FOR WORK" CODED?

YES(GO TO Q.14)..... 1 71/

NO(ASK B)..... 0

IF "NO" TO Q. 13A, OR IF CODE 2 IN Q.9A PAGE 5-35, ASK B:

B. Have you been looking for work during the past 4 weeks?

Yes..... 1 72/

No.(SKIP TO Q.20, PAGE 5-41).. 0

14. What have you been doing in the last 4 weeks to find work? RECORD VERBATIM AND CODE ALL THAT APPLY.

BEGIN DECK 09

NOTHING (SKIP TO Q.20,
PAGE 5-41)..... 01 10-11/

CHECKED WITH:

STATE EMPLOYMENT AGENCY..... 02 12-13/

PRIVATE EMPLOYMENT AGENCY... 03 14-15/

EMPLOYER DIRECTLY..... 04 16-17/

FRIENDS OR RELATIVES..... 05 18-19/

PLACED OR ANSWERED ADS..... 06 20-21/

LOOKED IN THE NEWSPAPER..... 07 22-23/

SCHOOL EMPLOYMENT SERVICE..... 08 24-25/

OTHER (SPECIFY) _____

_____ 09 26-27/

15. Why did you start looking for work? Was it because you lost or quit a job at that time (PAUSE) or was there some other reason? RECORD VERBATIM AND CODE ONE ONLY.

LOST JOB.....	01	28-29/
QUIT JOB.....	02	
LEFT SCHOOL.....	03	
CHILDREN ARE OLDER.....	04	
ENJOY WORKING.....	05	
NEEDED MONEY TO SUPPORT MYSELF OR MY FAMILY.....	06	
WANTED TEMPORARY WORK.....	07	
HEALTH IMPROVED.....	08	
PROGRAM ENDED.....	11	
OTHER (SPECIFY) _____		
_____	12	

-
16. INTERVIEWER: CHECK ANSWER CODED IN Q.9, PAGE 5-35 IS:

NEW JOB TO BEGIN (ASK Q.17, PAGE 5-39).....	1	30/
BLANK--Q.9 NOT ASKED (SKIP TO Q.18, PAGE 5-40).....	2	

IF CODE 1 IN Q.16, ASK Q.17.

17. A. How many weeks ago did you start looking for work?

ENTER # OF WEEKS: | | | 31-32/

B. Is your new job a full-time or a part-time job?

Full-time..... 1 33/

Part-time..... 2

C. Is there any reason why you could not take a job last week?

Yes(ASK D)..... 1 34/

No (SKIP TO Q.23, PAGE 5-42).. 0

D. IF YES TO C: What was the reason?

RECORD VERBATIM AND CODE ONE ONLY.

ALREADY HAD A JOB..... 1 35/

TEMPORARY ILLNESS..... 2

GOING TO SCHOOL..... 3

NEEDED AT HOME..... 4

OTHER (SPECIFY) _____

_____ 5

NOW SKIP TO Q.23, PAGE 5-42

IF CODE 2 IN Q.16 PAGE 5-38, ASK Q.18.

18. A. How many weeks have you been looking for work?

ENTER # OF WEEKS: |__| |__| 36-37/

B. Have you been looking for full-time or part-time work? IF "BOTH", CODE "FULL-TIME."

Full-time..... 1 38/

Part-time..... 2

19. Is there any reason why you could not take a job last week?

Yes(ASK A)..... 1 39/

No (SKIP TO Q.23, PAGE 5-42).... 0

A. IF YES: What was the reason? RECORD VERBATIM AND CODE ONE ONLY.

ALREADY HAD A JOB..... 1 40/

TEMPORARY ILLNESS..... 2

GOING TO SCHOOL..... 3

NEEDED AT HOME..... 4

OTHER (SPECIFY) _____

_____ 5

NOW SKIP TO Q.23, PAGE 5-42

20. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

Yes..... 1 41/
No..... 0

21. Do you want a regular job now, either full- or part-time?

Yes(ASK A)..... 1 42/
No.....(ASK B)..... 0
MAYBE, IT DEPENDS...(ASK A)... 3
DON'T KNOW(ASK B)... 8

A. IF YES OR MAYBE:

What are the reasons you are not looking for work? RECORD VERBATIM AND CODE ALL THAT APPLY.

B. IF NO OR DON'T KNOW:

What are the reasons you do not want a regular job now? RECORD VERBATIM AND CODE ALL THAT APPLY.

BELIEVE NO WORK AVAILABLE IN LINE OF WORK OR AREA.... 01 43-44/

COULDN'T FIND ANY WORK..... 02 45-46/

LACKS NECESSARY SCHOOLING, TRAINING, SKILLS,
OR EXPERIENCE..... 03 47-48/

EMPLOYERS THINK TOO YOUNG..... 04 49-50/

CAN'T ARRANGE CHILD CARE..... 06 51-52/

FAMILY RESPONSIBILITIES..... 07 53-54/

IN SCHOOL OR OTHER TRAINING..... 08 55-56/

ILL HEALTH, PHYSICAL DISABILITY..... 09 57-58/

PREGNANCY..... 10 59-60/

OTHER PERSONAL HANDICAPS IN FINDING JOB..... 05 61-62/

SPOUSE OR PARENT AGAINST MY WORKING..... 11 63-64/

DOES NOT WANT TO WORK..... 12 65-66/

CAN'T ARRANGE TRANSPORTATION..... 13 67-68/

DON'T KNOW WHERE TO LOOK..... 14 69-70/

OTHER (SPECIFY) _____ 15 71-72/
OR

DON'T KNOW..... 98 73-74/

22. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q.20, PAGE 5-41, CODED "YES")?

YES (SKIP TO Q.24, PAGE 5-43)..... 1 10/

NO (SKIP TO **SECTION 6**,
PAGE 6-53)..... 0

23. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

Yes.....(GO TO Q.24)..... 1 11/

No.....(SKIP TO **SECTION 6**,
PAGE 6-53)..... 0

24. A. For whom did you work last (week)? IF MORE THAN ONE EMPLOYER, PROBE:
For whom did you work the most hours during the last week (you worked)?

B. INTERVIEWER: ALSO ENTER NAME OF EMPLOYER ON THE COVER OF AN **EMPLOYER SUPPLEMENT**.

12-38/

25. What kind of business or industry is this? (FOR EXAMPLE: TV AND RADIO MFG., RETAIL SHOE STORE, STATE LABOR DEPT., FARM)

39-41/

26. A. What kind of work were you doing for this job? RECORD VERBATIM. IF MORE THAN ONE KIND OF WORK, PROBE: What kind of work were you doing for the most hours last week?

42-44/

B. What were your most important activities or duties? RECORD VERBATIM.

- C. Some jobs are odd jobs--that is, work done from time to time. Others are regular jobs--that is, jobs done on a more or less regular basis. (Is/Was) this a job that (is/was) done on a more or less regular basis or (is/was) it an odd job?

Regular job..... 1

45/

Odd job..... 2

FOR OFFICE USE ONLY:
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Industry: | | | |

46-48/

Occupation: | | | |

49-51/

27. Were you ... (READ CATEGORIES BELOW)

HAND
CARD
C

An employee of a private company,
business, or individual for wages,
salary, or commission, or (GO TO Q.28)..... 1 52/

A government employee, or(ASK A)..... 2

Self-employed in own business,
professional practice, or farm, or
.....(ASK B)..... 3

Working without pay in a family business
or farm? ... (SKIP TO Q.38, PAGE 5-51)..... 4

IF CODE 2 IN Q.27, ASK A:

A. Were you an employee of the federal government, state government, or
local government?

Federal government employee..... 1 53/

State government employee..... 2

Local government employee..... 3

DON'T KNOW..... 8

GO TO Q.28

IF CODE 3 IN Q.27, ASK B:

B. Is your business incorporated or unincorporated?

Business incorporated..... 1 54/

Business unincorporated..... 2 *

DON'T KNOW..... 8 *

28. How many hours per week (do/did) you usually work at this job?

ENTER # OF HOURS: |__|__|

55-56/

29. A. How many hours per week (do/did) you usually work at this job at home?

ENTER # OF HOURS: |__|__| (ASK B)

57-58/

OR

NONE ...(SKIP TO Q.30).. 00

B. You told me earlier that you usually (work/worked) (# OF HOURS IN Q.28) hours per week at this job. In saying that you usually (work/worked) (# OF HOURS IN Q.28) hours per week, had you already included the (# OF HOURS IN Q.29A) hours per week that you usually (work/worked) at home?

Yes(GO TO Q.30)..... 1

59/

No(ASK C)..... 0

C. Thinking of the number of hours per week that you usually (work/worked) at home and the number of hours per week that you usually (work/worked) at your place of employment, altogether how many hours per week (do/did) you usually work at this job?

ENTER # OF HOURS PER WEEK: |__|__|

60-61/

30. INTERVIEWER: IS THE ANSWER IN Q.28 OR IN Q.29C 20 HOURS OR MORE?

YES 1

62/

NO (SKIP TO Q.32, PAGE 5-47) 0

31. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED
(Q.27B, PAGE 5-44 CODED "2" OR "8")? * *

YES(GO TO Q.32A)..... 1 63/

NO 0

A. (Does/did) your employer make available to you...(READ CATEGORIES a-o)?
CODE "YES", "NO" OR "DON'T KNOW" FOR EACH.

	<u>Yes</u>	<u>No</u>	<u>DON'T KNOW</u>	
a. medical, surgical, or hospital insurance that covers injuries or major illnesses off the job	1	0	8	64/
b. life insurance that would cover your death for reasons not connected with your job	1	0	8	65/
c. sick days with full pay	1	0	8	66/
d. dental benefits	1	0	8	67/
e. paid vacation	1	0	8	68/
f. (maternity/paternity) leave that will allow you to go back to your old job or one that pays the same as your old one	1	0	8	69/
g. disability insurance	1	0	8	70/
h. retirement plan other than social security	1	0	8	71/
i. stock options	1	0	8	72/
j. profit sharing	1	0	8	73/
k. training or educational opportunities including tuition reimbursement	1	0	8	74/
l. company provided/subsidized childcare	1	0	8	75/
m. company paid/subsidized meals	1	0	8	76/
n. company provided/subsidized transportation	1	0	8	77/
o. company provided/subsidized housing	1	0	8	78/

32. A. The earnings on some jobs are based all or in part on how a person performs the job.

(HAND CARD D) On this card are some examples of earnings that are based on job performance. Please tell me if any of the earnings on your job (are/were) based on any of these types of compensation. Please do not include profit sharing or employee stock purchase plans.

HAND CARD D

Yes.....(ASK B)..... 1 10/

No.....(GO TO Q.33)..... 0

- B. (IF YES TO A, ASK:) Which ones? (CODE ALL THAT APPLY.)

Piece rate..... 1 11/

Commissions..... 2 12/

Bonuses (based on job performance) 3 13/

Stock options..... 4 14/

Tips..... 5 15/

Other (SPECIFY) _____

_____ 6 16/

33. Many companies or organizations have employees at more than one location. Besides the place where you (work/worked), [(does/did) (EMPLOYER)/do you] have any employees working at any other location, (as far as you know)?

Yes 1 17/

No..... 0

- A. At the place where you (work/worked), how many employees [(does/did) (EMPLOYER)/do you] have?

ENTER # OF EMPLOYEES: |__|__|,|__|__|__| 18-22/

IF YES TO Q.33, ASK B. OTHERWISE, GO TO Q.34

- B. As far as you know, about how many employees [(does/did) (EMPLOYER)/do you] have working at all of (its/your) other locations -- under 1,000 employees or 1,000 employees or more?

Under 1,000 employees..... 1 23/

1,000 employees or more..... 2

DON'T KNOW..... 8

-
34. A. (Do/Did) you supervise the work of other employees, or tell them what work to do?

Yes.....(ASK B)..... 1 24/

No.....(GO TO Q.35)..... 0

- B. About how many people (do/did) you supervise?

NUMBER OF PEOPLE: |__| |__| |__| |__| 25-28/

- C. (Do/Did) you have any say about their pay or promotion?

Yes..... 1 29/

No..... 0

35. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED (Q.27B, PAGE 5-44 CODED "2" OR "8")? * *

YES.....(SKIP TO Q.37)..... 1 30/

NO.....(GO TO Q.36)..... 0

36. (HAND CARD E) We would like to know how well or poorly each of the following statements describes your (most recent) job. (First/Next), (READ CATEGORY). Thinking of your (present/most recent) job, would you say this is very true, somewhat true, not too true, or not at all true?
READ CATEGORIES A-K AND CODE FOR EACH.

HAND
CARD
E

	Very true	Some- what true	Not too true	Not at all true	
A. You (are/were) given a chance to do the things you do best.	4	3	2	1	31/
B. The physical surroundings (are/were) pleasant.	4	3	2	1	32/
C. The skills you (are/were) learning would be valuable in getting a better job.	4	3	2	1	33/
D. The skills you (gain/gained) on your job (are/were) valuable only to your employer.	4	3	2	1	34/
E. The job (is/was) dangerous.	4	3	2	1	35/
F. You (are/were) exposed to unhealthy conditions.	4	3	2	1	36/
G. The pay (is/was) good.	4	3	2	1	37/
H. The job security (is/was) good.	4	3	2	1	38/
I. Your co-workers (are/were) friendly.	4	3	2	1	39/
J. Your supervisor (is/was) competent in doing the job.	4	3	2	1	40/
K. The chances for promotion (are/were) good.	4	3	2	1	41/

NOW SKIP TO Q.38, PAGE 5-51

ASK Q.37 ONLY IF R IS SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED (SEE Q.27B, PAGE 5-44 CODED "2" OR "8")

37. We are interested in your opinion, as a self-employed person, of your (most recent) job.

(HAND CARD E) We would like to know how well or poorly each of the following statements describes your (most recent) job. (First/Next), (READ CATEGORY). Thinking of your (present/most recent) job, would you say this is very true, somewhat true, not too true, or not at all true?

READ CATEGORIES A-G AND CODE FOR EACH.

HAND CARD E

	Very true	Some- what true	Not too true	Not at all true	
A. You (have/had) the chance to do the things you do best.	4	3	2	1	42/
B. The physical surroundings (are/were) pleasant.	4	3	2	1	43/
C. The experiences you (are/were) gaining would also be valuable in getting another job or business.	4	3	2	1	44/
D. The job (is/was) dangerous.	4	3	2	1	45/
E. The business (is/was) stable.	4	3	2	1	46/
F. You (are/were) exposed to unhealthy conditions.	4	3	2	1	47/
G. The income (is/was) good.	4	3	2	1	48/

38. How long (does/did) it usually take you to get from your home to work?

ENTER NUMBER OF MINUTES: | | | |

49-51/

39. At what time of the day (do/did) you usually begin and end work at this job
(last week/the most recent week that you worked)?

INTERVIEWER RECORD:

AM / MIDNIGHT 52-55/

Time usually began: _____ PM / NOON
(CIRCLE ONE)

AM / MIDNIGHT 56-59/

Time usually ended: _____ PM / NOON
(CIRCLE ONE)

OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: | | 60/

A. (Do/Did) you usually work the same or fixed shift, or (does/did) your
shift rotate (for example from days to evenings or nights)?

Same or fixed shift..... 1 61/

Shift rotates..... 2

B. INTERVIEWER: IS R WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM? IS
Q.27, PAGE 5-44 CODED "4"?

YES.....(SKIP TO Q.43)..... 1 62/

NO.....(GO TO Q.40)..... 0

40. A. On the average, about how much time during your workday [with
(EMPLOYER)] (do/did) you spend on meal breaks?

ENTER NUMBER OF MINUTES: | | | |

63-65/

OR

NONE.....(GO TO Q.41)..... 000

B. INTERVIEWER: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS
UNINCORPORATED (IS Q.27B, PAGE 5-44 CODED "2" OR "8")? * *

YES(GO TO Q.41)..... 1 66/

NO(ASK C)..... 0

C. (Are/Were) you paid for the time you (take/took) off on meal breaks?

Yes..... 1 67/

No..... 0

PART OF THE TIME..... 2

41. (In addition to that) about how much time (do/did) you spend during an average workday on regular coffee breaks or scheduled rest breaks?

ENTER NUMBER OF MINUTES: | | | |

68-70/

OR

NONE..... 000

42. (Other than these breaks,) about how much (additional) time during an average workday (do/did) you spend on things like talking to friends, doing personal business, or just relaxing?

ENTER NUMBER OF MINUTES: | | | |

71-73/

OR

NONE..... 000

43. How (do/did) you feel about (the job you have now/your most recent job)? (Do/Did) you like it very much, like it fairly well, dislike it somewhat, or dislike it very much? CODE ONE ONLY.

Like it very much..... 1 74/

Like it fairly well..... 2

Dislike it somewhat..... 3

Dislike it very much..... 4

NOW GO TO SECTION 6

SECTION 6: ON JOBS

1. INTERVIEWER: DID R HAVE A CIVILIAN JOB SINCE THE **LAST INTERVIEW**?
(IF YES, YOU HAVE ENTERED AN EMPLOYER NAME ON AN **EMPLOYER SUPPLEMENT**.)

OR

DID R SERVE IN ANY BRANCH OF THE MILITARY SINCE THE DATE
OF THE LAST INTERVIEW? ("YES" TO Q.6, PAGE 4-24, **SECTION 4**
OR SEE **CALENDAR**, ROW A)

YES 1 10/

NO (SKIP TO Q.3) 0

2. Besides [(the job with (EMPLOYER IN Q.24A, **SECTION 5**, PAGE 5-43)/(and)/
(your military service,)] have you done any other work for pay since (DATE OF
LAST INTERVIEW)?

Yes(SKIP TO Q.4) 1 11/

No (SKIP TO Q.5, PAGE 6-55) 0

3. Since (DATE OF LAST INTERVIEW), have you done any work at all for which
you were paid?

Yes(GO TO Q.4)..... 1 12/

No (SKIP TO Q.5, PAGE 6-55) 0

4. Please give me the names of each of your employers for all jobs you've had for pay since (DATE OF LAST INTERVIEW) [not counting your job with (EMPLOYER IN SECTION 5, Q.24A, PAGE 5-43)]. If you had more than one job at the same time, please tell me about each job separately. Let's start with the most recent job you've had and work back in time to (DATE OF LAST INTERVIEW).

LIST EMPLOYER NAMES ON THE EMPLOYER LINES BELOW AND IN Q.1 ON THE COVERS OF THE **EMPLOYER SUPPLEMENTS**, STARTING WITH THE MOST RECENT JOB.

- A. PROBE: What was the name of your employer for the next most recent job you've had since (DATE OF LAST INTERVIEW)?

CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER." IF R VOLUNTEERS THAT (HE/SHE) WORKED FOR MORE THAN ONE EMPLOYER FOR A JOB, ASK B.

- B. During a single month, (do/did) you generally work for one employer or more than one employer for this job?

One employer [ASK (1)]

More than one employer [ASK (2)]

- (1) IF ONE EMPLOYER IN B: What (is/was) the name of the (next) most recent employer you've worked for on this job?

RECORD IN Q.1 ON THE COVER OF AN **EMPLOYER SUPPLEMENT** AND REPEAT THIS QUESTION UNTIL YOU GET "NO OTHER EMPLOYER." THEN GO BACK TO "A" ABOVE.

- (2) IF MORE THAN ONE EMPLOYER IN B: RECORD "VARIETY OF EMPLOYERS" IN Q.1 OF THE **EMPLOYER SUPPLEMENT**. THEN GO BACK TO "A" ABOVE. CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER."

EMPLOYERS

(ENTER HERE AND IN Q.1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS**.)

5. INTERVIEWER: SEE ITEM 09 ON **INFORMATION SHEET**. WAS R EMPLOYED ON DATE OF LAST INTERVIEW?

YES (ASK A) 1 13/

NO (SKIP TO Q.7) 0

A. IF YES,

- INTERVIEWER: ARE ALL OF R'S EMPLOYERS IN ITEM 09 OF **INFORMATION SHEET** NOW ENTERED AT Q.1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS**?

YES (SKIP TO Q.7) 1 14/

NO 0

6. INTERVIEWER: LIST BELOW ALL EMPLOYERS IN ITEM 09 OF **INFORMATION SHEET** THAT ARE NOT NOW ENTERED AT Q.1 ON THE COVER OF **EMPLOYER SUPPLEMENTS**. THEN ASK A.

FOR EACH EMPLOYER

NAME RECORDED

ABOVE, ASK A:

A. When we interviewed you last on (DATE OF LAST INTERVIEW) you were working for (READ EMPLOYER NAME). Have you already told me about (EMPLOYER) for this year but called it by another name?

Yes..... 1 Yes..... 1 Yes..... 1

No.. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT). 0	No.. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT). 0	No.. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT). 0
--	--	--

7. INTERVIEWER: ALTOGETHER, ON HOW MANY **EMPLOYER SUPPLEMENTS** HAVE YOU RECORDED AN EMPLOYER NAME?

NONE .. (GO TO SECTION 7, PAGE 7-57) ... 00

ONE OR MORE . . .

(SPECIFY NUMBER HERE, AND
ADMINISTER SUPPLEMENTS NOW.

START WITH THE MOST RECENT JOB).. | | | 15-16/

INTENTIONALLY BLANK

SECTION 7: GAPS WHEN R WAS NOT WORKING OR IN THE MILITARY

---> (INTERVIEWER NOTE: BY NOW YOU SHOULD HAVE ADMINISTERED AN **EMPLOYER SUPPLEMENT** FOR EACH JOB COUNTED AT **SECTION 6, Q.7**, PAGE 6-55).

-
1. INTERVIEWER: HOW MANY **EMPLOYER SUPPLEMENTS** HAVE YOU ADMINISTERED TO THE RESPONDENT?

ENTER NUMBER: | | |

17-18/

-
2. INTERVIEWER: HAVE YOU DRAWN ANY LINES ON ROW A OR B OF THE **CALENDAR**?

YES (GO TO Q.3) 1 19/

NO ...(INTERVIEWER: PUT DATE OF LAST INTERVIEW
AND TODAY'S DATE IN BOXES FOR PERIOD 1, Q.4A,
ON THE NEXT PAGE. PUT BOTH DATES ON ROW C OF
THE **CALENDAR**. DRAW A LINE TO CONNECT THESE
DATES. THEN GO TO Q.4B, NEXT PAGE.)..... 0

-
3. INTERVIEWER: SEE **CALENDAR**, ROWS A AND B. ARE THERE ANY GAPS OF A WEEK OR MORE BETWEEN EMPLOYERS AND/OR ACTIVE DUTY SINCE DATE OF LAST INTERVIEW AND NOW?

IN OTHER WORDS, ARE THERE ANY SPACES OF A WEEK OR MORE WHERE YOU DO NOT HAVE A LINE DRAWN IN ROW A OR ROW B? (CHECK ALL YOUR DATES CAREFULLY. CHECK THE ENDING DATE OF EACH JOB HELD AND THE STARTING DATE OF THE NEXT JOB.)

THERE ARE SOME GAPS (GO TO Q.4A, NEXT PAGE) 1

20/

ALL TIME IS ACCOUNTED FOR IN LINES A AND B
(SKIP TO **SECTION 8**, PAGE 8-61) 2

GAPS BETWEEN JOBS

4. A. INTERVIEWER: DRAW LINES ON ROW C TO REPRESENT PERIODS DURING WHICH THERE ARE NO LINES IN ROW A OR B. USE DATES ENTERED IN ROWS A & B TO INDICATE IN ROW C DATES R BEGAN AND ENDED EACH PERIOD OF NON-EMPLOYMENT. ENTER THE DATES FOR EACH PERIOD INTO BOX A, MOST RECENT PERIOD FIRST. (GO TO A **NEW QUEX** IF NECESSARY.) NOW ENTER BELOW THE TOTAL NUMBER OF SEPARATE PERIODS OF NON-EMPLOYMENT:

TOTAL # OF SEPARATE PERIODS: | | | 21-22/

FOR EACH SET OF DATES ENTERED IN A, ASK B-J:

- B. You said you were not working between (DATES OF FIRST/NEXT PERIOD). During how many of those weeks were you looking for work or on layoff from a job--during none, some, or all of those weeks?

INTERVIEWER: FOLLOW SKIP INSTRUCTIONS AT B IN COLUMNS.

- C. INTERVIEWER: USE WEEK **CALENDAR** TO DETERMINE WEEK # OF EACH DATE. CIRCLE WEEK #'S ON CALENDAR.

- D. ENTER ENDING WEEK # IN BOX D HERE.

- E. ENTER BEGINNING WEEK # IN BOX E HERE.

- F. SUBTRACT WEEK BEGAN FROM WEEK ENDED (D-E=F) AND ENTER THE DIFFERENCE HERE (# OF WEEKS IN GAP).

- G. You were not working from (DATE) to (DATE). That would be about (# IN BOX F) weeks when you were not working. For how many of these weeks were you looking for work or on layoff from a job? ENTER IN BOX G HERE.

- H. INTERVIEWER: SUBTRACT # OF WEEKS LOOKING OR ON LAYOFF FROM # OF WEEKS IN GAP PERIOD (F-G=H). ENTER DIFFERENCE IN BOX H HERE. READ: That leaves (# IN H) weeks that you were not working or looking for work.

- I. What would you say was the main reason that you were not looking for work during that period? RECORD VERBATIM AND ENTER CODE IN BOX I BELOW.

DID NOT WANT TO WORK... 01	PREGNANCY..... 05	COULD NOT
ILL, DISABLED, UNABLE	CHILD CARE PROBLEMS.... 06	FIND WORK. 11
TO WORK..... 02	PERSONAL/FAMILY REASONS 07	IN SCHOOL... 12
<u>FOR SCHOOL EMPLOYEES:</u>	VACATION..... 08	OTHER..... 13
<u>SCHOOL WAS NOT</u>	LABOR DISPUTE/	
<u>IN SESSION</u>	STRIKE..... 09	
<u>FOR THIS PERIOD..... 03</u>	BELIEVED NO WORK	
ARMED FORCES..... 04	AVAILABLE..... 10	

- J. INTERVIEWER: ARE THERE ANY ADDITIONAL PERIODS?

M O S T R E C E N T -----> T O L E A S T R E C E N T

	<u>PERIOD 1</u> FROM <div style="text-align: center;">! ! ! ! ! MONTH DAY YEAR 23-28/ TO ! ! ! ! ! MONTH DAY YEAR 29-34/</div>	<u>PERIOD 2</u> FROM <div style="text-align: center;">! ! ! ! ! MONTH DAY YEAR 54-59/ TO ! ! ! ! ! MONTH DAY YEAR 60-65/</div>	<u>PERIOD 3</u> FROM <div style="text-align: center;">! ! ! ! ! MONTH DAY YEAR 19-24/ TO ! ! ! ! ! MONTH DAY YEAR 25-30/</div>	<u>PERIOD 4</u> FROM <div style="text-align: center;">! ! ! ! ! MONTH DAY YEAR 50-55/ TO ! ! ! ! ! MONTH DAY YEAR 56-61/</div>
A. B. None.....(GO TO I)... 1 Some.....(GO TO C)... 2 All.....(GO TO J)... 3 35/	None....(GO TO I)... 1 Some....(GO TO C)... 2 All.....(GO TO J)... 3 66/	None....(GO TO I)... 1 Some....(GO TO C)... 2 All.....(GO TO J)... 3 31/	None.....(GO TO I)... 1 Some.....(GO TO C)... 2 All.....(GO TO J)... 3 62/	
D. <div style="text-align: center;">! ! ! ! ! WEEK PERIOD ENDED 36-38/</div>	<div style="text-align: center;">! ! ! ! ! WEEK PERIOD ENDED 67-69/</div>	<div style="text-align: center;">! ! ! ! ! WEEK PERIOD ENDED 32-34/</div>	<div style="text-align: center;">! ! ! ! ! WEEK PERIOD ENDED 63-65/</div>	
E. - <div style="text-align: center;">! ! ! ! ! WEEK PERIOD BEGAN 39-41/</div>	- <div style="text-align: center;">! ! ! ! ! WEEK PERIOD BEGAN 70-72/</div>	- <div style="text-align: center;">! ! ! ! ! WEEK PERIOD BEGAN 35-37/</div>	- <div style="text-align: center;">! ! ! ! ! WEEK PERIOD BEGAN 66-68/</div>	
F. = <div style="text-align: center;">! ! ! ! ! # OF WEEKS 42-44/</div>	= <div style="text-align: center;">! ! ! ! ! # OF WEEKS 73-75/ BEGIN DECK 13</div>	= <div style="text-align: center;">! ! ! ! ! # OF WEEKS 38-40/</div>	= <div style="text-align: center;">! ! ! ! ! # OF WEEKS 69-71/</div>	
G. <div style="text-align: center;">! ! ! ! ! # OF WEEKS LOOKING OR ON LAYOFF 45-47/</div>	<div style="text-align: center;">! ! ! ! ! # OF WEEKS LOOKING OR ON LAYOFF 10-12/</div>	<div style="text-align: center;">! ! ! ! ! # OF WEEKS LOOKING OR ON LAYOFF 41-43/</div>	<div style="text-align: center;">! ! ! ! ! # OF WEEKS LOOKING OR ON LAYOFF 72-74/</div>	
H. <div style="text-align: center;">! ! ! ! ! # OF WEEKS NOT LOOKING 48-50/</div>	<div style="text-align: center;">! ! ! ! ! # OF WEEKS NOT LOOKING 13-15/</div>	<div style="text-align: center;">! ! ! ! ! # OF WEEKS NOT LOOKING 44-46/</div>	<div style="text-align: center;">! ! ! ! ! # OF WEEKS NOT LOOKING 75-77/</div>	
I. _____ <div style="text-align: center;">! ! ! ! 51-52/ REASON NOT LOOKING</div>	_____ <div style="text-align: center;">! ! ! ! 16-17/ REASON NOT LOOKING</div>	_____ <div style="text-align: center;">! ! ! ! 47-48/ REASON NOT LOOKING</div>	_____ <div style="text-align: center;">! ! ! ! 78-79/ REASON NOT LOOKING</div>	
J. YES..(RE-ASK B-J FOR SECOND PERIOD).... 1 NO (GO TO SECTION 8) 0 53	YES..(RE-ASK B-J FOR THIRD PERIOD)..... 1 NO (GO TO SECTION 8) 0 18	YES..(RE-ASK B-J FOR FOURTH PERIOD)..... 1 NO (GO TO SECTION 8) 0 49	YES..(GO TO NEW QUEX AND REASK B-J FOR ADDITIONAL PERIOD). 1 NO (GO TO SECTION 8) 0 80	

7-60

INTENTIONALLY BLANK

SECTION 8: TRAINING

I would now like to ask you about other types of school and training you may have had, excluding regular schooling we have already talked about. Some sources of occupational training programs include government training programs, business schools, apprenticeship programs, vocational or technical institutes, correspondence courses, company or military training, seminars, and adult education courses.

1. A. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 03. WAS R INTERVIEWED IN 1986?

YES .. (ASK ABOUT TRAINING SINCE
DATE OF 1986 SURVEY) 1 10/

NO ... (SEE **INFORMATION SHEET**
ITEM 11 AND ASK ABOUT TRAIN-
ING SINCE DATE OF LAST
INTERVIEW BEFORE 1986) 0

- B. Since (DATE OF 1986 INTERVIEW/DATE OF LAST INTERVIEW BEFORE 1986), did you attend a training program or any on-the-job training designed to help people find a job, improve job skills, or learn a new job?

