

THIS SURVEY IS AUTHORIZED BY TITLE 29 USC 2

CASE # _____
01-06/

NORC
University of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH
Ohio State University

National Longitudinal Survey
of
Labor Market Experience

ROUND FOURTEEN
Youth Survey, 1992

NORC-4554-01

OMB: 1220-0109

EXP: 12-31-92

INTERVIEWER:
(CODE ONE)

Personal
Interview 1

Telephone
Interview 2

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.

The Bureau of Labor Statistics estimates that it **will take an average of 60 minutes per respondent** to complete this survey. If you have any comments regarding this estimate or any other aspect of the survey, including suggestions for reducing the time needed to respond, you may send them to the Bureau of Labor Statistics, Division of Management Systems (1220-0109), 441 G Street NW, Washington, D.C. 20212 and to the Office of Management and Budget, Paperwork Reduction Project (1220-0109), Washington, D.C. 20503.

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	(GO TO C)	11	09-10/
RESPONDENT IN PARENT HOUSEHOLD	(GO TO C)	19	
CONVENT, MONASTERY, OTHER RELIGIOUS INSTITUTION ..	(SKIP TO Q.13, PAGE HHI-7)	15	
OFF-BASE MILITARY FAMILY HOUSING	(GO TO C)	13	
ON-BASE MILITARY FAMILY HOUSING	(GO TO C)	12	
OTHER INDIVIDUAL QUARTERS (SPECIFY) (SKIP TO Q.13, PAGE HHI-7)_____			
		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	(ASK B)	03	
JAIL	(ASK B)	05	
HOSPITAL	(ASK B)	04	
OTHER TEMPORARY INDIVIDUAL QUARTERS (SPECIFY) (ASK B)_____			
		06	

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

Yes(ENTER ADDRESS, COUNTY, AND PHONE # IN SECTION 13, Q.8A, PAGE 13-187) 1

No.(ASK FOR CORRECT ADDRESS, COUNTY, AND PHONE # AND ENTER THEM IN SECTION 13, Q.8A, P.13-187) 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 PAGE HHI-2 AND CONTINUE WITH **SAME HOUSEHOLD** QUESTIONS 1-5) 1NO (GO TO PAGE HHI-3 AND CONTINUE WITH **NEW HOUSEHOLD** QUESTIONS 1-5) 0**FOR RESPONDENT WHO LIVES IN OPEN BAY OR TROOP BARRACKS/BACHELOR ENLISTED OR OFFICER 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 PAGE HHI-3)	1	11-12/
Widowed	(SKIP TO Q.13, PAGE HHI-7)	2	
Divorced	(SKIP TO Q.13, PAGE HHI-7)	3	
Legally Separated	(SKIP TO Q.13, PAGE HHI-7)	4	
Never Married	(SKIP TO Q.13, PAGE HHI-7)	5	

SAME HOUSEHOLD

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

INTERVIEWER NOTE: RECORD QS.1-7 AND 9-11 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 people have a usual residence somewhere else?

Yes (ASK A) 1
No 0

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

CROSS OUT NAMES ON **HOUSEHOLD ENUMERATION.**

SKIP TO Q.6 ON PAGE HHI-4

NEW HOUSEHOLD

FOR RESPONDENT WHO HAS A DIFFERENT HOUSEHOLD OR PERMANENT RESIDENCE SINCE DATE OF LAST INTERVIEW**INTERVIEWER NOTE:** RECORD QS.1-7 AND 9-11 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 (YOU/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?

- 5.A. 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?

- 5.B. 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 ON HOUSEHOLD ENUMERATION.

GO TO Q.6, ON PAGE HHI-4

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

7. **FOR EACH PERSON:** IF NOT OBVIOUS, ASK SEX.

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

YES (GO TO Q.9) 1 13-14/
 NO (ASK 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 15-16/
 NO (GO 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 17-18/
 No (GO TO Q.9) 0

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

19-20/

D. In what month and year did you and your partner begin living together?

ENTER MONTH:

21-22/

AND

YEAR:

19

23-24/

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 INTERVIEW, ASK:**

1) **FOR AGE 25 AND OLDER, ASK:** From last interview, 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 since the last interview?

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 1991, did (you/PERSON) work either full- or part-time -- not counting work around the house?

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

READ: Is your home in (CITY OF PERMANENT RESIDENCE) located in a rural area?

OTHERWISE,

INTERVIEWER: IS THIS PLACE LOCATED IN A RURAL AREA?

Yes (ASK A) 1

25-26/

No (SKIP TO Q.14, PAGE HHI-7) 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 (SKIP TO Q.14, PAGE HHI-7) ... 000000

OR

, (ASK B)

27-32/

TOTAL ACREAGE

- B. (HAND CARD 1). During 1991, 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

b. \$1 - \$49 02

c. \$50 - \$249 03

d. \$250 - \$999 04

33-34/

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 ON PAGE HHI-7

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

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SECTION 1

1. **INTERVIEWER:** RECORD TIME INTERVIEW BEGINS HERE:

TIME BEGAN : AM / MIDNIGHT
HR. MIN. PM / NOON

35-40/

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

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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). Is that correct?

Yes (SKIP TO Q.3) 1 41-42/
 No 0

2. What was your marital status on (DATE OF LAST INTERVIEW)?

Never married 0 43-44/
 Married 1
 Separated 2
 Divorced 3
 Widowed 6

3. Have there been any changes to your marital status since (DATE OF LAST INTERVIEW)?

Yes (SKIP TO Q.5) 1 45-46/
 No 0

4. Just to verify, your current marital status is ... (READ CATEGORIES, IF NECESSARY)?

Never married . (SKIP TO SECTION 3, PAGE 3-11) .. 0
 Married (SKIP TO Q.11, PAGE 2-6) 1 47-48/
 Separated (SKIP TO SECTION 3, PAGE 3-11) .. 2
 Divorced (SKIP TO SECTION 3, PAGE 3-11) .. 3
 Widowed (SKIP TO SECTION 3, PAGE 3-11) .. 6

	FIRST CHANGE	SECOND CHANGE	THIRD CHANGE
5. 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 49-50/	Separated 2 Divorced 3 Reunited 4 Remarried 5 Widowed 6 57-58/	Separated 2 Divorced 3 Reunited 4 Remarried 5 Widowed 6 65-66/
B. When did that happen? ENTER MONTH & YEAR.	<div> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> </div> <div> MONTH YEAR </div> <div> 51-52/ 53-54/ </div>	<div> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> </div> <div> MONTH YEAR </div> <div> 59-60/ 61-62/ </div>	<div> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/> </div> <div> MONTH YEAR </div> <div> 67-68/ 69-70/ </div>
C. After that, was there any <u>other</u> change in your marital status?	Yes...(GO TO Q.5A FOR SECOND CHANGE) . 1 No...(GO TO Q.6A) 0 55-56/	Yes...(GO TO Q.5A FOR THIRD CHANGE) . 1 No...(GO TO Q.6A) 0 63-64/	Yes...(USE A 2ND QUEX. GO TO Q.5A, [P.2-4] FOR THE NEXT CHANGE). . 1 No...(GO TO Q.6A) 0 71-72/

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

Married 1
 Separated 2 73-74/
 Divorced 3
 Widowed 6

B. **INTERVIEWER:** WAS R MARRIED OR REMARRIED (Q.5A IS CODED 1 OR 5) FOR THE FIRST, SECOND, OR THIRD CHANGE?

YES (GO TO Q.7, PAGE 2-5) 1
 NO (SKIP TO Q.11, PAGE 2-6) 0 75-76/

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

ENTER MONTH: 09-10/
 AND
 YEAR: 19 11-12/

8. Did you and your (most recent) (husband/wife) live together before you were married?

Yes 1 13-14/
 No (SKIP TO Q.11) 0

9. In what month and year did the two of you begin living together?

ENTER MONTH: 15-16/
 AND
 YEAR: 19 17-18/

10. Did you live together continuously from (DATE IN Q.9) until you were married?

Yes 1 19-20/
 No 0

GO TO Q.11

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

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

During 1991, what kind of work did your (most recent) (husband/wife) do at (his/her) principal job?

RECORD VERBATIM.

INCLUDE MILITARY DUTY AS WORK FOR SPOUSE.

IF MORE THAN ONE OCCUPATION, PROBE FOR AND RECORD WORK DONE THE LONGEST DURING 1991.

PROBE: What were (his/her) main activities or duties?

PROBE FOR **TWO MAIN DUTIES**, RECORD VERBATIM, AND **GO TO Q.12.**

21-23/

OR

DID NOT WORK DURING THAT PERIOD

(ENTER "00" IN Q.15A, PAGE 2-8, AND GO TO Q.16, PAGE 2-8) 995

OR

NEVER WORKED

(ENTER "00" IN Q.15A, PAGE 2-8, AND GO TO Q.16, PAGE 2-8) 996

OR

DON'T KNOW (GO TO Q.12) 998

12. Now, we would like to ask you a few questions concerning your (husband/wife)'s earnings at (his/her) principal job during 1991. Please include tips, overtime, and bonuses and give me the amount your (husband/wife) earned before deductions like taxes and Social Security were taken out.

Altogether, how much did your (husband/wife) usually earn at (his/her) principal job during 1991? **PROBE IF NECESSARY:** Was that per hour, per day, per week or what?

IF MORE THAN ONE JOB, PROBE FOR AND RECORD THE WAGE AT THE JOB THAT R'S SPOUSE WORKED AT THE LONGEST DURING 1991.

, , .

DOLLARS 24-29/ CENTS 30-31/

Per hour (SKIP TO Q.15A) 01

Per day 02 32-33/

Per week 03

Bi-weekly (Every 2 weeks) 04

Bi-monthly (Twice a month) 08

Per month 05

Per year 06

Other (SPECIFY) _____
_____ 07

13. Was your (husband/wife) paid by the hour on this job?

Yes 1 34-35/

No (SKIP TO Q.15A) 0

14. How much did (he/she) earn per hour?

.

DOLLARS CENTS
36-38/ 39-40/

15. A. During the 52 weeks of 1991, 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 1991: (ASK B)

41-42/

OR

NONE (GO TO Q.16) 00

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

ENTER NUMBER OF HOURS:

43-44/

16. **INTERVIEWER:** TO FIND THE # OF WEEKS THAT R'S SPOUSE WAS NOT WORKING IN 1991, SUBTRACT # OF WEEKS IN Q.15A FROM # OF WEEKS IN A YEAR (52) AND RECORD BELOW.

A. NUMBER OF WEEKS IN 1991: 52

B. NUMBER OF WEEKS IN Q.15A: _____

C. ENTER NUMBER OF WEEKS NOT WORKING:

45-46/

D. IF C = 00, GO TO Q.17.

IF C = 52, ASK:

You said your (husband/wife) did not work in 1991. How many weeks in 1991 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 1991. 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:

47-48/

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

YES (GO TO Q.18) 1

NO (SKIP TO SECTION 3, PAGE 3-11) .. 0

49-50/

18. 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, or something else? RECORD VERBATIM AND CODE ONE ONLY.

**CODE
SMALLEST #
MENTIONED**

Working (SKIP TO Q.20) 01
 WITH A JOB BUT NOT AT WORK 02 51-52/
 LOOKING FOR WORK 03
 Keeping house 04
 GOING TO SCHOOL 05
 UNABLE TO WORK .. (SKIP TO Q.23) 06
 OTHER (SPECIFY)_____ 07

19. 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 53-54/
 No (SKIP TO Q.23) 0

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

ENTER TOTAL # OF HOURS: 55-56/

21. **INTERVIEWER:** SEE CODE FROM Q.20. R'S SPOUSE WORKED:

1 - 34 HOURS 1 57-58/
 35 OR MORE HOURS .. (SKIP TO Q.24) 2

ASK Q.22 ONLY IF Q.21 IS CODED 1.

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

Yes (SKIP TO Q.24) 1 59-60/
 No (SKIP TO Q.24) 0

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

Yes (GO TO Q.24) 1 61-62/
 No (SKIP TO SECTION 3, PAGE 3-11) 0

24. (HAND CARD A). Which of the following categories best describes the hours your (husband/wife) (works/worked) at (his/her) principal job?

**HAND
CARD
A**

- Regular day shift (GO TO Q.25) 01
 Regular evening shift (GO TO Q.25) 02
 Regular night shift (GO TO Q.25) 03
 Shift rotates (changes periodically from
 days to evenings or nights) (SKIP TO Q.26) 04 63-64/
 Split shift (consists of two distinct
 periods each day) (SKIP TO Q.26) 05
 Irregular schedule or hours (ASK A) 06
 Other (SPECIFY) (SKIP TO SECTION 3) _____
 _____ 07

- A. Who sets your (husband/wife)'s hours?

- Employer 1
 Spouse. 2 65-66/
 Both spouse and employer 3

SKIP TO SECTION 3

25. At what time of day (does/did) your (husband/wife) usually begin and end work at (his/her) principal job?

- Time usually began: : AM / MIDNIGHT
 PM / NOON 67-72/
 Time usually ended: : AM / MIDNIGHT
 PM / NOON 73-78/

SKIP TO SECTION 3

BEGIN DECK 03

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

- Time usually began: : AM / MIDNIGHT
 PM / NOON 09-14/
 Time usually ended: : AM / MIDNIGHT
 PM / NOON 15-20/

GO TO SECTION 3

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) 1 21-22/

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

- A. Since (MONTH AND YEAR OF LAST INTERVIEW), did you attend regular school at all during the months of 1991 or 1992?

Yes (ASK B) 1 23-24/

No (GO TO C) 0

- B. **IF YES:** In which months of 1991 or 1992 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 1991 AND 1992).

1991

JANUARY	01	25-26/
FEBRUARY	02	27-28/
MARCH	03	29-30/
APRIL	04	31-32/
MAY	05	33-34/
JUNE	06	35-36/
JULY	07	37-38/
AUGUST	08	39-40/
SEPTEMBER	09	41-42/
OCTOBER	10	43-44/
NOVEMBER	11	45-46/
DECEMBER	12	47-48/

1992

JANUARY	13	49-50/
FEBRUARY	14	51-52/
MARCH	15	53-54/
APRIL	16	55-56/
MAY	17	57-58/
JUNE	18	59-60/
JULY	19	61-62/
AUGUST	20	63-64/
SEPTEMBER	21	65-66/
OCTOBER	22	67-68/
NOVEMBER	23	69-70/
DECEMBER	24	71-72/

1. (Continued)

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

Yes (ASK D) 1 09-10/

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

IF YES TO C, ASK D:

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

1ST GRADE 01

2ND GRADE 02

3RD GRADE 03

4TH GRADE 04

5TH GRADE 05

6TH GRADE 06 11-12/

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 20

UNGRADED 95

SKIP TO Q.4, PAGE 3-15

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

ENTER MONTH: 13-14/
 AND
 YEAR: 19 15-16/

- 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	
EXPULSED 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	17-18/
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	20
UNGRADED	95

19-20/

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	21-22/
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	20	
UNGRADED	95	

5. **INTERVIEWER:** WHAT GRADE DOES R CURRENTLY ATTEND (SEE Q.1D, 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. 4-21) 1 23-24/
 GRADES 1-8 (SKIP TO SECTION 4, PG. 4-21) 2
 GRADES 9-12 3
 GRADE 13 (SKIP TO Q.7) 4
 GRADES 14-20 . . (SKIP TO Q.7) 5

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

YES (SKIP TO SECTION 4, PAGE 4-21) . . 1 25-26/
 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.9) 1 27-28/
 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 29-30/
 No (SKIP TO SECTION 4, PAGE 4-21) . . 0

IF YES, ASK A & B:

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

High school diploma 1 31-32/
 GED 2

IF VOLUNTEERED: Both . . (ASK B REGARDING
 HIGH SCHOOL DIPLOMA) 3

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

ENTER MONTH: 33-34/

AND

YEAR: 19 35-36/

9. **INTERVIEWER:** HAS R BEEN ENROLLED IN SCHOOL SINCE DATE OF LAST INTERVIEW?
IS Q.1, PAGE 3-11, CODED 1--YES?