Yes (GO TO Q.2) 1 11/

No ..(SKIP TO **SECTION 9**, PAGE 9-67) .. 0

-
2. Now, I would like to ask you some questions about each training program that you attended since (DATE OF 1986 INTERVIEW/DATE OF LAST INTERVIEW BEFORE 1986). Let's begin with the first program that you attended since (DATE OF 1986 INTERVIEW/DATE OF LAST INTERVIEW BEFORE 1986).
-

3. Which category on this card best describes where you received this training? (CODE ONE ONLY.)

HAND
CARD
J

Business school 01
 Apprenticeship program 03
 A vocational or technical institute 04 12-13/
 A correspondence course 07
 Formal company training run by
 employer or military training
 (excluding basic training) 08
 Seminars or training programs
 at work run by someone
 other than employer 09
 Seminars or training programs
 outside of work 10
 Vocational rehabilitation center 11
 Other (SPECIFY) _____ 12

4. Who paid for this training program? (CODE ALL THAT APPLY.)

HAND
CARD
K

Self or family 01 14-15/
 Employer 02 16-17/
 Job Training Partnership Act (JTPA) 03 18-19/
 Trade Adjustment Act (TAA) 04 20-21/
 Job Corps Program 05 22-23/
 Work Incentive Program (WIN) 06 24-25/
 Veteran's Administration 07 26-27/
 Vocation Rehabilitation 08 28-29/
 Other (SPECIFY) _____ 09 30-31

5. When did you start this training?

|__|__| |__|__| 32-35/
 MONTH YEAR

6. When did you finish or leave this program?

|__|__| |__|__| 36-39/
 MONTH YEAR
 OR
 STILL ENROLLED
 (SKIP TO Q.11,
 PAGE 8-64)... 0000

7. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)

|__|__| 40-41/
 # OF WEEKS

8. Did you complete this training or not?

Completed..... 1 42/
 Did not complete 0

2nd Program

..... 01
 03 43-44/
 04
 07

..... 08

..... 09

..... 10
 11

_____ 12

3rd Program

..... 01
 03 74-75/
 04
 07

..... 08

..... 09

..... 10
 11

_____ 12

4th Program

..... 01
 03 39-40/
 04
 07

..... 08

..... 09

..... 10
 11

_____ 12

BEGIN DECK 15

..... 01 45-46/
 02 47-48/
 03 49-50/
 04 51-52/
 05 53-54/
 06 55-56/
 07 57-58/
 08 59-60/

_____ 09 61-62/

63-66/

|_|_|_|_|_|
 MONTH YEAR

..... 01 10-11/
 02 12-13/
 03 14-15/
 04 16-17/
 05 18-19/
 06 20-21/
 07 22-23/
 08 24-25/

_____ 09 26-27/

28-31/

|_|_|_|_|_|
 MONTH YEAR

..... 01 41-42/
 02 43-44/
 03 45-46/
 04 47-48/
 05 49-50/
 06 51-52/
 07 53-54/
 08 55-56/

_____ 09 57-58/

59-62/

|_|_|_|_|_|
 MONTH YEAR

67-70/

|_|_|_|_|_|
 MONTH YEAR

OR

STILL ENROLLED
 (SKIP TO Q.11,
 PAGE 8-64)... 0000

32-35/

|_|_|_|_|_|
 MONTH YEAR

OR

STILL ENROLLED
 (SKIP TO Q.11,
 PAGE 8-64)... 0000

63-66/

|_|_|_|_|_|
 MONTH YEAR

OR

STILL ENROLLED
 (SKIP TO Q.11,
 PAGE 8-64).. 0000

|_|_|_|_| 71-72/
 # OF WEEKS

|_|_|_|_| 36-37/
 # OF WEEKS

|_|_|_|_| 67-68/
 # OF WEEKS

Completed 1
 Did not complete 0
 73/

Completed..... 1
 Did not complete 0
 38/

Completed..... 1
 Did not complete 0
 69/

<p>9. (Do/Did) you use this training on your (most recent) job?</p>	<p><u>1st Program</u></p> <p>Yes..... 1 70/</p> <p>No..... 0</p>
<p>10. Did the training result in getting a different job?</p>	<p>Yes..... 1 71/</p> <p>No..... 0</p>
<p>11. How many hours per week (do/did) you usually spend in this training?</p>	<p> |_|_| 72-73/ HOURS PER WEEK</p>
<p>12. What type of training program (is/was) this? (RECORD VERBATIM AND CODE ALL THAT APPLY.)</p> <p>Classroom training - job skill</p> <p>Classroom training - basic skill</p> <p>On-the-job training</p> <p>Job search assistance</p> <p>Work experience</p> <p>Other (SPECIFY)</p>	<p>BEGIN DECK 16</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>..... 1 10/</p> <p>..... 2 11/</p> <p>..... 3 12/</p> <p>..... 4 13/</p> <p>..... 5 14/</p> <p>_____</p> <p>_____ 6 15/</p>
<p>13. Since (DATE OF THE 1986 INTERVIEW/DATE OF THE LAST INTERVIEW BEFORE 1986), have you attended any other training program or on-the-job training?</p>	<p>Yes..(REPEAT Q's 3-13 FOR NEXT PROGRAM)..... 1</p> <p>No..(GO TO SECTION 9)..... 0</p>

<u>2nd Program</u>	<u>3rd Program</u>	<u>4th Program</u>
Yes..... 1 17/ No..... 0	Yes..... 1 28/ No..... 0	Yes..... 1 39/ No..... 0
Yes..... 1 18/ No..... 0	Yes..... 1 29/ No..... 0	Yes..... 1 40/ No..... 0
|_|_| 19-20/ HOURS PER WEEK	|_|_| 30-31/ HOURS PER WEEK	|_|_| 41-42/ HOURS PER WEEK
_____ _____ _____ 1 21/ 2 22/ 3 23/ 4 24/ 5 25/ _____ _____ _____ 6 26/	_____ _____ _____ 1 32/ 2 33/ 3 34/ 4 35/ 5 36/ _____ _____ _____ 6 37/	_____ _____ _____ 1 43/ 2 44/ 3 45/ 4 46/ 5 47/ _____ _____ _____ 6 48/
Yes..(REPEAT Q's 3- 13 FOR NEXT PROGRAM).... 1 No.. (GO TO SECTION 9)..... 0 27/	Yes..(REPEAT Q's 3- 13 FOR NEXT PROGRAM).... 1 No.. (GO TO SECTION 9)..... 0 38/	Yes..(GO TO NEW QUEX AND ASK Q's 3-13 FOR NEXT PRGRM).1 No.. (GO TO SECTION 9)..... 0 49/

PLEASE GO TO NEXT PAGE----->

TIME BEGUN:

HR		MIN		SECOND	

AM
PM

9-67

DECK 16

SECTION 9: FERTILITY

In order to make future plans for schools, housing, hospitals, and medical care, information is needed about the number of children people plan to have.

We know that some of these questions may not apply to you, but we need to ask the same questions of all our respondents in order to be complete.

1. A. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 03. WAS R INTERVIEWED IN 1986?

YES...(USE DATE OF THE 1986
INTERVIEW FOR THE
REFERENCE DATE IN
FERTILITY SECTION).... 1

50/

NO...(SEE **INFORMATION SHEET**
ITEM 11 AND USE THE DATE
OF LAST INTERVIEW BEFORE
1986 FOR THE
REFERENCE DATE IN
FERTILITY SECTION)..... 0

First I would like to verify our records from the (1986 OR PRIOR) interview.

VERIFICATION OF BIOLOGICAL CHILDREN - USING CHILDREN'S RECORD FORM, PART A

- B. INTERVIEWER: ARE CHILDREN LISTED IN PART A: LIST OF BIOLOGICAL CHILDREN?

YES.....(SKIP TO D, PAGE 9-68)..... 1

51/

NO.....(ASK C)..... 0

- C. Our records show that you had not (had/given birth to) any children of your own as of (DATE OF 1986 OR PRIOR INTERVIEW). Is that correct?

IF INFORMATION IS CORRECT
(GO TO Q.3, PAGE 9-74)..... 1

52/

IF INFORMATION IS INCORRECT,
ASK FOR (CHILD/CHILDREN)'S FULL
NAME, SEX, AND BIRTHDATE AND RECORD
BEGINNING AT LINE 01 ON **CHILDREN'S**
RECORD FORM, PART A. ALSO RECORD
NAME(S) AND ID#(S) IN Q.1D, (PG 9-68)
AND CIRCLE CODE FOR "CHILD ADDED"
IN Q.1F, (PG 9-68)..... 2

1. (Continued)

- D. INTERVIEWER: BEGINNING WITH FIRST CHILD LISTED ON THE **CHILDREN'S RECORD FORM, PART A**, RECORD ID# AND NAME FOR EACH CHILD.

- E. I'd like to read information about your (child/children) from our (1986 OR PRIOR) interview. As of (DATE OF 1986 OR PRIOR INTERVIEW), our records show that you have (had/given birth to) (READ FULL NAME, SEX, AND BIRTHDATE OF 1ST CHILD/2ND CHILD/ETC.) Is that correct?

- F. INTERVIEWER:
WHAT INFORMATION WAS JUST CHANGED ON THE **CHILDREN'S RECORD FORM, PART A**? CODE ALL THAT APPLY.

Biological First Child 53-54/ ID: !__!__! NAME	Biological Second Child 62-63/ ID: !__!__! NAME	Biological Third Child 71-72/ ID: !__!__! NAME
IF INFORMATION IS CORRECT, GO TO NEXT CHILD. IF NO ADDITIONAL CHILDREN, SKIP TO Q.2..... 1	..... 1	..... 1
55/	64/	73/
IF INFORMATION IS INCORRECT, MAKE CORRECTIONS IN <u>PART A</u> , OF THE CHILDREN'S RECORD FORM , THEN GO TO F..... 2	..... 2	..... 2
56/	65/	74/
BIRTHDATE..... 1	..... 1	..... 1
57/	66/	75/
CHILD ADDED.... 2	..... 2	..... 2
58/	67/	76/
CHILD DELETED.. 3	..... 3	..... 3
59/	68/	77/
NAME..... 4	..... 4	..... 4
60/	69/	78/
SEX..... 5	..... 5	..... 5
OTHER (SPECIFY) 61/	70/	79/
_____	_____	_____
_____	_____	_____
_____ 6	_____ 6	_____ 6

INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN PART A, GO TO Q.2, PAGE 9-70

Biological Fourth Child	Biological Fifth Child	Biological Sixth Child	Biological Seventh Child	Biological Eighth Child
10-11/ ID: !__!__!	19-20/ ID: !__!__!	28-29/ ID: !__!__!	37-38/ ID: !__!__!	46-47/ ID: !__!__!
NAME	NAME	NAME	NAME	NAME
IF INFORMATION IS CORRECT, GO TO NEXT CHILD. IF NO ADDITIONAL CHILDREN, SKIP TO Q.2..... 1	..... 1	..... 1	..... 1	..... 1
12/ IF INFORMATION IS INCORRECT, MAKE CORRECTIONS IN <u>PART</u> <u>A</u> , OF THE CHILDREN'S RECORD FORM . THEN GO TO F..... 2	21/ 2	30/ 2	39/ 2	48/ 2
13/ BIRTHDATE..... 1	22/ 1	31/ 1	40/ 1	49/ 1
14/ CHILD ADDED..... 2	23/ 2	32/ 2	41/ 2	50/ 2
15/ CHILD DELETED.... 3	24/ 3	33/ 3	42/ 3	51/ 3
16/ NAME..... 4	25/ 4	34/ 4	43/ 4	52/ 4
17/ SEX..... 5	26/ 5	35/ 5	44/ 5	53/ 5
OTHER (SPECIFY) 18/	27/	36/	45/	54/
6	6	6	6	6

INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN PART A, GO TO Q.2, PAGE 9-70.

2. INTERVIEWER: ASK THIS QUESTION FOR EACH CHILD LISTED ON THE **CHILDREN'S RECORD FORM, PART A**. BEGIN WITH FIRST CHILD AND RECORD ID #.

INTERVIEWER NOTE: IF STATUS PREPRINTED ON **CHILDREN'S RECORD FORM** IS "DECEASED," DO NOT ASK WHERE CHILD IS CURRENTLY LIVING (Q.2) AND DO NOT ASK WHEN CHILD DIED (Q.2C). IF "DECEASED" STATUS IS PREPRINTED, YOU SHOULD CODE "08--DECEASED" ONLY.

<u>BIOLOGICAL FIRST CHILD</u>	<u>BIOLOGICAL SECOND CHILD</u>	<u>BIOLOGICAL THIRD CHILD</u>
Where does (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.) usually live?		
ID: !__!__! 55-56/	ID: !__!__! 59-60/	ID: !__!__! 63-64/
NAME	NAME	NAME
1) IN THIS HOUSEHOLD.....(SKIP TO D)..... 01 57-58/	(SKIP TO D)..... 01 61-62/	(SKIP TO D)..... 01 65-66/
<u>NOT IN THIS HOUSEHOLD</u>		
2) WITH (HIS/HER) (FATHER/MOTHER)(GO TO A).. 02	(GO TO A)..... 02	(GO TO A)..... 02
3) WITH OTHER RELATIVE(S) (SPECIFY) (GO TO A)_____ 03	(GO TO A)_____ 03	(GO TO A)_____ 03
4) WITH FOSTER CARE.....(GO TO A)..... 04	(GO TO A)..... 04	(GO TO A)..... 04
5) WITH ADOPTIVE PARENTS.....(GO TO A)..... 05	(GO TO A)..... 05	(GO TO A)..... 05
6) LONG TERM CARE INSTITUTION (GO TO A)..... 06	(GO TO A)..... 06	(GO TO A)..... 06
7) AWAY AT SCHOOL.....(GO TO A)..... 07	(GO TO A)..... 07	(GO TO A)..... 07
8) DECEASED.....(SKIP TO C)..... 08	(SKIP TO C)..... 08	(SKIP TO C)..... 08
<u>OTHER LIVING ARRANGEMENTS</u>		
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT.(SKIP TO D).. 09	(SKIP TO D)..... 09	(SKIP TO D)..... 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON.(SKIP TO D).. 10	(SKIP TO D)..... 10	(SKIP TO D)..... 10
11) OTHER (SPECIFY BELOW AND GO TO A)_____ 11	(GO TO A)_____ 11	(GO TO A)_____ 11

2. (Continued)

	BIOLOGICAL FIRST CHILD 67-70/	BIOLOGICAL SECOND CHILD 77-80/	BIOLOGICAL THIRD CHILD 16-19/
A. When did (CHILD) last live with you?	MONTH YEAR !_!_! !_!_!	MONTH YEAR !_!_! !_!_!	MONTH YEAR !_!_! !_!_!
	OR	OR	OR
	NEVER LIVED WITH R (SKIP TO D).... 0000	NEVER LIVED WITH R (SKIP TO D)..... 0000	NEVER LIVED WITH R (SKIP TO D)..... 0000
B. Were there any periods of more than three con- secutive months when (CHILD) did not live with you before (DATE IN A)?	71/ Yes..(SKIP TO D)... 1 No..(SKIP TO D)... 0	10/ Yes..(SKIP TO D)... 1 No..(SKIP TO D)... 0	20/ Yes..(SKIP TO D)... 1 No..(SKIP TO D)... 0
IF "DECEASED" IS <u>PREPRINTED</u> ON <u>CHILDREN'S RECORD FORM, PART A</u> , DO NOT READ. OTHERWISE,			
C. <u>IF DECEASED, ASK:</u> When did (CHILD) die?	72-75/ MONTH YEAR !_!_! !_!_!	11-14/ MONTH YEAR !_!_! !_!_!	21-24/ MONTH YEAR !_!_! !_!_!
D. <u>INTERVIEWER:</u> IS THERE ANOTHER CHILD LISTED?	76/ YES..(REASK Q.2 FOR NEXT CHILD).. 1 NO..(GO TO Q.3, P.9-74)..... 0	15/ YES..(REASK Q.2 FOR NEXT CHILD).. 1 NO..(GO TO Q.3, PG.9-74)..... 0	25/ YES..(REASK Q.2, PG.9-72 FOR NEXT CHILD)... 1 NO..(GO TO Q.3, PG.9-74)..... 0
! <u>INTERVIEWER:</u> IF MORE THAN 3 CHILDREN, CONTINUE AT Q.2, PAGE 9-72. OTHERS GO TO Q.3, PAGE 9-74. ! !			

2. (Continued)

	BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD
	26-27/	40-41/	54-55/
Where does (NAME OF 4TH CHILD/NAME OF 5TH CHILD, ETC.) usually live?	ID: !__!__!	ID: !__!__!	ID: !__!__!
	NAME	NAME	NAME
1) IN THIS HOUSEHOLD.....(SKIP TO D)..... 01	(SKIP TO D)..... 01	(SKIP TO D)..... 01	(SKIP TO D)..... 01
28-29/	42-43/	56-57/	
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) (FATHER/MOTHER)(GO TO A).. 02	(GO TO A)..... 02	(GO TO A)..... 02	(GO TO A)..... 02
3) WITH OTHER RELATIVE(S) (SPECIFY) (GO TO A)..... 03	(GO TO A)..... 03	(GO TO A)..... 03	(GO TO A)..... 03
4) WITH FOSTER CARE.....(GO TO A)..... 04	(GO TO A)..... 04	(GO TO A)..... 04	(GO TO A)..... 04
5) WITH ADOPTIVE PARENTS.....(GO TO A)..... 05	(GO TO A)..... 05	(GO TO A)..... 05	(GO TO A)..... 05
6) LONG TERM CARE INSTITUTION (GO TO A)..... 06	(GO TO A)..... 06	(GO TO A)..... 06	(GO TO A)..... 06
7) AWAY AT SCHOOL.....(GO TO A)..... 07	(GO TO A)..... 07	(GO TO A)..... 07	(GO TO A)..... 07
8) DECEASED.....(SKIP TO C)..... 08	(SKIP TO C)..... 08	(SKIP TO C)..... 08	(SKIP TO C)..... 08
OTHER LIVING ARRANGEMENTS			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT.(SKIP TO D).. 09	(SKIP TO D)..... 09	(SKIP TO D)..... 09	(SKIP TO D)..... 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON.(SKIP TO D).. 10	(SKIP TO D)..... 10	(SKIP TO D)..... 10	(SKIP TO D)..... 10
11) OTHER (SPECIFY BELOW AND GO TO A)..... 11	(GO TO A)..... 11	(GO TO A)..... 11	(GO TO A)..... 11
	30-33/	44-47/	58-61/
A. When did (CHILD) last live with you?	MONTH YEAR !__!__! !__!__! OR	MONTH YEAR !__!__! !__!__! OR	MONTH YEAR !__!__! !__!__! OR
NEVER LIVED WITH R (SKIP TO D).... 0000	NEVER LIVED WITH R (SKIP TO D)..... 0000	NEVER LIVED WITH R (SKIP TO D)..... 0000	NEVER LIVED WITH R (SKIP TO D)..... 0000
B. Were there any periods of more than three consecutive months when (CHILD) did not live with you before (DATE IN A)?	Yes..(SKIP TO D)... 1 No..(SKIP TO D)... 0	Yes..(SKIP TO D)... 1 No..(SKIP TO D)... 0	Yes..(SKIP TO D)... 1 No..(SKIP TO D)... 0
	34/	48/	62/
IF "DECEASED" IS PREPRINTED ON CHILDREN'S RECORD FORM, PART A, DO NOT READ. OTHERWISE,			
	35-38/	49-52/	63-66/
C. IF DECEASED, ASK: When did (CHILD) die?	MONTH YEAR !__!__! !__!__!	MONTH YEAR !__!__! !__!__!	MONTH YEAR !__!__! !__!__!
D. INTERVIEWER: IS THERE ANOTHER CHILD LISTED?	YES..(REASK Q.2 FOR NEXT CHILD).. 1 NO..(GO TO Q.3, P.9-74)..... 0	YES..(REASK Q.2 FOR NEXT CHILD)... 1 NO..(GO TO Q.3, PG.9-74)..... 0	YES..(REASK Q.2, PG.9-73 FOR NEXT CHILD)... 1 NO..(GO TO Q.3, PG.9-74)..... 0
	39/	53/	67/

2. (Continued)

BIOLOGICAL
SEVENTH CHILD

68-69/

Where does (NAME OF 7TH
CHILD/NAME OF 8TH CHILD)
usually live?

ID: !__!__!

NAME

1) IN THIS HOUSEHOLD.....(SKIP TO D)..... 01
70-71/

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) (FATHER/MOTHER)(GO TO A).. 02

3) WITH OTHER RELATIVE(S)
(SPECIFY) (GO TO A)..... 03

4) WITH FOSTER CARE.....(GO TO A)..... 04

5) WITH ADOPTIVE PARENTS.....(GO TO A)..... 05

6) LONG TERM CARE INSTITUTION (GO TO A)..... 06

7) AWAY AT SCHOOL.....(GO TO A)..... 07

8) DECEASED.....(SKIP TO C)..... 08

OTHER LIVING ARRANGEMENTS

9) CHILD LIVES PART-TIME WITH R AND
PART-TIME WITH OTHER PARENT.(SKIP TO D).. 09

10) CHILD LIVES PART-TIME WITH R AND
PART-TIME WITH OTHER PERSON.(SKIP TO D).. 10

11) OTHER (SPECIFY BELOW AND GO TO A).....
11

72-75/

A. When did (CHILD)
last live with you? MONTH YEAR
!__!__! !__!__!
OR

NEVER LIVED WITH R
(SKIP TO D).... 0000

B. Were there any
periods of more
than three con-
secutive months
when (CHILD) did 76/
not live with you Yes..(SKIP TO D)... 1
before (DATE IN A)? No..(SKIP TO D)... 0

IF "DECEASED" IS PREPRINTED ON CHILDREN'S RECORD FORM, PART A, DO NOT READ. OTHERWISE,
BEGIN DECK 19 10-13/

C. IF DECEASED, ASK: MONTH YEAR
When did (CHILD) die? !__!__! !__!__!

D. INTERVIEWER: IS YES..(REASK Q.2
THERE ANOTHER CHILD FOR NEXT 14/
LISTED? CHILD)..... 1

NO..(GO TO Q.3,
P.9-74)..... 0

BIOLOGICAL
EIGHTH CHILD

15-16/

ID: !__!__!

NAME

(SKIP TO D)..... 01
17-18/

(GO TO A)..... 02

(GO TO A)..... 03

(GO TO A)..... 04

(GO TO A)..... 05

(GO TO A)..... 06

(GO TO A)..... 07

(SKIP TO C)..... 08

(SKIP TO D)..... 09

(SKIP TO D)..... 10

(GO TO A)..... 11

19-22/

MONTH YEAR
!__!__! !__!__!
OR

NEVER LIVED WITH R
(SKIP TO D)..... 0000

23/
Yes..(SKIP TO D)... 1
No..(SKIP TO D)... 0

24-27/

MONTH YEAR
!__!__! !__!__!

YES..(GO TO NEW
QUEx, P.9-70, 28/
Q.2)..... 1

NO..(GO TO Q.3,
PG.9-74)..... 0

VERIFICATION OF NON-BIOLOGICAL CHILDREN - USING CHILDREN'S RECORD FORM, PART B

3. INTERVIEWER: ARE CHILDREN LISTED IN PART B: LIST OF NON-BIOLOGICAL CHILDREN (ADOPTED OR STEP-CHILDREN)?

YES (ASK A) 1

29/

NO (GO TO Q.5, PAGE 9-77) 0

- A. I'd like to read information about your step or adopted (child/children) from our (1986 OR PRIOR) interview to check our records. As of (DATE OF 1986 OR PRIOR INTERVIEW), our records show that you had (a) step or (an) adopted (child/children) . . . (READ EACH CHILD'S FULL NAME, SEX, AND BIRTHDATE, AND IF APPLICABLE, STATUS.) Is that correct? RECORD FIRST AND LAST NAME AND MIDDLE INITIAL IN PART B WHEN NECESSARY.

Yes 1

30/

No(MAKE CORRECTIONS IN PART B)..... 0

NOW GO TO Q.4, PAGE 9-75

<u>INTERVIEWER NOTE:</u> IF CORRECTION IS THAT <u>NO</u> CHILDREN SHOULD BE LISTED AT PART B OF THE CHILDREN'S RECORD FORM CROSS OFF NAME, SEX, AND BIRTHDATE, THEN SKIP TO Q.5, PAGE 9-77 2

CODING OF NON-BIOLOGICAL CHILDREN'S CURRENT LIVING LOCATION

4. INTERVIEWER: . RECORD EACH CHILD'S ID # AND FIRST NAME FROM PART B OF **CHILDREN'S RECORD FORM**.
- . FOR EACH CHILD ALSO LISTED ON HOUSEHOLD ENUMERATION OF FACE SHEET, ALSO CODE "IN THIS HOUSEHOLD ... 01".
 - . IF STATUS PREPRINTED ON **CHILDREN'S RECORD FORM** IS "DECEASED," DO NOT ASK WHERE CHILD IS CURRENTLY LIVING (Q.4) AND DO NOT ASK WHEN CHILD DIED (Q.4a).
 - . IF "DECEASED" STATUS IS PREPRINTED, YOU SHOULD CODE "08--DECEASED" ONLY.
 - . FOR EACH CHILD NOT LISTED ON HOUSEHOLD ENUMERATION OF **FACE SHEET**, ASK:

Where does (CHILD) usually live? (CODE BELOW)

NON-BIOLOGICAL FIRST CHILD		NON-BIOLOGICAL SECOND CHILD		NON-BIOLOGICAL THIRD CHILD	
ID: !__!__!	31-32/	ID: !__!__!	39-40/	ID: !__!__!	47-48/
NAME _____		NAME _____		NAME _____	
1) IN THIS HOUSEHOLD..... 01	33-34/	..... 01	41-42/	..... 01	49-50/
NOT IN THIS HOUSEHOLD					
2) WITH (HIS/HER) (FATHER/MOTHER) 02		..... 02		..... 02	
3) WITH OTHER RELATIVE(S) 03		..... 03		..... 03	
(SPECIFY) _____		_____		_____	
4) WITH FOSTER CARE..... 04		..... 04		..... 04	
5) WITH ADOPTIVE PARENTS..... 05		..... 05		..... 05	
6) LONG TERM CARE					
INSTITUTION..... 06		..... 06		..... 06	
7) AWAY AT SCHOOL..... 07		..... 07		..... 07	
8) DECEASED.....(ASK a)..... 08		.....(ASK a)..... 08		.....(ASK a)..... 08	
9) OTHER (SPECIFY) _____		_____		_____	
_____ 09		_____ 09		_____ 09	

IF "DECEASED" IS PREPRINTED ON **CHILDREN'S RECORD FORM, PART B**, DO NOT READ.

OTHERWISE,

	35-38/		43-46/		51-54/	
a. IF DECEASED, ASK:	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
When did (CHILD) die?	!__!__!	!__!__!	!__!__!	!__!__!	!__!__!	!__!__!

INTERVIEWER: IF MORE THAN 3 CHILDREN, CONTINUE AT Q.4A ON NEXT PAGE. OTHERS SKIP TO Q.5, PAGE 9-77.

4A. Where does (CHILD) usually live? (CODE BELOW)

NON-BIOLOGICAL
FOURTH CHILD

55-56/

ID: !__!__!

NAME

57-58/

- 1) IN THIS HOUSEHOLD..... 01
 NOT IN THIS HOUSEHOLD
- 2) WITH (HIS/HER) (FATHER/MOTHER) 02
- 3) WITH OTHER RELATIVE(S)
 (SPECIFY)..... 03
- 4) WITH FOSTER CARE..... 04
- 5) WITH ADOPTIVE PARENTS..... 05
- 6) LONG TERM CARE
 INSTITUTION..... 06
- 7) AWAY AT SCHOOL..... 07
- 8) DECEASED.....(ASK a)..... 08
- 9) OTHER (SPECIFY)..... 09

NON-BIOLOGICAL
FIFTH CHILD

63-64/

ID: !__!__!

NAME

65-66/

- 01
- 02
- 03
- 04
- 05
- 06
- 07
-(ASK a)..... 08
- 09

NON-BIOLOGICAL
SIXTH CHILD

71-72/

ID: !__!__!

NAME

73-74/

- 01
- 02
- 03
- 04
- 05
- 06
- 07
-(ASK a)..... 08
- 09

IF "DECEASED" IS PREPRINTED ON CHILDREN'S RECORD FORM, PART B, DO NOT READ.

OTHERWISE,

59-62/

- a. IF DECEASED, ASK: MONTH YEAR
 When did (CHILD) die? !__!__! !__!__!

67-70/

MONTH YEAR
!__!__! !__!__!

75-78/

MONTH YEAR
!__!__! !__!__!

! INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN PART B, GO TO Q.5, P. 9-77. !
 !

5. INTERVIEWER: SEE HOUSEHOLD ENUMERATION ON **FACE SHEET**. ARE THERE ANY SONS, DAUGHTERS, STEP OR ADOPTED SONS OR DAUGHTERS LISTED THERE WHO ARE NOT LISTED ON CHILDREN'S RECORD FORM, PART A OR B?

YES (GO TO Q.6) 1

10/

NO (SKIP TO Q.7) 0

6. INTERVIEWER: FOR EACH CHILD NOT LISTED ON **CHILDREN'S RECORD FORM**, ASK:

Is (CHILD'S FULL NAME) your own biological child or is (he/she) an adopted or stepchild?

--> IF BIOLOGICAL:

- INTERVIEWER: WAS CHILD BORN SINCE DATE OF 1986 OR PRIOR INTERVIEW? (YOU HAVE RECORDED NEW CHILD ON **HOUSEHOLD ENUMERATION** AND CHILD'S AGE IS LESS THAN YEARS SINCE 1986 OR PRIOR INTERVIEW)

YES (ASK ABOUT NEXT CHILD
OR SKIP TO Q.7)..... 1

11/

NO (GO TO A) 0

- A. INTERVIEWER:
- . RECORD FULL NAME AND SEX ON FIRST AVAILABLE LINE IN PART A OF **CHILDREN'S RECORD FORM**.
 - . THEN ASK: What is (his/her) birthdate? RECORD IN PART A FOR EACH CHILD.
 - . RECORD ID # HERE FOR EACH BIOLOGICAL CHILD JUST COLLECTED.

NEXT BIOLOGICAL
CHILD

| | |
ID #

12-13/

NEXT BIOLOGICAL
CHILD

| | |
ID #

14-15/

NEXT BIOLOGICAL
CHILD

| | |
ID #

16-17/

(ASK ABOUT NEXT CHILD OR GO TO Q.7)

----> IF ADOPTED OR STEPCHILD:

- B. INTERVIEWER:
- . RECORD FULL NAME AND SEX ON FIRST AVAILABLE LINE IN PART B OF **CHILDREN'S RECORD FORM**.
 - . THEN ASK: What is (his/her) birthdate? RECORD IN PART B FOR EACH CHILD.
 - . RECORD ID # HERE FOR EACH NON-BIOLOGICAL CHILD JUST COLLECTED.

NEXT NON-BIOLOGICAL
CHILD

| | |
ID #

18-19/

NEXT NON-BIOLOGICAL
CHILD

| | |
ID #

20-21/

NEXT NON-BIOLOGICAL
CHILD

| | |
ID #

22-23/

(ASK ABOUT NEXT CHILD OR GO TO Q.7)

7. INTERVIEWER: WHAT SEX IS THE RESPONDENT?

MALE(GO TO Q.8) 1

24/

FEMALE (SKIP TO Q.24, PAGE 9-85) 2

ASK MEN ONLY:

8. Please tell me if you have had any children since (DATE OF 1986 OR PRIOR INTERVIEW)?

Yes (ASK A) 1

25/

No (ASK B) 0

A. How many children have you had since (DATE OF 1986 OR PRIOR INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN: |__|__|

26-27/

(GO TO Q.9, PAGE 9-79)

B. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES ... (SKIP TO Q.14, PAGE 9-80) ... 1

28/

NO (SKIP TO Q.16, PAGE 9-83) ... 0

	FIRST CHILD (SINCE 1986 OR PRIOR INTERVIEW)	SECOND CHILD (SINCE 1986 OR PRIOR INTERVIEW)	THIRD CHILD (SINCE 1986 OR PRIOR INTERVIEW)
9. <u>INTERVIEWER</u> : RECORD ID # CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART A.	29-30/ ID: ! ! !	38-39/ ID: ! ! !	47-48/ ID: ! ! !
10. What did you name the (first/next) baby?	(RECORD NAME IN PART A OF CHILDREN'S RECORD FORM)	(RECORD NAME IN PART A OF CHILDREN'S RECORD FORM)	(RECORD NAME IN PART A OF CHILDREN'S RECORD FORM)
11. Was the baby a boy or a girl?	(RECORD SEX IN PART A)	(RECORD SEX IN PART A)	(RECORD SEX IN PART A)
12. When was your child born?	(RECORD BIRTH- DATE IN PART A OF CHILDREN'S RECORD FORM, THEN ASK Q.13)	(RECORD BIRTH- DATE IN PART A OF CHILDREN'S RECORD FORM, THEN ASK Q.13)	(RECORD BIRTH- DATE IN PART A OF CHILDREN'S RECORD FORM, THEN ASK Q.13)
13. Where does (CHILD/NEXT CHILD) usually live? (CODE BELOW)	31-32/	40-41/	49-50/
1) IN THIS HOUSEHOLD 01 <u>NOT IN THIS HOUSEHOLD</u>	..... 01	..... 01	..... 01
2) WITH (HIS/HER) MOTHER 02	..... 02	..... 02	..... 02
3) WITH OTHER RELATIVE(S) (SPECIFY) 03	..... 03	..... 03	..... 03
4) WITH FOSTER CARE 04	..... 04	..... 04	..... 04
5) WITH ADOPTIVE PARENTS 05	..... 05	..... 05	..... 05
6) LONG TERM CARE INSTITUTION 06	..... 06	..... 06	..... 06
7) AWAY AT SCHOOL 07	..... 07	..... 07	..... 07
8) DECEASED (ASK A) 08	..... (ASK A)... 08	..... (ASK A)... 08	..... (ASK A)... 08
<u>OTHER LIVING ARRANGEMENTS</u>			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH MOTHER..... 09	..... 09	..... 09	..... 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON..... 10	..... 10	..... 10	..... 10
11) OTHER (SPECIFY) 11	..... 11	..... 11	..... 11
	33-36/	42-45/	51-54/
A. <u>IF DECEASED, ASK:</u> MONTH YEAR When did (CHILD) die? ! ! ! ! ! !	MONTH YEAR ! ! ! ! ! !	MONTH YEAR ! ! ! ! ! !	MONTH YEAR ! ! ! ! ! !
B. <u>INTERVIEWER</u> : HAS R HAD ANOTHER CHILD?	YES.(GO TO Q.9 FOR NEXT CHILD). 1 37/ NO.(GO TO Q.14).. 0	(GO TO Q.9 FOR NEXT CHILD).. 1 46/ (GO TO Q.14).. 0	(GO TO NEW QUEX Q.9, PG.9-79).. 1 55/ (GO TO Q.14).. 0

14. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM PART A**, AND ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**)?

YES (GO TO A) 1

56/

NO (GO TO Q.15, PAGE 9-82) 0

- A. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.