YES 1 37-38/
NO (SKIP TO Q.11, PAGE 3-18) 0

10. A. Since (DATE OF LAST INTERVIEW), have you obtained any kind of academic degree, for example, an associate's degree or any other type of college degree?

Yes (ASK B) 1 39-40/
No (GO TO Q.11, PAGE 3-18) 0

- B. (HAND CARD B) What is the name of the highest degree you have received since (DATE OF LAST INTERVIEW)? (CODE ONE ONLY.)



High school diploma (or equivalent) 01
Associate/Junior College (AA) 02
Bachelor of Arts Degree (BA) 03
Bachelor of Science (BS) 04 41-42/
Master's Degree (MA, MBA, MS, MSW) 05
Doctoral Degree (Ph.D) 06
Professional Degree (MD, LLD, DDS) 07
Other (SPECIFY) _____
_____ 08

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

ENTER MONTH:

43-44/

AND

YEAR:

19

45-46/

11. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 3. IS THERE A DATE OF 1990 INTERVIEW?

YES (RECORD DATE IN Q.13A
AND ASK Q.14) 1 47-48/
NO 0

12. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 4. IS THERE A DATE OF 1989 INTERVIEW?

YES (RECORD DATE IN Q.13A
AND ASK Q.14) 1 49-50/
NO 0

13. **INTERVIEWER:** RECORD DATE FROM INFORMATION SHEET ITEM 5 IN Q.13A AND ASK Q.14.
-

- 13A. REFERENCE DATE FROM Q.11 (INFO SHEET ITEM 3), Q.12 (INFO SHEET ITEM 4) OR Q.13 (INFO SHEET ITEM 5).

MONTH DAY YEAR

51-56/

14. Have you attended college since (DATE IN Q.13A)?

YES 1 57-58/
NO (SKIP TO SECTION 4, PAGE 4-21) .. 0

15. Now, I would like to ask you about all of the degree-granting colleges or universities you have attended since (DATE IN Q.13A). Let's start with the most recent first.

	COLUMN 1 MOST RECENT SCHOOL	COLUMN 2 SECOND MOST RECENT SCHOOL	COLUMN 3 THIRD MOST RECENT SCHOOL
A. INTERVIEWER: ASK Q.16-28 FOR MOST RECENT SCHOOL BEFORE ASKING ABOUT NEXT SCHOOL, IF ANY.			
16. What is the name of the (next) college or university you (are currently attending/have most recently attended)? FICE CODE NUMBER (OFFICE USE ONLY)	BEGIN DECK 05 _____ _____ 09-34/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 35-40/	_____ _____ 14-39/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 40-45/	_____ _____ 14-39/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 40-45/
17. INTERVIEWER: SEE INFORMATION SHEET, ITEM 7. IS THIS THE SAME SCHOOL AS LISTED ON THE INFORMATION SHEET?	YES. (SKIP TO Q.21) .1 NO. .... .0 41-42/	YES. (SKIP TO Q.21) . 1 NO. 0 46-47/	YES. (SKIP TO Q.21) . 1 NO. .... .0 46-47/
18. Where is this school located? What is the town or city <u>and</u> state? INTERVIEWER NOTE: IF LOCATION IS IN A FOREIGN COUNTRY, LIST COUNTRY HERE --->	_____ (town or city) 43-63/ _____ (state) 64-65/	_____ (town or city) 48-68/ _____ (state) 69-70/	_____ (town or city) 48-68/ _____ (state) 69-70/
19. (Is/Was) (NAME OF SCHOOL) a 2-year or 4-year school?	2-year. 1 4-year. 2 66-67/	2-year. 1 4-year. 2 71-72/	2-year. 1 4-year. 2 71-72/
20. When did you first attend or enroll in this (college/university)?	68-71/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MONTH YEAR	73-76/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MONTH YEAR	73-76/ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MONTH YEAR
21. What (is/was) your field of study at (NAME OF SCHOOL)? RECORD VERBATIM. PROBE IF NECESSARY: What (are/were) you majoring in?	_____ _____ 72-75/	_____ _____ 77-80/	_____ _____ 77-80/
22. (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?	BEGIN DECK 06 full-time. 1 part-time 2 09-10/	BEGIN DECK 07 full-time. 1 part-time 2 09-10/	BEGIN DECK 08 full-time. 1 part-time 2 09-10/
23. What (is/was) the total number of credit hours you (have) ever earned at (NAME OF SCHOOL)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> # OF HOURS 11-13/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> # OF HOURS 11-13	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> # OF HOURS 11-13/

	COLUMN 1 MOST RECENT SCHOOL	COLUMN 2 SECOND MOST RECENT SCHOOL	COLUMN 3 THIRD MOST RECENT SCHOOL
24. Since (DATE IN Q.13A, PAGE 3-18), (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.26) 0 14-15/	YES. 1 NO .. (SKIP TO Q.27) 0 29-30/	YES. 1 NO .. (SKIP TO Q.27) 0 42-43/
25. How much was the total dollar value of all the loans you have received for your college expenses at (NAME OF SCHOOL) since (DATE IN Q.13A, PAGE 3-18)?	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> DOLLARS 16-20/	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> DOLLARS 31-35/	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> DOLLARS 44-48/
26. INTERVIEWER: FOR COLUMN ONE MOST RECENT SCHOOL ONLY: IS R CURRENTLY ATTENDING OR ENROLLED IN THIS SCHOOL? (Q.1C, PAGE 3-12 IS CODED YES).	21-22/ YES. ..(SKIP TO Q.28). 1 NO 0		
27. When did you last attend (NAME OF SCHOOL)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 23-26/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 36-39/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 49-52/
28. Have you attended any other college or university since (DATE IN Q.13A, PAGE 3-18)?	YES. (GO BACK TO Q.16 PAGE 3-19 COLUMN 2) .1 NO .. (GO TO SECTION 4 PAGE 4-21). 0 27-28/	YES. (GO BACK TO Q.16 PAGE 3-19 COLUMN 3) .1 NO .. (GO TO SECTION 4 PAGE 4-21). 0 40-41/	YES. (GO TO NEW QUEX, Q.16 PAGE 3-19) 1 NO .. (GO TO SECTION 4 PAGE 4-21). 0 53-54/

GO TO SECTION 4,
PAGE 4-21

SECTION 4: MILITARY

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

INTERVIEWER: SEE INFORMATION SHEET ITEM 8 TO FIND OUT WHAT BRANCH, IF ANY, THE RESPONDENT WAS SERVING IN AT THE DATE OF LAST INTERVIEW.

1. When we last talked to you on (DATE OF LAST INTERVIEW), you were [not serving in any branch of the military/serving in the (BRANCH OF THE SERVICE LISTED IN INFORMATION SHEET ITEM 8)]. Is that correct?

Yes (SKIP TO Q.3) 1 55-56/
 No 0

2. What branch of the military were you serving in at (DATE OF LAST INTERVIEW)?

None 00
 Army 01
 Navy 02
 Air Force 03
 Marine Corps 04 57-58/
 Coast Guard 11
 Army Reserves 05
 Navy Reserves 06
 Air Force Reserves 07
 Marine Corps Reserves 08
 Coast Guard Reserves 12
 Air National Guard 09
 Army National Guard 10
 Other (SPECIFY) _____ 13

- A. **INTERVIEWER:** CORRECT BRANCH LISTED IN ITEM 8 OF THE INFORMATION SHEET BASED ON THE INFORMATION R JUST GAVE IN Q.2.

3. **INTERVIEWER:** WAS R SERVING IN THE MILITARY AT TIME OF LAST INTERVIEW? SEE ITEM 8 ON INFORMATION SHEET OR Q.2, PAGE 4-21.)

YES 1 59-60/

NO (SKIP TO Q.8) 0

4. Are you currently serving in (BRANCH FROM ITEM 8 OF INFORMATION SHEET)?

Yes (ANSWER A) 1 61-62/

No (SKIP TO Q.6, PAGE 4-23) 0

A. **IF YES:**

INTERVIEWER: WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE?
(SEE ITEM 8 ON INFORMATION SHEET, OR Q.2, PAGE 4-21.)

YES (DRAW A LINE ON ROW A OF
CALENDAR FROM DATE OF LAST
INTERVIEW TO NOW) 1 63-64/

NO 0

5. What is your current pay grade?

E:

O:

W:

65-66/

- A. **INTERVIEWER:** IS R CURRENTLY IN THE ACTIVE FORCES? (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) (IS Q.4A CODED "1"?)

YES (READ B) 1 67-68/

NO (SKIP TO SECTION 5, PAGE 5-29) 0

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

SKIP TO SECTION 5, Q.35, PAGE 5-47

IF Q.4 IS CODED 0, ASK:

6. 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)?

ENTER MONTH: 70-71/
 AND
 YEAR: 19 72-73/

- A. **INTERVIEWER:** WAS R IN **ACTIVE FORCES** (ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE? SEE ITEM 8 ON INFORMATION SHEET, OR Q.2, PAGE 4-21.

YES (ASK B) 1 74-75/

NO (GO TO Q.7) 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.

BEGIN DECK 09

DAY DATE: 09-10/

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

E:
 O: 11-13/
 W:

8. 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 14-15/
 No (SKIP TO Q.16, PG. 4-27) 0

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

	ARMY	(ASK A)	01	
ACTIVE	NAVY	(ASK A)	02	
FORCES	AIR FORCE	(ASK A)	03	
	MARINE CORPS	(ASK A)	04	
	COAST GUARD	(ASK A)	11	
<hr/>				16-17/
	ARMY RESERVES	(GO TO Q.10, PAGE 4-25)	05	
	NAVY RESERVES	(GO TO Q.10, PAGE 4-25)	06	
RESERVES	AIR FORCE RESERVES	(GO TO Q.10, PAGE 4-25)	07	
	MARINE CORPS RESERVES	(GO TO Q.10, PAGE 4-25)	08	
	COAST GUARD RESERVES	(GO TO Q.10, PAGE 4-25)	12	
<hr/>				
	AIR NATIONAL GUARD	(GO TO Q.10, PAGE 4-25)	09	
GUARD	ARMY NATIONAL GUARD	(GO TO Q.10, PAGE 4-25)	10	
	OTHER (SPECIFY BELOW, AND SKIP TO SECTION 5, PAGE 5-29)			
				13

IF CODES 01-04 OR 11, ASK A:

- A. Was that in the regular (BRANCH OF SERVICE), the (BRANCH) Reserves, or the (BRANCH) National Guard?

Regular	(GO TO Q.10, PAGE 4-25)	1	
Reserves	(ASK B)	2	18-19/
Guard	(ASK B)	3	
BOTH (PROBE FOR AND CODE Q.9 FOR THE MOST RECENT BRANCH)		4	

- B. **INTERVIEWER:** IF RESERVES OR GUARD IN A, IS Q.9 CODED ACTIVE FORCES?

YES	(CORRECT Q.9 TO RESERVES OR GUARD)	1	20-21/
NO	(GO TO Q.10, PAGE 4-25)	0	

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

Yes 1 22-23/
 No (SKIP TO Q.12) 0

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

ENTER MONTH: 24-25/
 AND
 YEAR: 19 26-27/

A. **INTERVIEWER:** DID R ENTER THE **ACTIVE FORCES?** (IS Q.9 CODED 01-04 OR 11?)

YES (ASK B) 1 28-29/
 NO (SKIP TO Q.14, PG. 4-26) 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: 30-31/

SKIP TO Q.14, PAGE 4-26

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

Yes (ASK A) 1 32-33/

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

MONTH DAY YEAR
34-37/ 38-39/

B. **INTERVIEWER:** DID R ENTER THE ACTIVE FORCES? (Q.9, PAGE 4-24 IS CODED 01-04 OR 11?)

YES (RECORD DATE IN ROW A OF CALENDAR) 1 40-41/

NO 0

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

ENTER DATE HERE: , 19

MONTH DAY YEAR
42-45/ 46-47/

A. **INTERVIEWER:** WAS R IN THE ACTIVE FORCES? - (Q.9, PAGE 4-24 IS CODED 01-04 OR 11?)

YES. . (RECORD DATE IN ROW A OF CALENDAR. DRAW A LINE FROM DATE ENTERED TO DATE SEPARATED) 1 48-49/

NO 0

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

E:

O:

W:

50-52/

15. **INTERVIEWER:** IS R **CURRENTLY IN ACTIVE FORCES?**
(Q.9, PAGE 4-24 IS CODED 01-04 OR 11 **AND** Q.10 IS CODED 1--YES.)

YES (ASK A) 1 53-54/

NO (GO TO Q.16) 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.35, PAGE 5-47

16. **INTERVIEWER:** HAS R SERVED IN AND LEFT THE ACTIVE FORCES (Q.6A, PAGE 4-23 IS CODED 1--"YES" **OR** Q.13A IS CODED 1--"YES")?

YES 1 55-56/

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

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

Yes 1 57-58/

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

18. (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 61-62/

No 0

19. 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 54-55/

No 0

GO TO SECTION 5, PAGE 5-29

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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, or something else? RECORD VERBATIM AND CODE ONE ONLY.

**CODE
SMALLEST #
MENTIONED**

Working (SKIP TO Q.3) 01
 WITH A JOB BUT NOT AT WORK 02
 LOOKING FOR WORK 03 63-64/
 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
 No (SKIP TO Q.8, PAGE 5-35) 0 65-66/

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

ENTER TOTAL # OF HOURS: 67-68/

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

1 - 34 HOURS 1
 35 - 48 HOURS (SKIP TO Q.6, PAGE 5-32) .. 2 69-70/
 49 OR MORE HOURS .. (SKIP TO Q.7, PAGE 5-34) .. 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
 No (ASK B) 0 71-72/

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
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)_____	

09-10/

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	
MATERIAL SHORTAGE	02	
PLANT OR MACHINE REPAIR	03	
COULD FIND ONLY PART-TIME WORK	06	
BAD WEATHER	09	
OWN ILLNESS	10	11-12/
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

13-14/

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:

15-16/

- B. When you said earlier that you worked (# OF HOURS IN Q.3, PAGE 5-29) hours last week, 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

17-18/

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:

19-20/

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

1 - 34 HOURS(ASK E) 1

21-22/

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	
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	23-24/
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

25-26/

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)

27-28/

OR

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

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

Yes (GO TO D) 1

29-30/

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:

31-32/

D. Did you get paid or did you receive compensatory time (comp time) for those extra hours of work?

Paid for extra hours (ASK E) 1

Received compensatory time ... (SKIP TO Q.24, PG. 5-43) ... 2

33-34/

DID NOT GET PAID OR RECEIVE

COMP TIME (SKIP TO Q.24, PG. 5-43) ... 3

E. Did you get paid at your regular rate, time and one-half, or double time? CODE ALL THAT APPLY.

Regular rate 1

35-36/

Time and one-half 2

37-38/

Double time 3

39-40/

Other (SPECIFY) _____ 4

41-42/

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) 1
43-44/
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 (GO TO Q.9) 1
45-46/
No (SKIP TO Q.13A, PAGE 5-37) 0

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

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

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

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
47-48/

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
49-50/
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

51-52/

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

53-54/

More than 30 days 2

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

ENTER # OF WEEKS:

55-56/

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

Full-time 1

57-58/

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

No 0

59-60/

(IF VOLUNTEERED): SELF-EMPLOYED 3

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

Yes 1

No 0

61-62/

NOW SKIP TO Q.24, PAGE 5-43

ASK Q.13A ONLY IF "NO" TO Q.8B, PAGE 5-35.

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

YES (GO TO Q.14) 1

63-64/

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

65-66/

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.

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

67-68/

CHECKED WITH:**BEGIN DECK 11**

PUBLIC EMPLOYMENT AGENCY 02

09-10/

PRIVATE EMPLOYMENT AGENCY 03

11-12/

EMPLOYER DIRECTLY 04

13-14/

FRIENDS OR RELATIVES 05

15-16/

PLACED OR ANSWERED ADS 06

17-18/

LOOKED IN THE NEWSPAPER 07

18-20/

SCHOOL EMPLOYMENT SERVICE 08

21-22/

OTHER (SPECIFY) _____

09

23-24/

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	
QUIT JOB	02	
LEFT SCHOOL	03	
CHILDREN ARE OLDER	04	
ENJOY WORKING	05	25-26/
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	
BLANK-- Q.9 NOT ASKED ..	(SKIP TO Q.18, PAGE 5-40) ...	2	27-28/

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

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

ENTER # OF WEEKS:

29-30/

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

Full-time 1

31-32/

Part-time 2

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

Yes (ASK D) 1

33-34/

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

TEMPORARY ILLNESS 2

GOING TO SCHOOL 3

35-36/

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:

37-38/

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

Full-time 1

39-40/

Part-time 2

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

Yes (ASK A) 1

41-42/

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

TEMPORARY ILLNESS 2

GOING TO SCHOOL 3

43-44/

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 45-46/
 No 0

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

Yes (ASK A) 1
 No (ASK B) 0 47-48/
 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 49-50/
COULDN'T FIND ANY WORK 02 51-52/
LACK NECESSARY SCHOOLING, TRAINING, SKILLS,
OR EXPERIENCE 03 53-54/
 EMPLOYERS THINK TOO **YOUNG** 04 55-56/
 CAN'T ARRANGE **CHILD CARE** 06 57-58/
FAMILY RESPONSIBILITIES 07 59-60/
IN SCHOOL OR OTHER TRAINING 08 61-62/
ILL HEALTH, PHYSICAL DISABILITY 09 63-64/
 PREGNANCY 10 65-66/
OTHER PERSONAL HANDICAPS IN FINDING JOB 05 67-68/
 SPOUSE OR PARENT AGAINST MY WORKING 11 69-70/
 DO NOT WANT TO WORK 12 71-72/
 CAN'T ARRANGE TRANSPORTATION 13 73-74/
 DON'T KNOW WHERE TO LOOK 14 75-76/
 OTHER (SPECIFY) _____ 15 77-78/
 OR
 DON'T KNOW 98 79-80/

22. **INTERVIEWER:** HAS R WORKED **FOR PAY** SINCE DATE OF LAST INTERVIEW (IS Q.20, PAGE 5-41, CODED 1--"YES")?

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

09-10/

NO (SKIP TO Q.23A) 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 (SKIP TO Q.24, PAGE 5-43) 1

11-12/

No (GO TO Q.23A) 0

- 23A. **INTERVIEWER:** ARE ANY EMPLOYERS LISTED AT ITEM 9 OF THE INFORMATION SHEET?

YES (GO TO Q.23B) 1

13-14/

NO (SKIP TO SECTION 6, PAGE 6-49) 0

- 23B. **INTERVIEWER:** IF ONLY ONE EMPLOYER IS LISTED AT ITEM 9, ENTER EMPLOYER NAME AT Q.24, ASK ABOUT THAT EMPLOYER AND PROCEED WITH SECTION 5. IF MORE THAN ONE EMPLOYER NAME ASK:

Which one of these employers did you (last work for/work for most recently)?

RECORD NAME AT Q.24 AND PROCEED WITH REMAINDER OF SECTION 5.

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)?

15-44/

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

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

45-47/

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?

48-50/

- 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

51-52/

Odd job 2

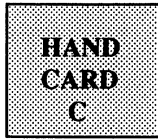
FOR OFFICE USE ONLY: A.I.I.O. 1980	
Industry:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Occupation:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

53-55/

56-58

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

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



A **government** employee (ASK A) 2 59-60/

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

Working **without pay** in a family business
or farm? (SKIP TO Q.35, PAGE 5-47) . . 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

State government employee 2 61-62/

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

Business unincorporated 2 63-64/

DON'T KNOW 8

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

ENTER # OF HOURS:

65-66/

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

ENTER # OF HOURS: (ASK B)

67-68/

OR

NONE (SKIP TO Q.30) 00

B. When you said earlier 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

69-70/

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:

71-72/

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

YES 1

73-74/

NO (SKIP TO Q.34, PAGE 5-47) 0

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

YES (SKIP TO Q.34, PAGE 5-47) 1

75-76/

NO 0

32. (Does/Did) your employer **make available** to you. . . (READ CATEGORIES A-I)?
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	09-10/
B. life insurance that would cover your death for reasons not connected with your job	1	0	8	11-12/
C. dental benefits	1	0	8	13-14/
D. (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	15-16/
E. retirement plan other than Social Security	1	0	8	17-18/
F. flexible hours or work schedule	1	0	8	19-20/
G. profit sharing	1	0	8	21-22/
H. training or educational opportunities including tuition reimbursement	1	0	8	23-24/
I. company provided or subsidized childcare	1	0	8	25-26/

- 33A. How many sick days with full pay (are/were) you entitled to each year?

OF DAYS 27-29/

OR

NONE 000

DON'T KNOW 998

IF VOLUNTEERED: SICK DAYS
AND VACATION DAYS COMBINED 995 (ENTER # IN Q.33B)

IF VOLUNTEERED: UNLIMITED 365

- 33B. How many days of paid vacation (are/were) you entitled to each year?

OF DAYS 30-32/

OR

NONE 000

DON'T KNOW 998

IF VOLUNTEERED: UNLIMITED 365

INTERVIEWER: CHECK BOX IF NUMBER OF DAYS IN Q.33B INCLUDES COMBINED SICK
DAYS AND VACATION DAYS.

☐

34. 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

35-36/

No 0

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

VARIES 99, 995

OR

37-41/

ENTER # OF EMPLOYEES:

 ,

IF YES TO Q.34, ASK B. OTHERWISE, GO TO Q.35.

- 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

1,000 employees or more 2

42-43/

DON'T KNOW 8

35. (HAND CARD D). Which of the following categories best describes the hours you (work/worked) at this job?

Regular day shift (ASK Q.36, PAGE 5-48) ... 01

Regular evening shift (ASK Q.36, PAGE 5-48) ... 02

Regular night shift (ASK Q.36, PAGE 5-48) ... 03

Shift rotates (changes periodically from days to evenings or nights). ... (SKIP TO Q.37, PAGE 5-48) .. 04

44-45/

Split shift (consists of two distinct periods each day) (SKIP TO Q.37, PAGE 5-48) .. 05

Irregular schedule or hours .. (ASK A) 06

Other (SPECIFY) (SKIP TO Q.38) _____

07

- A. Who (sets/set) your hours?

Employer 1

Respondent 2

46-47/

Both respondent and employer 3

**HAND
CARD
D**

SKIP TO Q.38

36. At what time of day (do/did) you usually begin and end work at this job?

Time usually began: :

AM / MIDNIGHT
PM / NOON

48-53/

Time usually ended: :

AM / MIDNIGHT
PM / NOON

54-59/

SKIP TO Q.38

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

Time usually began: :

AM / MIDNIGHT
PM / NOON

60-65/

Time usually ended: :

AM / MIDNIGHT
PM / NOON

66-71/

38. 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

Like it fairly well 2

72-73/

Dislike it somewhat 3

Dislike it very much 4

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.3, PAGE 4-22, OR Q.8, PAGE 4-23,
SECTION 4 OR SEE CALENDAR, ROW A.)

YES 1 74-75/

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)? [IF NECESSARY: ... that
is, work done for a different employer?]

Yes (SKIP TO Q.4) 1 76-77/

No (SKIP TO Q.5, PAGE 6-51) 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 78-79/

No (SKIP TO Q.5, PAGE 6-51) 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 9 ON INFORMATION SHEET. WAS R EMPLOYED ON DATE OF LAST INTERVIEW?

YES (ASK A) 1 09-10/

NO (SKIP TO Q.7) 0

- A. **IF YES,**
INTERVIEWER: ARE ALL OF R'S EMPLOYERS IN ITEM 9 OF INFORMATION SHEET NOW ENTERED AT Q.1 ON THE COVERS OF EMPLOYER SUPPLEMENTS?

YES (SKIP TO Q.7) 1 11-12/

NO 0

6. **INTERVIEWER:** LIST BELOW ALL EMPLOYERS IN ITEM 9 OF INFORMATION SHEET THAT ARE NOT NOW ENTERED AT Q.1 ON THE COVER OF EMPLOYER SUPPLEMENTS, THEN ASK A THRU C FOR EACH EMPLOYER LISTED.

FOR EACH EMPLOYER NAME RECORDED AT RIGHT, ASK A:	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> (Employer Name)	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> (Employer Name)	<div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div> (Employer Name)
<p>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?</p>	<p>Yes 1</p> <p>No .. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT) AND ASK A FOR NEXT EMPLOYER) 0</p> <p>IF VOLUNTEERED: NOT WORKING FOR EMPLOYER AT TIME OF LAST INTERVIEW (ASK B AND C) .. 2</p>	<p>Yes 1</p> <p>No .. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT) AND ASK A FOR NEXT EMPLOYER) 0</p> <p>IF VOLUNTEERED: NOT WORKING FOR EMPLOYER AT TIME OF LAST INTERVIEW (ASK B AND C) ... 2</p>	<p>Yes 1</p> <p>No .. (RECORD THIS EMPLOYER AT Q.1 ON THE COVER OF AN EMPLOYER SUPPLEMENT) AND ASK A FOR NEXT EMPLOYER) .. 0</p> <p>IF VOLUNTEERED: NOT WORKING FOR EMPLOYER AT TIME OF LAST INTERVIEW (ASK B AND C) . 2</p>
<p>B. When did you last stop working for (EMPLOYER)?</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p>MONTH DAY YEAR 13-18/</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p>MONTH DAY YEAR 21-26/</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <p>MONTH DAY YEAR 29-34/</p>
<p>C. (HAND CARD E) Which of the reasons on this card best describes why you happened to leave this job? CODE ONE ONLY.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80px; text-align: center;"> HAND CARD E </div>	<p>Layoff 01</p> <p>Plant closed 02</p> <p>End of temporary or seasonal job .. 03</p> <p>Discharged or fired 04</p> <p>Program ended ... 05</p> <p>Quit for pregnancy or 19-20/ family reasons ... 06</p> <p>Quit to look for another job 07</p> <p>Quit to take another job 08</p> <p>Quit for other reasons (SPECIFY) 09</p>	<p>Layoff 01</p> <p>Plant closed 02</p> <p>End of temporary or seasonal job ... 03</p> <p>Discharged or fired 04</p> <p>Program ended 05</p> <p>Quit for pregnancy or 27-28/ family reasons 06</p> <p>Quit to look for another job 07</p> <p>Quit to take another job 08</p> <p>Quit for other reasons (SPECIFY) 09</p>	<p>Layoff 01</p> <p>Plant closed 02</p> <p>End of temporary or seasonal job . 03</p> <p>Discharged or fired 04</p> <p>Program ended .. 05</p> <p>Quit for pregnancy or 35-36/ family reasons .. 06</p> <p>Quit to look for another job 07</p> <p>Quit to take another job 08</p> <p>Quit for other reasons (SPECIFY) 09</p>

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

NONE (GO TO SECTION 7, PAGE 7-53) 00

ONE OR MORE ...

(SPECIFY NUMBER HERE, AND

ADMINISTER SUPPLEMENTS NOW.

START WITH THE **MOST RECENT** JOB)

37-38/

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 6-52.

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

ENTER NUMBER:

39-40/

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

YES 1 41-42/

NO .. **INTERVIEWER:** PUT DATE OF LAST INTERVIEW AND TODAY'S DATE IN BOXES FOR PERIOD 1, Q.4A, PAGE 7-55. 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 43-44/

ALL TIME IS ACCOUNTED FOR IN LINES A AND B
(SKIP TO SECTION 8, PAGE 8-57) 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:

45-46/

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 FROM BOX I BELOW.

DID NOT WANT TO WORK . 01 ILL, DISABLED, UNABLE TO WORK 02 <u>FOR SCHOOL EMPLOYEES:</u> SCHOOL WAS NOT IN SESSION FOR THIS PERIOD 03 ARMED FORCES. 04	PREGNANCY. 05 CHILD CARE PROBLEMS. . . 06 PERSONAL/FAMILY REASON. 07 VACATION. 08 LABOR DISPUTE/STRIKE. . . 09 BELIEVED NO WORK AVAILABLE. 10	COULD NOT FIND WORK. . . 11 IN SCHOOL 12 IN JAIL. 13 TRANSPORTATION PROBLEMS 14 NEW JOB TO START. 15 OTHER. 16
---	--	--

- J. **INTERVIEWER:** ARE THERE ANY ADDITIONAL PERIODS?