FIRST CHILD IN HH 57-58/ ID: !__!__!	SECOND CHILD IN HH 67-68/ ID: !__!__!	THIRD CHILD IN HH 77-78/ ID: !__!__!
NAME	NAME	NAME

- B. INTERVIEWER: ASK Q.14C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

BEGIN DECK 21

- | | | | | | |
|--|---|--|---|---|---|
| HAND
CARD
L | C. Does (FIRST CHILD/NEXT CHILD)'s natural mother live in this household? | Yes...(SKIP TO H)... 1 59/
No....(ASK D)..... 0 | Yes...(SKIP TO H). 1 69/
No....(ASK D).... 0 | Yes...(SKIP TO H). 1 10/
No....(ASK D)... 0 | |
| | D. Is (CHILD)'s mother living? | Yes....(ASK E)..... 1 60/
No...(SKIP TO H)... 0 | Yes...(ASK E).... 1 70/
No...(SKIP TO H).. 0 | Yes...(ASK E)... 1 11/
No...(SKIP TO H). 0 | |
| | E. About how far from you does (CHILD)'s mother live? Is it. . . | within 1 mile..... 1 61/
1-10 miles..... 2
11-100 miles..... 3
101-200 miles..... 4
more than
200 miles..... 5 | 1 71/
..... 2
..... 3
..... 4
..... 5 | 1 12/
..... 2
..... 3
..... 4
..... 5 | |
| | HAND
CARD
M | F. In the past 12 months [or since (CHILD) has been separated from (his/her) mother, whichever is more recent], about how often has (CHILD) seen (his/her) mother? | Almost every day.. 01 62-63/
2-5 times a week.. 02
About once
a week..... 03
1-3 times
a month..... 04
7-11 times in the
past 12 months... 05
2-6 times in the
past 12 months... 06
Once in the past
12 months..... 07
Never
(SKIP TO H)..... 08 | 01 72-73/
..... 02
..... 03
..... 04
..... 05
..... 06
..... 07
..(SKIP TO H).... 08 | 01 13-14/
..... 02
..... 03
..... 04
..... 05
..... 06
..... 07
..(SKIP TO H).... 08 |
| | | G. How long do these visits usually last? (RECORD IN DAYS). | Less than 1 day... 00
OR
!__!__! 64-65/
OF DAYS | Less than 1 day.. 00
OR
!__!__! 74-75/
OF DAYS | Less than 1 day.. 00
OR
!__!__! 15-16/
OF DAYS |
| H. <u>INTERVIEWER:</u> IS THERE A (2ND/3RD/ETC.) CHILD LISTED? | | YES.(RE-ASK C FOR NEXT CHILD).... 1
NO...(GO TO Q.15 PAGE 9-82)..... 0 66/ | YES.(RE-ASK C).... 1
NO...(GO TO Q.15 PAGE 9-82)... 0 76/ | YES.(RE-ASK C).. 1
NO...(GO TO Q.15 PAGE 9-82)... 0 17/ | |

14. (Continued)

FOURTH CHILD IN HH 18-19/ ID: !__!__!	FIFTH CHILD IN HH 28-29/ ID: !__!__!	SIXTH CHILD IN HH 38-39/ ID: !__!__!	SEVENTH CHILD IN HH 48-49/ ID: !__!__!	EIGHTH CHILD IN HH 58-59/ ID: !__!__!
NAME	NAME	NAME	NAME	NAME
20/	30/	40/	50/	60/
Yes...(SKIP TO H).. 1 No.....(ASK D).... 0	Yes...(SKIP TO H).. 1 No.....(ASK D).... 0	Yes...(SKIP TO H).. 1 No.....(ASK D).... 0	Yes...(SKIP TO H).. 1 No.....(ASK D).... 0	Yes...(SKIP TO H).. 1 No.....(ASK D)... 0
21/ Yes....(ASK E).... 1 No...(SKIP TO H).. 0	31/ Yes....(ASK E).... 1 No...(SKIP TO H).. 0	41/ Yes....(ASK E).... 1 No...(SKIP TO H).. 0	51/ Yes....(ASK E).... 1 No...(SKIP TO H).. 0	61/ Yes....(ASK E).... 1 No...(SKIP TO H).. 0
22/ within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 101-200 miles..... 4 more than 200 miles..... 5	32/ 1 2 3 4 5	42/ 1 2 3 4 5	52/ 1 2 3 4 5	62/ 1 2 3 4 5
23-24/ Almost every day. 01 2-5 times a week. 02 About once a week..... 03 1-3 times a month..... 04 7-11 times in the past 12 months... 05 2-6 times in the past 12 months... 06 Once in the past 12 months... 07 Never (SKIP TO H)..... 08	33-34/ 01 02 03 04 05 06 07 ..(SKIP TO H).... 08	43-44/ 01 02 03 04 05 06 07 ..(SKIP TO H).... 08	53-54/ 01 02 03 04 05 06 07 ..(SKIP TO H).... 08	63-64/ 01 02 03 04 05 06 07 ..(SKIP TO H)... 08
Less than 1 day.. 00 OR !__!__! 25-26/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 35-36/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 45-46/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 55-56/ # OF DAYS	Less than 1 day. 00 OR !__!__! 65-66/ # OF DAYS
27/ YES..(RE-ASK C)... 1 NO..(GO TO Q.15 PAGE 9-82)... 0	37/ YES..(RE-ASK C)... 1 NO..(GO TO Q.15 PAGE 9-82)... 0	47/ YES..(RE-ASK C)... 1 NO..(GO TO Q.15 PAGE 9-82)... 0	57/ YES..(RE-ASK C)... 1 NO..(GO TO Q.15 PAGE 9-82)... 0	67/ YES..(GO TO NEW QUEX Q.14A,P.9-80) 1 NO..(GO TO Q.15 PAGE 9-82)... 0

15. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED OR ADOPTED-OUT CHILDREN) (ARE THERE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM PART A**, WHO ARE NOT LISTED ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?)

YES..... (ASK A-F) 1

68/

NO.....(GO TO Q.16, PAGE 9-83) 0

- A. INTERVIEWER: ENTER NAME AND ID# OF FIRST CHILD, NEXT CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE: (USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

FIRST CHILD NOT IN HH		SECOND CHILD NOT IN HH		THIRD CHILD NOT IN HH	
69-70/		10-11/		18-19/	
ID: !__!__!		ID: !__!__!		ID: !__!__!	
_____ NAME		_____ NAME		_____ NAME	

- B. INTERVIEWER: ASK C-F FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH FIRST CHILD.

- C. INTERVIEWER: READ INTRODUCTORY STATEMENT FOR FIRST CHILD ONLY:

Now I would like to ask you some questions about your (child/children) who (is/are) not living in this household.

HAND CARD L	About how far from you does (CHILD'S NAME) live? Is it. . .	within 1 mile..... 1	71/	1	12/	1	20/
		1-10 miles..... 2		2		2	
		11-100 miles..... 3		3		3	
		101-200 miles..... 4		4		4	
		more than 200 miles..... 5		5		5	
		72-73/		13-14/		21-22/	
HAND CARD M	D. In the past 12 months [or since (CHILD) has not been living with you, whichever is most recent], about how often have you seen (CHILD)?	Almost every day.. 01		01		01	
		2-5 times a week.. 02		02		02	
		About once a week..... 03		03		03	
		1-3 times a month..... 04		04		04	
		7-11 times in the past 12 months... 05		05		05	
		2-6 times in the past 12 months... 06		06		06	
		Once in the past 12 months..... 07		07		07	
		Never (SKIP TO F)..... 08		08		08	
			74-75/		15-16/		23-24/
E. How long do these visits usually last? (RECORD IN DAYS).	Less than 1 day... 00	OR	Less than 1 day.. 00	OR	Less than 1 day.. 00	OR	
	!__!__!		!__!__!		!__!__!		
	# OF DAYS		# OF DAYS		# OF DAYS		
F. <u>INTERVIEWER</u> : IS THERE A (2ND/3RD/ETC.) CHILD LISTED?	YES.(RE-ASK C FOR NEXT CHILD).. 1	YES.(RE-ASK C).... 1	YES(GO TO NEW QUEX Q.15C, PG 9-82) 1				
	NO..(GO TO Q.16 PAGE 9-83).... 0	76/ NO..(GO TO Q.16 PAGE 9-83)... 0	17/ NO..(GO TO Q.16 PAGE 9-83)... 0		25/		

16. Altogether, how many (more) children do you expect to have?

(INCLUDE ANY CURRENT PREGNANCIES)

ENTER NUMBER OF CHILDREN: |__|__| 26-27/
 OR
 NONE ...(SKIP TO Q.18)..... 00

17. In how many months or years do you expect to have your (first/next) child?

ENTER NUMBER OF MONTHS: |__|__| 28-29/
 OR
 NUMBER OF YEARS: |__|__| 30-31/

18. INTERVIEWER: HAS RESPONDENT HAD ANY CHILDREN SINCE DATE OF 1986 OR PRIOR INTERVIEW (IS Q.8, PAGE 9-78 CODED "YES") OR IS R EXPECTING A CHILD (IS NUMBER OF MONTHS IN Q.17 LESS THAN "09")?

YES.....(ASK A)..... 1 32/
 NO.....(GO TO Q.19)..... 0

A. When your (partner/spouse) became pregnant with (MOST RECENT CHILD) were you and she trying to have a baby or trying not to have a baby? (CODE MALE'S INTENTION IF THERE WAS DISAGREEMENT BETWEEN MALE AND PARTNER.)

Trying to have a baby..... 1
 Trying not to have a baby..... 2 33/
 Neither..... 3

19. INTERVIEWER: IS (PARTNER/SPOUSE) CURRENTLY PREGNANT? (IS Q.17 CODED LESS THAN 09 MONTHS?)

YES....(SKIP TO Q.23, PAGE 9-84)..... 1 34/
 NO.....(ASK Q.20)..... 0

20. During the last month, have you or your (partner/spouse) used any form of birth control? By birth control we mean methods such as those listed on this card.

Yes.....(ASK Q.21)..... 1
 No.....(SKIP TO Q.23, PAGE 9-84).... 0 35/
 R's partner is currently pregnant
 (SKIP TO Q.23, PAGE 9-84)..... 2

HAND
CARD
N

21. In the past month, how often have you or your (partner/spouse) used birth control? Would you say it was always, sometimes, or almost never?

Always..... 1

Sometimes..... 2

36/

Almost never..... 3

22. Please look at this card. What methods have you or your (partner/spouse) used in the last month? Just tell me the number. CODE ALL THAT APPLY.

HAND
CARD
N

- | | | |
|---|----|--------|
| 1. Pill..... | 01 | 37-38/ |
| 2. Condom, rubber..... | 02 | 39-40/ |
| 3. Foam..... | 03 | 41-42/ |
| 4. Jelly or cream alone..... | 04 | 43-44/ |
| 5. Suppository or insert..... | 05 | 45-46/ |
| 6. Diaphragm with or without jelly or cream..... | 06 | 47-48/ |
| 7. Douching after intercourse..... | 07 | 49-50/ |
| 8. IUD, coil, loop..... | 08 | 51-52/ |
| 9. Operation--Female sterilization,
tubes tied..... | 09 | 53-54/ |
| 10. Operation--Male sterilization, vasectomy..... | 10 | 55-56/ |
| 11. Natural family planning, safe period by
temperature or cervical mucous test..... | 11 | 57-58/ |
| 12. Rhythm or safe period by calendar..... | 12 | 59-60/ |
| 13. Withdrawal/pulling out..... | 13 | 61-62/ |
| 14. Contraceptive sponge..... | 14 | 63-64/ |
| 15. Abstinence..... | 15 | 65-66/ |
| 16. Other method (SPECIFY)..... | 16 | 67-68/ |

23. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE QUESTIONS IN SECTION 9?

YES..... 1

NO..... 0

69/

TELEPHONE INTERVIEW..... 2

SKIP TO SECTION 11, PAGE 11-161

24. INTERVIEWER: WAS RESPONDENT PREGNANT AT DATE OF 1986 OR PRIOR INTERVIEW?
SEE **INFORMATION SHEET** ITEM 12.

YES (RECORD DATE OF 1986 OR PRIOR INTERVIEW
ON **CALENDAR** IN ROW D, SKIP TO Q.31A). 1

NO (ASK A) 0 70/

MISSING (ASK A) 2

A. Have you been pregnant since (DATE OF 1986 OR PRIOR INTERVIEW)?

-----> INTERVIEWER NOTE: INCLUDE CURRENT PREGNANCY.

Yes (ASK B) 1 71/

No (SKIP TO Q.58, PAGE 9-94) 0

B. How many times?

ENTER NUMBER: 72/

25. When did (that/the first) pregnancy begin? What month and year?

ENTER MONTH: 73-74/

AND YEAR: 75-76/

RECORD DATE IN ROW D ON **CALENDAR**.

26. (HAND CARD N) Just before you became pregnant that time, did you use any
methods such as the ones listed on this card to keep from getting pregnant?
BEGIN DECK 23

HAND CARD N

Yes.....(GO TO Q.27).....: 1 10/

No.....(SKIP TO Q.28)..... 0

27. Had you stopped all methods before you became pregnant?

Yes.....(GO TO Q.28)..... 1 11/

No.....(SKIP TO Q.29)..... 0

28. Was the reason you (were not/stopped) using any methods because you yourself
wanted to become pregnant?

Yes.....(SKIP TO Q.30)..... 1 12/

No.....(GO TO Q.29)..... 0

29. Just before you became pregnant that time, did you want to become pregnant when you did? IF NO, PROBE: Did you want (a/another) baby but not at that time, or did you want (none/no more) at all?

Yes..... 1
 Didn't matter..... 2 13/
 No--not at that time..... 3
 No--(none/no more) at all..... 4

30. And what about your husband or partner when you became pregnant that time-- did he want you to have (a/another) baby? IF NO PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?

Yes..... 1
 Didn't matter..... 2
 No--not at that time..... 3 14/
 No--(none/no more at all)..... 4
 Don't know..... 8

31. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW.

-----> INTERVIEWER NOTE: IF R WAS PREGNANT AT DATE OF 1986 OR PRIOR INTERVIEW, ASK:

- A. According to our records, you were pregnant at the date of our (1986 OR PRIOR) interview. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW.

HAND
CARD
0

1. Live birth (Ask B-E) 1
 2. Miscarriage .. (GO TO Q.34, PAGE 9-88).... 2
 3. Stillbirth ... (GO TO Q.34, PAGE 9-88).... 3 15/
 4. Abortion (GO TO Q.34, PAGE 9-88).... 4
 5. Still pregnant (SKIP TO Q.58A, P.9-94).... 5

INTERVIEWER: IF R VOLUNTEERS SHE WAS NOT PREGNANT, CHANGE Q.24 AND INFORMATION SHEET TO "NO", THEN ASK Q.24A.

- B. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM, PART A.**

ID NUMBER: | | | 16-17/

- C. What did you name the baby?

RECORD FULL NAME IN PART A OF **CHILDREN'S RECORD FORM.**

- D. Was the baby a boy or a girl? RECORD SEX IN PART A.

- E. When was the baby born?

ENTER BIRTHDATE IN PART A. RECORD DATE IN ROW D ON CALENDAR. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK Q.32.

32. Where does (CHILD) usually live?

1) IN THIS HOUSEHOLD(SKIP TO Q.33) 01 18-19/

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) FATHER.....(GO TO A) 02

3) WITH OTHER RELATIVE(S)
(SPECIFY) _____ (GO TO A) 03

4) WITH FOSTER CARE(GO TO A) 04

5) WITH ADOPTIVE PARENTS(GO TO A) 05

6) LONG TERM CARE
INSTITUTION(GO TO A) 06

7) AWAY AT SCHOOL(GO TO A) 07

8) DECEASED(ASK C) 08

OTHER LIVING ARRANGEMENTS9) CHILD LIVES PART-TIME WITH R AND
PART-TIME WITH FATHER.....(SKIP TO Q.33) 0910) CHILD LIVES PART-TIME WITH R AND PART-
TIME WITH OTHER PERSON....(SKIP TO Q.33) 10

11) OTHER (SPECIFY BELOW AND GO TO A)

11

A. When did (child) last live with you?

Month Year

|_|_|_|_|_|
(ASK B)or NEVER LIVED WITH R... 0000 20-23/
(SKIP TO Q.33)B. ASK ONLY IF CHILD IS OVER 3 MONTHS OLD: (Were/Was) there any
period(s) of more than three consecutive months when (CHILD) did
not live with you before that time?

Yes...(SKIP TO Q.33).... 1

No...(SKIP TO Q.33).... 0 24/

C. IF DECEASED, ASK: When did (CHILD) die?|_|_|_|_|
MO YR

25-28/

33. Were you pregnant another time after that pregnancy?

Yes (SKIP TO Q.36, PAGE 9-88) 1

No (SKIP TO Q.58, PAGE 9-94) 0

29/

34. When did that pregnancy end?

| | | | | | |

30-35/

MO DA YR

RECORD DATE IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

35. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: | | |

36-37/

A. Were you pregnant another time after that pregnancy?

Yes (GO TO Q.36) 1

38/

No (SKIP TO Q.58, PAGE 9-94) 0

INTERVIEWER: IF R HAD MORE THAN ONE PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW, GO TO Q.36. OTHERS SKIP TO Q.58, PAGE 9-94.

36. When did the second pregnancy begin? What month and year?

ENTER MONTH: | | |

39-40/

AND YEAR: | | |

41-42/

RECORD DATE IN ROW D ON **CALENDAR**.

37. (HAND CARD N) Just before you became pregnant that time, did you use any methods such as the ones listed on this card to keep from getting pregnant?

HAND
CARD
N

Yes.....(GO TO Q.38)..... 1

43/

No.....(SKIP TO Q.39)..... 0

38. Had you stopped all methods before you became pregnant?

Yes.....(GO TO Q.39)..... 1

44/

No.....(SKIP TO Q.40)..... 0

39. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?

Yes.....(SKIP TO Q.41)..... 1

45/

No.....(GO TO Q.40)..... 0

40. Just before you became pregnant that time, did you want to become pregnant when you did? IF NO, PROBE: Did you want (a/another) baby but not at that time, or did you want (none/no more) at all?

Yes..... 1
 Didn't matter..... 2 46/
 No--not at that time..... 3
 No--(none/no more) at all..... 4

41. And what about your husband or partner when you became pregnant that time--did he want you to have (a/another) baby? IF NO PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?

Yes..... 1
 Didn't matter..... 2 47/
 No--not at that time..... 3
 No--(none/no more at all)..... 4
 Don't know..... 8

42. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW

HAND CARD 0

1. Live birth	(ASK A-D)	1	
2. Miscarriage ..	(GO TO Q.45, P.9-91)	2	
3. Stillbirth ...	(GO TO Q.45, P.9-91)	3	48/
4. Abortion	(GO TO Q.45, P.9-91)	4	
5. Still pregnant (SKIP TO Q.58A, P.9-94)....		5	

- A. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM, PART A.**

ID NUMBER: 49-50/

- B. What did you name the baby?

RECORD FULL NAME IN PART A OF **CHILDREN'S RECORD FORM.**

- C. Was the baby a boy or a girl? RECORD SEX IN PART A.

- D. When was the baby born?

INTERVIEWER: ENTER BIRTHDATE IN PART A. RECORD DATE IN ROW D ON **CALENDAR.**
 DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK
 Q.43, PAGE 9-90.

43. Where does (CHILD) usually live?

- 1) IN THIS HOUSEHOLD(SKIP TO Q.44) 01
 NOT IN THIS HOUSEHOLD
- 2) WITH (HIS/HER) FATHER(GO TO A) 02 51-52/
- 3) WITH OTHER RELATIVE(S)
 (SPECIFY) _____(GO TO A) 03
- 4) WITH FOSTER CARE(GO TO A) 04
- 5) WITH ADOPTIVE PARENTS(GO TO A) 05
- 6) LONG TERM CARE
 INSTITUTION(GO TO A) 06
- 7) AWAY AT SCHOOL(GO TO A) 07
- 8) DECEASED(ASK C) 08
- OTHER LIVING ARRANGEMENTS
- 9) CHILD LIVES PART-TIME WITH R AND
 PART-TIME WITH FATHER.....(SKIP TO Q.44) 09
- 10) CHILD LIVES PART-TIME WITH R AND PART-
 TIME WITH OTHER PERSON.....(SKIP TO Q.44) 10
- 11) OTHER (SPECIFY BELOW AND GO TO A)

11

A. When did (child) last live with you?

Month Year

|_|_|_|_|_|_|_|
 (ASK B)

or NEVER LIVED WITH R... 0000 53-56/
 (SKIP TO Q.44)

B. ASK ONLY IF CHILD IS OVER 3 MONTHS OLD: (Were/Was) there any period(s) of more than three consecutive months when (CHILD) did not live with you before that time?

Yes...(SKIP TO Q.44)... 1

57/

No...(SKIP TO Q.44)... 0

C. IF DECEASED, ASK: When did (CHILD) die? |_|_|_|_|_|

MO YR

58-61/

44. Were you pregnant another time after that pregnancy?

Yes (SKIP TO Q.47, PAGE 9-91) 1

62/

No (SKIP TO Q.58, PAGE 9-94) 0

45. When did that pregnancy end?

MO		DA		YR	

63-68/

RECORD DATE IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

46. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS: | | |

69-70/

A. Were you pregnant another time after that pregnancy?

Yes (GO TO Q.47) 1

71/

No (SKIP TO Q.58, PAGE 9-94) 0

INTERVIEWER:	IF R HAD MORE THAN TWO PREGNANCIES SINCE DATE OF 1986 OR PRIOR INTERVIEW, GO TO Q.47. OTHERS SKIP TO Q.58, P.9-94.
--------------	--

47. When did the third pregnancy begin? What month and year?

ENTER MONTH: | | |

72-73/

AND YEAR: | | |

74-75/

RECORD DATE IN ROW D ON **CALENDAR**.

48. (HAND CARD N) Just before you became pregnant that time, did you use any methods such as the ones listed on this card to keep from getting pregnant?

HAND CARD N

Yes.....(GO TO Q.49)..... 1

76/

No.....(SKIP TO Q.50)..... 0

49. Had you stopped all methods before you became pregnant?

Yes.....(GO TO Q.50)..... 1

77/

No.....(SKIP TO Q.51)..... 0

50. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?

Yes.....(SKIP TO Q.52)..... 1

78/

No.....(GO TO Q.51)..... 0

51. Just before you became pregnant that time, did you want to become pregnant when you did? IF NO, PROBE: Did you want (a/another) baby but not at that time, or did you want (none/no more) at all?

Yes.....	1	
Didn't matter.....	2	79/
No--not at that time.....	3	
No--(none/no more) at all.....	4	

52. And what about your husband or partner when you became pregnant that time-- did he want you to have (a/another) baby? IF NO PROBE: Did he want you to have (a/another) baby but not at that time, or did he want you to have (none/no more) at all?

Yes.....	1	
Didn't matter.....	2	80/
No--not at that time.....	3	
No--(none/no more at all).....	4	
Don't know.....	8	

53. Please look at this card. What was the result of that pregnancy? Just tell me the number. CODE BELOW

BEGIN DECK 24

HAND CARD 0

1. Live birth	(ASK A-D)	1	
2. Miscarriage ..	(GO TO Q.56, P.9-94)	2	
3. Stillbirth ...	(GO TO Q.56, P.9-94)	3	10/
4. Abortion	(GO TO Q.56, P.9-94)	4	
5. Still pregnant (SKIP TO Q.58A, P.9-94)....		5	

- A. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM, PART A.**

ID NUMBER: 11-12/

- B. What did you name the baby?

RECORD FULL NAME IN PART A OF **CHILDREN'S RECORD FORM.**

- C. Was the baby a boy or a girl? RECORD SEX IN PART A.

- D. When was the baby born?

INTERVIEWER: ENTER BIRTHDATE IN PART A. RECORD IN ROW D ON **CALENDAR.** DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK Q.54 ON NEXT PAGE.

54. Where does (CHILD) usually live?

1) IN THIS HOUSEHOLD(SKIP TO Q.55) 01 13-14/

NOT IN THIS HOUSEHOLD

2) WITH (HIS/HER) FATHER(GO TO A) 02

3) WITH OTHER RELATIVE(S)
(SPECIFY) _____(GO TO A) 03

4) WITH FOSTER CARE(GO TO A) 04

5) WITH ADOPTIVE PARENTS(GO TO A) 05

6) LONG TERM CARE
INSTITUTION(GO TO A) 06

7) AWAY AT SCHOOL(GO TO A) 07

8) DECEASED(ASK C) 08

OTHER LIVING ARRANGEMENTS

9) CHILD LIVES PART-TIME WITH R AND
PART-TIME WITH FATHER....(SKIP TO Q.55) 09

10) CHILD LIVES PART-TIME WITH R AND PART-
TIME WITH OTHER PERSON...(SKIP TO Q.55) 10

11) OTHER (SPECIFY BELOW AND GO TO A)

11

A. When did (child) last live with you?

Month Year

|_|_|_|_|_|
(ASK B)

or NEVER LIVED WITH R... 0000 15-18/
(SKIP TO Q.55)

B. ASK ONLY IF CHILD IS OVER 3 MONTHS OLD: (Were/Was) there any
period(s) of more than three consecutive months when (CHILD) did
not live with you before that time?

Yes...(SKIP TO Q.55)... 1

19/

No...(SKIP TO Q.55)... 0

C. IF DECEASED, ASK: When did (CHILD) die? |_|_|_|_|_| 20-23/

MO YR

55. Were you pregnant another time after that pregnancy?

Yes (GO TO **NEW QUEX**, Q.25, PAGE 9-85) 1

24/

No (SKIP TO Q.58, PAGE 9-94) 0

56. When did that pregnancy end?

MO		DA		YR		

25-30/

RECORD IN ROW D ON **CALENDAR**. DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

57. How many months pregnant were you when that happened?

ENTER NUMBER OF MONTHS:

--	--	--

31-32/

A. Were you pregnant another time after that pregnancy?

Yes (GO TO **NEW QUEX**, Q.25, PAGE 9-85) 1

33/

No (ASK Q.58) 0

58. Are you pregnant now?

Yes (ASK A) 1

No (GO TO Q.59) 0

34/

Don't know (GO TO Q.59) 8

A. IF YES: When do you expect the baby to be born?ENTER DATE HERE:

MO		DA		YR		

35-40/

DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. (IF CURRENT PREGNANCY EXPECTED BIRTHDATE IS PAST DATE OF THIS YEAR'S INTERVIEW, DRAW LINE TO DATE OF THIS INTERVIEW ONLY).

IF R VOLUNTEERS THAT PREGNANCY WILL BE TERMINATED,
CHECK BOX HERE:

--	--

41/

59. Altogether, how many (more) children do you expect to have?
IF R IS PREGNANT, ADD: Please include your current pregnancy.

ENTER NUMBER OF CHILDREN: |__|__| 42-43/

OR

NONE..... (SKIP TO Q.61)..... 00

60. In how many months or years do you expect to have your (first/next) child?

ENTER # OF MONTHS: |__|__| 44-45/

OR

OF YEARS: |__|__| 46-47/

61. INTERVIEWER: IS R CURRENTLY PREGNANT? (IS Q.58, P.9-94 CODED YES OR IS Q.58A CODED)?

YES..(SKIP TO Q.65, PAGE 9-96).... 1 48/

NO.....(ASK Q.62)..... 0

62. During the last month, have you used any form of birth control? By birth control we mean methods such as those listed on this card.

HAND CARD N

Yes..... 1 49/

No...(SKIP TO Q.65, PAGE 9-96).... 0

63. In the past month, how often have you or your (partner/spouse) used birth control? Would you say it was always, sometimes, or almost never?

Always..... 1

Sometimes..... 2 50/

Almost never..... 3

64. Please look at this card. What methods have you or your (partner/spouse) used in the last month? Just tell me the number. CODE ALL THAT APPLY.

HAND CARD N

- | | | |
|---|----|--------|
| 1. Pill..... | 01 | 51-52/ |
| 2. Condom, rubber..... | 02 | 53-54/ |
| 3. Foam..... | 03 | 55-56/ |
| 4. Jelly or cream alone..... | 04 | 57-58/ |
| 5. Suppository or insert..... | 05 | 59-60/ |
| 6. Diaphragm with or without jelly or cream..... | 06 | 61-62/ |
| 7. Douching after intercourse..... | 07 | 63-64/ |
| 8. IUD, coil, loop..... | 08 | 65-66/ |
| 9. Operation--Female sterilization,
tubes tied..... | 09 | 67-68/ |
| 10. Operation--Male sterilization, vasectomy..... | 10 | 69-70/ |
| 11. Natural family planning, safe period by
temperature or cervical mucous test..... | 11 | 71-72/ |
| 12. Rhythm or safe period by calendar..... | 12 | 73-74/ |
| 13. Withdrawal/pulling out..... | 13 | 75-76/ |
| 14. Contraceptive sponge..... | 14 | 10-11/ |
| 15. Abstinence..... | 15 | 12-13/ |
| 16. Other method (SPECIFY)_____ | 16 | 14-15/ |

BEGIN DECK 25

65. INTERVIEWER: SEE INFORMATION SHEET ITEM 03. WAS R INTERVIEWED IN 1986?

YES...(WRITE DATE OF 1986 INTERVIEW
IN Q.1 ON SELF-ADMINISTERED
ABORTION CARD)..... 1

16/

NO...(WRITE "JANUARY 1, 1984" IN Q.1
ON SELF-ADMINISTERED ABORTION
CARD AND CROSS OUT REFERENCE
TO DATE OF 1986 INTERVIEW)..... 0

A. Now please fill out this card and seal it in the envelope. Thank you.

HAND SELF- ADMINISTERED CARD

66. INTERVIEWER: HAS R HAD ANY PREGNANCIES SINCE DATE OF 1986 OR PRIOR INTERVIEW? (SEE QS.24 AND 24A, PAGE 9-85)

YES (SKIP TO C) 1

36/

NO (ASK A) 0

A. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS? (SEE **CHILDREN'S RECORD FORM, PART A**).

YES (ASK B) 1

37/

NO ...(SKIP TO Q.128, PAGE 9-126) ... 0

B. INTERVIEWER: DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A**? (ARE QS. 113, 115, 117 OR 120 PREPRINTED UNDER "FOOD" COLUMN?)

YES (SKIP TO Q.111, PAGE 9-116)... 1

38/

NO (SKIP TO Q.122, PAGE 9-120).... 0

C. INTERVIEWER: IS R CURRENTLY PREGNANT? (Q.58, PAGE 9-94, IS CODED "1"--YES OR Q.58A IS CODED).

YES (ANSWER D) 1

39/

NO (GO TO Q.67, PAGE 9-98)..... 0

D. INTERVIEWER: HAS R HAD OTHER PREGNANCIES SINCE 1986 OR PRIOR INTERVIEW BESIDES THIS CURRENT PREGNANCY? (DOES Q.24B, PAGE 9-85, = 2 OR MORE)

YES (GO TO Q.67, PAGE 9-98) 1

40/

NO (ANSWER E) 0

E. INTERVIEWER: SEE **CHILDREN'S RECORD FORM, PART A**. (ARE QS.113,115,117 OR 120 LISTED UNDER THE "FOOD" COLUMN?)

YES (SKIP TO Q.111, PAGE 9-116)... 1

41/

NO (SKIP TO Q.122, PAGE 9-120).... 0

67. Now I'd like to ask you some questions about your (pregnancy/pregnancies) since (DATE OF 1986 OR PRIOR INTERVIEW.)

A. FILL IN DATES OF PREGNANCIES SINCE DATE OF 1986 OR PRIOR INTERVIEW (Qs. 25, PAGE 9-85; 36, PAGE 9-88; 47, PAGE 9-91) DO NOT INCLUDE CURRENT PREGNANCY. IF MORE THAN 2 PREGNANCIES, USE ANOTHER QUESTIONNAIRE.

B. CODE RESULT OF PREGNANCIES (Q.31A, PAGE 9-86, Q.42, PAGE 9-89, Q.53, PAGE 9-92)

C. IF PREGNANCIES RESULTED IN A LIVE BIRTH, RECORD CHILD'S ID NUMBER FROM Q.31B, PAGE 9-86, Q.42A, PAGE 9-89, OR Q.53A, PAGE 9-92.

D. RECORD CHILD'S NAME FROM **CHILDREN'S RECORD FORM, PART A.**

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

DATE BEGAN:

!_!_!_!_! 42-45/
MO YR

46/

LIVE BIRTH (GO TO C)..... 1
MISCARRIAGE (GO TO Q.68). 2
STILLBIRTH (GO TO Q.68).. 3
ABORTION..(GO TO Q.68)... 4

ID# !_!_! 47-48/

NAME

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

DATE BEGAN:

!_!_!_!_! 55-58/
MO YR

59/

LIVE BIRTH (GO TO C).... 1
MISCARRIAGE (GO TO Q.68) 2
STILLBIRTH (GO TO Q.68). 3
ABORTION..(GO TO Q.68).. 4

ID# !_!_! 60-61/

NAME

68. (First/Next), during your pregnancy (with CHILD/that began DATE), did you make any visits to a doctor or nurse for prenatal care, that is, to be examined or talk about your pregnancy?

A. IF YES, ASK: When did you first visit a doctor or nurse for prenatal care--during which month of your pregnancy. ENTER MONTH NUMBER.

Yes..(ASK A)..... 1
49/
No..(GO TO Q.69)... 0

!_!_! 50-51/
MONTH

Yes..(ASK A)..... 1
62/
No..(GO TO Q.69)... 0

!_!_! 63-64/
MONTH

69. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?

A. (HAND CARD P) How often did you usually drink alcoholic beverages during (your/that) pregnancy? Did you drink...(READ CATEGORIES)...CODE ONE ONLY.

HAND
CARD
P

Yes..(ASK A)..... 1
52/
No..(GO TO Q.70)... 0

Every day..... 07
Nearly every day.. 06
3 or 4 days 53-54/
a week..... 05
1 or 2 days
a week..... 04
3 or 4 days
a month..... 03
About once
a month..... 02
Less than once
a month..... 01
Never..... 00

Yes..(ASK A)..... 1
65/
No..(GO TO Q.70)... 0

Every day..... 07
Nearly every day.. 06
3 or 4 days 66-67/
a week..... 05
1 or 2 days
a week..... 04
3 or 4 days
a month..... 03
About once
a month..... 02
Less than once
a month..... 01
Never..... 00

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	BEGIN DECK 26
70. Did you smoke tobacco cigarettes at all during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	Yes..(ASK A)..... 1 68/ No..(GO TO Q.71)... 0	Yes..(ASK A)..... 1 10/ No..(GO TO Q.71)... 0	
A. On the average, how many cigarettes did you smoke during (your/that) pregnancy? Did you smoke 2 or more packs a day? Did you smoke 1 pack or more but less than 2 packs a day, or less than 1 pack a day? (IF VOLUNTEERED)	2 or more packs a day..... 3 1 or more but less than 2..... 2 Less than 1 pack a day..... 1 69/ DID NOT SMOKE DURING THAT PERIOD..... 0	2 or more packs a day..... 3 1 or more but less than 2..... 2 Less than 1 pack a day..... 1 11/ DID NOT SMOKE DURING THAT PERIOD..... 0	
71. Did you use marijuana or hashish at all during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	Yes..... 1 70/ No...(SKIP TO Q.73)... 0	Yes..... 1 12/ No...(SKIP TO Q.73)... 0	
72. (HAND CARD P) On the average, how many times did you usually use marijuana or hashish during (your/that) pregnancy? Did you use it...(READ CATEGORIES)? CODE ONE ONLY. <div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD P</div>	71-72/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00	13-14/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00	
73. Did you use cocaine at all during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	Yes..... 1 73/ No...(SKIP TO Q.75)... 0	Yes..... 1 15/ No...(SKIP TO Q.75)... 0	
74. (HAND CARD P) On the average, how many times did you usually use cocaine during (your/that) pregnancy? Did you use it...(READ CATEGORIES)? CODE ONE ONLY. <div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD P</div>	74-75/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00	16-17/ Every day..... 07 Nearly every day..... 06 3 or 4 days a week.... 05 1 or 2 days a week.... 04 3 or 4 days a month... 03 About once a month.... 02 Less than once a month 01 Never..... 00	

75. Ultrasound or sonogram is a way of taking a picture of the baby through sound waves while the baby is still in the womb. Did you have this test when you were pregnant [with (1ST CHILD/2ND CHILD)]? (DO NOT PROBE A "DON'T KNOW" RESPONSE.)

A. IF YES, ASK: On this card are some reasons ultrasound is used. Could you tell me why ultrasound was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY.