MOST RECENT -----> TO LEAST RECENT

PERIOD 1 FROM	PERIOD 2 FROM BEGIN DECK 15	PERIOD 3 FROM	PERIOD 4 FROM BEGIN DECK 16
<div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>47-52/</div> </div> <div>TO</div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>53-58/</div>	<div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>09-14/</div> </div> <div>TO</div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>15-20/</div>	<div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>42-47/</div> </div> <div>TO</div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>48-53/</div>	<div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>09-14/</div> </div> <div>TO</div> <div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> <div> <div></div><div></div> </div> </div> <div> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div>15-20/</div>
<p>B. None. . (GO TO I) . . . 1</p> <p>Some. . (GO TO C) . . . 2</p> <p>All. . . (GO TO J) . . . 3</p> <p>59-60/</p>	<p>None. . (GO TO I) . . . 1</p> <p>Some. . (GO TO C) . . . 2</p> <p>All. . . (GO TO J) . . . 3</p> <p>21-22/</p>	<p>None. . (GO TO I) . . . 1</p> <p>Some. . (GO TO C) . . . 2</p> <p>All. . . (GO TO J) . . . 3</p> <p>54-55/</p>	<p>None. . (GO TO I) . . . 1</p> <p>Some. . (GO TO C) . . . 2</p> <p>All. . . (GO TO J) . . . 3</p> <p>21-22/</p>
<p>D. <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD ENDED</p> <p>61-63/</p>	<p> <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD ENDED</p> <p>23-25/</p>	<p> <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD ENDED</p> <p>56-58/</p>	<p> <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD ENDED</p> <p>23-25/</p>
<p>E. - <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD BEGAN</p> <p>64-66/</p>	<p>- <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD BEGAN</p> <p>26-28/</p>	<p>- <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD BEGAN</p> <p>59-61/</p>	<p>- <div><div></div><div></div><div></div></div></p> <p>WEEK PERIOD BEGAN</p> <p>26-28/</p>
<p>F. = <div><div></div><div></div><div></div></div></p> <p># OF WEEKS</p> <p>67-69/</p>	<p>= <div><div></div><div></div><div></div></div></p> <p># OF WEEKS</p> <p>29-31/</p>	<p>= <div><div></div><div></div><div></div></div></p> <p># OF WEEKS</p> <p>62-64/</p>	<p>= <div><div></div><div></div><div></div></div></p> <p># OF WEEKS</p> <p>29-31/</p>
<p>G. <div><div></div><div></div><div></div></div></p> <p># OF WEEKS LOOKING OR ON LAYOFF</p> <p>70-72/</p>	<p> <div><div></div><div></div><div></div></div></p> <p># OF WEEKS LOOKING OR ON LAYOFF</p> <p>32-34/</p>	<p> <div><div></div><div></div><div></div></div></p> <p># OF WEEKS LOOKING OR ON LAYOFF</p> <p>65-67/</p>	<p> <div><div></div><div></div><div></div></div></p> <p># OF WEEKS LOOKING OR ON LAYOFF</p> <p>32-34/</p>
<p>H. <div><div></div><div></div><div></div></div></p> <p># OF WEEKS NOT LOOKING</p> <p>73-75/</p>	<p> <div><div></div><div></div><div></div></div></p> <p># OF WEEKS NOT LOOKING</p> <p>35-37/</p>	<p> <div><div></div><div></div><div></div></div></p> <p># OF WEEKS NOT LOOKING</p> <p>68-70/</p>	<p> <div><div></div><div></div><div></div></div></p> <p># OF WEEKS NOT LOOKING</p> <p>35-37/</p>
<p>I. _____</p> <p>_____</p> <p>_____</p> <p><div><div></div><div></div></div> 76-77/</p> <p>REASON NOT LOOKING</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><div><div></div><div></div></div> 38-39/</p> <p>REASON NOT LOOKING</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><div><div></div><div></div></div> 71-72/</p> <p>REASON NOT LOOKING</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><div><div></div><div></div></div> 38-39/</p> <p>REASON NOT LOOKING</p>
<p>J. YES .(RE-ASK B-J FOR SECOND PERIOD). 1</p> <p>NO. .(GO TO SECTION 8). . . 0</p> <p>78-79/</p>	<p>YES .(RE-ASK B-J FOR THIRD PERIOD). 1</p> <p>NO. .(GO TO SECTION 8). . . 0</p> <p>40-41/</p>	<p>YES .(RE-ASK B-J FOR FOURTH PERIOD). 1</p> <p>NO. .(GO TO SECTION 8). . . 0</p> <p>73-74/</p>	<p>YES. .(GO TO NEW QUEX AND RE-ASK B-J FOR ADDITIONAL PERIOD). 1</p> <p>NO. .(GO TO SECTION 8). 0</p> <p>40-41/</p>

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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.

INTERVIEWER: SEE INFORMATION SHEET ITEM 11 TO FIND OUT WHAT TRAINING PROGRAMS, IF ANY, THE RESPONDENT HAD ENROLLED IN AT THE DATE OF LAST INTERVIEW.

1. When we last talked with you on (DATE OF LAST INTERVIEW), you were [not participating in any training programs/receiving training at (1ST TRAINING AGENCY LISTED ON INFORMATION SHEET ITEM 11)]. Is that correct?

Yes (GO TO Q.2B BELOW) 1 42-43/
 No 0

2. (HAND CARD I) Where were you receiving the training that you were enrolled in on (DATE OF LAST INTERVIEW)?



NONE (SKIP TO Q.6, PAGE 8-59) 00
 Business school 01
 Apprenticeship program 03
 A vocational or technical institute 04 44-45/
 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

- A. **INTERVIEWER:** CORRECT 1ST TRAINING PROGRAM LISTED AT ITEM 11 OF THE INFORMATION SHEET BASED ON THE INFORMATION THAT R JUST GAVE IN Q.2.
- B. **INTERVIEWER:** IF Q.1 IS CODED "YES" (1) AND INFORMATION SHEET ITEM 11 HAS NO TRAINING PROGRAMS LISTED, SKIP TO Q.6, PAGE 8-59. OTHERWISE, GO TO Q.3.

3. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 11 TO FIND OUT IF R WAS PARTICIPATING IN A 2ND TRAINING PROGRAM AT THE DATE OF LAST INTERVIEW.

4. When we last talked with you on (DATE OF LAST INTERVIEW), you were [also receiving training at (2ND TRAINING AGENCY LISTED ON INFORMATION SHEET ITEM 11)/not participating in any 2nd training program]. Is that correct?

Yes (SKIP TO Q.6) 1 46-47/

No 0

5. (HAND CARD I) Where else were you receiving the training that you were enrolled in on (DATE OF LAST INTERVIEW)?



NONE 00

Business school 01

Apprenticeship program 03

A vocational or technical institute 04 48-49/

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

- A. **INTERVIEWER:** CORRECT 2ND TRAINING PROGRAM LISTED AT ITEM 11 OF THE INFORMATION SHEET BASED ON THE INFORMATION THAT R JUST GAVE IN Q.5.

- 6 A. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 11. WAS R RECEIVING TRAINING ON DATE OF LAST INTERVIEW?

YES 1 50-51/

NO (SKIP TO Q.16, PAGE 8-61) 0

- B. **INTERVIEWER:** CODE BELOW EACH TYPE OF TRAINING PROGRAM FROM INFORMATION SHEET ITEM 11, OR Q.2, PAGE 8-57 OR Q.5, PAGE 8-58.

1st Program	2nd Program
52-53/	54-55/
Business school. .... .01	..... 01
Apprenticeship program 03	..... 03
A vocational or technical institute. .... .04	..... 04
A correspondence course. .... .07	..... 07
Formal company training run by employer or military training (excluding basic training) 08	..... 08
Seminars or training programs at work run by someone other than employer 09	..... 09
Seminars or training programs outside of work 10	..... 10
Vocational rehabilitation center. .... .11	..... 11
Other (SPECIFY) _____	_____
_____	_____
_____ 12	_____ 12

(Q.6 Continued)

	1st Program	2nd Program
C. Was this training program sponsored or paid for by one of your employers?	Yes 1 No (GO TO Q.7). 0 56-57/	Yes 1 No (GO TO Q.7). 0 64-65/
D. Which one of your employers paid for this training program?	EMPLOYER NAME _____ _____ _____	EMPLOYER NAME _____ _____ _____
E. DOES EMPLOYER NAME MATCH AN EMPLOYER NAME IN INFO SHEET ITEM 9 OR 10?	YES..... 1 NO. . (ASK R WHICH EMPLOYER LISTED ON INFO SHEET ITEMS 9 OR 10 IS THE SAME ONE THAT PAID FOR THE TRAINING AND IF NECESSARY, CORRECT D TO MATCH EMPLOYER NAME AS LISTED IN INFORMATION SHEET ITEMS) 0 58-59/	YES..... 1 NO. . (ASK R WHICH EMPLOYER LISTED ON INFO SHEET ITEMS 9 OR 10 IS THE SAME ONE THAT PAID FOR THE TRAINING AND IF NECESSARY, CORRECT D TO MATCH EMPLOYER NAME AS LISTED IN INFORMATION SHEET ITEMS) 0 66-67/
	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY <input type="checkbox"/> 60-61/ INFO SHEET ITEM <input type="checkbox"/> <input type="checkbox"/> 62-63/ EMPLOYER NUMBER </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY <input type="checkbox"/> 68-69/ INFO SHEET ITEM <input type="checkbox"/> <input type="checkbox"/> 70-71/ EMPLOYER NUMBER </div>

	1st Program	2nd Program
7. Now, we would like to ask you a few questions about the training that you were receiving on (DATE OF LAST INTERVIEW) at (TYPE OF TRAINING AGENCY CODED IN Q.6B). First, when did you finish or leave this training program?	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> MONTH YEAR </div> <div>OR 09-12/</div> <div>STILL ENROLLED (SKIP TO Q.14). . . . 0000</div>	<div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> </div> <div> MONTH YEAR </div> <div>OR 29-30/</div> <div>STILL ENROLLED (SKIP TO Q.14). . . . 0000</div>
8. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)	<div> <div></div> <div></div> </div> <div># OF WEEKS</div> <div>13-14/</div>	<div> <div></div> <div></div> </div> <div># OF WEEKS</div> <div>31-32/</div>
9. Did you complete this training or not?	<div>Completed 1</div> <div>15-16/</div> <div>Did not complete. 2</div>	<div>Completed 1</div> <div>33-34/</div> <div>Did not complete. 2</div>
10. Did you use this training on your (most recent) job?	<div>Yes 1</div> <div>17-18/</div> <div>No 0</div>	<div>Yes 1</div> <div>35-36/</div> <div>No 0</div>
11. Was this training necessary to get a promotion on your job?	<div>Yes. . .(SKIP TO Q.14). . . 1</div> <div>No. 0</div> <div>NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.13) 2</div> <div>19-20/</div>	<div>Yes. . .(SKIP TO Q.14). . . 1</div> <div>No. 0</div> <div>NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.13) 2</div> <div>37-38/</div>
12. Did this training help you get a promotion?	<div>Yes. . .(SKIP TO Q.14). . . 1</div> <div>21-22/</div> <div>No. 0</div>	<div>Yes. . .(SKIP TO Q.14). . . 1</div> <div>39-40/</div> <div>No. 0</div>
13. Did the training result in your getting a (different) job?	<div>Yes 1</div> <div>23-24/</div> <div>No 0</div>	<div>Yes 1</div> <div>41-42/</div> <div>No 0</div>
14. How many hours per week (do/did) you usually spend in this training?	<div> <div></div> <div></div> </div> <div># OF HOURS</div> <div>25-26/</div>	<div> <div></div> <div></div> </div> <div># OF HOURS</div> <div>43-44/</div>
15. INTERVIEWER: IS THERE ANOTHER TRAINING PROGRAM TO ASK ABOUT?	<div>Yes. . (REASK Q.6C THRU Q.15) 1</div> <div>No. . .(GO TO Q.16) 0</div> <div>27-28/</div>	<div>Yes. . (GO TO NEW QUEX AND REASK Q.6C THRU Q.15) 1</div> <div>No. . .(GO TO Q.16) 0</div> <div>46-45/</div>

16. (Besides the training programs we've already talked about,) Since (DATE OF LAST INTERVIEW), did you attend any (other) 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.17) 1 47-48/

No (SKIP TO SECTION 9, PAGE 9-71) 0

		1st Program
<p>17. (HAND CARD I). Which category on this card best describes where you received this training? (CODE ONE ONLY).</p> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 20px auto;"> HAND CARD I </div>		<p>Business school. 01</p> <p>Apprenticeship program. 03</p> <p>A vocational or technical institute. 04</p> <p>A correspondence course. 07</p> <p>Formal company training run by employer or military training (excluding basic training) . . . 08</p> <p>Seminars or training programs at work run by someone other than employer. 09</p> <p>Seminars or training programs outside of work. 10</p> <p>Vocational rehabilitation center. 11</p> <p>Other (SPECIFY) _____</p> <p style="text-align: right;">_____ 12 49-50/</p>
<p>18. (HAND CARD J). Who paid for this training program? (CODE ALL THAT APPLY).</p> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 20px auto;"> HAND CARD J </div>		<p>Self or family. (GO TO Q.18C). 01 51-52/</p> <p>Employer. . . . (ASK Q.18A). . . 02 53-54/</p> <p>Job Training Partnership Act (JTPA). . (GO TO Q.19, PAGE 8-66) 03 55-56/</p> <p>Trade Adjustment Act (TAA) (GO TO Q.19, PAGE 8-66) . . 04 57-58/</p> <p>Job Corps Program (GO TO Q.19, PAGE 8-66). . . 05 59-60/</p> <p>Work Incentive Program (WIN) (GO TO Q.19, PAGE 8-66). . . 06 61-62/</p> <p>Veteran's Administration (GO TO Q.19, PAGE 8-66). . . 07 63-64/</p> <p>Vocational Rehabilitation (GO TO Q.19, PAGE 8-66). . . 08 65-66/</p> <p>Other (SPECIFY) (GO TO Q.19, PAGE 8-66) _____ 09 67-68/</p>

2nd Program	3rd Program	4th Program
Business school. 01	Business school. 01	Business school. 01
Apprenticeship program. 03	Apprenticeship program. 03	Apprenticeship program. 03
A vocational or technical institute. 04	A vocational or technical institute. 04	A vocational or technical institute. 04
A correspondence course. 07	A correspondence course. 07	A correspondence course. 07
Formal company training run by employer or military training (excluding basic training) 08	Formal company training run by employer or military training (excluding basic training) 08	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 at work run by someone other than employer. 09	Seminars or training programs at work run by someone other than employer. 09
Seminars or training programs outside of work. 10	Seminars or training programs outside of work. 10	Seminars or training programs outside of work. 10
Vocational rehabilitation center. 11	Vocational rehabilitation center. 11	Vocational rehabilitation center. 11
BEGIN DECK 18		
Other (SPECIFY) _____	Other (SPECIFY) _____	Other (SPECIFY) _____
_____ 12	_____ 12	_____ 12
09-10/	29-30/	49-50/
Self or family. .(GO TO Q.18C). .01	Self or family. .(GO TO Q.18C). .01	Self or family. .(GO TO Q.18C). .01
11-12/	31-32/	51-52/
Employer. . . .(ASK Q.18A). . 02	Employer. . . .(ASK Q.18A). . 02	Employer. . . .(ASK Q.18A). . 02
13-14/	33-34/	53-54/
Job Training Partnership Act (JTPA). . (GO TO Q.19, PAGE 8-66) 03	Job Training Partnership Act (JTPA). . (GO TO Q.19, PAGE 8-66) 03	Job Training Partnership Act (JTPA). . (GO TO Q.19, PAGE 8-66) 03
15-16/	35-36/	55-56/
Trade Adjustment Act (TAA) (GO TO Q.19, PAGE 8-66) . . .04	Trade Adjustment Act (TAA) (GO TO Q.19, PAGE 8-66) . . .04	Trade Adjustment Act (TAA) (GO TO Q.19, PAGE 8-66) . . .04
17-18/	37-38/	57-58/
Job Corps Program (GO TO Q.19, PAGE 8-66). . . 05	Job Corps Program (GO TO Q.19, PAGE 8-66). . . 05	Job Corps Program (GO TO Q.19, PAGE 8-66). . . 05
19-20/	39-40/	59-60/
Work Incentive Program (WIN) (GO TO Q.19, PAGE 8-66). . . 06	Work Incentive Program (WIN) (GO TO Q.19, PAGE 8-66). . . 06	Work Incentive Program (WIN) (GO TO Q.19, PAGE 8-66). . . 06
21-22/	41-42/	61-62/
Veteran's Administration (GO TO Q.19, PAGE 8-66). . . 07	Veteran's Administration (GO TO Q.19, PAGE 8-66). . . 07	Veteran's Administration (GO TO Q.19, PAGE 8-66). . . 07
23-24/	43-44/	63-64/
Vocational Rehabilitation (GO TO Q.19, PAGE 8-66). . . 08	Vocational Rehabilitation (GO TO Q.19, PAGE 8-66). . . 08	Vocational Rehabilitation (GO TO Q.19, PAGE 8-66). . . 08
25-26/	45-46/	65-66/
Other (SPECIFY) (GO TO Q.19, PAGE 8-66) _____	Other (SPECIFY) (GO TO Q.19, PAGE 8-66) _____	Other (SPECIFY) (GO TO Q.19, PAGE 8-66) _____
27-28/	47-48/	67-68/
_____ 09	_____ 09	_____ 09

IF 02--"EMPLOYER" IS CODED IN Q.18, ASK:

1st Program	
<p>18A. Which one of your employers paid for this training?</p>	<p style="text-align: center;">EMPLOYER NAME</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>B. <u>INTERVIEWER:</u> DOES EMPLOYER NAME MATCH AN EMPLOYER NAME ON AN EMPLOYER SUPPLEMENT?</p>	<p>YES..... 1 69-70/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED ON EMPLOYER SUPPLEMENT, THEN GO TO Q.19) 0</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"> <p style="text-align: center;">OFFICE USE ONLY</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> <p style="text-align: center;">71-72/</p> <p style="text-align: center;">EMPLOYER SUPPLEMENT #</p> </div>
<p>C. Did you take out a guaranteed student loan (Stafford Loan) to help pay for this training?</p>	<p>Yes.....1 73-74/</p> <p>No .....0</p>

2nd Program	3rd Program	4th Program
EMPLOYER NAME _____ _____ _____	EMPLOYER NAME _____ _____ _____	EMPLOYER NAME _____ _____ _____
<p>YES. 1 75-76/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED ON EMPLOYER SUPPLEMENT, THEN GO TO Q.19) 0</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>OFFICE USE ONLY</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>77-78/</div> </div> <p>EMPLOYER SUPPLEMENT #</p> </div>	<p>YES. 1 11-12/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED ON EMPLOYER SUPPLEMENT, THEN GO TO Q.19) 0</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>OFFICE USE ONLY</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>13-14/</div> </div> <p>EMPLOYER SUPPLEMENT #</p> </div>	<p>YES. 1 17-18/</p> <p>NO. . (ASK R WHICH EMPLOYER LISTED ON AN EMPLOYER SUPPLEMENT IS THE SAME ONE THAT PAID FOR THE TRAINING, AND IF NECESSARY, CORRECT A TO MATCH EMPLOYER NAME AS LISTED ON EMPLOYER SUPPLEMENT, THEN GO TO Q.19) 0</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>OFFICE USE ONLY</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>19-20/</div> </div> <p>EMPLOYER SUPPLEMENT #</p> </div>
<p style="text-align: right;">BEGIN DECK 19</p> <p>Yes. 1 09-10/</p> <p>No 0</p>	<p>Yes. 1 15-16/</p> <p>No 0</p>	<p>Yes. 1 21-22/</p> <p>No 0</p>

	1st Program
19. When did you start this training?	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> MONTH YEAR </div> 23-26/
20. When did you finish or leave this program?	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> MONTH YEAR </div> <div> OR </div> <div> STILL ENROLLED </div> <div> (SKIP TO Q.27) 0000 </div> 27-30/
21. Altogether, for how many weeks did you attend this training? (ENTER 00 IF LESS THAN ONE WEEK.)	<div> <input type="text"/> <input type="text"/> </div> <div> # OF WEEKS </div> 31-32/
22. Did you complete this training or not?	Completed 1 Did not complete 2 33-34/
23. (Do/Did) you use this training on your (most recent) job?	Yes 1 No 0 35-36/
24. Was this training necessary to get a promotion on your job?	Yes. ....(SKIP TO Q.27). 1 No 0 NOT EMPLOYED AT TIME OF TRAINING (SKIP TO Q.26) 2 37-38/
25. Did this training help you to get a promotion?	Yes. ....(SKIP TO Q.27). 1 No 0 39-40/
26. Did the training result in your getting a (different) job?	Yes 1 No 0 41-42/
27. How many hours per week (do/did) you usually spend in this training?	<div> <input type="text"/> <input type="text"/> </div> <div> HOURS PER WEEK </div> 43-44/

2nd Program	3rd Program	4th Program
<div> <div> <div></div><div></div> <div></div><div></div> </div> <div>45-48/</div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div><div></div> <div></div><div></div> </div> <div>67-70/</div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>	<div> <div> <div></div><div></div> <div></div><div></div> </div> <div>23-24/</div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div>
<div> <div> <div></div><div></div> <div></div><div></div> </div> <div>49-52/</div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div> <div>OR</div> <div>STILL ENROLLED</div> <div>(SKIP TO Q.27) . . . 0000</div>	<div> <div> <div></div><div></div> <div></div><div></div> </div> <div>71-74/</div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div> <div>OR</div> <div>STILL ENROLLED</div> <div>(SKIP TO Q.27) 0000</div>	<div> <div> <div></div><div></div> <div></div><div></div> </div> <div>25-28/</div> </div> <div> <div>MONTH</div> <div>YEAR</div> </div> <div>OR</div> <div>STILL ENROLLED</div> <div>(SKIP TO Q.27) . . . 0000</div>
<div> <div> <div></div><div></div> </div> <div>53-54/</div> </div> <div># OF WEEKS</div>	<div>BEGIN DECK 20</div> <div> <div> <div></div><div></div> </div> <div>09-10/</div> </div> <div># OF WEEKS</div>	<div> <div> <div></div><div></div> </div> <div>29-30/</div> </div> <div># OF WEEKS</div>
<div>Completed 1</div> <div>55-56/</div> <div>Did not complete 2</div>	<div>Completed 1</div> <div>11-12/</div> <div>Did not complete 2</div>	<div>Completed 1</div> <div>31-32/</div> <div>Did not complete 2</div>
<div>Yes 1</div> <div>57-58/</div> <div>No 0</div>	<div>Yes 1</div> <div>13-14/</div> <div>No 0</div>	<div>Yes 1</div> <div>33-34/</div> <div>No 0</div>
<div>Yes.(SKIP TO Q.27). 1</div> <div>No 0</div> <div>59-60/</div> <div>NOT EMPLOYED AT</div> <div>TIME OF TRAINING</div> <div>(SKIP TO Q.26) 2</div>	<div>Yes.(SKIP TO Q.27). 1</div> <div>No 0</div> <div>15-16/</div> <div>NOT EMPLOYED AT</div> <div>TIME OF TRAINING</div> <div>(SKIP TO Q.26) 2</div>	<div>Yes.(SKIP TO Q.27). 1</div> <div>No 0</div> <div>35-36/</div> <div>NOT EMPLOYED AT</div> <div>TIME OF TRAINING</div> <div>(SKIP TO Q.26) 2</div>
<div>Yes.(SKIP TO Q.27). 1</div> <div>61-62/</div> <div>No. 0</div>	<div>Yes.(SKIP TO Q.27). 1</div> <div>17-18/</div> <div>No. 0</div>	<div>Yes.(SKIP TO Q.27). 1</div> <div>37-38/</div> <div>No. 0</div>
<div>Yes 1</div> <div>63-64/</div> <div>No 0</div>	<div>Yes 1</div> <div>19-20/</div> <div>No 0</div>	<div>Yes 1</div> <div>39-40/</div> <div>No 0</div>
<div> <div> <div></div><div></div> </div> <div>65-66/</div> </div> <div>HOURS PER WEEK</div>	<div> <div> <div></div><div></div> </div> <div>21-22/</div> </div> <div>HOURS PER WEEK</div>	<div> <div> <div></div><div></div> </div> <div>41-42/</div> </div> <div>HOURS PER WEEK</div>

		1st Program	
28.	<p>A. Did you apply for or make a request to take this training? INTERVIEWER: IF RESPONDENT NOT SURE THEN PROBE: Was this training your idea?</p> <p>B. (HAND CARD K) Which of the reasons on this card was the primary reason for this training?</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 10px 0;">HAND CARD K</div> <p>This training was associated with promotion or job advancement opportunity</p> <p>New methods or processes were introduced -- additional training was required to continue doing the same job.</p> <p>This training was part of a regular program to maintain and upgrade employee skills</p> <p>This training was necessary when I began a job</p> <p>Other (SPECIFY).</p>	<p>Yes 1</p> <p>No. 0</p> <p>43-44/</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>45-46/</p>	
29.	<p>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 (includes instruction for a GED, English, or math).</p> <p>On-the-job training.</p> <p>Job search assistance</p> <p>Work experience</p> <p>Other (SPECIFY)</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>47-48/</p> <p>49-50/</p> <p>51-52/</p> <p>53-54/</p> <p>55-56/</p> <p>57-58/</p>	
30.	<p>Since (DATE OF LAST INTERVIEW), have you attended any other training program or on-the-job training?</p>	<p>Yes. . (REPEAT Q's 17-30 FOR NEXT PROGRAM) . . . 1</p> <p>No. . . (GO TO SECTION 9, PAGE 9-71). . . . 0</p>	<p>59-60/</p>

2nd Program	3rd Program	4th Program
<p>Yes 1 No. 0</p> <p>61-62/</p> <p>..... 1</p> <p>..... 2</p> <p>63-64/</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p>	<p>BEGIN DECK 21</p> <p>Yes 1 No. 0</p> <p>09-10/</p> <p>..... 1</p> <p>..... 2</p> <p>11-12/</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p>	<p>Yes 1 No. 0</p> <p>27-28/</p> <p>..... 1</p> <p>..... 2</p> <p>29-30/</p> <p>..... 3</p> <p>..... 4</p> <p>..... 5</p>
<p>..... 1 65-66/</p> <p>..... 2 67-68/</p> <p>..... 3 69-70/</p> <p>..... 4 71-72/</p> <p>..... 5 73-74/</p> <p>..... 6 75-76/</p>	<p>..... 1 13-14/</p> <p>..... 2 15-16/</p> <p>..... 3 17-18/</p> <p>..... 4 19-20/</p> <p>..... 5 21-22/</p> <p>..... 6 23-24/</p>	<p>..... 1 31-32/</p> <p>..... 2 33-34/</p> <p>..... 3 35-36/</p> <p>..... 4 37-38/</p> <p>..... 5 39-40/</p> <p>..... 6 41-42/</p>
<p>Yes. . (REPEAT Q's 17-30 FOR NEXT PROGRAM) . . . 1 77-78/</p> <p>No. . . (GO TO SECTION 9, PAGE 9-71) . . . 0</p>	<p>Yes. . (REPEAT Q's 17-30 FOR NEXT PROGRAM) . . . 1 25-26/</p> <p>No. . . (GO TO SECTION 9, PAGE 9-71) . . . 0</p>	<p>Yes. . (GO TO NEW QUEX AND REPEAT Q's 17- 30 FOR NEXT PROGRAM) . . . 1 43-44/</p> <p>No. . . (GO TO SECTION 9, PAGE 9-71) . . . 0</p>

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RECORD TIME: : AM / MIDNIGHT
PM / NOON

HR. MIN.

45-50/

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 of our respondents in order to be complete.

1. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 03. IS THERE A DATE OF 1990 INTERVIEW?

YES (USE DATE OF THE 1990
INTERVIEW FROM INFO
SHEET ITEM 3 FOR THE
REFERENCE DATE IN
THE FERTILITY SECTION) 1

51-52/

NO (SEE INFORMATION SHEET
ITEM 5 AND USE THE DATE OF
THE 1988 OR PRIOR INTERVIEW
FOR THE REFERENCE DATE IN
THE FERTILITY SECTION) 0

We are now asking detailed questions every other year about any children that you have had. We last asked you detailed questions relating to children during your interview on (DATE OF 1990 **OR** 1988 OR PRIOR INTERVIEW). We are first going to verify information on children that you have had, if any, **prior to** (DATE OF 1990 **OR** 1988 OR PRIOR INTERVIEW). Then, we are going to ask you some questions about children that you have had, if any, **since** (DATE OF 1990 **OR** 1988 OR PRIOR INTERVIEW). So, for the rest of the questions in this section, we would like you to please think of the interview date that we read in the questions when you give us your answers.

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

2. **INTERVIEWER:** ARE ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A: LIST OF BIOLOGICAL CHILDREN?

YES 1

53-54/

NO (SKIP TO Q.6) 0

3. Our records from our interview on (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW) show that you have (had/given birth to)(a child/children) named (READ FULL NAMES OF CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A) as of (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW). Is this correct?

Yes--information is correct (SKIP TO Q.14, PAGE 9-74) 1

55-56/

No--information is incorrect 0

4. **INTERVIEWER:** DOES R HAVE CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A THAT SHOULD NOT BE LISTED THERE?

YES (READ FULL NAME FOR
EACH CHILD PREPRINTED
THERE. CROSS OFF NAME,
SEX, AND BIRTH DATE FOR
EACH CHILD R SAYS SHOULD
NOT BE LISTED. THEN GO
TO Q.5) 1

57-58/

NO 0

5. **INTERVIEWER:** DOES R HAVE CHILDREN WHO WERE BORN **BEFORE** THE DATE OF THE 1990 OR 1988 OR PRIOR INTERVIEW WHO ARE NOT PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A THAT SHOULD BE LISTED THERE?

YES (SKIP TO Q.7) 1

59-60/

NO (SKIP TO Q.13, PAGE 9-74) 0

6. Our records show that you had **no** children of your own as of (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW). Is that correct?