HAND
CARD
Q

B. How many times were sonograms done during (your/that) pregnancy?

C. How many months pregnant were you when (it was/they were) performed? CODE ALL THAT APPLY.

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Yes..(ASK A-D)..... 1
No..(GO TO Q.76,
PAGE 9-101)... 0 18/
Don't Know
(GO TO Q.76,
PAGE 9-101)..... 8

To see if there
were twins..... 01 19-20/
To find out the
due date..... 02 21-22/
To prepare for
a procedure
called amnio-
centesis..... 03 23-24/
To look for
defects in the
baby..... 04 25-26/
To find out if
the baby was
still alive..... 05 27-28/
To find out if
the baby was
growing nor-
mally..... 06 29-30/
To find out what
position the
baby was in..... 07 31-32/
Other (SPECIFY)

_____ 08 33-34/

Don't know..... 98 35-36/

!__!__! 37-38/
NUMBER OF TIMES

2nd month or less.. 02 39-40/
3rd month..... 03 41-42/
4th month..... 04 43-44/
5th month..... 05 45-46/
6th month..... 06 47-48/
7th month..... 07 49-50/
8th month..... 08 51-52/
9th month..... 09 53-54/
Don't know..... 98 55-56/
More than 9
months..... 96 57-58/

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Yes..(ASK A-D)..... 1
No..(GO TO Q.76,
PAGE 9-101)... 0 59/
Don't Know
(GO TO Q.76,
PAGE 9-101)..... 8

To see if there
were twins..... 01 60-61/
To find out the
due date..... 02 62-63/
To prepare for
a procedure
called amnio-
centesis..... 03 64-65/
To look for
defects in the
baby..... 04 66-67/
To find out if
the baby was
still alive..... 05 68-69/
To find out if
the baby was
growing nor-
mally..... 06 70-71/
To find out what
position the
baby was in..... 07 72-73/
Other (SPECIFY)

_____ 08 74-75/

Don't know..... 98 76-77/
BEGIN DECK 27

!__!__! 10-11/
NUMBER OF TIMES

2nd month or less.. 02 12-13/
3rd month..... 03 14-15/
4th month..... 04 16-17/
5th month..... 05 18-19/
6th month..... 06 20-21/
7th month..... 07 22-23/
8th month..... 08 24-25/
9th month..... 09 26-27/
Don't know..... 98 28-29/
More than 9
months..... 96 30-31/

75. (Continued)

D. Here is a card that shows you the different things that doctors can find out from your sonogram(s). Please tell me all the things the doctor found out from your sonogram(s). CODE ALL THAT APPLY.

HAND
CARD
R

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Twins were present..... 01 32-33/
Twins were not present..... 02 34-35/
Baby's due date... 03 36-37/
Birth defect was present..... 04 38-39/
Birth defect was not present..... 05 40-41/
Baby was alive.... 06 42-43/
Baby was growing normally..... 07 44-45/
Baby was not growing normally 08 46-47/
What position the baby was in..... 09 48-49/
Other (SPECIFY) _____
_____ 10 50-51/
Don't know..... 98 52-53/

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Twins were present..... 01 60-61/
Twins were not present..... 02 62-63/
Baby's due date... 03 64-65/
Birth defect was present..... 04 66-67/
Birth defect was not present..... 05 68-69/
Baby was alive.... 06 70-71/
Baby was growing normally..... 07 72-73/
Baby was not growing normally 08 74-75/
What position the baby was in..... 09 76-77/
Other (SPECIFY) _____
_____ BEGIN DECK 28
_____ 10 10-11/
Don't know..... 98 12-13/

76. Amniocentesis is a procedure during which a long needle is used to collect some of the fluid that surrounds the baby while it is in the womb. Was amniocentesis done while you were pregnant [with (1ST CHILD/2ND CHILD)]?

A. IF YES, ASK: On this card are some reasons amniocentesis is used. Could you tell me why amniocentesis was used during your pregnancy [with (1ST CHILD/2ND CHILD)]? CODE ALL THAT APPLY.

HAND
CARD
S

Yes...(ASK A-D)..... 1 54/
No...(GO TO Q.77, PAGE 9-103).... 0

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 55/
To find out how far along the baby was..... 2 56/
To find out if the baby's lungs were mature..... 3 57/
Other (SPECIFY) _____
_____ 4 58/
Don't know..... 8 59/

Yes...(ASK A-D)..... 1 14/
No...(GO TO Q.77, PAGE 9-103).... 0

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease..... 1 15/
To find out how far along the baby was..... 2 16/
To find out if the baby's lungs were mature..... 3 17/
Other (SPECIFY) _____
_____ 4 18/
Don't know..... 8 19/

76. (continued)

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
B. How many times was amniocentesis done during (your/that) pregnancy?	!__!__! NUMBER OF TIMES 20-21/	!__!__! NUMBER OF TIMES 47-48/
C. How many months pregnant were you when (it was/they were) performed? CODE ALL THAT APPLY.	3rd month or less.. 03 22-23/ 4th month..... 04 24-25/ 5th month..... 05 26-27/ 6th month..... 06 28-29/ 7th month..... 07 30-31/ 8th month..... 08 32-33/ 9th month..... 09 34-35/ Don't know..... 98 36-37/ More than 9 months..... 96 38-39/	3rd month or less.. 03 49-50/ 4th month..... 04 51-52/ 5th month..... 05 53-54/ 6th month..... 06 55-56/ 7th month..... 07 57-58/ 8th month..... 08 59-60/ 9th month..... 09 61-62/ Don't know..... 98 63-64/ More than 9 months..... 96 65-66/
D. Here is a card that shows you the different things that doctors find out from amniocentesis. Please tell me all the things the doctor found out when you had amniocentesis during (your/that) pregnancy. CODE ALL THAT APPLY.	Baby's lungs were mature..... 1 40/ Baby's lungs were not mature..... 2 41/ Genetic or birth defect was present..... 3 42/ Genetic or birth defect was not present..... 4 43/ Baby was normal..... 5 44/ Other (SPECIFY) _____ 6 45/ Don't know..... 8 46/	Baby's lungs were mature..... 1 67/ Baby's lungs were not mature..... 2 68/ Genetic or birth defect was present..... 3 69/ Genetic or birth defect was not present..... 4 70/ Baby was normal..... 5 71/ Other (SPECIFY) _____ 6 72/ Don't know..... 8 73/

HAND
CARD
T

77. A. During (your/that) pregnancy, did you... (CODE YES OR NO FOR EACH ITEM)...

Take a vitamin/mineral supplement?

Cut down on the amount of calories in the food you ate?

Cut down on the amount of salt you used?

Use diuretics (fluid or water pills) to help eliminate water?

Reduce or stop your smoking?

Reduce or stop your alcohol intake?

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Yes No N/A

1 0 10/

1 0 11/

1 0 12/

1 0 13/

1 0 4 14/

1 0 4 15/

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Yes No N/A

1 0 24/

1 0 25/

1 0 26/

1 0 27/

1 0 4 28/

1 0 4 29/

B. INTERVIEWER: FOR EACH YES IN A, ASK:
Did you (REPEAT ITEM IN A) based on a
doctor's or nurse's suggestion? CODE
IN APPROPRIATE ITEMS BELOW.

Take a vitamin/mineral supplement

Cut down on the amount of calories in the food you ate

Cut down on the amount of salt you used

Use diuretics (fluid or water pills) to eliminate water

Reduce or stop your smoking

Reduce or stop your alcohol intake

1 0 16/

1 0 17/

1 0 18/

1 0 19/

1 0 20/

1 0 21/

1 0 30/

1 0 31/

1 0 32/

1 0 33/

1 0 34/

1 0 35/

78. INTERVIEWER: DID THIS PREGNANCY END IN A
LIVE BIRTH?

A. INTERVIEWER: IS THERE ANOTHER PREG-
NANCY AFTER DATE OF
1986 OR PRIOR
INTERVIEW?

YES..(GO TO Q.79)... 1 22/
NO....(ASK A)..... 0

YES..(GO BACK TO
Q.68, PAGE
9-98)..... 1 23/
NO..(SKIP TO Q.111,
PAGE 9-116).... 0

YES..(GO TO Q.79)... 1 36/
NO....(ASK A)..... 0

YES..(GO TO **NEW QUEX**,
Q.68, PAGE
9-98)..... 1 37/
NO...(SKIP TO Q.111,
PAGE 9-116)... 0

Now I would like to ask about the daily division of housework and childcare during (your/that) pregnancy.

79. (HAND CARD U) First, which one category on this card describes how much of the child care at home, including helping with the children, you yourself did during (your/that) pregnancy? (CODE ONE ONLY).

HAND
CARD
U

1ST PREGNANCY
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INTERVIEW

Less than half
the childcare..... 1
About half of the
child care..... 2 38/
More than half but
not all of the
child care..... 3
All of the child
care..(SKIP TO Q.81) 4
No child care needed
.....(SKIP TO Q.81) 5

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Less than half
the childcare..... 1
About half of the
child care..... 2 48/
More than half but
not all of the
child care..... 3
All of the child
care..(SKIP TO Q.81) 4
No child care needed
.....(SKIP TO Q.81) 5

80. Who else usually helped with the child care at home during (your/that) pregnancy? (CODE ONE ONLY.)

Husband/partner..... 1
Other relative..... 2
Hired help..... 3 39/
Other (SPECIFY) _____
_____ 4

Husband/partner..... 1
Other relative..... 2
Hired help..... 3 49/
Other (SPECIFY) _____
_____ 4

81. (HAND CARD V) Which one category listed on this card best describes how much of the housework at home you yourself did during (your/that) pregnancy? (CODE ONE ONLY.)

HAND
CARD
V

Less than half of
the housework..... 1
About half of the
housework..... 2
More than half but
not all of the
housework..... 3 40/
All of the housework
..(SKIP TO Q.83).... 4

Less than half of
the housework..... 1
About half of the
housework..... 2
More than half but
not all of the
housework..... 3 50/
All of the housework
..(SKIP TO Q.83).... 4

82. Who else usually helped with the housework at home during (your/that) pregnancy? CODE ONE ONLY.

Husband/partner..... 1
Other relative..... 2
Hired help..... 3 41/
Other (SPECIFY) _____
_____ 4

Husband/partner..... 1
Other relative..... 2
Hired help..... 3 51/
Other (SPECIFY) _____
_____ 4

83. (HAND CARD W) Please tell me which of the activities listed on this card you did on most days during the three months before (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
W

Climbed 3 or more
flights of stairs
each day..... 1 42/
Stood for more than
3 hours at a time... 2 43/
Took a rest and
relaxed when tired.. 3 44/
Carried loads of
more than 20 pounds. 4 45/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 46/
NONE OF THE ABOVE..... 6 47/

Climbed 3 or more
flights of stairs
each day..... 1 52/
Stood for more than
3 hours at a time... 2 53/
Took a rest and
relaxed when tired.. 3 54/
Carried loads of
more than 20 pounds. 4 55/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 56/
NONE OF THE ABOVE..... 6 57/

84. (HAND CARD W) Now, please tell me about the 1st thru 3rd month of (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
W

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

Climbed 3 or more
flights of stairs
each day..... 1 58/
Stood for more than
3 hours at a time... 2 59/
Took a rest and
relaxed when tired.. 3 60/
Carried loads of
more than 20 pounds. 4 61/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 62/
NONE OF THE ABOVE..... 6 63/

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

BEGIN
DECK 30

Climbed 3 or more
flights of stairs
each day..... 1 10/
Stood for more than
3 hours at a time... 2 11/
Took a rest and
relaxed when tired.. 3 12/
Carried loads of
more than 20 pounds. 4 13/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 14/
NONE OF THE ABOVE..... 6 15/

85. (HAND CARD W) Next, please tell me about the 4th thru 6th month of (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
W

Climbed 3 or more
flights of stairs
each day..... 1 64/
Stood for more than
3 hours at a time... 2 65/
Took a rest and
relaxed when tired.. 3 66/
Carried loads of
more than 20 pounds. 4 67/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 68/
NONE OF THE ABOVE..... 6 69/

Climbed 3 or more
flights of stairs
each day..... 1 16/
Stood for more than
3 hours at a time... 2 17/
Took a rest and
relaxed when tired.. 3 18/
Carried loads of
more than 20 pounds. 4 19/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 20/
NONE OF THE ABOVE..... 6 21/

86. (HAND CARD W) Next, please tell me about the 7th thru 9th month of (your/that) pregnancy. CODE ALL THAT APPLY.

HAND
CARD
W

Climbed 3 or more
flights of stairs
each day..... 1 70/
Stood for more than
3 hours at a time... 2 71/
Took a rest and
relaxed when tired.. 3 72/
Carried loads of
more than 20 pounds. 4 73/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 74/
NONE OF THE ABOVE..... 6 75/

Climbed 3 or more
flights of stairs
each day..... 1 22/
Stood for more than
3 hours at a time... 2 23/
Took a rest and
relaxed when tired.. 3 24/
Carried loads of
more than 20 pounds. 4 25/
Engaged in strenuous
household activities
for at least one
hour each day..... 5 26/
NONE OF THE ABOVE..... 6 27/

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW		2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	
87. Were you employed at any time during (your/that) pregnancy?	Yes...(GO TO Q.88)... 1 No....(SKIP TO Q.89). 0	28/	Yes...(GO TO Q.88)... 1 No....(SKIP TO Q.89). 0	37/
88. While you were working at your job during (your/that) pregnancy...READ CATEGORIES AND CODE YES OR NO FOR EACH ONE. IF R HAD MORE THAN ONE JOB DURING PREGNANCY, ASK ABOUT JOB R HAD CLOSEST TO THE END OF THE PREGNANCY.				
A. Were you able to take a rest break at work when you felt tired?	Yes..... 1 No..... 0	29/	Yes..... 1 No..... 0	38/
B. Did you work on an assembly line?	Yes..... 1 No..... 0	30/	Yes..... 1 No..... 0	39/
C. Did you work with machinery which produces vibrations?	Yes..... 1 No..... 0	31/	Yes..... 1 No..... 0	40/
D. Were you required to do repetitive tasks at work?	Yes..... 1 No..... 0	32/	Yes..... 1 No..... 0	41/
E. Did you consider your work outside the home boring?	Yes..... 1 No..... 0	33/	Yes..... 1 No..... 0	42/
F. Was there a lot of noise at work?	Yes..... 1 No..... 0	34/	Yes..... 1 No..... 0	43/
G. Did you work in an uncomfortably hot area?	Yes..... 1 No..... 0	35/	Yes..... 1 No..... 0	44/
H. Did you work in an uncomfortably cold area?	Yes..... 1 No..... 0	36/	Yes..... 1 No..... 0	45/

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
89. Based on either your last menstrual period date or your doctor's or clinic's information, was (1ST CHILD/2ND CHILD) born <u>within</u> a week of the expected (due) date?	Yes..(GO TO Q.90).. 1 46/ No..(ASK A & B).... 0	Yes..(GO TO Q.90)... 1 62/ No....(ASK A & B)... 0
A. Was the baby born early or late?	Early..... 1 47/ Late..... 2	Early..... 1 63/ Late..... 2
B. How many weeks (early/late) was the baby? IF "ONE WEEK", PROBE BY RE-ASKING Q.89. IF "1 1/2 WEEKS" ROUND UP TO "2".	! ! ! ! 48-49/ NUMBER OF WEEKS	! ! ! ! 64-65/ NUMBER OF WEEKS
90. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen?	Yes.....(ASK A).... 1 50/ No....(GO TO Q.91).. 0	Yes.....(ASK A).... 1 66/ No....(GO TO Q.91).. 0
A. IF YES, ASK: Was this your first cesarean section, or did you have one before?	First cesarean section..... 1 Had cesarean(s) 51/ before..... 0	First cesarean section..... 1 Had cesarean(s) 67/ before..... 0
91. A. What was your weight just before you delivered?	! ! ! ! 52-54/ WEIGHT AT TIME OF DELIVERY	! ! ! ! 68-70/ WEIGHT AT TIME OF DELIVERY
B. What was your weight just before you became pregnant with (1ST CHILD/2ND CHILD)?	! ! ! ! 55-57/ WEIGHT BEFORE PREGNANCY	! ! ! ! 71-73/ WEIGHT BEFORE PREGNANCY
C. INTERVIEWER: SUBTRACT B FROM A TO GET NUMBER OF POUNDS (GAINED/LOST) DURING PREGNANCY.	! ! ! ! 58-60/ ENTER NUMBER OF POUNDS (GAINED/LOST)	! ! ! ! 74-76/ ENTER NUMBER OF POUNDS (GAINED/LOST)
D. Does that mean you (gained/lost) (NUMBER IN C) pounds during your pregnancy?	Yes.(GO TO Q.92)... 1 No.(ASK R HOW MANY POUNDS SHE (GAINED/LOST) DURING PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY)... 0	Yes.(GO TO Q.92)... 1 No.(ASK R HOW MANY POUNDS SHE (GAINED/LOST) DURING PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY)... 0

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
92. What was (1ST CHILD/2ND CHILD)'s length at birth?	!__!__! NUMBER OF INCHES 10-11/	!__!__! NUMBER OF INCHES 21-22/
A. <u>INTERVIEWER</u> :DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	YES..... 1 12/ NO..... 0	YES..... 1 23/ NO..... 0
93. How long did your baby stay in the hospital?	!__!__!__! NUMBER OF DAYS 13-15/	!__!__!__! NUMBER OF DAYS 24-26/
	(BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.94)..... 000	(BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.94)..... 000
A. Did you leave the hospital at the same time as your baby or did you leave earlier or later?	Same time (GO TO Q.94)..... 1 16/ Earlier (ASK B).. 2 Later (ASK B).... 3 BABY STILL IN HOSPITAL (SKIP TO Q.110, PG. 9-115)..... 4	Same time (GO TO Q.94)..... 1 27/ Earlier (ASK B).. 2 Later (ASK B).... 3 BABY STILL IN HOSPITAL (SKIP TO Q.110, PG. 9-115)..... 4
B. How many days (earlier/later)?	!__!__!__! 17-19/	!__!__!__! 28-30/
94. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured?	Yes..(GO TO Q.95)... 1 No...(SKIP TO Q.106, 20/ P.9-113)..... 0	Yes..(GO TO Q.95)... 1 No...(SKIP TO Q.106, 31/ P.9-113)..... 0

95. A. When you took (1ST CHILD/2ND CHILD) to a clinic, hospital, or doctor the first time because (he/she) was sick or injured, what was the nature of (his/her) illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?

INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B, BELOW.

- B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED IN A ABOVE.

HAND CARD X

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

A. !__!__! 32-33/
 CODE

A. !__!__! 66-67/
 CODE

BEGIN DECK 32

Fever..... 01 34-35/
Cold..... 02 36-37/
Sore throat..... 03 38-39/
Pneumonia..... 04 40-41/
Ear infection.... 05 42-43/
Vomitting,
 diarrhea, or
 dehydration.... 06 44-45/
Rash..... 07 46-47/
Accident or
 poisoning..... 08 48-49/
Convulsions..... 09 50-51/
Jaundice..... 10 52-53/
Feeding problems
 (food allergy,
 formula toler-
 ance, etc.)... 11 54-55/
Meningitis..... 12 56-57/
Asthma or
 bronchitis..... 13 58-59/
Other (SPECIFY)

Fever..... 01 10-11/
Cold..... 02 12-13/
Sore throat..... 03 14-15/
Pneumonia..... 04 16-17/
Ear infection.... 05 18-19/
Vomitting,
 diarrhea, or
 dehydration.... 06 20-21/
Rash..... 07 22-23/
Accident or
 poisoning..... 08 24-25/
Convulsions..... 09 26-27/
Jaundice..... 10 28-29/
Feeding problems
 (food allergy,
 formula toler-
 ance, etc.)... 11 30-31/
Meningitis..... 12 32-33/
Asthma or
 bronchitis..... 13 34-35/
Other (SPECIFY)

_____ 14 60-61/
None..... 00 62-63/

_____ 14 36-37/
None..... 00 38-39/

96. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the first time for this (ILLNESS/INJURY)?

---->INTERVIEWER NOTE: 1 DAY TO 4 WKS=01 MO.
MORE THAN 4 WKS--DI-
VIDE BY 4 AND ROUND UP
EX: 36 WKS=09 MONTHS

!__!__! 64-65/
NUMBER OF MONTHS

!__!__! 40-41/
NUMBER OF MONTHS

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
97. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.95A, P. 9-109)?	Once.(GO TO Q.98).. 01	Once.(GO TO Q.98). 01
	OR	OR
	!__!__! NUMBER OF TIMES (ASK A) 42-43/	!__!__! NUMBER OF TIMES (ASK A) 67-68/
A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the <u>last</u> time you took (him/her) to a clinic or doctor for (ILLNESS/INJURY FROM Q.95A, PAGE 9-109)?	!__!__! NUMBER OF MONTHS 44-45/	!__!__! NUMBER OF MONTHS 69-70/
98. Please look at this card. In (1ST CHILD/2ND CHILD)'s first year, when you took (him/her) to a clinic, hospital, or doctor because (he/she) had (ILLNESS/INJURY FROM Q.95A, PAGE 9-109), where did you take (him/her)? CODE ALL THAT APPLY.	Private doctor's office..... 01 46-47/ Public clinic.... 02 48-49/ Private clinic... 03 50-51/ Health Maintenance Organization (HMO)..... 04 52-53/ Hospital clinic, walk-in clinic. 05 54-55/ Community health center..... 06 56-57/ Emergency room out-patient.... 07 58-59/ Other (SPECIFY) _____ _____ 08 60-61/ Hospital admission..... 09 62-63/	BEGIN DECK 33 Private doctor's office..... 01 10-11/ Public clinic.... 02 12-13/ Private clinic... 03 14-15/ Health Maintenance Organization (HMO)..... 04 16-17/ Hospital clinic, walk-in clinic. 05 18-19/ Community health center..... 06 20-21/ Emergency room out-patient.... 07 22-23/ Other (SPECIFY) _____ _____ 08 24-25/ Hospital admission..... 09 26-27/
99. <u>INTERVIEWER</u> : WAS HOSPITAL ADMISSION (09) CODED IN Q.98?	YES..(ASK A & B).. 1 64/ NO..(GO TO Q.100). 0	YES..(ASK A & B).. 1 28/ NO..(GO TO Q.100). 0
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes..... 1 65/ No..... 0	Yes..... 1 29/ No..... 0
B. Did you have to take time off from work?	Yes..... 1 66/ No..... 0 Not working..... 2	Yes..... 1 30/ No..... 0 Not working..... 2

HAND
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	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1987 OR PRIOR INTERVIEW
100. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured with a <u>different</u> illness or injury than the one we have just talked about?	Yes..(GO TO Q.101). 1 31/ No..(SKIP TO Q.106, P.9-113)..... 0	Yes..(GO TO Q.103). 1 64/ No..(SKIP TO Q.108, P.9-113)..... 0
101. A. What was the nature of this <u>other</u> illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?	_____ _____ _____	_____ _____ _____
INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B, BELOW.	!_!_! 32-33/ CODE	!_!_! 65-66/ CODE
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED ABOVE.	Fever..... 01 34-35/ Cold..... 02 36-37/ Sore throat..... 03 38-39/ Pneumonia..... 04 40-41/ Ear infection... 05 42-43/ Vomitting, diarrhea, or dehydration... 06 44-45/ Rash..... 07 46-47/ Accident or poisoning..... 08 48-49/ Convulsions..... 09 50-51/ Jaundice..... 10 52-53/ Feeding problems (food allergy, formula toler- ance, etc.)... 11 54-55/ Meningitis..... 12 56-57/ Asthma or bronchitis.... 13 58-59/ Other (SPECIFY) _____ _____ 14 60-61/ None..... 00 62-63/	Fever..... 01 67-68/ Cold..... 02 69-70/ Sore throat..... 03 71-72/ Pneumonia..... 04 73-74/ Ear infection... 05 75-76/ Vomitting, BEGIN DECK 34 diarrhea, or dehydration... 06 10-11/ Rash..... 07 12-13/ Accident or poisoning..... 08 14-15/ Convulsions..... 09 16-17/ Jaundice..... 10 18-19/ Feeding problems (food allergy, formula toler- ance, etc.)... 11 20-21/ Meningitis..... 12 22-23/ Asthma or bronchitis.... 13 24-25/ Other (SPECIFY) _____ _____ 14 26-27/ None..... 00 28-29/

HAND
CARD
X

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
102. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the <u>first</u> time for this (ILLNESS/INJURY)?	!__!__! NUMBER OF MONTHS 30-31/	!__!__! NUMBER OF MONTHS 36-37/
103. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.101, PAGE 9-111)?	Once (GO TO Q.104) 01 OR !__!__! NUMBER OF TIMES (ASK A) 32-33/	Once (GO TO Q.104) 01 OR !__!__! NUMBER OF TIMES (ASK A) 38-39/
A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the <u>last</u> time you took (him/her) to a clinic, hospital, or doctor for (ILLNESS/INJURY FROM Q.101, PAGE 9-111)?	!__!__! NUMBER OF MONTHS 34-35/	!__!__! NUMBER OF MONTHS 40-41/

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
104. Please look at this card. In (1ST CHILD/2ND CHILD)'s first year when you took (him/her) to a clinic, hospital or doctor because (he/she) had (ILLNESS/INJURY FROM Q.101A, PAGE 9-111), where did you take (him/her)? CODE ALL THAT APPLY.	Private doctor's office..... 01 42-43/ Public clinic.... 02 44-45/ Private clinic... 03 46-47/ Health Maintenance Organization (HMO)..... 04 48-49/ Hospital clinic, walk-in clinic. 05 50-51/ Community health center..... 06 52-53/ Emergency room out-patient.... 07 54-55/ Other (SPECIFY) _____ _____ 08 56-57/ Hospital admission..... 09 58-59/	Private doctor's office..... 01 64-65/ Public clinic.... 02 66-67/ Private clinic... 03 68-69/ Health Maintenance Organization (HMO)..... 04 70-71/ Hospital clinic, walk-in clinic. 05 72-73/ Community health center..... 06 74-75/ Emergency room out-patient.... 07 76-77/ Other (SPECIFY) _____ _____ 08 10-11/ Hospital admission..... 09 12-13/
105. <u>INTERVIEWER</u> : WAS HOSPITAL ADMISSION (09) CODED IN Q.104?	YES..(ASK A & B).. 1 60/ NO..(GO TO Q.106). 0	YES..(ASK A & B).. 1 14/ NO..(GO TO Q.106). 0
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes..... 1 61/ No..... 0	Yes..... 1 15/ No..... 0
B. Did you have to take time off from work?	Yes..... 1 62/ No..... 0 Not working..... 2	Yes..... 1 16/ No..... 0 Not working..... 2
Now we are going to discuss well baby care.		
106. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic or doctor for well baby care when (he/she) was <u>not</u> sick?	Yes..(GO TO Q.107, PAGE 9-114). 1 63/ No..(SKIP TO Q.109, PAGE 9-115).. 0	Yes..(GO TO Q.107, PAGE 9-114). 1 17/ No..(SKIP TO Q.109, PAGE 9-115).. 0

HAND
CARD
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BEGIN DECK 35

107. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic or doctor for well baby care the first time?...How old was (he/she) the next time?

----->INTERVIEWER NOTE: CONTINUE TO ASK UNTIL THE LAST TIME IS CODED. THEN GO TO Q.108.

1ST PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

MONTH PLACE
(Q.107) (Q.108)

01	!_!_!	18-21/
02	!_!_!	22-25/
03	!_!_!	26-29/
04	!_!_!	30-33/
05	!_!_!	34-37/
06	!_!_!	38-41/
07	!_!_!	42-45/
08	!_!_!	46-49/
09	!_!_!	50-53/
10	!_!_!	54-57/
11	!_!_!	58-61/
12	!_!_!	62-65/
98	!_!_!	66-69/

(DON'T KNOW)
(SKIP TO Q.108A)

2ND PREGNANCY
SINCE DATE OF
1986 OR PRIOR
INTERVIEW

BEGIN DECK 36

MONTH PLACE
(Q.107) (Q.108)

01	!_!_!	10-13/
02	!_!_!	14-17/
03	!_!_!	18-21/
04	!_!_!	22-25/
05	!_!_!	26-29/
06	!_!_!	30-33/
07	!_!_!	34-37/
08	!_!_!	38-41/
09	!_!_!	42-45/
10	!_!_!	46-49/
11	!_!_!	50-53/
12	!_!_!	54-57/
98	!_!_!	58-61/

(DON'T KNOW)
(SKIP TO Q.108A)

108. When you took (1ST CHILD/2ND CHILD) for well baby care when (he/she) was (1ST MONTH NAMED IN Q.107/2ND MONTH NAMED), where did you take (him/her)? Was it a...READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.107 ABOVE.

HAND
CARD
Y

A. ASK ONLY IF Q.107 IS CODED "DON'T KNOW": Where did you usually take (1ST CHILD/2ND CHILD) for well baby care? Was it a...(READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO "DON'T KNOW" IN Q.107 ABOVE:

HAND
CARD
Y

CARD Y

- 01 Private doctor's office
- 02 Public clinic
- 03 Private clinic
- 04 Health Maintenance Organization (HMO)
- 05 Hospital clinic, walk-in clinic
- 06 Community health center
- 07 Emergency room out-patient
- 08 Other (SPECIFY) _____

	1ST PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW	2ND PREGNANCY SINCE DATE OF 1986 OR PRIOR INTERVIEW
109. Children are given a series of DPT shots, that is, diphtheria, pertussis, tetanus, and oral polio vaccine during the first year of life. During which months did (1ST CHILD/2ND CHILD) have those immunizations? CODE ALL THAT APPLY.	1st month..... 01 10-11/ 2nd month..... 02 12-13/ 3rd month..... 03 14-15/ 4th month..... 04 16-17/ 5th month..... 05 18-19/ 6th month..... 06 20-21/ 7th month..... 07 22-23/ 8th month..... 08 24-25/ 9th month..... 09 26-27/ 10th month..... 10 28-29/ 11th month..... 11 30-31/ 12th month..... 12 32-33/ None..... 00 34-35/ Don't know (ASK A)..... 98 36-37/	1st month..... 01 42-43/ 2nd month..... 02 44-45/ 3rd month..... 03 46-47/ 4th month..... 04 48-49/ 5th month..... 05 50-51/ 6th month..... 06 52-53/ 7th month..... 07 54-55/ 8th month..... 08 56-57/ 9th month..... 09 58-59/ 10th month..... 10 60-61/ 11th month..... 11 62-63/ 12th month..... 12 64-65/ None..... 00 66-67/ Don't know (ASK A)..... 98 68-69/
A. <u>IF DON'T KNOW, ASK:</u> Even if you can't remember the exact time, do you remember if your child had...(CODE YES OR NO FOR EACH ITEM)...		
The first set of immunizations?	Yes..... 1 38/ No..... 0	Yes..... 1 70/ No..... 0
The second set of immunizations?	Yes..... 1 39/ No..... 0	Yes..... 1 71/ No..... 0
The third set of immunizations?	Yes..... 1 40/ No..... 0	Yes..... 1 72/ No..... 0
110. <u>INTERVIEWER:</u> IS THERE ANOTHER PREGNANCY?	YES..(GO BACK TO Q.68, PAGE 9-98)..... 1 NO..(GO TO Q.111, PAGE 9-116).... 0 41/	YES..(GO TO NEW QUEX Q.68, PAGE 9-98)..... 1 NO..(GO TO Q.111, PAGE 9-116)... 0 73/

111. INTERVIEWER: DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A** (ARE QS.113, 115, 117, OR 120 PREPRINTED UNDER "FOOD")?

YES.....(READ A)..... 1

74/

NO.....(ASK B)..... 0

A. NOTE THE FOLLOWING INSTRUCTIONS BEFORE BEGINNING THE FEEDING QUESTIONS:

- . ENTER NAME AND ID NUMBER ON TOP OF COLUMNS IN Q.112 ON PAGE 9-117 FOR EACH CHILD LISTED ON **CHILDREN'S RECORD FORM, PART A** FOR WHOM WE NEED TO ASK FEEDING QUESTIONS.
- . FOLLOW SKIP PATTERN INDICATED ON **CHILDREN'S RECORD FORM, PART A** FOR EACH CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS.
- . ALWAYS ASK FEEDING QUESTIONS FOR EACH CHILD BORN SINCE DATE OF 1986 OR PRIOR INTERVIEW. (SEE **CHILDREN'S RECORD FORM, PART A**)
- . NOW GO TO Q.112, PAGE 9-117

B. INTERVIEWER: WAS THERE A LIVE BIRTH SINCE DATE OF 1986 OR PRIOR INTERVIEW?

YES.....(RECORD ID AND NAME IN Q.112,
PAGE 9-117 AND ASK QS.113-121)..... 1

75/

NO.....(SKIP TO Q.122, PAGE 9-120)..... 0

112. INTERVIEWER: SEE **CHILDREN'S RECORD FORM, PART A.** ENTER NAME AND ID NUMBER FOR EACH CHILD NEEDING FEEDING QUESTIONS. START WITH OLDEST CHILD FIRST. USE A 2ND QUESTIONNAIRE IF NECESSARY.