Yes--Information is correct (SKIP TO Q.18, PAGE 9-76) 1

61-62/

No--Information is incorrect (GO TO Q.7) 0

PREVIOUSLY NON-PREPRINTED BIOLOGICAL CHILDREN:

7. WRITE ID# CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, PART A, BEGINNING WITH FIRST UNASSIGNED ID#.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	63-64/ ID: <input type="text"/> <input type="text"/>	69-70/ ID: <input type="text"/> <input type="text"/>	BEGIN DECK 22 09-10/ ID: <input type="text"/> <input type="text"/>
8. What is the name of the (first/next) child that you have (had/given birth to) as of (DATE OF 1990 <u>OR</u> 1988 OR PRIOR INTERVIEW) who we do not have listed?	WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .
9. Is (CHILD) a boy or girl?	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .
10. When was (CHILD) born?	WRITE BIRTH DATE ON APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	WRITE BIRTH DATE ON APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .	WRITE BIRTH DATE ON APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART A</u> .
11. <u>INTERVIEWER</u> : COMPARE CHILD'S BIRTH DATE WITH THE (1990 <u>OR</u> 1988 OR PRIOR INTERVIEW DATE). WAS THIS CHILD BORN BEFORE THE 1990 <u>OR</u> 1988 OR PRIOR INTERVIEW DATE? A. VERIFY CHILD'S BIRTHDATE WITH R. IF THE CHILD'S BIRTHDATE IS AFTER THE DATE OF THE 1990 <u>OR</u> 1988 OR PRIOR INTERVIEW, EXPLAIN TO THE RESPONDENT THAT RIGHT NOW WE ARE ONLY COLLECTING INFORMATION ABOUT CHILDREN THAT WERE BORN <u>PRIOR</u> TO THE 1990 <u>OR</u> 1988 OR PRIOR INTERVIEW DATE. DELETE INFORMATION FROM CHILDREN'S RECORD FORM FOR THIS CHILD AND GO TO Q.12.	65-66/ YES. . . (GO TO Q.12) . . . 1 NO. . (GO TO A) . . 0	71-72/ YES. . . (GO TO Q.12) . . . 1 NO. . (GO TO A) . . 0	11-12/ YES. . . (GO TO Q.12) . . . 1 NO. . (GO TO A) . . 0
12. Did you have another child that was born <u>prior</u> to (DATE OF 1990 <u>OR</u> 1988 OR PRIOR INTERVIEW) who we do not have listed?	67-68/ Yes. . (REASK Q.8 THRU Q.12). 1 No. (GO TO Q.13). 0	73-74/ Yes. . (REASK Q.8 THRU Q.12). 1 No. (GO TO Q.13). 0	13-14/ Yes. (GO TO NEW QUEX AND REASK Q.8 THRU TO Q.12). . . 1 No. (GO TO Q.13). 0

13. **INTERVIEWER:** DOES R HAVE ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, **PART A**?
- YES (GO TO Q.14) 1 15-16/
- NO (SKIP TO Q.18, PAGE 9-76) 0

PREVIOUSLY PREPRINTED BIOLOGICAL CHILDREN:

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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	17-18/ ID: <input type="text"/> <input type="text"/> NAME: _____	31-32/ ID: <input type="text"/> <input type="text"/> NAME: _____	45-46/ ID: <input type="text"/> <input type="text"/> NAME: _____
15. I'd like to read the information about (CHILD) from our (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW) interview. As of (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW), our records show that (READ FULL NAME OF FIRST/NEXT CHILD) is a (SEX) and was born on (BIRTH DATE). Is that correct?	Yes--Information is Correct (SKIP TO Q.17). . . . 1 No--Information is Not Correct (MAKE CORRECTIONS IN PART A OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.16). . . . 0 19-20/	Yes--(SKIP TO Q.17). . . . 1 No--(GO TO Q.16). . . . 0 33-34/	Yes--(SKIP TO Q.17). . . . 1 No--(GO TO Q.16). . . . 0 47-48/
16. INTERVIEWER: WHAT INFORMATION WAS JUST CHANGED ON THE CHILDREN'S RECORD FORM, PART A , FOR THIS CHILD? CODE ALL THAT APPLY.	BIRTHDATE . . 1 21-22/ NAME. 4 23-24/ SEX 5 25-26/ OTHER (SPECIFY) _____ _____ 6 27-28/	BIRTHDATE . . 1 35-36/ NAME. 4 37-38/ SEX 5 39-40/ OTHER (SPECIFY) _____ _____ 6 41-42/	BIRTHDATE . . 1 49-50/ NAME. 4 51-52/ SEX 5 53-54/ OTHER (SPECIFY) _____ _____ 6 55-56/
17. INTERVIEWER: IS THERE ANOTHER CHILD PREPRINTED ON THE CHILDREN'S RECORD FORM, PART A ?	YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1 NO. .(GO TO Q.18) . . . 0 29-30/	YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1 NO. .(GO TO Q.18) . . . 0 43-44/	YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1 NO. .(GO TO Q.18) . . . 0 57-58/

BEGIN DECK 23

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
59-60/ ID: <input type="text"/> <input type="text"/>	09-10/ ID: <input type="text"/> <input type="text"/>	23-24/ ID: <input type="text"/> <input type="text"/>	37-38/ ID: <input type="text"/> <input type="text"/>	51-52/ ID: <input type="text"/> <input type="text"/>
NAME: _____	NAME: _____	NAME: _____	NAME: _____	NAME: _____
Yes--Information is Correct (SKIP TO Q.17). . . . 1	Yes--(SKIP TO Q.17). . . . 1	Yes--(SKIP TO Q.17). . . . 1	Yes--(SKIP TO Q.17). . . . 1	Yes--(SKIP TO Q.17). . . . 1
No--Information is Not Correct (MAKE CORRECTIONS IN PART A OF THE CHILDREN'S RECORD FORM FOR THIS CHILD. THEN GO TO Q.16). 0	No--(GO TO Q.16). . . . 0	No--(GO TO Q.16). . . . 0	No--(GO TO Q.16). . . . 0	No--(GO TO Q.16). . . . 0
61-62/	11-12/	25-26/	39-40/	53-54/
BIRTHDATE . . 1 63-64/ NAME. 4	BIRTHDATE . . 1 13-14/ NAME. 4	BIRTHDATE . . 1 27-28/ NAME. 4	BIRTHDATE . . 1 41-42/ NAME. 4	BIRTHDATE . . 1 55-56/ NAME. 4
65-66/ SEX 5	15-16/ SEX 5	29-30/ SEX 5	43-44/ SEX 5	57-58/ SEX 5
67-68/ OTHER (SPECIFY) _____ 6	17-18/ OTHER (SPECIFY) _____ 6	31-32/ OTHER (SPECIFY) _____ 6	45-46/ OTHER (SPECIFY) _____ 6	59-60/ OTHER (SPECIFY) _____ 6
69-70/	19-20/	33-34/	47-48/	61-62/
YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1	YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1	YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1	YES.(REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1	YES.(GO TO NEW QUEX AND REASK Q.14 THRU Q.17 FOR NEXT CHILD) . . 1
NO. .(GO TO Q.18) . . . 0	NO. .(GO TO Q.18) . . . 0	NO. .(GO TO Q.18) . . . 0	NO. .(GO TO Q.18) . . . 0	NO. .(GO TO Q.18) . . . 0
71-72/	21-22/	35-36/	49-50/	63-64/

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

18. **INTERVIEWER:** ARE ANY CHILDREN PREPRINTED ON THE **CHILDREN'S RECORD FORM, PART B:** LIST OF NON-BIOLOGICAL CHILDREN?

YES 1

65-66/

NO (SKIP TO Q.20) 0

19. From our past interviews, our records show that you had (an) adopted or step (child/children) named (READ FULL NAMES OF CHILDREN PREPRINTED ON THE **CHILDREN'S RECORD FORM, PART B**).

Other than the ones on this list, do you have or have you ever had any other adopted or step children?

Yes (SKIP TO Q.21) 1

67-68/

No (SKIP TO Q.26, PAGE 9-80) 0

IF VOLUNTEERED: WRITE NAME AND ID NUMBER OF EACH CHILD FROM THE **CHILDREN'S RECORD FORM, PART B**, R SAYS SHOULD NOT BE LISTED. CROSS OFF NAME, SEX, AND BIRTHDATE FOR EACH CHILD R SAYS SHOULD NOT BE LISTED. **DO NOT** REFERENCE CHILDREN IN Q.21 THAT HAVE BEEN CROSSED OFF THE **CHILDREN'S RECORD FORM**.

NAME	NAME	NAME
<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;">69-70/</div> <div style="text-align: center;">ID: #</div>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;">71-72/</div> <div style="text-align: center;">ID: #</div>	<div style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="text-align: right;">73-74/</div> <div style="text-align: center;">ID: #</div>

INTERVIEWER NOTE:

IF CORRECTION IS THAT NO CHILDREN SHOULD BE LISTED AT **PART B** OF THE **CHILDREN'S RECORD FORM**, CROSS OFF NAME, SEX, AND BIRTHDATE, THEN SKIP TO Q.32, PAGE 9-82 2 75-76/

BEGIN DECK 24

20. Our records show that you have never had any adopted or step children. Is that correct?

Yes--Information is Correct (SKIP TO Q.32, PAGE 9-82) 1

09-10/

No--Information is Not Correct .. (GO TO Q.21) 0

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PREVIOUSLY NON-PREPRINTED NON-BIOLOGICAL CHILDREN:

21. **INTERVIEWER:** WRITE ID# CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, **PART B**, BEGINNING WITH THE FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, **PART B**.

	NON-BIOLOGICAL FIRST CHILD	NON-BIOLOGICAL SECOND CHILD	NON-BIOLOGICAL THIRD CHILD
	11-12/ ID: <input type="text"/> <input type="text"/>	15-16/ ID: <input type="text"/> <input type="text"/>	19-20/ ID: <input type="text"/> <input type="text"/>
22. What is the name of the (first/next) adopted or step child that you (had/have) that we do not have listed?	WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	WRITE # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
23. Is (CHILD) a boy or girl?	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
24. When was (CHILD) born?	WRITE BIRTH DATE ON APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	WRITE BIRTH DATE ON APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .	WRITE BIRTH DATE ON APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B</u> .
25. (Do/Did) you have another adopted or step child that we do not have listed?	13-14/ Yes. .(REASK Q.21 THRU Q.25 FOR NEXT CHILD). . . 1 No. (GO TO Q.26). 0	17-18/ Yes. .(REASK Q.21 THRU Q.25 FOR NEXT CHILD). . . 1 No. (GO TO Q.26). 0	21-22/ Yes. .(REASK Q.21 THRU Q.25 FOR NEXT CHILD). . . 1 No.(GO TO Q.26). 0

NON-BIOLOGICAL FOURTH CHILD	NON-BIOLOGICAL FIFTH CHILD	NON-BIOLOGICAL SIXTH CHILD
23-24/ ID: <input type="text"/> <input type="text"/>	27-28/ ID: <input type="text"/> <input type="text"/>	31-32/ ID: <input type="text"/> <input type="text"/>
WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>	WRITE # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>	WRITE ID # AND CHILD'S FULL NAME ON FIRST AVAILABLE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>
WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>	WRITE SEX ON THE APPROPRIATE LINE AND COLUMN ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>
WRITE BIRTH DATE ON APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>	WRITE BIRTH DATE ON APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>	WRITE BIRTH DATE ON APPROPRIATE LINE ON THE CHILDREN'S RECORD FORM, <u>PART B.</u>
25-26/ Yes. . (REASK Q.21 THRU Q.25 FOR NEXT CHILD). 1 No. . . (GO TO Q.26). . 0	29-30/ Yes. . (REASK Q.21 THRU Q.25 FOR NEXT CHILD). 1 No. . . (GO TO Q.26). . 0	33-34/ Yes. . (GO TO NEW QUEX AND REASK Q.21-25 FOR NEXT CHILD). 1 No. . . (GO TO Q.26). . 0

**HAND WRITTEN AND PREPRINTED
NON-BIOLOGICAL CHILDREN**

26. **INTERVIEWER:** WRITE NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. USE THE **CHILDREN'S RECORD FORM, PART B**. USE A SECOND QUESTIONNAIRE IF NECESSARY.

	NON-BIOLOGICAL FIRST CHILD	NON-BIOLOGICAL SECOND CHILD	NON-BIOLOGICAL THIRD CHILD
27. INTERVIEWER: SEE CHILDREN'S RECORD FORM, PART B . IS ADOPTED OUT OR DECEASED PREPRINTED FOR THIS CHILD IN THE STATUS COLUMN?	ID: <input type="text"/> <input type="text"/> 35-36/ NAME 37-38/ (CODE Q.29-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.31) 1 (CODE Q.29-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.31) 2 NO 0	ID: <input type="text"/> <input type="text"/> 49-50/ NAME 51-52/ (CODE Q.29-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.31) 1 (CODE Q.29-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.31) 2 NO 0	ID: <input type="text"/> <input type="text"/> 63-64/ NAME 65-66/ (CODE Q.29-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.31) 1 (CODE Q.29-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.31) 2 NO 0
28. Is (CHILD) your adopted or step child?	39-40/ ADOPTED 1 STEP 2	53-54/ ADOPTED 1 STEP 2	67-68/ ADOPTED 1 STEP 2
29. Where does (CHILD) usually live? (CODE AT RIGHT)	41-42/ 1) IN THIS HOUSEHOLD (SKIP TO Q.31) ... 01 NOT IN THIS HOUSEHOLD 2) WITH (HIS/HER) (FATHER/MOTHER) ... (SKIP TO Q.31) ... 02 3) WITH OTHER RELATIVE(S) (SPECIFY) ... (SKIP TO Q.31) ... 03 4) WITH FOSTER CARE (SKIP TO Q.31) ... 04 5) WITH ADOPTIVE PARENTS (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART B , FOR CHILD & SKIP TO Q.31) 05 6) LONG TERM CARE INSTITUTION (SKIP TO Q.31) ... 06 7) AWAY AT SCHOOL (SKIP TO Q.31) ... 07 8) DECEASED (WRITE DECEASED IN STATUS COLUMN OF CRF, PART B , AND THEN GO TO Q.30) 08 9) OTHER (SPECIFY) (SKIP TO Q.31) (SKIP TO Q.31) ... 09	55-56/ (SKIP TO Q.31) ... 01 (SKIP TO Q.31) ... 02 (SKIP TO Q.31) ... 03 (SKIP TO Q.31) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART B , FOR CHILD & SKIP TO Q.31) 05 (SKIP TO Q.31) ... 06 (SKIP TO Q.31) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART B , AND THEN GO TO Q.30) 08 (SKIP TO Q.31) ... 09	69-70/ (SKIP TO Q.31) ... 01 (SKIP TO Q.31) ... 02 (SKIP TO Q.31) ... 03 (SKIP TO Q.31) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART B , FOR CHILD & SKIP TO Q.31) 05 (SKIP TO Q.31) ... 06 (SKIP TO Q.31) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART B , AND THEN GO TO Q.30) 08 (SKIP TO Q.31) ... 09
30. IF DECEASED CODED IN Q.29, ASK: When did (CHILD) die?	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 43-46/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 57-60/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 71-74/
31. INTERVIEWER: IS THERE A (2ND/3RD/ETC.) NON-BIOLOGICAL CHILD LISTED?	YES. . (REASK Q.27 THRU Q.31) ... 1 47-48/ NO . (GO TO Q.32). . . 0	YES. . (REASK Q.27 THRU Q.31) ... 1 61-62/ NO . (GO TO Q.32). . . 0	YES. . (REASK Q.27 THRU Q.31) ... 1 75-76/ NO . (GO TO Q.32). . . 0