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
	ID: !__!__! 10-11/ NAME	ID: !__!__! 28-29/ NAME	ID: !__!__! 46-47/ NAME
113. How much did (NAME OF 1ST CHILD, ETC.) weigh at birth?	ENTER POUNDS: !__!__! 12-13/ AND OUNCES: !__!__! 14-15/ OR DON'T KNOW (ASK A)... 9898	!__!__! 30-31/ !__!__! 32-33/ (ASK A)... 9898	!__!__! 48-49/ !__!__! 50-51/ (ASK A)... 9898
A. IF Q.113 IS DON'T KNOW, ASK A: Did (he/she) weigh more than 5 1/2 pounds or less?	More..... 1 Less..... 2 16/ Don't Know..... 8	..... 1 2 34/ 8	..... 1 2 52/ 8
<u>BREAST FEEDING:</u>			
114. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes....(GO TO Q.115).... 1 17/ No...(SKIP TO Q.116).... 0	..(GO TO Q.115).. 1 35/ .(SKIP TO Q.116). 0	..(GO TO Q.115).. 1 53/ .(SKIP TO Q.116). 0
115. How many weeks old was (he/she) when you quit breast feeding (him/her) altogether?	ENTER NUMBER OF WEEKS OLD: !__!__! 18-19/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 20-22/ 1/2 MONTH (.5): !__!__! . !__! Still breastfeeding..... 000 OR Don't know..... 998	!__!__! 36-37/ !__!__! . !__! 38-40/ 000 998	!__!__! 54-55/ !__!__! . !__! 56-58/ 000 998
<u>FORMULA FEEDING</u>			
116. How many weeks old was (CHILD) when you began feeding (him/her) formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: !__!__! 23-24/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 25-27/ 1/2 MONTH (.5): !__!__! . !__! OR From birth..... 000 OR (Do/Did) not formula feed (SKIP TO Q.118, P.9-118).. 995 OR DON'T KNOW..... 998	!__!__! 41-42/ !__!__! . !__! 43-45/ 000 (Q.118, P. 9-118). 995 998	!__!__! 59-60/ !__!__! . !__! 61-63/ 000 (Q.118, P. 9-118). 995 998

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
BEGIN DECK 39			
117. How many weeks old was (CHILD) when you stopped feeding (him/her formula on a daily basis?	ENTER NUMBER OF WEEKS OLD: !__!__! 64-65/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 66-68/ 1/2 MONTH (.5): !__!__! . !__! OR Still feeding formula..... 000 OR DON'T KNOW..... 998	!__!__! 10-11/ !__!__! . !__! 12-14/ 000 998	!__!__! 21-22/ !__!__! . !__! 23-25/ 000 998
<u>COW'S MILK</u>			
118. How many weeks old was (CHILD) when (he/she began drinking cow's milk on a regular basis?	ENTER NUMBER OF WEEKS OLD: !__!__! 69-70/ OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 71-73/ 1/2 MONTH (.5): !__!__! . !__! OR From birth..... 000 OR Has not begun yet..... 995 OR DON'T KNOW..... 998	!__!__! 15-16/ !__!__! . !__! 17-19/ 000 995 998	!__!__! 26-27/ !__!__! . !__! 28-30/ 000 995 998
119. <u>INTERVIEWER: SEE QS.114, 116 AND 118.</u>			
. IF Q.114 IS CODED "YES", OR IS BLANK SKIP TO Q.120 OR . IF Q.116 IS CODED "FROM BIRTH" (000) OR IS BLANK, SKIP TO Q.120 OR . IF Q.128 IS CODED "FROM BIRTH" (000) SKIP TO Q.120 OR . OTHERWISE, <u>ASK A.</u>			
A. How (was/is) (CHILD) fed at birth?	Intravenous feeding.... 1 Evaporated milk..... 2 74/ Other(SPECIFY) _____ _____ 3 (GO TO Q.120)	..... 1 2 20/ _____ _____ 3 (GO TO Q.120)	..... 1 2 31/ _____ _____ 3 (GO TO Q.120)

122. INTERVIEWER: SEE **CHILDREN'S RECORD FORM, PART A**. DOES R HAVE CHILDREN FOR WHOM IMMUNIZATION ("SHOTS") INFORMATION IS NEEDED? (NOTE: IF STATUS IS "DECEASED" OR "ADOPTED-OUT", CODE "0".)

YES--"NEED".....(ASK A-D)..... 1
 NO--"OKAY"..(GO TO Q.123, P. 9-122) 0 50/
 R HAS NO CHILDREN..(GO TO Q.123,
 PAGE 9-122).... 2

A. Children are given a series of DPT shots (that is, diphtheria, pertussis, tetanus) and oral polio vaccine during their first year of life. We would like to ask some questions about DPT shots for (CHILDREN LISTED ON **CHILDREN'S RECORD FORM, PART A** FOR WHOM SHOT INFORMATION IS NEEDED).

INTERVIEWER: ENTER ID# AND NAME FOR EACH CHILD IN **PART A**, WITH "NEED" LISTED UNDER "SHOTS." THEN ASK B AND C FOR EACH CHILD. USE ANOTHER QUESTIONNAIRE IF NECESSARY.

	1st CHILD	2nd CHILD	3rd CHILD	4th CHILD	5th CHILD	6th CHILD
B. Has (1ST CHILD, 2ND CHILD ETC.) had. . .	ID # !_!_! AND 51-52/ NAME _____	!_!_! 57-58/ _____	!_!_! 63-64/ _____	!_!_! 69-70 _____	!_!_! 75-76/ _____	!_!_! 14-15/ _____
the first set of immunizations, often given when 2 months old?					BEGIN DECK 40	
Yes..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
53/	59/	65/	71/	10/	16/	
the second set of immunizations, often given when 4 months old?						
Yes..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
54/	60/	66/	72/	11/	17/	
the third set of immunizations, often given when 6 months old?						
Yes..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 1
No..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
55/	61/	67/	73/	12/	18/	
C. <u>INTERVIEWER</u> : IS THERE ANOTHER CHILD FOR WHOM IMMUNIZATION INFORMATION IS MISSING?						(NEW QUEX Q.122B, P.9-120)1
Yes....(RE-ASK B-D)..... 1	..... 1	..... 1	..... 1	..... 1	..... 1	..... 0
No.....(GO TO Q.123)..... 0	..... 0	..... 0	..... 0	..... 0	..... 0	..... 0
56/	62/	68/	74/	13/	19/	

PLEASE GO TO NEXT PAGE----->

123. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS?

YES.....(GO TO Q.124)..... 1 20/

NO..(SKIP TO Q.128, PAGE 9-126)..... 0

124. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED OR ADOPTED-OUT CHILDREN) (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A**, WHO ARE NOT LISTED ON THE HOUSEHOLD ENUMERATION ON THE **FACE SHEET**?)

YES.....(GO TO A)..... 1 21/

NO.....(GO TO Q.125, PAGE 9-124).... 0

A. INTERVIEWER: ENTER NAME AND ID# OF FIRST CHILD, NEXT CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE: (USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

FIRST
CHILD NOT IN HH

ID: !__!__!
22-23/

NAME

SECOND
CHILD NOT IN HH

ID: !__!__!
27-28/

NAME

THIRD
CHILD NOT IN HH

ID: !__!__!
32-33/

NAME

B. INTERVIEWER: ASK C-G FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

C. INTERVIEWER: READ INTRO-
DUCTORY
STATEMENT
FOR FIRST
CHILD ONLY:

Now I would like to ask you
some questions about your
(child/children) who
(is/are) not living in this
household.

About how far from you does
(CHILD'S NAME) live? Is
it...

HAND
CARD
L

within 1 mile..... 1
1-10 miles..... 2
11-100 miles..... 3
101-200 miles..... 4
more than 200 miles 5
24/

..... 1
..... 2
..... 3
..... 4
..... 5
29/

..... 1
..... 2
..... 3
..... 4
..... 5
34/

D. In the past 12 months [or
since (CHILD) has not been
living with you, whichever
is most recent], about how
often have you seen
(CHILD)?

HAND
CARD
M

Almost every day.. 01
2-5 times a week.. 02
About once a week. 03
1-3 times a month. 04
7-11 times in the
past 12 months.. 05
2-6 times in the
past 12 months.. 06
Once in the past
12 months..... 07
Never..(SKIP TO F) 00
25-26/

..... 01
..... 02
..... 03
..... 04
..... 05
..... 06
..... 07
....(SKIP TO F).. 00
30-31/

..... 01
..... 02
..... 03
..... 04
..... 05
..... 06
..... 07
....(SKIP TO F).. 00
35-36/

124. (Continued)

	FIRST CHILD NOT IN HH	SECOND CHILD NOT IN HH	THIRD CHILD NOT IN HH
E. How long do these visits usually last? RECORD IN DAYS.	Less than 1 day.. 00 OR !__!__! 37-38/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 40-41/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 43-44/ # OF DAYS
F. <u>INTERVIEWER</u> : IS THERE A (2ND/3RD/ ETC) CHILD?	YES..(REASK C-F FOR NEXT CHILD).. 1 NO...(GO TO G)..... 0 39/	YES..(REASK C-F FOR NEXT CHILD).. 1 NO...(GO TO G)..... 0 42/	(GO TO NEW QUEX Q.124C, P.9-122)... 1 NO...(GO TO G)..... 0 45/

G. FILL OUT A CARETAKER LOCATING FORM FOR EACH CHILD LISTED IN Q.124A, PAGE 9-122.

125. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A, AND ON THE HOUSEHOLD ENUMERATION OF THE FACE SHEET**)?

YES.....(GO TO A)..... 1 46/
NO.....(GO TO Q.126, PAGE 9-126)..... 0

A. INTERVIEWER: ENTER NAME AND ID# OF FIRST CHILD, NEXT CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE. USE A SECOND QUESTIONNAIRE IF NECESSARY.

FIRST CHILD IN HH	SECOND CHILD IN HH	THIRD CHILD IN HH
ID: !__!__! 47-48/	ID: !__!__! 57-58/	ID: !__!__! 67-68/
NAME	NAME	NAME

B. INTERVIEWER: ASK Q.125C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

C. Does (FIRST CHILD/NEXT CHILD)'s natural father live in this household?	Yes...(SKIP TO H).. 1 49/ No.....(ASK D).... 0	Yes...(SKIP TO H) 1 59/ No...(ASK D)... 0	Yes...(SKIP TO H). 1 69/ No....(ASK D)... 0
D. Is (CHILD)'s father living?	Yes....(ASK E).... 1 50/ No...(SKIP TO H).. 0	Yes....(ASK E).. 1 60/ No...(SKIP TO H). 0	Yes....(ASK E)... 1 70/ No...(SKIP TO H). 0
E. About how far from you does (CHILD)'s father live? Is it . . .	<div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD L</div> within 1 mile..... 1 1-10 miles..... 2 11-100 miles..... 3 51/ 101-200 miles..... 4 more than 200 miles 5	..... 1 2 3 61/ 4 5	..... 1 2 3 71/ 4 5
F. In the past 12 months [or since (CHILD) has been separated from (his/her) father, whichever is most recent], about how often has (CHILD) seen (his/her) father?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD M</div> Almost every day.. 01 2-5 times a week.. 02 About once a week. 03 1-3 times a month. 04 52- 7-11 times in the 53/ past 12 months.. 05 2-6 times in the past 12 months.. 06 Once in the past 12 months..... 07 Never...(SKIP TO H) 00	..... 01 02 03 04 62-63/ 05 06 07 ...(SKIP TO H). 00	..... 01 02 03 04 72-73/ 05 06 07 ...(SKIP TO H). 00
G. How long do these visits usually last? RECORD IN DAYS.	Less than 1 day... 00 OR !__!__! 54-55/ # OF DAYS	Less than 1 day. 00 OR !__!__! 64-65/ # OF DAYS	Less than 1 day. 00 OR !__!__! 74-75/ # OF DAYS
H. <u>INTERVIEWER:</u> IS THERE A 2ND/3RD/ETC) CHILD LISTED?	YES...(RE-ASK C-H FOR NEXT CHILD)..... 1 56/ NO...(GO TO I).... 0	..... 66/ ...(RE-ASK C-H)... 1 NO...(GO TO I).... 0	..... 76/ ...(RE-ASK C-H)... 1 NO...(GO TO I).... 0

I. TRANSFER THE ID# ON THE COVER, AND THE ID#, NAME, AND BIRTHDATE TO PAGE 1 OF A **CHILD SUPPLEMENT** FOR EACH CHILD LISTED IN Q.125A. DO NOT COMPLETE SUPPLEMENTS UNTIL YOU HAVE COMPLETED RESPONDENT'S INTERVIEW.

125. (Continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: !__!__! 77-78/	ID: !__!__! 18-19/	ID: !__!__! 28-29/	ID: !__!__! 38-39/	ID: !__!__! 48-49/
NAME	NAME	NAME	NAME	NAME
BEGIN DECK 41				
Yes...(SKIP TO H).. 1 10/	Yes...(SKIP TO H).. 1 20/	Yes...(SKIP TO H).. 1 30/	Yes...(SKIP TO H).. 1 40/	Yes...(SKIP TO H).. 1 50/
No.....(ASK D).... 0	No.....(ASK D).... 0	No.....(ASK D).... 0	No.....(ASK D).... 0	No.....(ASK D).... 0
Yes....(ASK E).... 1 No...(SKIP TO H).. 0 11/	Yes....(ASK E).... 1 No...(SKIP TO H).. 0 21/	Yes....(ASK E).... 1 No...(SKIP TO H).. 0 31/	Yes....(ASK E).... 1 No...(SKIP TO H).. 0 41/	Yes....(ASK E).... 1 No...(SKIP TO H).. 0 51/
within 1 mile..... 1	..... 1	..... 1	..... 1	..... 1
1-10 miles..... 2	..... 2	..... 2	..... 2	..... 2
11-100 miles..... 3	..... 3	..... 3	..... 3	..... 3
101-200 miles..... 4	..... 4	..... 4	..... 4	..... 4
more than 200 mi.. 5 12/	..... 5 22/	..... 5 32/	..... 5 42/	..... 5 52/
Almost every day. 01	..... 01	..... 01	..... 01	..... 01
2-5 times a week. 02	..... 02	..... 02	..... 02	..... 02
About once a week 03	..... 03	..... 03	..... 03	..... 03
1-3 times a month 04	..... 04	..... 04	..... 04	..... 04
7-11 times in the past 12 months. 05	..... 05	..... 05	..... 05	..... 05
2-6 times in the past 12 months. 06	..... 06	..... 06	..... 06	..... 06
Once in the past 12 months..... 07	..... 07	..... 07	..... 07	..... 07
Never...(SKIP TO H) 00 13-14/	...(SKIP TO H)... 00 23-24/	...(SKIP TO H)... 00 33-34/	...(SKIP TO H)... 00 43-44/	...(SKIP TO H)... 00 53-54/
Less than 1 day.. 00 OR !__!__! 15-16/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 25-26/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 35-36/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 45-46/ # OF DAYS	Less than 1 day.. 00 OR !__!__! 55-56/ # OF DAYS
YES...(RE-ASK C-H FOR NEXT CHILD)..... 1 NO...(GO TO I).... 0 17/	...(RE-ASK C-H).. 1 .....(GO TO I)... 0 27/	...(RE-ASK C-H).. 1 .....(GO TO I)... 0 37/	...(RE-ASK C-H).. 1 .....(GO TO I)... 0 47/	(GO TO NEW QUEX, Q.125C, P.9-124) 1 .....(GO TO I)... 0 57/

126. A. INTERVIEWER: SEE CHILDREN'S RECORD FORM, PART A. DOES R HAVE ANY CHILDREN WHOSE STATUS IS "ADOPTED OUT"?

YES..... 1

58/

NO..... 0

B. INTERVIEWER: HAS R HAD ANY CHILDREN SINCE DATE OF 1986 OR PRIOR INTERVIEW WHO LIVE WITH ADOPTIVE PARENTS? (IS "05" CODED IN Q.32, PG. 9-87, OR Q.43, PG.9-90, OR Q.54, PG.9-93)

YES..... 1

59/

NO..... 0

INTERVIEWER: IF YES IS CODED IN A OR B, ASK C. OTHERWISE, GO TO Q.127.

C. WRITE ID NUMBERS FOR EACH ADOPTED-OUT CHILD BELOW:

ID #: |__|__| ID #: |__|__| ID #: |__|__| ID #: |__|__|
60-61/ 62-63/ 64-65/ 66-67/

D. FILL OUT A CARETAKER LOCATING FORM FOR EACH CHILD LISTED IN C.

127. A. INTERVIEWER: ON HOW MANY CHILD SUPPLEMENTS, FOR CHILDREN LIVING IN THIS HOUSEHOLD, HAVE YOU RECORDED A CHILD ID#, NAME AND BIRTHDATE?

|__|__| NUMBER OF SUPPLEMENTS 68-69/

PROCEED WITH CHILD SUPPLEMENTS AFTER COMPLETING RESPONDENT'S INTERVIEW.

B. INTERVIEWER: HOW MANY CARETAKER LOCATING FORMS HAVE YOU COMPLETED?

|__|__| NUMBER OF CARETAKER FORMS 70-71/

128. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE QUESTIONS IN SECTION 9?

YES..... 1

NO..... 0 72/

TELEPHONE INTERVIEW..... 2

SECTION 10: CHILDCARE

ASK WOMEN ONLY:

1. INTERVIEWER: ARE ANY OF RESPONDENT'S OWN, ADOPTED, OR STEPCHILDREN NOW LISTED ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?

YES 1 10/

NO ... (SKIP TO Q.22, PAGE 10-138) 0

2. INTERVIEWER: REFER TO CALENDAR ROWS A AND B. HAS RESPONDENT WORKED OR BEEN ON ACTIVE DUTY IN THE PAST 4 WEEKS?

YES.....(SKIP TO Q.5, PAGE 10-128)..... 1 11/

NO..... 0

3. (HAND CARD Z) In the past four weeks, did you regularly participate in any of the following types of activities? (CODE ALL THAT APPLY.)

HAND CARD Z

Going to school or college....(SKIP TO Q.5).. 01 12-13/

Other instruction or training.(SKIP TO Q.5).. 02 14-15/

Looking for work.....(SKIP TO Q.5).. 03 16-17/

Volunteer work.....(SKIP TO Q.5).. 04 18-19/

Recreational activities.....(SKIP TO Q.5).. 05 20-21/

Shopping.....(SKIP TO Q.5).. 06 22-23/

Other (SPECIFY) (SKIP TO Q.5) _____

07 24-25/

NO REGULAR ACTIVITIES.....(ASK Q.4)..... 08 26-27/

4. (Not counting regular 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, babysitter, relative, or some other regular childcare arrangement?

Yes.....(GO TO Q.5, PAGE 10-128)..... 1 28/

No.....(SKIP TO Q.22, PAGE 10-138)..... 0

5. INTERVIEWER: RECORD NAMES OF ALL R'S OWN, ADOPTED, OR STEPCHILDREN CURRENTLY LIVING IN THE HOUSEHOLD FROM THE HOUSEHOLD ENUMERATION OF THE FACE SHEET.

RECORD CHILD'S ID # FROM **CHILDREN'S RECORD FORM, PARTS A AND B**: USE ANOTHER QUESTIONNAIRE IF NECESSARY.

6. Now, we have a few questions about the regular arrangement(s) you used to care for your (child/children).

A. FOR EACH CHILD ASK:

(HAND CARD AA) During the last 4 weeks, what was (CHILD) usually doing or how was (CHILD) usually cared for during most of the hours that you [(worked/participated in your activity/activities) (used childcare)]?

HAND
CARD
AA

- a. Child's other parent or stepparent.....
b. Child's grandparent.....
c. Child's sibling under age 15.....
d. Child's sibling age 15 or over.....
e. Other relative of child under age 15.....
f. Other relative of child age 15 or older.....
g. Nonrelative of child under age 15.....
h. Nonrelative of child 15 or over.....
i. Child in day care center or group care center.....
j. Child in nursery school or preschool.....
k. Child in day camp.....
l. Child in overnight residence camp.....
m. Child in kindergarten, elementary, or secondary school.....
n. Child cares for self.....
o. R's work or activity at home.....
p. R cares for child at work or place of activity.....
q. Other arrangement (SPECIFY)

1ST
CHILD

NAME

29-30/

! ! !
ID #

2ND
CHILD

NAME

33-34/

! ! !
ID #

3RD
CHILD

NAME

37-38/

! ! !
ID #

31-32/

..... 01
..... 02
..... 03
..... 04

35-36/

..... 01
..... 02
..... 03
..... 04

39-40/

..... 01
..... 02
..... 03
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(SKIP TO

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...Q.12)... 13

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10-129

DECK 42

4TH
CHILD5TH
CHILD6TH
CHILD7TH
CHILD8TH
CHILD

NAME

NAME

NAME

NAME

NAME

!_!_!

ID # 41-42/

!_!_!

ID # 45-46/

!_!_!

ID # 49-50/

!_!_!

ID # 53-54/

!_!_!

ID # 57-58/

43-44/

..... 01
..... 02
..... 03
..... 04

..... 05

..... 06

..... 07

..... 08

..... 09

..... 10

..... 11

..... 12

(SKIP TO

..Q.12).... 13

..... 14

..... 15

..... 16

_____ 17

47-48/

..... 01
..... 02
..... 03
..... 04

..... 05

..... 06

..... 07

..... 08

..... 09

..... 10

..... 11

..... 12

(SKIP TO

...Q.12)... 13

..... 14

..... 15

..... 16

_____ 17

51-52/

..... 01
..... 02
..... 03
..... 04

..... 05

..... 06

..... 07

..... 08

..... 09

..... 10

..... 11

..... 12

(SKIP TO

.. Q.12)... 13

..... 14

..... 15

..... 16

_____ 17

55-56/

..... 01
..... 02
..... 03
..... 04

..... 05

..... 06

..... 07

..... 08

..... 09

..... 10

..... 11

..... 12

(SKIP TO

....Q.12).. 13

..... 14

..... 15

..... 16

_____ 17

59-60/

..... 01
..... 02
..... 03
..... 04

..... 05

..... 06

..... 07

..... 08

..... 09

..... 10

..... 11

..... 12

(SKIP TO

...Q.12)... 13

..... 14

..... 15

..... 16

_____ 17

	10-130	DECK 42-43	
	1ST 61/ CHILD	2ND 72/ CHILD	3RD 15/ CHILD
6. B. <u>INTERVIEWER:</u> Q.6A, PAGE 10-128, IS CODED:	01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2	01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2	01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2
C. Where was (CHILD) usually cared for under this arrangement? RECORD ANSWER AND CODE.	62/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	73/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	16/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3
D. IF Q.6A IS CODED 12, OVERNIGHT RESIDENCE CAMP, CODE WITHOUT ASKING, OTHERWISE ASK: About how many hours per week was (CHILD) usually cared for under this arrangement?	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12).. 996 63-65/ !_!_! NUMBER OF HOURS	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 74-76/ !_!_! NUMBER OF HOURS	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 17-19/ !_!_! NUMBER OF HOURS
7. <u>INTERVIEWER:</u> MAIN CHILDCARE ARRANGEMENT (Q.6A, PAGE 10-128) IS CODED:	66/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2	77/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2	20/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2
8. Now I would like to ask you about other aspects of (CHILD)'s current main care arrangement, that is (MAIN CARE PROVIDER IN Q.6A, PAGE 10-128). Including (CHILD), how many children are cared for together, in the same group, at the same time? (DO NOT INCLUDE CHILDREN IN THE ENTIRE SCHOOL/CAMP/PROGRAM.)	67-68/ !_!_! NUMBER OF CHILDREN	BEGIN DECK 43 10-11/ !_!_! NUMBER OF CHILDREN	21-22/ !_!_! NUMBER OF CHILDREN
9. How many people supervise [your (child/children/the (# in Q.8) children in that group]? PROBE: How many teachers are in that class?	69-70/ !_!_! NUMBER OF PEOPLE	12-13/ !_!_! NUMBER OF PEOPLE	23-24/ !_!_! NUMBER OF PEOPLE
10. <u>INTERVIEWER:</u> MAIN CARE ARRANGEMENT (Q.6A, PAGE 10-128) IS CODED:	71/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0	14/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0	25/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
26/ 01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2	37/ 01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2	48/ 01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2	59/ 01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2	70/ 01-08..(ASK C).. 1 09-17 (SKIP TO D).... 2
27/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	38/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	49/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	60/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	71/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3
OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 28-30/ ! ! ! NUMBER OF HOURS	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 39-41/ ! ! ! NUMBER OF HOURS	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 50-52/ ! ! ! NUMBER OF HOURS	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 61-63/ ! ! ! NUMBER OF HOURS	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.12)... 996 72-74/ ! ! ! NUMBER OF HOURS
31/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2	42/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2	53/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2	64/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2	75/ 01-11..(GO TO Q.8).... 1 14-17..(SKIP TO Q.12)... 2
32-33/ ! ! ! NUMBER OF CHILDREN	43-44/ ! ! ! NUMBER OF CHILDREN	54-55/ ! ! ! NUMBER OF CHILDREN	65-66/ ! ! ! NUMBER OF CHILDREN	76-77/ ! ! ! NUMBER OF CHILDREN
34-35/ ! ! ! NUMBER OF PEOPLE	45-46/ ! ! ! NUMBER OF PEOPLE	56-57/ ! ! ! NUMBER OF PEOPLE	67-68/ ! ! ! NUMBER OF PEOPLE	78-79/ ! ! ! NUMBER OF PEOPLE
36/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0	47/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0	58/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0	69/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0	80/ 01-07..(SKIP TO Q.12)... 1 08-11..(GO TO Q.11)... 0

	1ST CHILD	2ND CHILD	3RD CHILD
11. Has the main person responsible for caring for (CHILD) received any education or training specifically related to children such as early childhood education, special education, or child psychology?	10/ Yes..... 1 No..... 0 DON'T KNOW..... 8	15/ Yes..... 1 No..... 0 DON'T KNOW..... 8	20/ Yes..... 1 No..... 0 DON'T KNOW..... 8
12. Was (CHILD) usually cared for this way during <u>all</u> of the hours that you [(worked/participated in your activity/activities) (used childcare)] during the last 4 weeks?	11/ Yes(SKIP TO Q.19, PAGE 10-136)... 1 No(GO TO Q.13).. 0	16/ Yes(SKIP TO Q.19, PAGE 10-136)... 1 No(GO TO Q.13).. 0	21/ Yes(SKIP TO Q.19, PAGE 10-136)... 1 No(GO TO Q.13).. 0
13. A. (HAND CARD AA) During the last 4 weeks, what was (CHILD) usually doing or how was (CHILD) usually cared for during most of the <u>other</u> hours that you [(worked/participated in your activity/activities) (used childcare)]?			
a. Child's other parent or stepparent.....	12-13/ 01	17-18/ 01	22-23/ 01
b. Child's grandparent.....	..... 02	..... 02	..... 02
c. Child's sibling under age 15.....	..... 03	..... 03	..... 03
d. Child's sibling 15 or over.....	..... 04	..... 04	..... 04
e. Other relative of child under age 15.....	..... 05	..... 05	..... 05
f. Other relative of child age 15 or older.....	..... 06	..... 06	..... 06
g. Nonrelative of child under age 15.....	..... 07	..... 07	..... 07
h. Nonrelative of child 15 and over.....	..... 08	..... 08	..... 08
i. Child in day care center or group care center.....	..... 09	..... 09	..... 09
j. Child in nursery school or preschool.....	..... 10	..... 10	..... 10
k. Child in day camp.....	..... 11	..... 11	..... 11
l. Child in overnight residence camp.....	..... 12	..... 12	..... 12
m. Child in kindergarten, elementary, or secondary school.....	(SKIP TO .....Q.19)..... 13	(SKIP TO .....Q.19)..... 13	(SKIP TO .....Q.19)..... 13
n. Child cares for self.....	..... 14	..... 14	..... 14
o. R's work or activity at home.....	..... 15	..... 15	..... 15
p. R cares for child at work or place of activity.....	..... 16	..... 16	..... 16
q. Other arrangement (SPECIFY)	.....	.....	.....
	17 14/	17 19/	17 24/
B. <u>INTERVIEWER:</u> Q.13A IS CODED	01-08..(ASK C)... 1	01-08..(ASK C)... 1	01-08..(ASK C)... 1
	09-17 (SKIP TO D) 2	09-17 (SKIP TO D) 2	09-17 (SKIP TO D) 2

HAND
CARD
AA

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
25/ Yes..... 1 No..... 0 DON'T KNOW..... 8	30/ Yes..... 1 No..... 0 DON'T KNOW..... 8	35/ Yes..... 1 No..... 0 DON'T KNOW..... 8	40/ Yes..... 1 No..... 0 DON'T KNOW..... 8	45/ Yes..... 1 No..... 0 DON'T KNOW..... 8
26/ Yes(SKIP TO Q.19, PAGE 10-136).... 1 No(GO TO Q.13).. 0	31/ Yes(SKIP TO Q.19, PAGE 10-136).... 1 No(GO TO Q.13).. 0	36/ Yes(SKIP TO Q.19, PAGE 10-136).... 1 No(GO TO Q.13).. 0	41/ Yes(SKIP TO Q.19, PAGE 10-136).... 1 No(GO TO Q.13).. 0	46/ Yes(SKIP TO Q.19, PAGE 10-136).... 1 No(GO TO Q.13).. 0
27-28/ 01 02 03 04 05 06 07 08 09 10 11 12 (SKIP TO....Q.19)..... 13 14 15 16 17 29/ 01-08..(ASK C)... 1 09-17 (SKIP TO D) 2	32-33/ 01 02 03 04 05 06 07 08 09 10 11 12 (SKIP TO....Q.19)..... 13 14 15 16 17 34/ 01-08..(ASK C)... 1 09-17 (SKIP TO D) 2	37-38/ 01 02 03 04 05 06 07 08 09 10 11 12 (SKIP TO....Q.19)..... 13 14 15 16 17 39/ 01-08..(ASK C)... 1 09-17 (SKIP TO D) 2	42-43/ 01 02 03 04 05 06 07 08 09 10 11 12 (SKIP TO....Q.19)..... 13 14 15 16 17 44/ 01-08..(ASK C)... 1 09-17 (SKIP TO D) 2	47-48/ 01 02 03 04 05 06 07 08 09 10 11 12 (SKIP TO....Q.19)..... 13 14 15 16 17 49/ 01-08..(ASK C)... 1 09-17 (SKIP TO D) 2

13. (Continued)

C. Where was (CHILD) usually cared for under this other arrangement? RECORD ANSWER AND CODE BELOW.

1ST
CHILD2ND
CHILD3RD
CHILD

50/
Child's home.... 1
Other private
home..... 2
Other place
(SPECIFY)
3

60/
Child's home.... 1
Other private
home..... 2
Other place
(SPECIFY)
3

70/
Child's home.... 1
Other private
home..... 2
Other place
(SPECIFY)
3

D. IF Q.13A IS CODED 12, OVERNIGHT RESIDENCE CAMP, CODE WITHOUT ASKING, OTHERWISE ASK: About how many hours per week was (CHILD) usually cared for under this other arrangement?

OVERNIGHT RESIDENCE
CAMP..(SKIP TO
Q.19)... 996

OVERNIGHT RESIDENCE
CAMP..(SKIP TO
Q.19)... 996

OVERNIGHT RESIDENCE
CAMP..(SKIP TO
Q.19)... 996

!__!__! 51-53/
NUMBER
OF HOURS

!__!__! 61-63/
NUMBER
OF HOURS

!__!__! 71-73/
NUMBER
OF HOURS

14. INTERVIEWER: SECONDARY CHILDCARE ARRANGEMENT (Q.13A, PAGE 10-132) IS CODED:

54/
01-11..(GO TO
Q.15)... 1
14-17..(SKIP TO
Q.19)... 2

64/
01-11..(GO TO
Q.15)... 1
14-17..(SKIP TO
Q.19)... 2

74/
01-11..(GO TO
Q.15)... 1
14-17..(SKIP TO
Q.19)... 2

15. Now I would like to ask you about other aspects of (CHILD)'s current secondary care arrangement, that is (SECONDARY CARE PROVIDER IN Q.13A, PAGE 10-132). Including (CHILD), how many children are cared for together, in the same group, at the same time? (DO NOT INCLUDE CHILDREN IN THE ENTIRE SCHOOL/CAMP/PROGRAM.)

!__!__! 55-56/
NUMBER OF CHILDREN

!__!__! 65-66/
NUMBER OF CHILDREN

!__!__! 75-76/
NUMBER OF CHILDREN

16. How many people supervise [your (child/children/the (# in Q.15) children in that group]? PROBE: How many teachers are in that class?

!__!__! 57-58/
NUMBER OF PEOPLE

!__!__! 67-68/
NUMBER OF PEOPLE

!__!__! 77-78/
NUMBER OF PEOPLE

17. INTERVIEWER: SECONDARY CARE ARRANGEMENT (Q.13A, PAGE 10-132) IS CODED:

59/
01-07..(SKIP TO
Q.19)... 1
08-11..(GO TO
Q.18)... 0

69/
01-07..(SKIP TO
Q.19)... 1
08-11..(GO TO
Q.18)... 0

79/
01-07..(SKIP TO
Q.19)... 1
08-11..(GO TO
Q.18)... 0

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
10/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	20/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	30/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	40/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3	50/ Child's home.... 1 Other private home..... 2 Other place (SPECIFY) 3
OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.19)... 996	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.19)... 996	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.19)... 996	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.19)... 996	OVERNIGHT RESIDENCE CAMP..(SKIP TO Q.19)... 996
!_!_! 11-13/ NUMBER OF HOURS	!_!_! 21-23/ NUMBER OF HOURS	!_!_! 31-33/ NUMBER OF HOURS	!_!_! 41-43/ NUMBER OF HOURS	!_!_! 51-53/ NUMBER OF HOURS
01-11..(GO TO 14/ Q.15)... 1 14-17..(SKIP TO Q.19)... 2	01-11..(GO TO 24/ Q.15)... 1 14-17..(SKIP TO Q.19)... 2	01-11..(GO TO 34/ Q.15)... 1 14-17..(SKIP TO Q.19)... 2	01-11..(GO TO 44/ Q.15)... 1 14-17..(SKIP TO Q.19)... 2	01-11..(GO TO 54/ Q.15)... 1 14-17..(SKIP TO Q.19)... 2
!_!_! 15-16/ NUMBER OF CHILDREN	!_!_! 25-26/ NUMBER OF CHILDREN	!_!_! 35-36/ NUMBER OF CHILDREN	!_!_! 45-46/ NUMBER OF CHILDREN	!_!_! 55-56/ NUMBER OF CHILDREN
!_!_! 17-18/ NUMBER OF PEOPLE	!_!_! 27-28/ NUMBER OF PEOPLE	!_!_! 37-38/ NUMBER OF PEOPLE	!_!_! 47-48/ NUMBER OF PEOPLE	!_!_! 57-58/ NUMBER OF PEOPLE
19/ 01-07..(SKIP TO Q.19)... 1 08-11..(GO TO Q.18)... 0	29/ 01-07..(SKIP TO Q.19)... 1 08-11..(GO TO Q.18)... 0	39/ 01-07..(SKIP TO Q.19)... 1 08-11..(GO TO Q.18)... 0	49/ 01-07..(SKIP TO Q.19)... 1 08-11..(GO TO Q.18)... 0	59/ 01-07..(SKIP TO Q.19)... 1 08-11..(GO TO Q.18)... 0

	1ST <u>CHILD</u>	2ND <u>CHILD</u>	3RD <u>CHILD</u>
18. Has the main person responsible for caring for (CHILD) received any education or training specifically related to children such as early childhood education, special education, or child psychology?	60/ Yes..... 1 No..... 2 DON'T KNOW..... 8	62/ Yes..... 1 No..... 2 DON'T KNOW..... 8	64/ Yes..... 1 No..... 2 DON'T KNOW..... 8
19. <u>INTERVIEWER</u> : DOES R HAVE ANOTHER CHILD IN THE HOUSEHOLD?	YES.(RE-ASK 61/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0	YES.(RE-ASK 63/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0	YES.(RE-ASK 65/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0

<u>4TH CHILD</u>	<u>5TH CHILD</u>	<u>6TH CHILD</u>	<u>7TH CHILD</u>	<u>8TH CHILD</u>
66/ Yes..... 1 No..... 2 DON'T KNOW..... 8	68/ Yes..... 1 No..... 2 DON'T KNOW..... 8	70/ Yes..... 1 No..... 2 DON'T KNOW..... 8	72/ Yes..... 1 No..... 2 DON'T KNOW..... 8	74/ Yes..... 1 No..... 2 DON'T KNOW..... 8
YES.(RE-ASK 67/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0	YES.(RE-ASK 69/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0	YES.(RE-ASK 71/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0	YES.(RE-ASK 73/ Q.6A-Q.19). 1 NO..(GO TO Q.20) 0	75/ YES.(GO TO NEW QUEX PAGE 10-132, Q.6A-Q.19). 1 NO..(GO TO Q.20) 0

20. A. Not counting tuition for kindergarten, elementary or secondary school, or overnight camp, did you (or your husband/partner) usually pay for any of the childcare that your (child/children) received in the last 4 weeks?