NON-BIOLOGICAL FOURTH CHILD	NON-BIOLOGICAL FIFTH CHILD	NON-BIOLOGICAL SIXTH CHILD
ID: <input type="text"/> <input type="text"/> 09-10/ NAME 11-12/ (CODE Q.29-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.31) 1 (CODE Q.29-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.31) 2 0	ID: <input type="text"/> <input type="text"/> 23-24/ NAME 25-26/ (CODE Q.29-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.31) 1 (CODE Q.29-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.31) 2 0	ID: <input type="text"/> <input type="text"/> 37-38/ NAME 39-40/ (CODE Q.29-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.31) 1 (CODE Q.29-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.31) 2 0
ADOPTED 1 13-14/ STEP 2	ADOPTED 1 27-28/ STEP 2	ADOPTED 1 41-42/ STEP 2
.....(SKIP TO Q.31) ... 01 15-16/ .....(SKIP TO Q.31) ... 02 .....(SKIP TO Q.31) ... 03 .....(SKIP TO Q.31) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART B, FOR CHILD & SKIP TO Q.31) 05 .....(SKIP TO Q.31) ... 06 .....(SKIP TO Q.31) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART B, AND THEN GO TO Q.30) 08 .....(SKIP TO Q.31) ... 09	.....(SKIP TO Q.31) ... 01 29-30/ .....(SKIP TO Q.31) ... 02 .....(SKIP TO Q.31) ... 03 .....(SKIP TO Q.31) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART B, FOR CHILD & SKIP TO Q.31) 05 .....(SKIP TO Q.31) ... 06 .....(SKIP TO Q.31) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART B, AND THEN GO TO Q.30) 08 .....(SKIP TO Q.31) ... 09	.....(SKIP TO Q.31) ... 01 43-44/ .....(SKIP TO Q.31) ... 02 .....(SKIP TO Q.31) ... 03 .....(SKIP TO Q.31) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART B, FOR CHILD & SKIP TO Q.31) 05 .....(SKIP TO Q.31) ... 06 .....(SKIP TO Q.31) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART B, AND THEN GO TO Q.30) 08 .....(SKIP TO Q.31) ... 09
MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 17-20/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 31-34/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 45-48/
YES. . (REASK Q.27 THRU Q.31) ... 1 21-22/ NO. . (GO TO Q.32) ... 0	YES. . (REASK Q.27 THRU Q.31) ... 1 35-36/ NO. . (GO TO Q.32) ... 0	YES. . (GO TO NEW QUEX AND REASK Q.27 TO Q.31) 1 49-50/ NO. . (GO TO Q.32) ... 0

32. Please tell me if you have had any children since (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW)?

Yes 1

51-52/

No (SKIP TO Q.39, PAGE 9-84) 0

33. How many children have you had since (DATE OF 1990 OR 1988 OR PRIOR INTERVIEW), not counting any babies who were dead at birth?

ENTER NUMBER OF CHILDREN:

53-54/

(GO TO Q.34, PAGE 9-83)

	FIRST CHILD (SINCE 1990 OR PRIOR INTERVIEW)	SECOND CHILD (SINCE 1990 OR PRIOR INTERVIEW)	THIRD CHILD (SINCE 1990 OR PRIOR INTERVIEW)
34. INTERVIEWER: WRITE CHILD'S ID # AND NAME CONSECUTIVE TO NUMBERS ON CHILDREN'S RECORD FORM, <u>PART A.</u>	55-56/ ID: <input type="text"/> <input type="text"/> (NAME)	59-60/ ID: <input type="text"/> <input type="text"/> (NAME)	63-64/ ID: <input type="text"/> <input type="text"/> (NAME)
35. What did you name the (first/next) baby?	(WRITE NAME IN <u>PART A</u> OF CHILDREN'S RECORD FORM).	(WRITE NAME IN <u>PART A</u> OF CHILDREN'S RECORD FORM).	(WRITE NAME IN <u>PART A</u> OF CHILDREN'S RECORD FORM).
36. Was the baby a boy or girl?	(WRITE SEX IN <u>PART A</u> OF CHILDREN'S RECORD FORM).	(WRITE SEX IN <u>PART A</u> OF CHILDREN'S RECORD FORM).	(WRITE SEX IN <u>PART A</u> OF CHILDREN'S RECORD FORM).
37. When was your child born?	(WRITE BIRTH DATE IN <u>PART A</u> OF CHILDREN'S RECORD FORM).	(WRITE BIRTH DATE IN <u>PART A</u> OF CHILDREN'S RECORD FORM).	(WRITE BIRTH DATE IN <u>PART A</u> OF CHILDREN'S RECORD FORM).
38. INTERVIEWER: HAS R HAD ANOTHER CHILD?	57-58/ Yes. (GO TO Q.34 FOR NEXT CHILD). . . . 1 No.(GO TO Q.39). 0	61-62/ Yes. (GO TO Q.34 FOR NEXT CHILD). . . . 1 No.(GO TO Q.39). 0	65-66/ Yes. (GO TO NEW QUEX Q.34 PG. 9-83 FOR NEXT CHILD)1 No.(GO TO Q.39). 0

39. **INTERVIEWER:** ARE ANY CHILDREN HANDWRITTEN OR PREPRINTED ON THE CHILDREN'S RECORD FORM, **PART A**?

YES 1 67-68/
 NO (SKIP TO Q.55, PAGE 9-90) 0

40. **INTERVIEWER:** WRITE NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LISTED ON CRF, **PART A**.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
41. INTERVIEWER: SEE CHILDREN'S RECORD FORM, PART A . IS ADOPTED OUT OR DECEASED PREPRINTED FOR THIS CHILD IN THE STATUS COLUMN. YES--ADOPTED OUT YES--DECEASED NO	ID: <input type="text"/> <input type="text"/> 69-70/ NAME 71-72/ (CODE Q.42--05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42--08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0	ID: <input type="text"/> <input type="text"/> 15-16/ NAME 17-18/ (CODE Q.42--05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42--08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0	ID: <input type="text"/> <input type="text"/> 25-26/ NAME 27-28/ (CODE Q.42--05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42--08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0
42. Where does (CHILD) usually live? (CODE AT RIGHT) 1) IN THIS HOUSEHOLD <u>NOT IN THIS HOUSEHOLD</u> 2) WITH (HIS/HER) OTHER PARENT 3) WITH OTHER RELATIVE(S) (SPECIFY) 4) WITH FOSTER CARE 5) WITH ADOPTIVE PARENTS 6) LONG TERM CARE INSTITUTION 7) AWAY AT SCHOOL 8) DECEASED <u>OTHER LIVING ARRANGEMENTS</u> 9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT 10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON 11) OTHER (SPECIFY)	BEGIN DECK 26 09-10/ (SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 (SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART A , FOR CHILD & SKIP TO Q.54) 05 (SKIP TO Q.49) ... 06 (SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART A , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ... 09 (SKIP TO Q.54) ... 10 (SKIP TO Q.49) ... 11	..... 19-20/ (SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 (SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART A , FOR CHILD & SKIP TO Q.54) 05 (SKIP TO Q.49) ... 06 (SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART A , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ... 09 (SKIP TO Q.54) ... 10 (SKIP TO Q.49) ... 11	..... 29-30/ (SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 (SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, PART A , FOR CHILD & SKIP TO Q.54) 05 (SKIP TO Q.49) ... 06 (SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, PART A , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ... 09 (SKIP TO Q.54) ... 10 (SKIP TO Q.49) ... 11
43. IF DECEASED CODED IN Q.42, ASK: When did (CHILD) die?	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 11-14/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 21-24/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 31-34/

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
ID: <input type="text"/> <input type="text"/> 35-36/ NAME _____ 37-38/ (CODE Q.42-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0	ID: <input type="text"/> <input type="text"/> 45-46/ NAME _____ 47-48/ (CODE Q.42-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0	ID: <input type="text"/> <input type="text"/> 55-56/ NAME _____ 57-58/ (CODE Q.42-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0	ID: <input type="text"/> <input type="text"/> 65-66/ NAME _____ 67-68/ (CODE Q.42-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0	ID: <input type="text"/> <input type="text"/> 75-76/ NAME _____ 77-78/ (CODE Q.42-05 "WITH ADOPTIVE PARENTS" WITHOUT ASKING, THEN SKIP TO Q.54) 1 (CODE Q.42-08 "DECEASED" WITHOUT ASKING, THEN SKIP TO Q.54) 2 0
39-40/ .....(SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 .....(SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> , FOR CHILD & SKIP TO Q.54) .....05 .....(SKIP TO Q.49) ... 06 .....(SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ...09 (SKIP TO Q.54) ...10 .....(SKIP TO Q.49) ...11 	49-50/ .....(SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 .....(SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> , FOR CHILD & SKIP TO Q.54) .....05 .....(SKIP TO Q.49) ... 06 .....(SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ...09 (SKIP TO Q.54) ...10 .....(SKIP TO Q.49) ...11 	59-60/ .....(SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 .....(SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> , FOR CHILD & SKIP TO Q.54) .....05 .....(SKIP TO Q.49) ... 06 .....(SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ...09 (SKIP TO Q.54) ...10 .....(SKIP TO Q.49) ...11 	69-70/ .....(SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 .....(SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> , FOR CHILD & SKIP TO Q.54) .....05 .....(SKIP TO Q.49) ... 06 .....(SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ...09 (SKIP TO Q.54) ...10 .....(SKIP TO Q.49) ...11 	BEGIN DECK 27 09-10/ .....(SKIP TO Q.44) ... 01 (SKIP TO Q.49) ... 02 .....(SKIP TO Q.49) ... 03 (SKIP TO Q.49) ... 04 (WRITE ADOPTED OUT IN STATUS COLUMN OF CRF, <u>PART A</u> , FOR CHILD & SKIP TO Q.54) .....05 .....(SKIP TO Q.49) ... 06 .....(SKIP TO Q.49) ... 07 (WRITE DECEASED IN STATUS COLUMN OF CRF, <u>PART A</u> , AND THEN GO TO Q.43) 08 (SKIP TO Q.54) ...09 (SKIP TO Q.54) ...10 .....(SKIP TO Q.49) ...11
MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 41-44/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 51-54/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 61-64/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 71-74/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (GO TO Q.54) 11-14/

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
44. Does (FIRST CHILD/NEXT CHILD)'s natural (father/mother) live in this household?	Yes. .(SKIP TO Q.54) . 1 No 0 15-16/	Yes. .(SKIP TO Q.54) . 1 No 0 33-34/	Yes. .(SKIP TO Q.54) . 1 No 0 51-52/
45. Is (CHILD)'s (father/mother) living?	Yes. .(GO TO Q.45A) . 1 No. . (GO TO Q.45B) . 0 17-18/	Yes. .(GO TO Q.45A) . 1 No. . (GO TO Q.45B) . 0 35-36/	Yes. .(GO TO Q.45A) . 1 No. . (GO TO Q.45B) . 0 53-54/
45A. When did (CHILD)'s natural (father/mother) leave the household?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 19-22/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 37-40/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 55-58/
45B. When did (CHILD)'s natural (father/mother) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 23-26/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 41-44/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 59-62/
46. About how far from you does (CHILD)'s (father/mother) live? Is it. . <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">HAND CARD L</div>	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles .. 5 27-28/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles .. 5 45-46/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles .. 5 63-64/
47. In the past 12 months, about how often has (CHILD) seen (his/her) (father/mother)? IF SEPARATION IS MORE RECENT THAN PAST 12 MONTHS, ASK: Since (CHILD) has been separated from (his/her) (father/mother), about how often has (CHILD) seen (his/her) (father/mother)? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">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 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 Q.54) 00 29-30/	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 Q.54) 00 47-48/	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 Q.54) 00 65-66/
48. How long do these visits usually last?	Less than 1 day 00 OR 31-32/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)	Less than 1 day 00 OR 49-50/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)	Less than 1 day 00 OR 67-68/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
Yes. .(SKIP TO Q.54) 1 No 0 69-70/	Yes. .(SKIP TO Q.54) 1 No 0 23-24/	Yes. .(SKIP TO Q.54) 1 No 0 41-42/	Yes. .(SKIP TO Q.54) 1 No 0 59-60/	BEGIN DECK 29 Yes. .(SKIP TO Q.54) 1 No 0 09-10/
Yes.(GO TO Q.45A) 1 No. (GO TO Q.45B) 0 71-72/	Yes.(GO TO Q.45A) 1 No. (GO TO Q.45B) 0 25-26/	Yes.(GO TO Q.45A) 1 No. (GO TO Q.45B) 0 43-44/	Yes.(GO TO Q.45A) 1 No. (GO TO Q.45B) 0 61-62/	Yes.(GO TO Q.45A) 1 No. (GO TO Q.45B) 0 11-12/
BEGIN DECK 28 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 09-12/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 27-30/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 45-48/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 63-66/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.46) 13-16/
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 13-16/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 31-34/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 49-52/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 67-70/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (SKIP TO Q.54) 17-20/
Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles 5 17-18/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles 5 35-36/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles 5 53-54/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles 5 71-72/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles 5 21-22/
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 Q.54) ... 00 19-20/	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 Q.54) ... 00 37-38/	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 Q.54) ... 00 55-56/	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 Q.54) ... 00 73-74/	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 Q.54) ... 00 23-24/
Less than 1 day ... 00 OR 21-22/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)	Less than 1 day ... 00 OR 39-40/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)	Less than 1 day ... 00 OR 57-58/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)	Less than 1 day ... 00 OR 75-76/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)	Less than 1 day ... 00 OR 25-26/ <input type="text"/> <input type="text"/> # OF DAYS (SKIP TO Q.54)