Yes.....(ASK B)..... 1 10/

No.....(GO TO C)..... 0

- B. Not counting tuition for kindergarten, elementary or secondary school, or overnight camp, how much do you (and your husband/partner) pay, per week, for childcare?

\$ |__|__|__| . 00 11-13/

- C. (Besides any cash payment), Did you (and your husband/partner) pay for any childcare through a noncash arrangement such as providing room and board or exchanging childcare services?

Yes..... 1 14/

No..... 0

-
21. During the last 4 weeks did you (or your husband/partner) lose any time from work because the person who usually took care of the (child/children) was not available?

Yes..... 1 15/

No..... 0

-
22. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 03. WAS R INTERVIEWED IN 1986?

YES.....(SKIP TO Q.24)..... 1 16/

NO.....(GO TO Q.23)..... 0

-
23. INTERVIEWER: ARE ANY CHILDREN LISTED IN THE **CHILDREN'S RECORD FORM, PART A**?

YES.....(SKIP TO Q.25)..... 1 17/

NO...(SKIP TO Q.51, PAGE 10-158)..... 0

24. INTERVIEWER: DO WE NEED TO ASK CHILDCARE QUESTIONS FOR ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM, PART A**? (ARE QS. 27, 35, OR 43 PREPRINTED UNDER "CARE"?)

YES.....(GO TO A)..... 1 18/

NO.....(GO TO B)..... 0

A. INTERVIEWER: NOTE THE FOLLOWING INSTRUCTIONS BEFORE BEGINNING THE REST OF THE CHILDCARE QUESTIONS:

- . ENTER NAME AND ID NUMBER ON TOP OF COLUMNS IN Q.25 ON PAGE 10-140 FOR EACH CHILD LISTED ON **CHILDREN'S RECORD FORM, PART A** FOR WHOM WE NEED TO ASK CHILDCARE QUESTIONS.
- . AFTER ASKING AGE IN Q.26, FOLLOW SKIP PATTERN INDICATED ON **CHILDREN'S RECORD FORM, PART A** FOR EACH CHILD FOR WHOM WE NEED TO ASK CHILDCARE QUESTIONS.
- . ALWAYS ASK CHILDCARE QUESTIONS FOR EACH CHILD BORN SINCE DATE OF 1986 INTERVIEW. (SEE **CHILDREN'S RECORD FORM, PART A**)
- . NOW GO TO Q.25

B. INTERVIEWER: WAS THERE A LIVE BIRTH SINCE DATE OF 1986 OR PRIOR INTERVIEW?

YES.....(GO TO Q.25)..... 1 19/

NO..(SKIP TO Q.51, PAGE 10-158)..... 0

25. <u>INTERVIEWER:</u> RECORD ID# AND NAME FOR CHILDREN LISTED IN PART A OF THE CHILDREN'S RECORD FORM FOR WHOM WE NEED TO ASK CHILDCARE QUESTIONS. (DO NOT LIST DECEASED OR ADOPTED-OUT CHILDREN).	BIOLOGICAL 1ST CHILD !__!__! 20-21/ ID# NAME	BIOLOGICAL 2ND CHILD !__!__! 30-31/ ID# NAME	BIOLOGICAL 3RD CHILD !__!__! 40-41/ ID# NAME
26. How old was (CHILD) on (his/her) last birthday?	!__!__! 22-23/ YEARS	!__!__! 32-33/ YEARS	!__!__! 42-43/ YEARS
A. <u>INTERVIEWER:</u> SEE CHILDREN'S RECORD FORM, PART A. IS ANY Q. LISTED UNDER CHILDCARE FOR THIS CHILD?	YES...(SKIP TO Q. LISTED UNDER 24/ CHILDCARE COLUMN)..... 1 NO...(GO TO B)..... 0 25/	YES...(SKIP TO Q. LISTED UNDER CHILDCARE 34/ COLUMN)..... 1 NO...(GO TO B)..... 0 35/	YES...(SKIP TO Q. LISTED UNDER CHILDCARE 44/ COLUMN)..... 1 NO...(GO TO B)..... 0 45/
B. <u>INTERVIEWER:</u> IS CHILD 1 YEAR OLD OR OLDER?	Yes...(GO TO Q.27).... 1 No...(SKIP TO Q.50, PG. 10-156)..... 0	Yes...(GO TO Q.27).... 1 No...(SKIP TO Q.50, PG. 10-156)..... 0	Yes...(GO TO Q.27).... 1 No...(SKIP TO Q.50, PG. 10-156)..... 0
27. (Has/Did) (CHILD) live(d) with you all or most of (his/her) 1st year of life? By that I mean while (he/she) was less than a year old.	26/ Yes...(ASK Q.28)..... 1 No...(SKIP TO Q.34, PG. 10-146)..... 0	36/ Yes...(ASK Q.28)..... 1 No...(SKIP TO Q.34, PG. 10-146)..... 0	46/ Yes...(ASK Q.28)..... 1 No...(SKIP TO Q.34, PG. 10-146)..... 0
28. (HAND CARD BB) In the 1st year of (CHILD)'s life, was (he/she) cared for in any <u>regular</u> childcare arrangement like the ones listed on this card while you worked or participated in some regular activity.	27/ Yes....(ASK Q.29)..... 1 No...(SKIP TO Q.34, PG. 10-146)..... 0 <div style="border: 1px solid black; padding: 2px; display: inline-block;">HAND CARD BB</div>	37/ Yes....(ASK Q.29)..... 1 No...(SKIP TO Q.34, PG. 10-146)..... 0	47/ Yes....(ASK Q.29)..... 1 No...(SKIP TO Q.34, PG. 10-146)..... 0
29. Not counting yourself, how many different childcare arrangements did you use for (CHILD) during (his/her) 1st year of life that lasted for one month or more? If you used more than one sitter or more than one day care center, please count each one separately. IF R STARTED WITH A SITTER OR CENTER AND THEN RETURNED TO THAT SAME SITTER OR CENTER AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, PLEASE COUNT AS SEPARATE ARRANGEMENTS.	!__!__! 28-29/ # OF ARRANGEMENTS	!__!__! 38-39/ # OF ARRANGEMENTS	!__!__! 48-49/ # OF ARRANGEMENTS

BIOLOGICAL 4TH CHILD	BIOLOGICAL 5TH CHILD	BIOLOGICAL 6TH CHILD	BEGIN DECK 47 BIOLOGICAL 7TH CHILD	BIOLOGICAL 8TH CHILD
!__!__! 50-51/ ID#	!__!__! 60-61/ ID#	!__!__! 70-71/ ID#	!__!__! 10-11/ ID#	!__!__! 20-21/ ID#
NAME	NAME	NAME	NAME	NAME
!__!__! 52-53/ YEARS	!__!__! 62-63/ YEARS	!__!__! 72-73/ YEARS	!__!__! 12-13/ YEARS	!__!__! 22-23/ YEARS
YES.(SKIP TO Q. LISTED UNDER CHILDCARE 54/ COLUMN)..... 1	YES.(SKIP TO Q. LISTED UNDER CHILDCARE 64/ COLUMN)..... 1	YES.(SKIP TO Q. LISTED UNDER CHILDCARE 74/ COLUMN)..... 1	YES.(SKIP TO Q. LISTED UNDER CHILDCARE 14/ COLUMN)..... 1	YES.(SKIP TO Q. LISTED UNDER CHILDCARE 24/ COLUMN)..... 1
NO..(GO TO B).... 0 55/	NO..(GO TO B).... 0 65/	NO..(GO TO B).... 0 75/	NO..(GO TO B).... 0 15/	NO..(GO TO B).... 0 25/
Yes.(GO TO Q.27).. 1	Yes.(GO TO Q.27).. 1	Yes.(GO TO Q.27).. 1	Yes.(GO TO Q.27).. 1	Yes.(GO TO Q.27).. 1
No.(SKIP TO Q.50, PG. 10-156).. 0	No.(SKIP TO Q.50, PG. 10-156).. 0	No.(SKIP TO Q.50, PG. 10-156).. 0	No.(SKIP TO Q.50, PG. 10-156).. 0	No.(SKIP TO Q.50, PG. 10-156).. 0
56/	66/	76/	16/	26/
Yes.(ASK Q.28)... 1	Yes.(ASK Q.28)... 1	Yes.(ASK Q.28)... 1	Yes.(ASK Q.28)... 1	Yes.(ASK Q.28)... 1
No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0
57/	67/	77/	17/	27/
Yes.(ASK Q.29).. 1	Yes.(ASK Q.29).. 1	Yes.(ASK Q.29).. 1	Yes.(ASK Q.29).. 1	Yes.(ASK Q.29).. 1
No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0	No.(SKIP TO Q.34, PG. 10-146).. 0
HAND CARD BB				
!__!__! 58-59/ # OF ARRANGEMENTS	!__!__! 68-69/ # OF ARRANGEMENTS	!__!__! 78-79/ # OF ARRANGEMENTS	!__!__! 18-19/ # OF ARRANGEMENTS	!__!__! 28-29/ # OF ARRANGEMENTS

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
30. What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD)'s first year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 30-31/ 1ST ARRANGEMENT	!__!__! 40-41/ 1ST ARRANGEMENT	!__!__! 50-51/ 1ST ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 1st year of life?	!__!__! 32-33/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 42-43/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 52-53/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. <u>INTERVIEWER</u> : IS THERE ANOTHER CHILD CARE ARRANGEMENT? IS THERE MORE THAN 01 ARRANGEMENT IN Q.29?	34/ YES.(GO TO Q.31).. 1 NO.(SKIP TO Q.33). 0	44/ YES.(GO TO Q.31).. 1 NO.(SKIP TO Q.33). 0	54/ YES.(GO TO Q.31).. 1 NO.(SKIP TO Q.33). 0
31. What was the 2nd childcare arrangement you used for one month or more during (CHILD)'s first year of life? IF NECESSARY PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 35-36/ 2ND ARRANGEMENT	!__!__! 45-46/ 2ND ARRANGEMENT	!__!__! 55-56/ 2ND ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 1st year of life? ROUND TO NEAREST MONTH.	!__!__! 37-38/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 47-48/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 57-58/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. <u>INTERVIEWER</u> : IS THERE ANOTHER CHILD CARE ARRANGEMENT? ARE THERE MORE THAN 02 ARRANGEMENTS IN Q.29?	39/ YES.(GO TO Q.32).. 1 NO.(SKIP TO Q.33). 0	49/ YES.(GO TO Q.32).. 1 NO.(SKIP TO Q.33). 0	59/ YES.(GO TO Q.32).. 1 NO.(SKIP TO Q.33). 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
_____	_____	_____	_____	_____
_____	_____	BEGIN DECK 48	_____	_____
!__!__! 60-61/ 1ST ARRANGEMENT	!__!__! 70-71/ 1ST ARRANGEMENT	!__!__! 10-11/ 1ST ARRANGEMENT	!__!__! 20-21/ 1ST ARRANGEMENT	!__!__! 30-31/ 1ST ARRANGEMENT
!__!__! 62-63/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 72-73/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 12-13/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 22-23/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 32-33/ NUMBER OF MONTHS (ROUND TO NEAREST)
64/ YES.(GO TO Q.31). 1	74/ YES.(GO TO Q.31). 1	14/ YES.(GO TO Q.31). 1	24/ YES.(GO TO Q.31). 1	34/ YES.(GO TO Q.31). 1
NO.(SKIP TO Q.33) 0	NO.(SKIP TO Q.33) 0	NO.(SKIP TO Q.33) 0	NO.(SKIP TO Q.33) 0	NO.(SKIP TO Q.33) 0
_____	_____	_____	_____	_____
!__!__! 65-66/ 2ND ARRANGEMENT	!__!__! 75-76/ 2ND ARRANGEMENT	!__!__! 15-16/ 2ND ARRANGEMENT	!__!__! 25-26/ 2ND ARRANGEMENT	!__!__! 35-36/ 2ND ARRANGEMENT
!__!__! 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 77-78/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 17-18/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 27-28/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 37-38/ NUMBER OF MONTHS (ROUND TO NEAREST)
69/ YES.(GO TO Q.32) 1	79/ YES.(GO TO Q.32) 1	19/ YES.(GO TO Q.32) 1	29/ YES.(GO TO Q.32) 1	39/ YES.(GO TO Q.32) 1
NO(SKIP TO Q.33) 0	NO(SKIP TO Q.33) 0	NO(SKIP TO Q.33) 0	NO(SKIP TO Q.33) 0	NO(SKIP TO Q.33) 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
32. What was the 3rd childcare arrangement you used for one month or more during (CHILD)'s first year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	!__!__! 40-41/ 3RD ARRANGEMENT	!__!__! 46-47/ 3RD ARRANGEMENT	!__!__! 52-53/ 3RD ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 1st year of life? ROUND TO NEAREST MONTH.	!__!__! 42-43/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 48-49/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 54-55/ NUMBER OF MONTHS (ROUND TO NEAREST)
33. Now, thinking about all of the childcare arrangements that you used during the 1st year of (CHILD)'s life, how many months in that year did you use childcare at least 10 hours per week for (him/her)? If you used childcare for at least 10 hours per week in any month, count it as a month.	!__!__! 44-45/ # OF MONTHS	!__!__! 50-51/ # OF MONTHS	!__!__! 56-57 # OF MONTHS

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD BEGIN DECK 49	8TH BIOLOGICAL CHILD
!__!__! 58-59/ 3RD ARRANGEMENT	!__!__! 64-65/ 3RD ARRANGEMENT	!__!__! 70-71/ 3RD ARRANGEMENT	!__!__! 10-11/ 3RD ARRANGEMENT	!__!__! 16-17/ 3RD ARRANGEMENT
!__!__! 60-61/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 66-67/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 72-73/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 12-13/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 18-19/ NUMBER OF MONTHS (ROUND TO NEAREST)
!__!__! 62-63/ # OF MONTHS	!__!__! 68-69/ # OF MONTHS	!__!__! 74-75/ # OF MONTHS	!__!__! 14-15/ # OF MONTHS	!__!__! 20-21/ # OF MONTHS

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
34. <u>INTERVIEWER</u> : IS CHILD AT LEAST 2 YEARS OLD OR OLDER? (SEE CHILD'S AGE IN Q.26, PG.10-140).	YES.(GO TO Q.35). 1 22/ NO.(SKIP TO Q.50, PG. 10-156).. 0	YES.(GO TO Q.35). 1 27/ NO.(SKIP TO Q.50, PG. 10-156).. 0	YES.(GO TO Q.35). 1 32/ NO.(SKIP TO Q.50, PG. 10-156).. 0
35. (Has/Did (CHILD) live(d) with you all or most of (his/her) 2nd year of (his/her) life? By that I mean while (he/she)was between 1 & 2 years old.	Yes..(ASK Q.36).. 1 23/ No.(SKIP TO Q.42, PG.10-152)... 0	Yes..(ASK Q.36).. 1 28/ No.(SKIP TO Q.42, PG.10-152)... 0	Yes..(ASK Q.36).. 1 33/ No..(SKIP TO Q.42, PG.10-152).. 0
36. (HAND CARD BB) In the 2nd year of (CHILD)'s life, was (he/she) cared for in any <u>regular</u> arrangement like the ones listed on this card while you worked or participated in some regular activity?	Yes..(ASK Q.37).. 1 24/ No.(SKIP TO Q.42, PG. 10-152).. 0 <div>HAND CARD BB</div>	Yes..(ASK Q.37).. 1 29/ No.(SKIP TO Q.42, PG. 10-152).. 0	Yes..(ASK Q.37).. 1 34/ No.(SKIP TO Q.42, PG. 10-152).. 0
37. Not counting yourself, how many different childcare arrangements did you use for (CHILD) during (his/her) 2nd year of life that lasted for one month or more? If you used more than one sitter or more than one day care center, please count each one separately. IF R STARTED WITH A SITTER OR CENTER AND THEN RETURNED TO THAT SAME SITTER OR CENTER AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, PLEASE COUNT AS SEPARATE ARRANGEMENTS.	!_!_! 25-26/ # OF ARRANGEMENTS	!_!_! 30-31/ # OF ARRANGEMENTS	!_!_! 35-36/ # OF ARRANGEMENTS

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
37/ YES.(GO TO Q.35).. 1 NO.(SKIP TO Q.50, PG. 10-156).. 0	42/ YES.(GO TO Q.35).. 1 NO.(SKIP TO Q.50, PG. 10-156).. 0	47/ YES.(GO TO Q.35).. 1 NO.(SKIP TO Q.50, PG. 10-156).. 0	52/ YES.(GO TO Q.35).. 1 NO.(SKIP TO Q.50, PG. 10-156).. 0	57/ YES.(GO TO Q.35).. 1 NO.(SKIP TO Q.50, PG. 10-156).. 0
38/ Yes..(ASK Q.36).. 1 No..(SKIP TO Q.42, PG.10-152).. 0	43/ Yes..(ASK Q.36).. 1 No..(SKIP TO Q.42, PG.10-152).. 0	48/ Yes..(ASK Q.36).. 1 No..(SKIP TO Q.42, PG.10-152).. 0	53/ Yes..(ASK Q.36).. 1 No..(SKIP TO Q.42, PG.10-152).. 0	58/ Yes..(ASK Q.36).. 1 No..(SKIP TO Q.42, PG.10-152).. 0
39/ Yes.(ASK Q.37).. 1 No.(SKIP TO Q.42, PG. 10-152).. 0	44/ Yes.(ASK Q.37).. 1 No.(SKIP TO Q.42, PG. 10-152).. 0	49/ Yes.(ASK Q.37).. 1 No.(SKIP TO Q.42, PG. 10-152).. 0	54/ Yes.(ASK Q.37).. 1 No.(SKIP TO Q.42, PG. 10-152).. 0	59/ Yes.(ASK Q.37).. 1 No.(SKIP TO Q.42, PG. 10-152).. 0
!__!__! 40-41/ # OF ARRANGEMENTS	!__!__! 45-46/ # OF ARRANGEMENTS	!__!__! 50-51/ # OF ARRANGEMENTS	!__!__! 55-56/ # OF ARRANGEMENTS	!__!__! 60-61/ # OF ARRANGEMENTS

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD BEGIN DECK 50	3RD BIOLOGICAL CHILD
38. What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD)'s 2nd year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 62-63/ 1ST ARRANGEMENT	!__!__! 10-11/ 1ST ARRANGEMENT	!__!__! 20-21/ 1ST ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 2nd year of life?	!__!__! 64-65/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 12-13/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 22-23/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? IS THERE MORE THAN 01 ARRANGEMENT IN Q.37?	66/ YES.(GO TO Q.39).. 1 NO.(SKIP TO Q.41). 0	14/ YES.(GO TO Q.39).. 1 NO.(SKIP TO Q.41). 0	24/ YES.(GO TO Q.39).. 1 NO.(SKIP TO Q.41). 0
39. What was the 2nd childcare arrangement you used for one month or more during (CHILD)'s 2nd year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 67-68/ 2ND ARRANGEMENT	!__!__! 15-16/ 2ND ARRANGEMENT	!__!__! 25-26/ 2ND ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 2nd year of life? ROUND TO NEAREST MONTH.	!__!__! 69-70/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 17-18/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 27-28/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? ARE THERE MORE THAN 02 ARRANGEMENTS IN Q.37?	71/ YES.(GO TO Q.40).. 1 NO.(SKIP TO Q.41). 0	19/ YES.(GO TO Q.40).. 1 NO.(SKIP TO Q.41). 0	29/ YES.(GO TO Q.40).. 1 NO.(SKIP TO Q.41). 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY) _____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
!__!__! 30-31/ 1ST ARRANGEMENT	!__!__! 40-41/ 1ST ARRANGEMENT	!__!__! 50-51/ 1ST ARRANGEMENT	!__!__! 60-61/ 1ST ARRANGEMENT	!__!__! 70-71/ 1ST ARRANGEMENT
!__!__! 32-33/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 42-43/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 52-53/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 62-63/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 72-73/ NUMBER OF MONTHS (ROUND TO NEAREST)
34/ YES.(GO TO Q.39). 1	44/ YES.(GO TO Q.39). 1	54/ YES.(GO TO Q.39). 1	64/ YES.(GO TO Q.39). 1	74/ YES.(GO TO Q.39). 1
NO.(SKIP TO Q.41) 0	NO.(SKIP TO Q.41) 0	NO.(SKIP TO Q.41) 0	NO.(SKIP TO Q.41) 0	NO.(SKIP TO Q.41) 0
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
!__!__! 35-36/ 2ND ARRANGEMENT	!__!__! 45-46/ 2ND ARRANGEMENT	!__!__! 55-56/ 2ND ARRANGEMENT	!__!__! 65-66/ 2ND ARRANGEMENT	!__!__! 75-76/ 2ND ARRANGEMENT
!__!__! 37-38/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 47-48/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 57-58/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 77-78/ NUMBER OF MONTHS (ROUND TO NEAREST)
39/ YES.(GO TO Q.40) 1	49/ YES.(GO TO Q.40) 1	59/ YES.(GO TO Q.40) 1	69/ YES.(GO TO Q.40) 1	79/ YES.(GO TO Q.40) 1
NO(SKIP TO Q.41) 0	NO(SKIP TO Q.41) 0	NO(SKIP TO Q.41) 0	NO(SKIP TO Q.41) 0	NO(SKIP TO Q.41) 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
40. What was the 3rd childcare arrangement you used for one month or more during (CHILD)'s second year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 10-11/ 3RD ARRANGEMENT	!__!__! 16-17/ 3RD ARRANGEMENT	!__!__! 22-23/ 3RD ARRANGEMENT
A. How many months did you used that childcare arrangement for (CHILD) in (his/her) 2nd year of life? ROUND TO NEAREST MONTH.	!__!__! 12-13/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 18-19/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 24-25/ NUMBER OF MONTHS (ROUND TO NEAREST)
41. Now, thinking about all of the childcare arrangements that you used during the 2nd year of (CHILD)'s life, how many months in that year did you use childcare at least 10 hours per week for (him/her)? If you used childcare for at least 10 hours per week in any month, count it as a month.	!__!__! 14-15/ # OF MONTHS	!__!__! 20-21/ # OF MONTHS	!__!__! 26-27/ # OF MONTHS

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
!__!__! 28-29/ 3RD ARRANGEMENT	!__!__! 34-35/ 3RD ARRANGEMENT	!__!__! 40-41/ 3RD ARRANGEMENT	!__!__! 46-47/ 3RD ARRANGEMENT	!__!__! 52-53/ 3RD ARRANGEMENT
!__!__! 30-31/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 36-37/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 42-43/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 48-49/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 54-55/ NUMBER OF MONTHS (ROUND TO NEAREST)
!__!__! 32-33/ # OF MONTHS	!__!__! 38-39/ # OF MONTHS	!__!__! 44-45/ # OF MONTHS	!__!__! 50-51/ # OF MONTHS	!__!__! 56-57/ # OF MONTHS

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
42. <u>INTERVIEWER:</u> IS CHILD AT LEAST 3 YEARS OLD OR OLDER? (SEE CHILD'S AGE IN Q.26, PG.10-140).	YES.(GO TO Q.43). 1 58/ NO.(SKIP TO Q.50, PG. 10-156).. 0	YES.(GO TO Q.43). 1 63/ NO.(SKIP TO Q.50, PG. 10-156).. 0	YES.(GO TO Q.43). 1 68/ NO.(SKIP TO Q.50, PG. 10-156).. 0
43. (Has/Did (CHILD) live(d) with you most or all of (his/her) 3rd year of (his/her) life? By that I mean while (he/she) was between 2 & 3 years old.	Yes.(ASK Q.44)... 1 59/ No.(SKIP TO Q.50, PG.10-156)... 0	Yes.(ASK Q.44)... 1 64/ No.(SKIP TO Q.50, PG.10-156)... 0	Yes.(ASK Q.44)... 1 69/ No.(SKIP TO Q.50, PG.10-156).. 0
44. (HAND CARD BB) In the 3rd year of (CHILD)'s life, was (he/she) cared for in any <u>regular</u> arrangement like the ones listed on this card while you worked or participated in some regular activity?	Yes..(ASK Q.45).. 1 60/ No.(SKIP TO Q.50, PG. 10-156).. 0 <div>HAND CARD BB</div>	Yes..(ASK Q.45).. 1 65/ No.(SKIP TO Q.50, PG. 10-156).. 0	Yes.(ASK Q.45)... 1 70/ No.(SKIP TO Q.50, PG. 10-156).. 0
45. Not counting yourself, how many different childcare arrangements did you use for (CHILD) during (his/her) 3rd year of life that lasted for one month or more? If you used more than one sitter or more than one day care center, please count each one separately. IF R STARTED WITH A SITTER OR CENTER AND THEN RETURNED TO THAT SAME SITTER OR CENTER AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, PLEASE COUNT AS SEPARATE ARRANGEMENTS.	!__!__! 61-62/ # OF ARRANGEMENTS	!__!__! 66-67/ # OF ARRANGEMENTS	!__!__! 71-72/ # OF ARRANGEMENTS

4TH BIOLOGICAL CHILD	BEGIN DECK 52 5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
73/ YES.(GO TO Q.43). 1	10/ YES.(GO TO Q.43). 1	15/ YES.(GO TO Q.43). 1	20/ YES.(GO TO Q.43). 1	25/ YES.(GO TO Q.43). 1
NO.(SKIP TO Q.50, PG. 10-156).. 0	NO.(SKIP TO Q.50, PG. 10-156).. 0	NO.(SKIP TO Q.50, PG. 10-156).. 0	NO.(SKIP TO Q.50, PG. 10-156).. 0	NO.(SKIP TO Q.50, PG. 10-156).. 0
74/ Yes..(ASK Q.44).. 1	11/ Yes..(ASK Q.44).. 1	16/ Yes..(ASK Q.44).. 1	21/ Yes..(ASK Q.44).. 1	26/ Yes..(ASK Q.44).. 1
No..(SKIP TO Q.50, PG.10-156).. 0	No..(SKIP TO Q.50, PG.10-156).. 0	No..(SKIP TO Q.50, PG.10-156).. 0	No..(SKIP TO Q.50, PG.10-156).. 0	No..(SKIP TO Q.50, PG.10-156).. 0
75/ Yes.(ASK Q.45).. 1	12/ Yes.(ASK Q.45).. 1	17/ Yes.(ASK Q.45).. 1	22/ Yes.(ASK Q.45).. 1	27/ Yes.(ASK Q.45).. 1
No.(SKIP TO Q.50, PG. 10-156). 0	No.(SKIP TO Q.50, PG. 10-156). 0	No.(SKIP TO Q.50, PG. 10-156). 0	No.(SKIP TO Q.50, PG. 10-156). 0	No.(SKIP TO Q.50, PG. 10-156). 0
!__!__! 76-77/ # OF ARRANGEMENTS	!__!__! 13-14/ # OF ARRANGEMENTS	!__!__! 18-19/ # OF ARRANGEMENTS	!__!__! 23-24/ # OF ARRANGEMENTS	!__!__! 28-29/ # OF ARRANGEMENTS

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
46. What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD)'s 3rd year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 30-31/ 1ST ARRANGEMENT	!__!__! 40-41/ 1ST ARRANGEMENT	!__!__! 50-51/ 1ST ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 3rd year of life?	!__!__! 32-33/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 42-43/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 52-53/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. INTERVIEWER: IS THERE ANOTHER CHILD CARE ARRANGEMENT? IS THERE MORE THAN 01 ARRANGEMENT IN Q.45?	34/ YES.(GO TO Q.47).. 1 NO.(SKIP TO Q.49). 0	44/ YES.(GO TO Q.47).. 1 NO.(SKIP TO Q.49). 0	54/ YES.(GO TO Q.47).. 1 NO.(SKIP TO Q.49). 0
47. What was the 2nd childcare arrangement you used for one month or more during (CHILD)'s 3rd year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 35-36/ 2ND ARRANGEMENT	!__!__! 45-46/ 2ND ARRANGEMENT	!__!__! 55-56/ 2ND ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 3rd year of life? ROUND TO NEAREST MONTH.	!__!__! 37-38/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 47-48/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 57-58/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. INTERVIEWER: IS THERE ANOTHER CHILD CARE ARRANGEMENT? ARE THERE MORE THAN 02 ARRANGEMENTS IN Q.45?	39/ YES.(GO TO Q.48).. 1 NO.(SKIP TO Q.49). 0	49/ YES.(GO TO Q.48).. 1 NO.(SKIP TO Q.49). 0	59/ YES.(GO TO Q.48).. 1 NO.(SKIP TO Q.49). 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	10-155 6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	DECKS 52-53 8TH BIOLOGICAL CHILD
_____	_____	_____	_____	_____
_____	_____	BEGIN DECK 53	_____	_____
!__!__! 60-61/ 1ST ARRANGEMENT	!__!__! 70-71/ 1ST ARRANGEMENT	!__!__! 10-11/ 1ST ARRANGEMENT	!__!__! 20-21/ 1ST ARRANGEMENT	!__!__! 30-31/ 1ST ARRANGEMENT
!__!__! 62-63/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 72-73/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 12-13/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 22-23/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 32-33/ NUMBER OF MONTHS (ROUND TO NEAREST)
64/ YES.(GO TO Q.47). 1	74/ YES.(GO TO Q.47). 1	14/ YES.(GO TO Q.47). 1	24/ YES.(GO TO Q.47). 1	34/ YES.(GO TO Q.47). 1
NO.(SKIP TO Q.49) 0	NO.(SKIP TO Q.49) 0	NO.(SKIP TO Q.49) 0	NO.(SKIP TO Q.49) 0	NO.(SKIP TO Q.49) 0
_____	_____	_____	_____	_____
!__!__! 65-66/ 2ND ARRANGEMENT	!__!__! 75-76/ 2ND ARRANGEMENT	!__!__! 15-16/ 2ND ARRANGEMENT	!__!__! 25-26/ 2ND ARRANGEMENT	!__!__! 35-36/ 2ND ARRANGEMENT
!__!__! 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 77-78/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 17-18/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 27-28/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 37-38/ NUMBER OF MONTHS (ROUND TO NEAREST)
69/ YES.(GO TO Q.48) 1	79/ YES.(GO TO Q.48) 1	19/ YES.(GO TO Q.48) 1	29/ YES.(GO TO Q.48) 1	39/ YES.(GO TO Q.48) 1
NO(SKIP TO Q.49) 0	NO(SKIP TO Q.49) 0	NO(SKIP TO Q.49) 0	NO(SKIP TO Q.49) 0	NO(SKIP TO Q.49) 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
48. What was the 3rd childcare arrangement you used for one month or more during (CHILD)'s third year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW.	_____	_____	_____
	!__!__! 40-41/ 3RD ARRANGEMENT	!__!__! 47-48/ 3RD ARRANGEMENT	!__!__! 54-55/ 3RD ARRANGEMENT
A. How many months did you used that childcare arrangement for (CHILD) in (his/her) 3rd year of life? ROUND TO NEAREST MONTH.	!__!__! 42-43/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 49-50/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 56-57/ NUMBER OF MONTHS (ROUND TO NEAREST)
49. Now, thinking about all of the childcare arrangements that you used during the 3rd year of (CHILD)'s life, how many months in that year did you use childcare at least 10 hours per week for (him/her)? If you used childcare for at least 10 hours per week in any month, count it as a month.	!__!__! 44-45/ # OF MONTHS	!__!__! 51-52/ # OF MONTHS	!__!__! 58-59/ # OF MONTHS
50. INTERVIEWER: IS THERE A (2ND/3RD/ETC.) CHILD LISTED IN Q.25, PAGE 10-140?	YES...(RE-ASK 46/ Q.26-50)... 1 NO...(GO TO Q.51).. 0	YES...(RE-ASK 53/ Q.26-50)... 1 NO...(GO TO Q.51).. 0	YES...(RE-ASK 60/ Q.26-50)... 1 NO...(GO TO Q.51).. 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)..... 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
_____	_____	_____	_____	_____
_____	_____	BEGIN DECK 54	_____	_____
!__!__! 61-62/ 3RD ARRANGEMENT	!__!__! 68-69/ 3RD ARRANGEMENT	!__!__! 10-11/ 3RD ARRANGEMENT	!__!__! 17-18/ 3RD ARRANGEMENT	!__!__! 24-25/ 3RD ARRANGEMENT
!__!__! 63-64/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 70-71/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 12-13/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 19-20/ NUMBER OF MONTHS (ROUND TO NEAREST)	!__!__! 26-27/ NUMBER OF MONTHS (ROUND TO NEAREST)
!__!__! 65-66/ # OF MONTHS	!__!__! 72-73/ # OF MONTHS	!__!__! 14-15/ # OF MONTHS	!__!__! 21-22/ # OF MONTHS	!__!__! 28-29/ # OF MONTHS
YES..(RE-ASK 67/ Q.26-50)... 1 NO.(GO TO Q.51).. 0	YES..(RE-ASK 74/ Q.26-50)... 1 NO.(GO TO Q.51).. 0	YES..(RE-ASK 16/ Q.26-50)... 1 NO.(GO TO Q.51).. 0	YES..(RE-ASK 23/ Q.26-50)... 1 NO.(GO TO Q.51).. 0	30/ YES..(GO TO NEW QUEX AND ASK Q.26-50).... 1 NO.(GO TO Q.51).. 0

Child's other parent or stepparent in child's home..... 01
 Child's other parent or stepparent in other home..... 02
 Child's sibling in child's home..... 03
 Child's sibling in other home..... 04
 Child's grandparent in child's home..... 07
 Child's grandparent in other home..... 08
 Other relative of child in child's home..... 09
 Other relative of child in other home..... 10
 Nonrelative in child's home..... 11
 Nonrelative in other home..... 12
 Child in day care center or group care center..... 13
 Child in nursery school or preschool..... 14
 Other arrangement (SPECIFY)_____ 15

51. INTERVIEWER: ARE ANY CHILDREN LISTED ON **CHILDREN'S RECORD FORM, PART A**, WHO ARE NOT DECEASED OR ADOPTED OUT?

YES.....(GO TO Q.52)..... 1 31/

NO.....(GO TO **SECTION 11**, PAGE 11-161)... 0

52. INTERVIEWER: DOES R CURRENTLY HAVE A PARTNER OR SPOUSE LISTED ON THE **HOUSEHOLD ENUMERATION OF THE FACE SHEET**?

YES.....(ASK QS.53-55, PAGE 10-159)..... 1 32/

NO.....(SKIP TO Q.56, PAGE 10-160)..... 0

Now we have a few questions about your current (marriage/relationship).

53. Would you say that your (relationship/marriage) is... (READ CATEGORIES AND CODE ONE ONLY).

Very happy.....	1	33/
Fairly happy.....	2	
Not too happy.....	3	

54. How often do you and your (husband/partner). . .(READ CATEGORY A). . .almost every day, once or twice a week, once or twice a month, or less than once a month? (REPEAT FOR CATEGORIES B AND C AND CODE ONE FOR EACH ITEM.)

	Almost Every Day	Once or Twice a Week	Once or Twice a Month	Less Than Once a Month	
A. Calmly discuss something	1	2	3	4	34/
B. Laugh together	1	2	3	4	35/
C. Tell each other about your day	1	2	3	4	36/

55. How frequently do you and your (husband/partner) have arguments about. . . (READ CATEGORY A). . .often, sometimes, hardly ever, or never? (REPEAT FOR CATEGORIES B-I AND CODE ONE FOR EACH ITEM.)

	Often	Sometimes	Hardly Ever	Never	
A. Chores and responsibilities	1	2	3	4	37/
B. Your children	1	2	3	4	38/
C. Money	1	2	3	4	39/
D. Showing affection to each other	1	2	3	4	40/
E. Religion	1	2	3	4	41/
F. Leisure or free time	1	2	3	4	42/
G. Drinking	1	2	3	4	43/
H. Other women	1	2	3	4	44/
I. Your relatives	1	2	3	4	45/

SKIP TO QUESTION 59, PAGE 11-160

Now we have a few questions about your current dating experiences.

56. How often do you go out on dates? Is it . . . (READ CATEGORIES AND CODE ONE ONLY).

Almost every day.....	5	46/
Once or twice a week.....	4	
Once or twice a month.....	3	
Less than once a month.....	2	
Not at all.....	1	

57. Thinking of your oldest child, does he or she . . . (READ CATEGORIES AND CODE ONE ONLY.)

Encourage your dating.....	1	47/
Discourage your dating.....	2	
Not care one way or the other whether you date.....	3	

58. Thinking of the future, would you . . . (READ CATEGORIES AND CODE ONE ONLY.)

Like to get married.....	1	48/
Like to marry sometime, but not right now....	2	
Rather not get married.....	3	

59. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING SMALL CHILDREN, WHEN YOU ASKED THE QUESTIONS ON PAGES 10-159 AND 10-161?

YES.....	1	49/
NO.....	0	
TELEPHONE INTERVIEW.....	2	

GO TO SECTION 11, PAGE 11-163

TIME ENDED:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM
HR	MIN	SECOND		PM

SECTION 11: AIDS KNOWLEDGE

These next questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.

1. Have you ever heard of AIDS?

Yes 1 50/

No (SKIP TO SECTION 12, PAGE 12-163).. 0

DON'T KNOW (SKIP TO SECTION 12, PAGE 12-163). 8

2. (HAND CARD CC) After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get AIDS or the AIDS virus infection that way.

How likely do you think it is that a person will get AIDS or the AIDS virus infection from ... (READ CATEGORIES A-I AND CODE ONE FOR EACH.)

	HAND CARD CC	Very Likely	Some- what Likely	Some- what Unlikely	Very Unlikely	Def- initely Not Poss.	Don't Know	
A.	eating in a restaurant where the cook has AIDS?	1	2	3	4	5	8	51/
B.	sharing plates, forks, or glasses with someone who has AIDS?	1	2	3	4	5	8	52/
C.	using public toilets?	1	2	3	4	5	8	53/
D.	sharing needles for drug use with someone who has AIDS?	1	2	3	4	5	8	54/
E.	kissing on the cheek a person who has AIDS?	1	2	3	4	5	8	55/
F.	being coughed or sneezed on by someone who has AIDS?	1	2	3	4	5	8	56/
G.	attending school with a child who has AIDS?	1	2	3	4	5	8	57/
H.	mosquitoes or other insects?	1	2	3	4	5	8	58/
I.	having sex with a person who has AIDS?	1	2	3	4	5	8	59/

3. Has an employer ever provided any information about AIDS to you?

Yes..... 1 60/
No..... 0

4. Do you have any children 5 years of age or older?

Yes.....(GO TO Q.5)..... 1 61/
No...(SKIP TO SECTION 12, PAGE 12-163).. 0

5. Have you ever discussed AIDS with (your child/any of your children)?

Yes..... 1 62/
No..... 0

6. (Has your child/Has your oldest child) had instruction at school about AIDS?
IF NO, PROBE: (Has your child/Has your oldest child) not had instruction at
school about AIDS or (has your child/has your oldest child) not attended
school?

Yes..... 1 63/
No, hasn't gotten instruction..... 2
No, hasn't attended school..... 3
DON'T KNOW..... 8

GO TO SECTION 12, PAGE 12-163

SECTION 12: ON HEALTH

1. INTERVIEWER: DID R HAVE A JOB LAST WEEK? (ARE Q.20, PAGE 5-41 AND Q.23, PAGE 5-42, **SECTION 5** BOTH BLANK?)

OR WAS R ON ACTIVE DUTY IN THE ACTIVE FORCES LAST WEEK? (SEE ROW A ON **CALENDAR**)

YES (GO TO Q.2) 1 64/

NO (ASK A) 0

- A. IF NO: Would your health keep you from working on a job for pay now?

Yes (SKIP TO Q.4) 1 65/

No 0

2. A. (Are you/Would you be) limited in the kind of work you (could) do on a job for pay because of your health?

Yes 1 66/

No 0

- B. (Are you/Would you be) limited in the amount of work you (could) do because of your health?

Yes 1 67/

No 0

3. INTERVIEWER: SEE QS. 2A & 2B. IS ANY "YES" ANSWER CODED IN THESE QUESTIONS?

YES 1 68/

NO ... (SKIP TO Q.5) 0

4. Since what month and year have you had this limitation?

ENTER MONTH: |__|__| 69-70/

AND

YEAR: 19 |__|__| 71-72/

OR

IF VOLUNTEERED: ALL MY LIFE..... 0000

5. How much do you weigh?

ENTER NUMBER OF POUNDS: |__|__|__| 73-75/

6. INTERVIEWER: HAVE YOU ADMINISTERED ANY **EMPLOYER SUPPLEMENTS** TO THE RESPONDENT?

YES (GO TO Q.7) 1 76/

NO .(SKIP TO **SECTION 13**, PAGE 13-171).. 0

-
7. Now, I would like to ask you a few questions about any injuries and illnesses you might have received or gotten while you were working on a job.

- A. First, during the past 12 months, have you had an incident at any job we previously discussed that resulted in an injury or illness to you?

Yes (ASK E) 1 77/

No .(SKIP TO **SECTION 13**, PAGE 13-171).. 0

- B. What is the name of the employer you were working for when the most recent incident that resulted in an injury or illness to you occurred?

EMPLOYER NAME: _____

- C. INTERVIEWER: DOES EMPLOYER NAME MATCH AN EMPLOYER NAME ON AN **EMPLOYER SUPPLEMENT**?

YES 1 78/

NO(ASK R WHICH EMPLOYER LISTED ON AN **EMPLOYER SUPPLEMENT** IS THE SAME AS THE ONE FOR WHICH R IS REPORTING A WORK-RELATED INJURY OR ILLNESS AND CORRECT EMPLOYER NAME IN B AS NECESSARY) 0

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79-80/

EMPLOYER NUMBER

- D. In what month and year did the most recent incident occur that resulted in an injury or illness to you? BEGIN DECK 55

ENTER MONTH: ____|____| 10-11/

AND

YEAR: 19 ____|____| 12-13/

8. (HAND CARD DD) Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY).

HAND CARD DD

Employer-directed travel 01 14-15/
 Employer-directed training 02
 Meal break 03
 Rest break 04
 Personal business 05
 Normal work activity 06
 Other activity (SPECIFY)
 _____ 07

9. Did the incident result in an injury or an illness?

Injury 1 16/
 Illness 2

10. A. What part of the body was hurt or affected? PROBE: What other part of the body was hurt or affected? RECORD IN A.

B. INTERVIEWER: FOR EACH PART OF THE BODY LISTED IN A, ASK: What kind of (injury/illness) was it? RECORD IN B.

A. PART(S) OF THE BODY	B. KIND OF INJURY/ILLNESS
(1) _____	(1) _____ 17-22/
(2) _____	(2) _____ 23-28/
(3) _____	(3) _____ 29-34/

11. A. Did the (injury/illness) cause you to miss one or more scheduled days of work, not counting the day of the incident?

Yes (ASK B) 1 35/
 No (GO TO Q.12) 0
 DON'T KNOW .. (GO TO Q.12) 8

- B. Not counting the day of the incident, how many days was this?

ENTER NUMBER OF DAYS: |__|__|__| 36-38/

- | | YES | NO | |
|--|-----|----|-----|
| To be assigned to another job on a temporary basis? | 1 | 0 | 39/ |
| To work at your regular job less than full time? | 1 | 0 | 40/ |
| To work at your regular job, but be unable to perform all of the normal duties of the job? | 1 | 0 | 41/ |

ENTER NUMBER OF DAYS: | | | | 42-44/

- | | YES | NO | |
|------------------------|-----|----|------|
| To be laid off? | 1 | 0 | 45 / |
| To quit? | 1 | 0 | 46 / |
| To be fired? | 1 | 0 | 47 / |
| To change occupations? | 1 | 0 | 48 / |

- | | | |
|-----------|---|-----|
| Yes | 1 | 49/ |
| No | 0 | |

- | | | |
|-------------------------------|---|-----|
| Yes | 1 | 50/ |
| No (SKIP TO Q.18) | 0 | |

16. Have you collected any worker's compensation benefits for this (injury/illness)?

Yes (SKIP TO Q.18) 1 51/

No 0

17. Is there a worker's compensation claim pending for this (injury/illness)?

Yes 1 52/

No 0

18. Is the (injury/illness) we've just discussed the most severe injury or illness that you have received or gotten during the past 12 months while you were working at any job we have already talked about?

Yes .(GO TO **SECTION 13**, PAGE 13-171) .. 1 53/

No (ASK QS. 19-29 FOR THE
MOST SEVERE INJURY/ILLNESS) .. 0

19. A. What is the name of the employer you were working for when the incident that resulted in the most severe injury or illness to you occurred?

EMPLOYER NAME: _____

B. INTERVIEWER: DOES EMPLOYER NAME MATCH AN EMPLOYER NAME ON AN **EMPLOYER SUPPLEMENT**?

YES 1 54/

NO(ASK R WHICH EMPLOYER
LISTED ON AN **EMPLOYER
SUPPLEMENT** IS THE SAME
AS THE ONE FOR WHICH R
IS REPORTING A WORK-RELATED
INJURY OR ILLNESS AND
CORRECT EMPLOYER NAME
IN B AS NECESSARY) 0

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55-56/

EMPLOYER NUMBER

C. In what month and year did the incident occur that resulted in the most severe injury or illness to you?

ENTER MONTH: ____|____| 57-58/

AND

YEAR: 19 ____|____| 59-60/

20. (HAND CARD DD) Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY.)

HAND
CARD
DD

Employer-directed travel	01	61-62/
Employer-directed training	02	
Meal break	03	
Rest break	04	
Personal business	05	
Normal work activity	06	
Other activity (SPECIFY)		
_____	07	

21. Did the incident result in an injury or an illness?

Injury	1	63/
Illness	2	

22. A. What part of the body was hurt or affected? PROBE: What other part of the body was hurt or affected? RECORD IN A.

B. INTERVIEWER: FOR EACH PART OF THE BODY LISTED IN A, ASK: What kind of (injury/illness) was it? RECORD IN B.

A. PART(S) OF THE BODY	B. KIND OF INJURY/ILLNESS
(1) _____	(1) _____ 64-69/
(2) _____	(2) _____ 70-75/
	BEGIN DECK 56
(3) _____	(3) _____ 10-15/

23. A. Did the (injury/illness) cause you to miss one or more scheduled days of work, not counting the day of the incident?

Yes	(ASK B)	1	16/
No	(GO TO Q.24)	0	
DON'T KNOW ..	(GO TO Q.24)	8	

- B. Not counting the day of the incident, how many days was this?

ENTER NUMBER OF DAYS: |__|__|__| 17-19/

	YES	NO	
To be assigned to another job on a temporary basis?	1	0	20/
To work at your regular job less than full time?	1	0	21/
To work at your regular job, but be unable to perform all of the normal duties of the job?	1	0	22/

ENTER NUMBER OF DAYS: | | | | 23-25/

	YES	NO	
To be laid off?	1	0	26/
To quit?	1	0	27/
To be fired?	1	0	28/
To change occupations?	1	0	29/

Yes	1	30/
No	0	

```
Yes ..... 1 31/
No .(SKIP TO SECTION 13, PAGE 13-171).. 0
```


28. Have you collected any worker's compensation benefits for this (injury/illness)?

Yes ..(SKIP TO **SECTION 13**, PAGE 13-171) 1 32/

No 0

29. Is there a worker's compensation claim pending for this (injury/illness)?

Yes 1 33/

No 0

GO TO SECTION 13, PAGE 13-171

SECTION 13: ALCOHOL USE

DECK 56

1. Next I'd like to ask you some questions about drinking alcoholic beverages, including beer, wine, and liquor. Have you ever had a drink of an alcoholic beverage?

Yes 1 34/

No (SKIP TO Q.8, PAGE 13-173)... 0

2. Have you had any alcoholic beverages, including beer, wine, or liquor, during the last 30 days?

Yes (GO TO Q.3) 1 35/

No (SKIP TO Q.8, PAGE 13-173).. 0

3. How often have you had 6 or more drinks on one occasion during the last 30 days? Would you say it was . . . (READ CATEGORIES)?

10 or more times 6 36/

8 or 9 times 5

6 or 7 times 4

4 or 5 times 3

2 or 3 times 2

Once 1

Never 0

HAND CARD EE

4. During the last 30 days, on how many days did you drink any alcoholic beverages, including beer, wine, or liquor?

ENTER # OF DAYS: | | | 37-38/

5. On the days that you drink, about how many drinks do you have on the average day? (BY A DRINK WE MEAN THE EQUIVALENT OF A CAN OF BEER, A GLASS OF WINE, OR A SHOT GLASS OF HARD LIQUOR.)

NUMBER OF DRINKS: | | | 39-40/

6. Now I would like to ask you some questions about experiences that many people have had with drinking. During the past year . . . (READ CATEGORIES AND CODE YES OR NO FOR EACH ONE)

	<u>YES</u>	<u>NO</u>	
A. Have you felt aggressive or cross while drinking?	1	0	41/
B. Have you gotten into a heated argument while drinking?	1	0	42/
C. Have you gotten into a fight while drinking?	1	0	43/
D. Have you deliberately tried to cut down or quit drinking, but didn't manage to do so?	1	0	44/
E. Were you afraid you might be an alcoholic or that you might become one?	1	0	45/
F. Once you started drinking, was it difficult for you to stop before you became completely intoxicated?	1	0	46/
G. Have you awakened the next day not being able to remember things you had done while drinking?	1	0	47/
H. Have you often taken a drink the first thing when you got up in the morning?	1	0	48/
I. Have your hands shaken a lot the morning after drinking?	1	0	49/
J. Have you sometimes gotten drunk when drinking by yourself?	1	0	50/
K. Have you sometimes kept on drinking after promising yourself not to?	1	0	51/

7. INTERVIEWER: HAS R WORKED IN THE PAST YEAR (HAVE ANY LINES BEEN DRAWN IN ROWS A AND B OF THE **CALENDAR**)?

YES (ASK A-E) 1 52/

NO (GO TO Q.8) 0

During the past year... (READ CATEGORIES AND CODE YES OR NO FOR EACH ONE)

	<u>YES</u>	<u>NO</u>	
A. Have you stayed away from work because of a hangover?	1	0	53/
B. Have you gotten drunk when on the job?	1	0	54/
C. Have you lost a job, or nearly lost one, because of drinking?	1	0	55/
D. Has drinking led to your quitting a job?	1	0	56/
E. Has drinking hurt your chances for promotion or raises or a better job?	1	0	57/

8. We are concerned with people you know who, in your judgment, have been alcoholics or problem drinkers.

(HAND CARD FF) Have any of your relatives listed on this card been alcoholics or problem drinkers at any time in their lives?

Yes (GO TO Q.9) 1 58/

No (SKIP TO Q.12, PAGE 13-175).... 0

HAND CARD FF

Now I would like to ask you a few questions about your relatives who have been alcoholics or problem drinkers.

9. (First,) please tell me the relationship to you of your (1st/2nd/etc.) relative (listed on the card) who, in your judgment, has been an alcoholic or a problem drinker at any time in their life.

	1ST RELATIVE	2ND RELATIVE	3RD RELATIVE	4TH RELATIVE	5TH RELATIVE	6TH RELATIVE
Biological father.....	01	01	01	01	BEGIN DECK 57	01
59-60/		64-65/	69-70/	74-75/	10-11/	15-16/
Step, adoptive, or foster father.....	02	02	02	02	02	02
Biological mother.....	03	03	03	03	03	03
Step, adoptive, or foster mother	04	04	04	04	04	04
Biological brother	05	05	05	05	05	05
Step, half, or adoptive brother.....	06	06	06	06	06	06
Biological sister.....	07	07	07	07	07	07
Step, half, or adoptive sister.....	08	08	08	08	08	08
Grandfather on mother's side.....	09	09	09	09	09	09
Grandfather on father's side.....	10	10	10	10	10	10
Grandmother on mother's side.....	11	11	11	11	11	11
Grandmother on father's side.....	12	12	12	12	12	12
Blood uncle on mother's side.....	13	13	13	13	13	13
Blood uncle on father's side.....	14	14	14	14	14	14
Blood aunt on mother's side.....	15	15	15	15	15	15
Blood aunt on father's side.....	16	16	16	16	16	16
Blood cousin on mother's side.....	17	17	17	17	17	17
Blood cousin on father's side.....	18	18	18	18	18	18
Other blood relative (SPECIFY)						
_____ 19	19	19	19	19	19	19
Current husband/wife.....	20	20	20	20	20	20
Ex husband/wife.....	21	21	21	21	21	21
10. For how many years did you live with your (1ST/NEXT RELATIVE) while (he/she) was an alcoholic or a problem drinker? (IF PERIOD OF TIME IS LESS THAN ONE YEAR, ENTER 00. IF R NEVER LIVED WITH RELATIVE CODED IN Q.9, ENTER 96.)	! ! ! 61-62/ YEARS	! ! ! 66-67/ YEARS	! ! ! 71-72/ YEARS	! ! ! 76-77/ YEARS	! ! ! 12-13/ YEARS	! ! ! 17-18/ YEARS
11. Do you have a (2nd/3rd/etc.) relative who has been an alcoholic or problem drinker?	Yes... 1 63/ No.... 0	Yes... 1 68/ No.... 0	Yes... 1 73/ No.... 0	Yes... 1 78/ No.... 0	Yes... 1 14/ No.... 0	Yes... 1 19/ No.... 0

INTERVIEWER: FOR EACH YES IN Q.11 REPEAT Q.9 THRU Q.11. GO TO Q.12 WHEN R RESPONDS NO IN Q.11. IF R HAS MORE THAN 6 RELATIVES, GO TO A NEW QUESTIONNAIRE, PAGE 13-174, Q.9.

12. INTERVIEWER: WAS ANYONE ELSE PRESENT OTHER THAN SMALL CHILDREN WHEN YOU
ASKED THE QUESTIONS IN SECTION 13?

YES 1

59/

NO 0

PHONE INTERVIEW 2

GO TO SECTION 14, PAGE 14-177

PLEASE GO TO NEXT PAGE----->

SECTION 14: DRUG USE

1. INTERVIEWER: SEE INFORMATION SHEET ITEM 13. IS THIS SECTION TO BE SELF-ADMINISTERED?

YES.....(READ A)..... 1 60/

NO.....(READ B)..... 0

A. INTERVIEWER: READ TO THE RESPNDENT:

Now, we have some questions concerning your experiences, if any, with marijuana and cocaine use. Currently, there is little accurate information on the actual experiences of people your age. Remember, as is true with all portions of this interview, the answers you give will remain strictly confidential and will not be associated with your name in any way.

We also have a legal Certificate of Confidentiality that protects you. Authorities cannot gain access to your replies.

We would like you to fill out this part of the interview yourself. Please read each item, and circle the category which best describes your answer.

INTERVIEWER: HAND THE DRUG USE SUPPLEMENT TO THE RESPONDENT AND GIVE R TIME TO ANSWER. THEN HAND R THE ENVELOPE.

READ: Now, please put the pamphlet in this envelope and seal it. It will not be opened until it gets back to the survey staff in Chicago. (NOW GO TO Q.2.)

B. INTERVIEWER: READ TO THE RESPONDENT:

Now, we would like to ask you some questions concerning your experiences, if any, with marijuana and cocaine use. Currently, there is little accurate information on the actual experiences of people your age. Remember, as is true with all portions of this interview, the answers you give will remain strictly confidential and will not be associated with your name in any way.

We also have a legal Certificate of Confidentiality that protects you. Authorities cannot gain access to your replies.

NOW ADMINISTER THE DRUG USE SUPPLEMENT.

INTERVIEWER NOTE: GO TO Q.2 WHEN THE DRUG USE SUPPLEMENT IS COMPLETED.

-
2. INTERVIEWER: WAS THE DRUG USE SUPPLEMENT SELF-ADMINISTERED BY THE RESPONDENT OR ADMINISTERED BY YOU?

SELF-ADMINISTERED BY THE RESPONDENT (SKIP TO SECTION 15, P.15-179).... 1 61/

ADMINISTERED BY INTERVIEWER.....(GO TO Q.3)..... 0

3. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING SMALL CHILDREN, WHEN YOU ASKED THE QUESTIONS IN THE **DRUG USE SUPPLEMENT**?

YES..... 1 62/
NO..... 0
TELEPHONE INTERVIEW..... 2

GO TO SECTION 15 , PAGE 15-179

SECTION 15: ON ASSETS AND INCOME

1. Now I would like to ask you some questions about your income in 1987.

A. During 1987, did you receive any income from service in the military?

Yes (ASK B) 1 10/

No (GO TO Q.2) 0

B. IF YES: And how much total income did you receive during 1987 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$ | | | | , | | | | .00 11-16/

2. IF R EARNED ANY MONEY FROM THE MILITARY IN 1987, READ A. OTHERWISE GO TO B.

A. Not counting any money you received from your military service . . .

B. During 1987, how much did you receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$ | | | | , | | | | .00 17-22/

OR

NONE 000000

3. (Excluding any income you already have mentioned) During 1987, did you receive any money in income . . .

A. from your own farm?

Yes 1 23/

No 0

B. from your own non-farm business, partnership, or professional practice?

Yes 1 24/

No 0

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.4.

C. IF YES TO A OR B: How much did you receive after expenses?

\$ | | | | , | | | | .00 25-30/

OR

NONE 000000

OR

DON'T KNOW 999998

4. During 1987, did you receive any unemployment compensation?

Yes (ASK A-C) 1 31/
No (GO TO Q.5) 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1987 did you receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY	01	32-33/
FEBRUARY	02	34-35/
MARCH	03	36-37/
APRIL	04	38-39/
MAY	05	40-41/
JUNE	06	42-43/
JULY	07	44-45/
AUGUST	08	46-47/
SEPTEMBER	09	48-49/
OCTOBER	10	50-51/
NOVEMBER	11	52-53/
DECEMBER	12	54-55/

B. How many weeks in 1987 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS: 56-57/

C. How much did you receive per week on the average?

\$.00 58-60/

5. INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION?

YES (GO TO Q.6) 1 61/
NO .. (SKIP TO Q.10, PAGE 15-184).... 0

6. IF R IS CURRENTLY MARRIED AND R'S SPOUSE IS LISTED ON THE HOUSEHOLD
ENUMERATION, ASK:

- A. During 1987, did your (husband/wife) receive any income from service
(he/she) performed in the military?

Yes (ASK B) 1 62/

No (GO TO Q.7) 0

- B. IF YES: And how much total income did your (husband/wife) receive
during 1987 from the military before taxes and other deductions? Please
include money received from special pays, allowances, and bonuses.

\$ | | | | , | | | | .00 63-68/

7. IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1987, READ A. OTHERWISE, GO
TO B.

- A. Not counting any money your (husband/wife) received from (his/her)
military service ...
- B. During 1987, how much did your (husband/wife) receive from wages,
salary, commissions, or tips from all (other) jobs, before deductions
for taxes or anything else?

\$ | | | | , | | | | .00 69-74/

OR

NONE 000000

OR

DON'T KNOW 999998

8. [Now, please exclude any income you already have mentioned earned by your (husband/wife)]. (In addition to the income you received from your farm or your business, partnership, or professional practice,) During 1987, did your (husband/wife) receive any money in income ...

A. from (his/her) own farm?

Yes 1 75/
 No 0
 DON'T KNOW 8

B. from (his/her) own non-farm business, partnership, or professional practice?

Yes 1 76/
 No 0
 DON'T KNOW 8

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.9.

BEGIN DECK 62

C. IF YES TO A OR B: How much did (he/she) receive after expenses?

\$ | | | | , | | | | .00 10-15/

OR

NONE 000000

OR

DON'T KNOW 999998

9. During 1987, did your (husband/wife) receive any unemployment compensation?

Yes (ASK A-C) 1 16/

No (GO TO Q.10) 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1987 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY	01	17-18/
FEBRUARY	02	19-20/
MARCH	03	21-22/
APRIL	04	23-24/
MAY	05	25-26/
JUNE	06	27-28/
JULY	07	29-30/
AUGUST	08	31-32/
SEPTEMBER	09	33-34/
OCTOBER	10	35-36/
NOVEMBER	11	37-38/
DECEMBER	12	39-40/

B. During how many weeks in 1987 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS: 41-42/

OR

DON'T KNOW 98

C. How much did (he/she) receive per week on the average?

\$.00 43-45/

OR

DON'T KNOW 998

10. INTERVIEWER: HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?
(SEE **SECTION 2**, Q.2A, PAGE 2-2 AND **INFORMATION SHEET**, ITEM 1).

YES (ASK A) 1 46/

NO (GO TO Q.11) 0

- A. During 1987, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household (in CITY OF PERMANENT RESIDENCE) for alimony?

Yes (ASK B) 1 47/

No (GO TO C) 0

- B. How much did you [or your (husband/wife)] receive for alimony during 1987?

\$ | | | | , | | | | .00 48-53/

- C. During 1987, did you [or your (husband/wife)] pay any money to anyone for alimony?

Yes (ASK D) 1 54/

No (GO TO Q.11) 0

- D. How much did you [or your (husband/wife)] pay in 1987 for alimony?

\$ | | | | , | | | | .00 55-60/

-----> INTERVIEWER NOTE: IN QS.11-21, REFER TO R'S SPOUSE ONLY IF R IS CURRENTLY MARRIED AND SPOUSE IS LISTED ON **HOUSEHOLD ENUMERATION**.

11. INTERVIEWER: HAS R EVER (HAD/GIVEN BIRTH TO) A CHILD (SEE **CHILDREN'S RECORD FORM**, PART A)

YES (ASK A) 1 61/

NO (GO TO Q.12) 0

- A. During 1987, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household (in CITY OF PERMANENT RESIDENCE) for child support?

Yes (ASK B) 1 62/

No (GO TO Q.12) 0

- B. How much did you [or your (husband/wife)] receive for child support during 1987?

\$ | | | | , | | | | .00 63-68/

12. During 1987, did you [or your (husband/wife)] pay any money to anyone for child support for any child not living in (this/your) household (in CITY OF PERMANENT RESIDENCE)?

Yes (ASK A) 1 69/

No (GO TO Q.13) 0

- A. How much did you [or your (husband/wife)] pay for child support during 1987?

\$ | | | | , | | | | .00 70-75/

13. INTERVIEWER: IF ANYONE OTHER THAN R'S SPOUSE AND CHILDREN IS LISTED IN **HOUSEHOLD ENUMERATION**, READ A BELOW. OTHERWISE, GO TO B.

- A. For these next few questions, we are interested in different kinds of payments that might have been made directly to you [or your (husband/wife)]. For these questions, please do not include any payments that were made to your parents or to other members of your family, even if the payments were used to help pay for your support.

- B. During 1987, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

Yes (ASK C & D) 1 76/

No (GO TO Q.14) 0

IF YES, ASK C & D:

- C. In which months of 1987 did you [or your (husband/wife)] receive AFDC payments? CODE ALL THAT APPLY. BEGIN DECK 63

JANUARY	01	10-11/
FEBRUARY	02	12-13/
MARCH	03	14-15/
APRIL	04	16-17/
MAY	05	18-19/
JUNE	06	20-21/
JULY	07	22-23/
AUGUST	08	24-25/
SEPTEMBER	09	26-27/
OCTOBER	10	28-29/
NOVEMBER	11	30-31/
DECEMBER	12	32-33/

- D. During 1987, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$ | | | , | | | | . 00 34-37/

OR

DON'T KNOW 9998

14. During 1987, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

Yes (ASK A & B) 1 38/
No (GO TO Q.15) 0

IF YES, ASK A & B:

- A. In which months of 1987 did you [or your (husband/wife)] receive food stamps? CODE ALL THAT APPLY.

JANUARY	01	39-40/
FEBRUARY	02	41-42/
MARCH	03	43-44/
APRIL	04	45-46/
MAY	05	47-48/
JUNE	06	49-50/
JULY	07	51-52/
AUGUST	08	53-54/
SEPTEMBER	09	55-56/
OCTOBER	10	57-58/
NOVEMBER	11	59-60/
DECEMBER	12	61-62/

- B. How many dollars worth of food stamps did you [or your (husband/wife)] receive during (MOST RECENT MONTH CODED IN A)?

\$ | | , | | | | .00 63-66/

15. [Besides the (AFDC) (and) (food stamps),] During 1987, did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments from the local, state, or federal government?

Yes (ASK A & B) 1 67/

No (GO TO Q.16) 0

IF YES, ASK A & B:

- A. In which months of 1987 did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments? CODE ALL THAT APPLY.

JANUARY	01	68-69/
FEBRUARY	02	70-71/
MARCH	03	72-73/
APRIL	04	74-75/
MAY	05	76-77/
JUNE	06	BEGIN DECK 64 10-11/
JULY	07	12-13/
AUGUST	08	14-15/
SEPTEMBER	09	16-17/
OCTOBER	10	18-19/
NOVEMBER	11	20-21/
DECEMBER	12	22-23/

- B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1987?

\$, .00 24-27/

OR

DON'T KNOW 9998

16. A. During 1987, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.E.A.P.?

Yes 1 28/

No 0

- B. During 1987, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?

Yes 1 29/

No 0

- C. INTERVIEWER: IS ANY "YES" CODED IN Q.16 A OR B?

YES (GO TO Q.17) 1 30/

NO (SKIP TO Q.18) 0

IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q.17 WITHOUT ASKING.
OTHERWISE, ASK Q.17.

17. Who received these benefits--you, your (husband/wife), or both of you?

Respondent only (ASK A, COLUMN 1 ONLY) 1 31/

Respondent's spouse only . (ASK A, COLUMN 2 ONLY) 2

Respondent and spouse (ASK A, COLUMNS 1 & 2) 3

COLUMN 1 FOR RESPONDENT

COLUMN 2 FOR R'S SPOUSE

- A. What was the total dollar value of the assistance you received from these sources during 1987?

What was the total dollar value of the assistance your (husband/wife) received from these sources during 1987?

\$ | | | , | | | | .00 32-36/
OR

DON'T KNOW 99998

\$ | | | , | | | | .00 37-41/
OR

DON'T KNOW 99998

18. During 1987, did you [or your (husband/wife)] receive any (other) veterans benefits, worker's compensation, disability payments, or payments from Social Security?

Yes (ASK A) 1 42/

No (GO TO Q.19) 0

- A. IF YES: What was the total amount of these (other) veterans benefits, worker's compensation, disability payments, or payments from Social Security you [and your (husband/wife)] received during 1987?

\$ | | | , | | | | .00

43-47/

19. During 1987, did you [or your (husband/wife)] receive any property or money, even if only a small amount, from any estates, trusts, inheritances, or gifts from relatives?

Yes (ASK A) 1 48/

No (GO TO B) 0

- A. IF YES: What was the total market value or amount that you [or your (husband/wife)] received during 1987 from these sources?

INTERVIEWER: "MARKET VALUE" IS DEFINED AS "HOW MUCH THE RESPONDENT WOULD REASONABLY EXPECT SOMEONE ELSE TO PAY IF THE ITEM(S) WERE SOLD TODAY IN ITS/THEIR PRESENT CONDITION: NOT THE ORIGINAL PRICE PAID FOR THE ITEM(S).

\$ | | , | | | | , | | | | .00 49-55/

OR

DON'T KNOW 9999998

- B. Now, did you [or your (husband/wife)] ever receive any property or money, even if only a small amount, from any estates, trusts, inheritances, or gifts from relatives at any time before 1987?

Yes.....(ASK C)..... 1 56/

No.....(GO TO Q.20)..... 0

- C. IF YES: What was the total market value or amount that you [or your (husband/wife)] received before 1987 from these sources?

\$ | | , | | | | , | | | | .00 57-63/

OR

DON'T KNOW 9999998

- D. In what year did you receive all or most of this inheritance or gift?

YEAR: 19 | | | 64-65/

20. (Aside from the things you have already told me about) During 1987, did you [or your (husband/wife)] receive any money, even if only a small amount, from any other source such as interest on savings or bonds, dividends, pensions or annuities, net rental income, royalties, or any other regular or periodic source of income? (HAND CARD JJ)

Yes (ASK A) 1 66/

No (GO TO Q.21) 0

HAND
CARD
JJ

- A. IF YES: How much altogether?

\$ | | , | | | | , | | | | .00 67-73/

21. INTERVIEWER: DOES RESPONDENT LIVE WITH ANY RELATIVE OTHER THAN RESPONDENT'S SPOUSE AND CHILDREN? (SEE FACE SHEET).

YES (GO TO Q.22)..... 1 74/

NO ... (SKIP TO Q.26, PAGE 15-191).... 0

22. The next few questions are about the income received during 1987 by the other persons who live [here/in your household (in CITY OF PERMANENT RESIDENCE)] who are related to you--that is,... (READ NAMES OF ALL PERSONS IN HOUSEHOLD WHO ARE RELATED TO RESPONDENT OTHER THAN R's SPOUSE AND CHILDREN.)

During 1987, did any of these persons receive... (READ ITEMS)? CODE "YES" OR "NO" FOR EACH ITEM.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	
A. Payments from Aid to Families with Dependent Children? Please include any payments which these persons may have received to help pay for your (or your husband's/ wife's) support?	1	0	8	75/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	76/
C. Unemployment compensation or worker's compensation?	1	0	8	77/
D. Veteran's benefits?	1	0	8	78/

BEGIN DECK 65

23. INTERVIEWER: IS ANY ITEM IN Q.22 CODED YES "1"?

YES (GO TO Q.24) 1 10/

NO (SKIP TO Q.25) 0

IF YES TO Q.23, ASK:

24. What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from (READ ALL SOURCES CODED "YES" ABOVE IN Q.22) during 1987 - before taxes and other deductions?

\$ | | | | , | | | | .00
OR

DON'T KNOW 999998

11-16/

25. And did any of these persons receive in 1987 any income from a full-time or part-time job, net income from their own farm, net income from their non-farm business or professional practice, income from Social Security or pensions, or any income from any other regular or periodic sources?

Yes.....(ASK A)..... 1 17/

No.....(GO TO Q.26)..... 0

DON'T KNOW..(GO TO Q.26)..... 8

A. IF YES, ASK:

What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from all sources mentioned above during 1987 - before taxes and other deductions?

\$ | | | | , | | | | .00 18-23/

OR

DON'T KNOW 999998

-
26. INTERVIEWER: DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE SEX (Q.7B ON HOUSEHOLD INTERVIEW CODED "YES")?

YES (ASK Q.27) 1 24/

NO (SKIP TO Q.29, PAGE 15-192) 0

-
27. During 1987, did ...(READ NAME OF PARTNER ON HH ENUMERATION) receive income from a full-time or part-time job, net income from (his/her) own farm, net income from (his/her) own non-farm business, partnership, or professional practice, payments from Aid to Families with Dependent Children, Supplemental Security Income, or any other public assistance or welfare from the local, state or federal government, unemployment compensation or worker's compensation, income from Social Security or pensions, or income from any other regular or periodic sources?

HAND
CARD
KK

Yes.....(GO TO Q.28)..... 1 25/

No...(SKIP TO Q.29, PAGE 15-192)..... 0

DON'T KNOW....(SKIP TO Q.29, PAGE 15-192).... 8

IF YES TO Q.27, ASK:

28. What was the total income received by (PARTNER) from all sources listed above during 1987--before taxes and other deductions?

\$ | | | | , | | | | .00 26-31/

OR

DON'T KNOW 999998

NOTE:

IN QS. 29-38
REFER TO R'S
SPOUSE ONLY
IF R IS
CURRENTLY
MARRIED AND
SPOUSE IS
LISTED ON
HOUSEHOLD
ENUMERATION

29. During 1987, did anyone [other than your (husband/wife)] pay at least half of your living expenses?

Yes 1 32/

No (SKIP TO Q.30) 0

A. INTERVIEWER: IS R LIVING IN A MILITARY BARRACK, ABOARD SHIP, OR IN BACHELOR ENLISTED OR OFFICER QUARTERS?

YES (SKIP TO C) 1 33/

NO 0

B. Does this person live [here in this household/in your home at (CITY OF PERMANENT RESIDENCE)]?

Yes (GO TO Q.30) 1 34/

No (ASK C) 0

C. What is the person's relationship to you?

RELATIONSHIP TO RESPONDENT: _____ | | | 35-36/
OFFICE
USE

D. During 1987, what was the total income of (SOURCE OF SUPPORT) and all family members living with (him/her) before taxes or other deductions?

\$ | | | | , | | | | .00 37-42/

OR

DON'T KNOW 999998

30. Do you [or your (husband/wife)] pay at least half of the living expenses of any other person [including your (child/children) but] not counting (yourself/yourselfs)?

Yes (ASK A) 1 43/

No (GO TO Q.31) 0

A. IF YES: Not counting (yourself/yourselfs), but including your children, how persons are dependent upon you [or your (husband/wife)] for at least one-half their support?

NUMBER OF DEPENDENTS: | | | 44-45/

31. A. During 1987, did you [or your (husband/wife)] set aside any money for savings--such as cash you keep in a safe place at home or elsewhere, money in a savings or checking account, money market funds, credit unions, U.S. savings bonds, certificates of deposit, individual retirement accounts (IRA or Keogh), stocks, bonds, mutual funds, or any other type of savings?

HAND
CARD
LL

Yes (ASK B) 1 46/
 No (GO TO Q.32) 0

- B. Altogether, how much did you [or your (husband/wife)] set aside for savings during 1987?

\$ |__| , |__|__|__| , |__|__|__| .00 47-53/

32. During any part of 1987, did you live in public housing or did you (IF R LIVES WITH RELATIVES: and your family) receive a rent subsidy or pay a lower rent because the federal, state, or local government was paying part of the cost?

Yes 1 54/
 No 0

33. Is this (house/apartment) owned or being bought by you (or your husband/wife)?

Yes (ASK A-C) 1 55/
 No (GO TO Q.34) 0

- A. IF YES: About how much do you think this property would sell for on today's market?

\$ |__| , |__|__|__| , |__|__|__| .00 56-62/

- B. About how much do you (and your husband/wife) owe on this property, for mortgages, back taxes, home improvement loans, etc.?

\$ |__| , |__|__|__| , |__|__|__| .00 63-69/

- C. How much other debt do you have on this property, such as assessments, home repair bills, etc.?

\$ |__| , |__|__|__| , |__|__|__| .00 70-76/

34. A. Do you [or your (husband/wife)] have any cash you keep in a safe place at home or elsewhere, any money in savings or checking accounts, money market funds, credit unions, U.S. savings bonds, individual retirement accounts (IRA Keogh), certificates of deposit, personal loans to others or mortgages you hold (money owed to you by other people)?

HAND CARD MM

Yes (ASK B) 1 10/

No (GO TO C) 0

- B. IF YES: How much altogether?

\$ |__|, |__|__|__|, |__|__|__|.00 11-17/

- C. [Not counting any individual retirement accounts (IRA or Keogh) you may have already told me about)] Do you [or your (husband/wife)] have any common stock, preferred stock, stock options, corporate or government bonds, or mutual funds?

Yes (ASK D) 1 18/

No (GO TO E) 0

- D. Altogether, what is the current market value of these stocks, bonds, or mutual funds that you [or your (husband/wife)] have invested in?

\$ |__|, |__|__|__|, |__|__|__|.00 19-25/

- E. Do you [or your (husband/wife)] have any rights to an estate or an investment trust?

Yes (ASK F) 1 26/

No (GO TO Q.35) 0

- F. What is the total value of the estate or the investment trust that you [or your (husband/wife)] will receive?

\$ |__|, |__|__|__|, |__|__|__|.00 27-33/

35. Do you (or your husband/wife) own or have an investment in a farm operation, a business or professional practice, or any other real estate, (not counting the property on which you are living)?

Yes (ASK A-C) 1 34/

No (GO TO Q.36) 0

- A. IF YES: Which ones? (CODE ALL THAT APPLY.)

Farm 1 35/

Business 2

Other real estate 3

- B. What is the total market value of all of the (real estate) (assets in the business, including tools and equipment) (farm operation, including value of land, buildings, house, and the equipment, livestock, stored crops, and other assets)? IF FARM: Do not include crops held under commodity credit loans.

INTERVIEWER: "MARKET VALUE" IS DEFINED AS "HOW MUCH THE RESPONDENT WOULD REASONABLY EXPECT SOMEONE ELSE TO PAY IF THE ITEM(S) WERE SOLD TODAY IN ITS/THEIR PRESENT CONDITION: NOT THE ORIGINAL PRICE THE RESPONDENT PAID FOR THE ITEM(S).

\$|_|_|,|_|_|_|_|,|_|_|_|_|.00 36-42/

- C. What is the total amount of debts or liabilities you (or your husband/wife) owe on this operation or property? Include any unpaid mortgages. (Do not include any commodity credit loans.)

\$|_|_|,|_|_|_|_|,|_|_|_|_|.00 43-49/

36. Do you (or your husband/wife) own any motor vehicles that are primarily for personal use, including cars, motorcycles, trucks, a motor home or trailer?

Yes (ASK A) 1 50/

No (GO TO Q.37)..... 0

- A. Do you (or your husband/wife) owe any money on (this/these) vehicle(s)?

Yes (ASK B) 1 51/

No (SKIP TO C) 0

DON'T KNOW .. (SKIP TO C) 8

- B. How much altogether?

\$|_|_|_|_|_|_|_|_|_|_|.00 52-57/

(INTERVIEWER: RECORD AMOUNT AND GO TO C)

OR

DON'T KNOW (GO TO C) 999998

- C. How much would (this/these) vehicle(s) sell for on today's market?

\$|_|_|_|_|_|_|_|_|_|_|.00 58-63/

(INTERVIEWER: RECORD AMOUNT AND GO TO Q.37)

OR

DON'T KNOW ... (GO TO Q.37) 999998

37. Aside from the things we've already talked about, do you (or your husband/wife) own any other items each worth more than \$500? For example, a piece of furniture, appliance, boat, jewelry, stereo system, a valuable collection for investment purposes, etc.

HAND
CARD
NN

Yes (ASK A) 1 64/

No (SKIP TO Q.38) 0

- A. What is their total market value, rounding to the nearest hundred dollars?

\$|_|_|_|_|_|_|_|_|_|_|.00 65-71/

OR

DON'T KNOW 9999998

38. (Aside from any debts you have already mentioned,) do you (or your husband/wife) now owe over \$500 to any stores, doctors, hospitals, banks, or anyone else, excluding 30-day charge accounts?

Yes (ASK A) 1 72/

No .. (GO TO **SECTION 16**, PAGE 16-199). 0

- A. IF YES: Rounding to the nearest hundred dollars, how much do you owe altogether?

\$|_|_|_|_|,|_|_|_|_|.00 73-78/

OR

DON'T KNOW 999998

GO TO SECTION 16 , PAGE 16-199

PLEASE GO TO NEXT PAGE----->

SECTION 16: CHILDHOOD RESIDENCE

1. Now, I want to ask you some questions about who you lived with while you were growing up.

Did you live with both your biological mother and biological father from the time you were born until your 18th birthday?

Yes..(SKIP TO **SECTION 17**, PAGE 17-207). 1 10/

No.....(GO TO Q.2)..... 0

INTERVIEWER: FOLLOW THE INSTRUCTIONS BELOW FOR COMPLETING PANEL 1 OF THE **CHILDHOOD RESIDENCE CALENDAR**.

- (1) CIRCLE THE AGE THAT R STARTED LIVING WITH PARENT TYPE.
- (2) DRAW AN "X" THROUGH THE AGE THAT R STOPPED LIVING WITH PARENT TYPE.
- (3) DRAW A LINE CONNECTING THE CIRCLE TO THE "X".
- (4) IF R SAYS A PERIOD BEGAN AT A PARTICULAR AGE AND ENDED AT THE SAME AGE, CIRCLE THAT AGE AND ENTER AN "X" HALF WAY BETWEEN THAT AGE AND THE NEXT HIGHER AGE.

2. At what ages did you live with your biological mother? We will only record situations which lasted more than four months. (ENTER ON PANEL 1 OF THE **CHILDHOOD RESIDENCE CALENDAR**.) PROBE: What other times?

INTERVIEWER: IF R NEVER LIVED WITH BIOLOGICAL MOTHER, CIRCLE "NEVER" ON PANEL 1 OF THE **CHILDHOOD RESIDENCE CALENDAR**.

-
3. At what ages did you live with your biological father? We will only record situations which lasted more than four months. (ENTER ON PANEL 1 OF THE **CHILDHOOD RESIDENCE CALENDAR**.) PROBE: What other times?

INTERVIEWER: IF R NEVER LIVED WITH BIOLOGICAL FATHER, CIRCLE "NEVER" ON PANEL 1 OF THE **CHILDHOOD RESIDENCE CALENDAR**.

4. Did you ever live with a stepparent for four months or more?

Yes.....(GO TO Q.5)..... 1 11/

No....(CIRCLE "NEVER" ON CHILDHOOD
RESIDENCE CALENDAR FOR STEP-
MOTHER AND STEPFATHER. THEN
SKIP TO Q.7)..... 0

-
5. At what ages did you live with a stepmother? (ENTER ON PANEL 1 OF THE
CHILDHOOD RESIDENCE CALENDAR.) PROBE: What other times?

INTERVIEWER: IF R NEVER LIVED WITH A STEPMOTHER, CIRCLE "NEVER" ON PANEL 1
OF THE CHILDHOOD RESIDENCE CALENDAR.

-
6. At what ages did you live with a stepfather? (ENTER ON PANEL 1 OF THE
CHILDHOOD RESIDENCE CALENDAR.) PROBE: What other times?

INTERVIEWER: IF R NEVER LIVED WITH A STEPFATHER, CIRCLE "NEVER" ON PANEL 1
OF THE CHILDHOOD RESIDENCE CALENDAR.

-
7. Did you ever live with adoptive parents for four months or more?

Yes.....(GO TO Q.8)..... 1 12/

No....(CIRCLE "NEVER" ON CHILDHOOD
RESIDENCE CALENDAR FOR ADOPTIVE
MOTHER AND ADOPTIVE FATHER.
THEN SKIP TO Q.10)..... 0

-
8. At what ages did you live with an adoptive mother? (ENTER ON PANEL 1 OF THE
CHILDHOOD RESIDENCE CALENDAR.) PROBE: What other times?

INTERVIEWER: IF R NEVER LIVED WITH AN ADOPTIVE MOTHER, CIRCLE "NEVER" ON
PANEL 1 OF THE CHILDHOOD RESIDENCE CALENDAR.

-
9. At what ages did you live with an adoptive father? (ENTER ON PANEL 1 OF THE
CHILDHOOD RESIDENCE CALENDAR.) PROBE: What other times?

INTERVIEWER: IF R NEVER LIVED WITH AN ADOPTIVE FATHER, CIRCLE "NEVER" ON
PANEL 1 OF THE CHILDHOOD RESIDENCE CALENDAR.

-
10. INTERVIEWER: SHOW R THE CHILDHOOD RESIDENCE CALENDAR AND CORRECT ANY
INACCURACIES IN THE TIME PERIODS RECORDED IN PANEL 1. AFTER
REVIEWING THE CHILDHOOD RESIDENCE CALENDAR, GO TO Q.11.

11. INTERVIEWER: LOOK DOWN THE COLUMN FOR EACH AGE ON PANEL 1 OF THE CHILDHOOD RESIDENCE CALENDAR. ARE THERE ANY AGES WHEN R WAS NOT LIVING WITH A BIOLOGICAL, STEP, OR ADOPTIVE PARENT?

YES.....(ASK Q.12 ABOUT EACH SUCH PERIOD)..... 1 13/

NO.....(SKIP TO Q.13)..... 0

12. INTERVIEWER: FOLLOW INSTRUCTIONS BELOW FOR COMPLETING PANEL 2 OF THE CHILDHOOD RESIDENCE CALENDAR.

- (1) CIRCLE THE AGE(S) THAT R WAS NOT LIVING WITH A PARENT TYPE IN THE TOP ROW OF PANEL 2.
- (2) FOR EACH AGE CIRCLED IN THE TOP ROW OF PANEL 2, ASK R ABOUT (WITH WHOM/ WHERE) R WAS LIVING WHEN HE/SHE WAS NOT LIVING WITH A PARENT TYPE.

A. I see that you were not living with either of your parents when you were (AGE). With whom were you living then? (CODE ALL THAT APPLY FOR EACH AGE ON PANEL 2 OF THE CHILDHOOD RESIDENCE CALENDAR.)

- B. INTERVIEWER: IF MORE THAN ONE CODE IS CIRCLED IN PANEL 2 FOR ANY AGE, ASK:

(With whom/where) did you live the longest when you were (AGE)?

INTERVIEWER: RECORD CODE IN PANEL 3 OF THE CHILDHOOD RESIDENCE CALENDAR UNDER THAT AGE FOR WHERE R LIVED THE LONGEST.

INTERVIEWER: REPEAT A AND B AS NECESSARY FOR EACH AGE R WAS NOT LIVING WITH A PARENT TYPE.

INTERVIEWER: IF R LEFT TO BE ON HIS/HER OWN, CIRCLE THAT AGE IN THE LAST ROW OF PANEL 2 OF THE CHILDHOOD RESIDENCE CALENDAR.

13. INTERVIEWER: INSTRUCTIONS FOR Q.14 THRU Q.18.

- A. LOOK AT PANEL 1 OF THE CHILDHOOD RESIDENCE CALENDAR. FOR EACH X UP TO AND INCLUDING AGE 17 (EACH AGE R STOPPED LIVING WITH A PARENT), ENTER R'S AGE IN Q.14.
- B. RECORD THE TYPE OF PARENT R STOPPED LIVING WITH IN Q.15.
- C. IF THERE ARE TWO OR MORE X'S AT ONE AGE, ENTER THE TOPMOST PARENT TYPE FIRST.
- D. ASK Q.16 AND Q.17 ABOUT EACH TIME R STOPPED LIVING WITH A PARENT TYPE.

TIMES R STOPPED LIVING WITH A PARENT

		TIME 1	TIME 2
14.	INTERVIEWER: ENTER AGE R STOPPED LIVING WITH A PARENT. (AGE MUST BE LESS THAN 18.)	|__|__|14-15/	|__|__|19-20/
15.	INTERVIEWER: ENTER TYPE OF PARENT R STOPPED LIVING WITH:		
		16/	21/
	BIOLOGICAL OR ADOPTIVE MOTHER	1	1
	BIOLOGICAL OR ADOPTIVE FATHER	2	2
	STEPMOTHER	3	3
	STEPFATHER	4	4
16.	(HAND CARD 00) What was the one main reason that you stopped living with your (PARENT TYPE) at (AGE)? CODE ONE ONLY.		
		17-18/	22-23/
	...(SKIP TO Q.18)....	01	01
	Parent died	02	02
	Parents separated or divorced	03	03
	Parent's illness	04	04
	Parent unable to care for R	05	05
	Agency/court took R away from parent because of neglect or abuse	06	06
	R got into trouble and was taken away from parent	07	07
	R ran away from home	08	08
	Left to get married	09	09
	Left to go to college	10	10
	Left to get a job or enter the military	11	11
	Left to be on my own	12	12
	Other (SPECIFY) _____		

HAND
CARD
00

<u>TIME 3</u>	<u>TIME 4</u>	<u>TIME 5</u>	<u>TIME 6</u>
|_|_| 24-25/	|_|_| 29-30/	|_|_| 34-35/	|_|_| 39-40/
26/	31/	36/	41/
..... 1	..... 1	..... 1	..... 1
..... 2	..... 2	..... 2	..... 2
..... 3	..... 3	..... 3	..... 3
..... 4	..... 4	..... 4	..... 4
27-28/	32-33/	37-38/	42-43/
...(SKIP TO	...(SKIP TO	...(SKIP TO	...(SKIP TO
Q.18).... 01	Q.18).... 01	Q.18).... 01	Q.18).... 01
..... 02	..... 02	..... 02	..... 02
..... 03	..... 03	..... 03	..... 03
..... 04	..... 04	..... 04	..... 04
..... 05	..... 05	..... 05	..... 05
..... 06	..... 06	..... 06	..... 06
..... 07	..... 07	..... 07	..... 07
..... 08	..... 08	..... 08	..... 08
..... 09	..... 09	..... 09	..... 09
..... 10	..... 10	..... 10	..... 10
..... 11	..... 11	..... 11	..... 11
..... 12	..... 12	..... 12	..... 12

17. IF "PARENT DIED" IS CODED IN Q.16,
SKIP TO Q.18. OTHERWISE, ASK Q.17.

How often did you see your (PARENT
TYPE) during the first year after
you stopped living with (him/her)?
Was it...

TIME 1TIME 2

44/

46/

At least once a week	..... 1	..... 1
Less than once a week but at least once a month	..... 2	..... 2
Less than once a month	..... 3	..... 3
Never	..... 4	..... 4

45/

47/

18. INTERVIEWER: IS THERE ANOTHER AGE
OR PARENT TYPE AT THE
SAME AGE TO ASK ABOUT?

YES.(REPEAT
QS.14-18 FOR
NEXT AGE OR
PARENT TYPE) 1

YES.(REPEAT
QS.14-18 FOR
NEXT AGE OR
PARENT TYPE) 1

NO...(GO TO
Q.19).... 0

NO...(GO TO
Q.19).... 0

19. A. INTERVIEWER: LOOK AT PANEL 2 ON CHILDHOOD RESIDENCE CALENDAR. WAS
"FOSTER PARENT(S)", CODE 03, CIRCLED FOR ANY AGE?

YES.....(ASK B)..... 1 48/

NO.....(GO TO C)..... 0

- B. How many different foster homes did you live in [between (AGE) and
(AGE)/at (AGE(s))]?

ENTER NUMBER OF FOSTER HOMES: |__|__| 49/

- C. INTERVIEWER: LOOK AT PANEL 2 ON CHILDHOOD RESIDENCE CALENDAR. WAS
CHILDREN'S HOME, GROUP CARE HOME, DETENTION CENTER, OR
OTHER INSTITUTION CIRCLED (CODES 05, 06, 07, OR 08)?

YES.....(ASK D)..... 1 50/

NO..(GO TO SECTION 17, PAGE 17-207).... 0

- D. How many different (children's homes/group care homes/institutions) did
you live in [between (AGE) and (AGE)/at (AGE(s))]?

ENTER NUMBER OF INSTITUTIONS |__|__| 51-52/

TIME ENDED:

--	--

--	--

AM/MIDNIGHT
PM/NOON

53-56/

<u>TIME 3</u>	<u>TIME 4</u>	<u>TIME 5</u>	<u>TIME 6</u>
57/ 1 2 3 4	59/ 1 2 3 4	61/ 1 2 3 4	63/ 1 2 3 4
58/ YES.(REPEAT QS.14-18 FOR NEXT AGE OR PARENT TYPE) 1 NO...(GO TO Q.19).... 0	60/ YES.(REPEAT QS.14-18 FOR NEXT AGE OR PARENT TYPE) 1 NO...(GO TO Q.19).... 0	62/ YES.(REPEAT QS.14-18 FOR NEXT AGE OR PARENT TYPE) 1 NO...(GO TO Q.19).... 0	64/ YES.(GO TO NEW QUEX , PG.16-202 AND REASK QS.14-18)... 1 NO...(GO TO Q.19).... 0

GO TO SECTION 17, PAGE 17-207

PLEASE GO TO NEXT PAGE----->

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

(continued, next page)

D. Finally, we have your telephone number as (READ PHONE FROM FACE SHEET)? Is that correct?

Refused 7

RESPONDENT'S NAME (GO TO Q.2) 1
Other (SPECIFY BELOW) 2

GO TO Q.2

GEO CODE: | | | | | 72-76/ PSU: | | | | 77-79/ MLA: | | 80/

2. INTERVIEWER:

--IF R IS LIVING IN JAIL, DORMITORY, FRATERNITY, SORORITY, HOSPITAL, OR
OTHER TEMPORARY INDIVIDUAL QUARTERS:
OBTAIN NAME AND RELATIONSHIP OF HOUSEHOLDER AT PERMANENT HOME ADDRESS.
RECORD NAME, RELATIONSHIP, ADDRESS, AND TELEPHONE INFORMATION IN A-C
BELOW.

--IF THE ABOVE IS NOT APPLICABLE AND R IS MARRIED, LIVING APART FROM
SPOUSE: RECORD SPOUSE'S NAME, ADDRESS, AND TELEPHONE INFORMATION IN
A-C BELOW.

--OTHERWISE: GO TO Q.3

BEGIN LOCATOR DECK 05

A. NAME:

10-39/

(LAST),

(FIRST)

(MIDDLE)

RELATIONSHIP TO R:

40-41/

ADDRESS:

42-71/

(STREET ADDRESS)

(APT. #)

BEGIN LOCATOR DECK 06

10-39/

(CITY)

(STATE)

(ZIP)

(COUNTRY IF NOT U.S.)

40-59/

B. And what is (his/her) telephone number?

(AREA CODE) / (PHONE NUMBER)

60-69/

No phone(SKIP TO Q.3)..... 0

70/

Refused 7

C. IF PERSON HAS PHONE: In whose name is the phone listed?

Name recorded above ...(GO TO Q.3)... 1

Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 07

10-39/

(LAST),

(FIRST)

(MIDDLE)

- A. What is (PERSON'S) relationship to you?

BEGIN LOCATOR DECK 08

(CITY)

(STATE)

(ZIP)

- | | | | / | | | | - | | | | | 70-79/
 (AREA CODE) (PHONE NUMBER)

No phone(SKIP TO Q.4)..... 0

80/

Refused 7

- D. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name ..(GO TO Q.4)... 1

Other (SPECIFY BELOW)	2
-----------------------------	---

BEGIN LOCATOR DECK 09

10-39/

(LAST), (FIRST) (MIDDLE)

- FIRST PERSON'S NAME:

B. What is (PERSON'S) address?

5. SECOND PERSON'S NAME

B. What is (PERSON'S) address? BEGIN LOCATOR DECK 12

Refused 7

- (LAST), (FIRST) (MIDDLE)

6. Which other person do you visit or talk with most frequently? PROBE FOR THIRD PERSON.
ENTER FULL NAMES BELOW AND ASK A-D FOR EACH.

THIRD PERSON'S NAME:

_____ 40-69/
 (LAST), (FIRST) (MIDDLE)

A. What is (PERSON'S) relationship to you? _____ 70-71/

B. What is (PERSON'S) address? BEGIN LOCATOR DECK 14
 _____ 10-39/
 (STREET ADDRESS) (APT. #)

_____ 40-69/
 (CITY) (STATE) (ZIP)

C. What is (PERSON'S) telephone number?

_____/_____-_____
 (AREA CODE) (PHONE NUMBER) 70-79/

No phone(SKIP TO Q.7)..... 0 80/
 Refused 7

D. IF PERSON HAS PHONE: In whose name is the phone listed?

(PERSON'S) name(GO TO Q.7).... 1
 Other (SPECIFY BELOW) 2 BEGIN LOCATOR DECK 15

_____ 10-39/
 (LAST) (FIRST) (MIDDLE)

```
YES.....(ASK A)..... 1
NO.....(GO TO 0.8)..... 0
```

40 /

41-70/

(PLACE OF EMPLOYMENT)

BEGIN LOCATOR DECK 16

10-39/

(STREET ADDRESS)

(APT. #)	DATE	TIME	LOCATION	REMARKS
1	10/10/19	10:00	101	...
2	10/10/19	10:00	101	...
3	10/10/19	10:00	101	...
4	10/10/19	10:00	101	...
5	10/10/19	10:00	101	...
6	10/10/19	10:00	101	...
7	10/10/19	10:00	101	...
8	10/10/19	10:00	101	...
9	10/10/19	10:00	101	...
10	10/10/19	10:00	101	...
11	10/10/19	10:00	101	...
12	10/10/19	10:00	101	...
13	10/10/19	10:00	101	...
14	10/10/19	10:00	101	...
15	10/10/19	10:00	101	...
16	10/10/19	10:00	101	...
17	10/10/19	10:00	101	...
18	10/10/19	10:00	101	...
19	10/10/19	10:00	101	...
20	10/10/19	10:00	101	...
21	10/10/19	10:00	101	...
22	10/10/19	10:00	101	...
23	10/10/19	10:00	101	...
24	10/10/19	10:00	101	...
25	10/10/19	10:00	101	...
26	10/10/19	10:00	101	...
27	10/10/19	10:00	101	...
28	10/10/19	10:00	101	...
29	10/10/19	10:00	101	...
30	10/10/19	10:00	101	...
31	10/10/19	10:00	101	...
32	10/10/19	10:00	101	...
33	10/10/19	10:00	101	...
34	10/10/19	10:00	101	...
35	10/10/19	10:00	101	...
36	10/10/19	10:00	101	...
37	10/10/19	10:00	101	...
38	10/10/19	10:00	101	...
39	10/10/19	10:00	101	...
40	10/10/19	10:00	101	...
41	10/10/19	10:00	101	...
42	10/10/19	10:00	101	...
43	10/10/19	10:00	101	...
44	10/10/19	10:00	101	...
45	10/10/19	10:00	101	...
46	10/10/19	10:00	101	...
47	10/10/19	10:00	101	...
48	10/10/19	10:00	101	...
49	10/10/19	10:00	101	...
50	10/10/19	10:00	101	...
51	10/10/19	10:00	101	...
52	10/10/19	10:00	101	...
53	10/10/19	10:00	101	...
54	10/10/19	10:00	101	...
55	10/10/19	10:00	101	...
56	10/10/19	10:00	101	...
57	10/10/19	10:00	101	...
58	10/10/19	10:00	101	...
59	10/10/19	10:00	101	...
60	10/10/19	10:00	101	...
61	10/10/19	10:00	101	...
62	10/10/19	10:00	101	...
63	10/10/19	10:00	101	...
64	10/10/19	10:00	101	...
65	10/10/19	10:00	101	...
66	10/10/19	10:00	101	...
67	10/10/19	10:00	101	...
68	10/10/19	10:00	101	...
69	10/10/19	10:00	101	...
70	10/10/19	10:00	101	...
71	10/10/19	10:00	101	...
72	10/10/19	10:00	101	...
73	10/10/19	10:00	101	...
74	10/10/19	1		

40-69/

(CITY)

(STATE)

(ZIP)

| | | | / | | | | - | | | |
 (AREA CODE) (PHONE NUMBER)

70-79/

Yes 1
No 0

80/

```

Yes ..... (ASK A) ..... 1
No .....(GO TO Q.9)..... 0

```

BEGIN LOCATOR DECK 17

10/

(NICKNAME)

11-30/

```
Yes ..... (ASK A & B) ..... 1
No ..... (GO TO Q.10) ..... 0
```

31/

A. Approximately when do you think that will happen? PROBE FOR MONTH AND YEAR.

(MONTH) (YEAR)

32-35/

INTERVIEWER REMARKS

INTERVIEWER: Complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview: 65-67/
 (Section 1, p. 1 to | | | |
 Section 16, p.16-204) MINUTES

A. Please enter the time 68-71/
 Section 9 began (from | | | |
 page 9-67) | | | | AM/MIDNIGHT
PM/NOON

B. Please enter the time 72-75/
 Section 10 ended (from | | | |
 page 10-160) | | | | AM/MIDNIGHT
PM/NOON

C. Please enter the total 76-78/
 length of Sections 9 | | | |
 and 10 combined (in MINUTES
 minutes)

2. Date of interview: BEGIN DECK 68
| | | | 8 | 8 | 10-15/
MONTH DAY YEAR

3. Race of Respondent:

White..... 1 16/
 Black..... 2
 Other..... 3

4. Sex of Respondent:

Male..... 1 17/
 Female..... 2

5. In what language was this interview conducted?

English 1 18/
 Spanish 2
 Other (SPECIFY) 3

6. In general, what was the respondent's attitude toward the interview?

Friendly and interested 1 19/
 Cooperative but not
 particularly interested 2
 Impatient and restless 3
 Hostile 4

7. In general, was the respondent's understanding of the questions . . .

Good?	1	20/
Fair?	2	
Poor?	3	

8. Was anyone else present other than small children during any portion of the interview?

Yes	(ANSWER A).... 1	21/
No	(GO TO Q.9)... 0	
TELEPHONE INTERVIEW ...	(GO TO Q.9)... 8	

A. IF YES: Who was present? CODE ALL THAT APPLY.

R's parent(s)	1	22/
Other members(s) of		
R's household	2	23/
R's friend(s)	3	24/
Other (SPECIFY)		
	4	25/

9. List questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN.

None	(GO TO Q.10)..... 0	26/
------------	---------------------	-----

or

	Section	Question
A.	_____ 27-28/	_____ 29-31/
B.	_____ 32-33/	_____ 34-36/
C.	_____ 37-38/	_____ 39-41/

Describe Problem: _____ 42/

10. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN.

None(GO TO Q.11)..... 0 43/
or

	Section		Question
A.	_____	44-45/	_____ 46-48/
B.	_____	49-50/	_____ 51-53/
C.	_____	54-55/	_____ 56-58/

Describe Problem: _____ 59/

11. Did the respondent have any of the special characteristics listed below?
CODE ALL THAT APPLY.

Respondent deaf.....	01	60-61/
Respondent blind.....	02	62-63/
Respondent mentally handicapped or retarded.....	03	64-65/
Respondent's English is very poor.....	04	66-67/
Respondent cannot read.....	05	68-69/
Respondent physically handicapped (SPECIFY HANDICAP) _____	06	70-71/
Other (SPECIFY) _____	07	72-73/
NONE OF THE ABOVE.....	00	74-75/

12. INTERVIEWER: TRANSFER HERE THE LAST LINE OF THE RECORD OF CALLS.

Try # 10-11/	Day # 12-13/	Date		Time	Type	Outcome Code 23-24/
		Month 14-15/	Day 16-17/		P = 1 Tel = 2 22/	
_____	_____	_____	_____	_____ A P	_____	_____

13. Please record your interview ID #: | | | | | | | 25-30/

14. Please sign your name here: _____

15. Please affix label with your supervisor's name and ID # here:

--

OFFICE USE ONLY

CODER ID # | | | | |

31-33/

CADER ID # | | | | |

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