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
49. About how far from you does (CHILD'S NAME) live? Is it ... <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD L</div>	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles ... 5 27-28/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles ... 5 41-42/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles ... 5 55-56/
50. In the past 12 months, about how often have you seen (CHILD)? IF SEPARATION IS MORE RECENT THAN PAST 12 MONTHS, ASK: Since (CHILD) has not been living with you, about how often have you seen (CHILD)? <div style="border: 1px solid black; padding: 5px; text-align: center;">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 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 .. (GO TO Q.52) 00 29-30/	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 .. (GO TO Q.52) 00 43-44/	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 .. (GO TO Q.52) 00 57-58/
51. How long do these visits usually last? (RECORD IN DAYS). <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: center; gap: 20px;"> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> </div>	Less than 1 day 00 <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: center; gap: 20px;"> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> </div>	Less than 1 day 00 <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: center; gap: 20px;"> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> </div>	Less than 1 day 00 <div style="text-align: center;">OR</div> <div style="display: flex; justify-content: center; gap: 20px;"> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> <div> <input type="text"/><input type="text"/> # OF DAYS </div> </div>
52. When did (CHILD) last live with you? <div style="display: flex; justify-content: space-around;"> <div> <input type="text"/><input type="text"/> MONTH (GO TO Q.53) </div> <div> <input type="text"/><input type="text"/> YEAR (GO TO Q.53) </div> </div> <div style="text-align: center;">OR</div> <div> NEVER LIVED WITH R 0000 (SKIP TO Q.54) </div>	<div style="display: flex; justify-content: space-around;"> <div> <input type="text"/><input type="text"/> MONTH (GO TO Q.53) </div> <div> <input type="text"/><input type="text"/> YEAR (GO TO Q.53) </div> </div> <div style="text-align: center;">OR</div> <div> NEVER LIVED WITH R 0000 (SKIP TO Q.54) </div>	<div style="display: flex; justify-content: space-around;"> <div> <input type="text"/><input type="text"/> MONTH (GO TO Q.53) </div> <div> <input type="text"/><input type="text"/> YEAR (GO TO Q.53) </div> </div> <div style="text-align: center;">OR</div> <div> NEVER LIVED WITH R 0000 (SKIP TO Q.54) </div>	<div style="display: flex; justify-content: space-around;"> <div> <input type="text"/><input type="text"/> MONTH (GO TO Q.53) </div> <div> <input type="text"/><input type="text"/> YEAR (GO TO Q.53) </div> </div> <div style="text-align: center;">OR</div> <div> NEVER LIVED WITH R 0000 (SKIP TO Q.54) </div>
53. (Were/Was) there any period(s) of more than three consecutive months when (CHILD) did not live with you before that time?	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 37-38/	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 51-52/	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 65-66/
54. INTERVIEWER: IS THERE A (2ND/3RD/ETC.) CHILD LISTED?	YES .. (REASK Q.41 THRU Q.54) 1 39-40/ NO .. (GO TO Q.55) .. 0	YES .. (REASK Q.41 THRU Q.54) 1 53-54/ NO .. (GO TO Q.55) .. 0	YES .. (REASK Q.41 THRU Q.54) 1 67-68/ NO .. (GO TO Q.55) .. 0

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles. .5 69-70/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles. .5 17-18/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles. .5 31-32/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles. .5 45-46/	Within 1 mile 1 1-10 miles 2 11-100 miles 3 101-200 miles 4 More than 200 miles. .5 59-60/
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 .. (GO TO Q.52) 00 71-72/	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 .. (GO TO Q.52) 00 19-20/	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 .. (GO TO Q.52) 00 33-34/	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 .. (GO TO Q.52) 00 47-48/	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 .. (GO TO Q.52) 00 61-62/
Less than 1 day 00 OR 73-74 <input type="text"/> <input type="text"/> # OF DAYS	Less than 1 day 00 OR 21-22/ <input type="text"/> <input type="text"/> # OF DAYS	Less than 1 day 00 OR 35-36/ <input type="text"/> <input type="text"/> # OF DAYS	Less than 1 day 00 OR 49-50/ <input type="text"/> <input type="text"/> # OF DAYS	Less than 1 day 00 OR 63-64/ <input type="text"/> <input type="text"/> # OF DAYS
BEGIN DECK 30 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.53) OR NEVER LIVED WITH R 0000 (SKIP TO Q.54) 09-12/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.53) OR NEVER LIVED WITH R 0000 (SKIP TO Q.54) 23-26/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.53) OR NEVER LIVED WITH R 0000 (SKIP TO Q.54) 37-40/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.53) OR NEVER LIVED WITH R 0000 (SKIP TO Q.54) 51-54/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR (GO TO Q.53) OR NEVER LIVED WITH R 0000 (SKIP TO Q.54) 65-68/
Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 13-14/	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 27-28/	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 41-42/	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 55-56/	Yes 1 No 0 CHILD IS LESS THAN 3 MONTHS OLD 2 69-70/
YES ..(REASK Q.41 THRU Q.54) .. 1 15-16/	YES ..(REASK Q.41 THRU Q.54) .. 1 29-30/	YES ..(REASK Q.41 THRU Q.54) .. 1 43-44/	YES ..(REASK Q.41 THRU Q.54) .. 1 57-58/	YES ..(GO TO NEW QUEX AND REASK Q.41 THRU 54 FOR NEXT CHILD) 1 71-72/ NO .. (GO TO Q.55) 0

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

(INCLUDE ANY CURRENT PREGNANCY OF RESPONDENT OR SPOUSE/PARTNER)

ENTER NUMBER OF CHILDREN:

09-10/

OR

NONE (SKIP TO Q.57) 00

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

ENTER NUMBER OF MONTHS:

11-12/

OR

NUMBER OF YEARS:

13-14/

57. **INTERVIEWER:** HAS RESPONDENT HAD ANY CHILDREN SINCE DATE OF 1990 OR 1988 OR PRIOR INTERVIEW? [IS Q.32, PAGE 9-82 CODED "YES" OR IS R EXPECTING A CHILD (IS NUMBER OF MONTHS IN Q.56 LESS THAN "09"?)]

YES 1

15-16/

NO (SKIP TO Q.59) 0

58. When [you/your (partner/spouse)] became pregnant with (MOST RECENT CHILD) were you trying to have a baby or trying not to have a baby? (CODE RESPONDENT'S INTENTION IF THERE WAS DISAGREEMENT BETWEEN RESPONDENT AND PARTNER/SPOUSE).

Trying to have a baby 1

Trying not to have a baby 2

17-18/

Neither 3

59. 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 (GO TO Q.60) 1

No (SKIP TO Q.62, PAGE 9-92) 0

19-20/

R/R's partner is currently pregnant (SKIP TO Q.62, PAGE 9-92) 2

60. 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	21-22/
Almost never	3	

61. 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.)



1. Pill	01	23-24/
2. Condom, Rubber	02	25-26/
3. Foam	03	27-28/
4. Jelly or Cream Alone	04	29-30/
5. Suppository or Insert	05	31-32/
6. Diaphragm With or Without Jelly or Cream	06	33-34/
7. Douching After Intercourse	07	35-36/
8. IUD, Coil, Loop	08	37-38/
9. Operation--Female Sterilization, Tubes Tied	09	39-40/
10. Operation--Male Sterilization, Vasectomy	10	41-42/
11. Natural Family Planning, Safe Period By Temperature or Cervical Mucous Test	11	43-44/
12. Rhythm or Safe Period By Calendar	12	45-46/
13. Withdrawal/Pulling Out	13	47-48/
14. Contraceptive Sponge	14	49-50/
15. Abstinence	15	51-52/
16. Norplant	17	53-54/
17. Cervical Cap	18	55-56/
18. Other Method (SPECIFY)_____	16	57-58/

62. **INTERVIEWER:** WHAT SEX IS THE RESPONDENT?

MALE 1

59-60/

FEMALE (SKIP TO Q.64A, PAGE 9-93) 2

63. **INTERVIEWER:** WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN (AGE 3 AND UNDER), WHEN YOU ASKED THE QUESTIONS IN SECTION 9?

YES 1

NO 0

61-62/

TELEPHONE INTERVIEW 2

RECORD TIME: : AM / MIDNIGHT
PM / NOON

HR. MIN.

63-68/

SKIP TO SECTION 11, PAGE 11-143

64A. **INTERVIEWER:** SEE Q.32, PAGE 9-82. HAS R HAD ANY CHILDREN SINCE THE DATE OF THE 1990 OR 1988 OR PRIOR INTERVIEW?

YES 1
69-70/
NO 0

64B. [Other than the (child/children) you have had since (DATE OF 1990, OR 1988, OR PRIOR INTERVIEW)], Have you had any (other) pregnancies since (DATE OF 1990, OR 1988, OR PRIOR INTERVIEW)?

Yes 1
71-72/
No (GO TO Q.65) 2

64C. [Other than the (child/children) you have had since (DATE OF 1990, OR 1988, OR PRIOR INTERVIEW)], How many (other) pregnancies have you had since (DATE OF 1990, OR 1988, OR PRIOR INTERVIEW)?

RECORD NUMBER OF PREGNANCIES 73-74/

64D. When did (this pregnancy/the first of these pregnancies) end?

STILL PREGNANT. (SKIP TO Q.65) 9595

OR

ENDING MONTH 75-76/

AND

ENDING YEAR 77-78/

64E. How many months pregnant were you when that pregnancy ended?

RECORD NUMBER OF MONTHS 79-80/

65. **INTERVIEWER:** HAS R EVER HAD ANY CHILDREN? (ARE THERE ANY CHILDREN HAND-WRITTEN OR PREPRINTED ON CRF, PART A?

BEGIN DECK 32

YES 1
09-10/
NO (SKIP TO Q.136, PAGE 9-111) 0

66. **INTERVIEWER:** HAS RESPONDENT HAD ANY LIVE BIRTHS SINCE DATE OF 1990 OR 1988 OR PRIOR INTERVIEW? (IS Q.32, PAGE 9-82, CODED 1 -- "YES"?)

YES 1
11-12/
NO (SKIP TO Q.126, PAGE 9-108) 0

67. Now I'd like to ask you some questions about your pregnancy (SINCE DATE OF 1990 OR 1988 OR PRIOR INTERVIEW) which ended in a live birth.

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
68. WRITE CHILD'S ID NUMBER FROM Q.34, PAGE 9-83.	ID # <input type="text"/> <input type="text"/> 13-14/	ID # <input type="text"/> <input type="text"/> 25-26/
69. WRITE CHILD'S NAME FROM Q.34, PAGE 9-83.	_____ NAME	_____ NAME
70. When did you become pregnant with (CHILD)? What month and year?	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 15-18/	MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 27-30/
71. (HAND CARD N) Just before you became pregnant with (CHILD), did you use any methods such as the ones listed on this card to keep from getting pregnant? <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">HAND CARD N</div>	Yes 1 No . (SKIP TO Q.73) . . 0 19-20/	Yes 1 No . (SKIP TO Q.73) . . 0 31-32/
72. Had you stopped all methods before you became pregnant?	Yes 1 No . (SKIP TO Q.74) . . 0 21-22/	Yes 1 No . (SKIP TO Q.74) . . 0 33-34/
73. Was the reason you (were not/stopped) using any methods because you yourself wanted to become pregnant?	Yes. (SKIP TO Q.75) . . 1 No. .(GO TO Q.74). 0 23-24/	Yes.(SKIP TO Q.75) . . 1 No. .(GO TO Q.74). 0 35-36/

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
74. 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, <u>or</u> did you want (none/no more) at all?	Yes 1 Didn't matter . . . 2 No--not at that time . . . 3 No--(none/no more at all) . 4 Don't Know 8 37-38/	Yes 1 Didn't matter . . . 2 No--not at that time . . . 3 No--(none/no more at all) . 4 Don't Know 8 45-46/
75. 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 No--(none/no more at all) . 4 Don't Know 8 39-40/	Yes 1 Didn't matter . . . 2 No--not at that time . . . 3 No--(none/no more at all) . 4 Don't Know 8 47-48/
76. During your pregnancy with (CHILD), did you make any visits to a doctor or nurse for prenatal care, that is, to be examined or talk about your pregnancy?	Yes. 1 No.(SKIP TO Q.78). 0 41-42/	Yes. 1 No.(SKIP TO Q.78). 0 49-50/
77. IF YES TO Q.76, ASK: When did you first visit a doctor or nurse for prenatal care--during which month of your pregnancy. ENTER MONTH NUMBER.	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTH 43-44/ </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> MONTH 51-52/ </div>

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
78. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the <u>12 months before</u> (1ST CHILD/2ND CHILD) was born?	Yes 1 No. (SKIP TO 80) .0 53-54/	Yes. 1 No. (SKIP TO 80) .0 61-62/
79. (HAND CARD O) How often did you usually drink alcoholic beverages <u>during</u> (your/that) pregnancy? Did you drink. . . (READ CATEGORIES). . . CODE ONE ONLY.	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 55-56/	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 63-64/
80. Did you smoke tobacco cigarettes at all during the <u>12 months before</u> (1ST CHILD/2ND CHILD) was born?	Yes 1 No.(SKIP TO 82) . 0 57-58/	Yes 1 No .(SKIP TO 82). 0 65-66/
81. On the average, how many cigarettes did you smoke <u>during</u> (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?	2 or more packs a day 3 1 or more but less than 2. 2 Less than 1 pack a day 1 (IF VOLUNTEERED) DID NOT SMOKE DURING THAT PERIOD. 0 59-60/	2 or more packs a day 3 1 or more but less than 2. 2 Less than 1 pack a day 1 (IF VOLUNTEERED) DID NOT SMOKE DURING THAT PERIOD. 0 67-68/

HAND
CARD
O

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
82. Did you use marijuana or hashish at all during the <u>12 months before</u> (1ST CHILD/2ND CHILD) was born?	Yes. 1 No.(SKIP TO 84). 0 69-70/	BEGIN DECK 33 Yes. 1 No.(SKIP TO 84). 0 09-10/
83. (HAND CARD O) On the average, how many times did you usually use marijuana or hashish <u>during</u> (your/that) pregnancy? Did you use it . . (READ CATEGORIES)? CODE <u>ONE</u> ONLY. <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">HAND CARD O</div>	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 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 11-12/
84. Did you use any form of cocaine at all during the <u>12 months before</u> (1ST CHILD/2ND CHILD) was born?	Yes. 1 No.(SKIP TO 86). 0 73-74/	Yes. 1 No.(SKIP TO 86). 0 13-14/
85. (HAND CARD O) On the average, how many times did you usually use any form of cocaine <u>during</u> (your/that) pregnancy? Did you use it . . (READ CATEGORIES)? CODE <u>ONE</u> ONLY. <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">HAND CARD O</div>	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 75-76/	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 15-16/

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW				2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW			
86. During (your/that) pregnancy, did you . . . (CODE YES OR NO FOR EACH ITEM). . .	Yes	No	N/A		Yes	No	N/A	
Take a vitamin/mineral supplement?	1	0		17-18/	1	0		41-42/
Cut down on the amount of calories in the food you ate?	1	0		19-20/	1	0		43-44/
Cut down on the amount of salt you used?	1	0		21-22/	1	0		45-46/
Use diuretics (fluid or water pills) to help eliminate water?	1	0		23-24/	1	0		47-48/
Reduce or stop your smoking?	1	0	4	25-26/	1	0	4	49-50/
Reduce or stop your alcohol intake?	1	0	4	27-28/	1	0	4	51-52/
87. INTERVIEWER: FOR EACH YES IN Q.86, ASK: Did you (REPEAT ITEM IN Q.86) based on a doctor's or nurse's suggestion? CODE IN APPROPRIATE ITEMS BELOW.	Yes	No			Yes	No		
Take a vitamin/mineral supplement.	1	0		29-30/	1	0		53-54/
Cut down on the amount of calories in the food you ate.	1	0		31-32/	1	0		55-56/
Cut down on the amount of salt you used.	1	0		33-34/	1	0		57-58/
Use diuretics (fluid or water pills) to help eliminate water.	1	0		35-36/	1	0		59-60/
Reduce or stop your smoking.	1	0		37-38/	1	0		61-62/
Reduce or stop your alcohol intake.	1	0		39-40/	1	0		63-64/

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
88. 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> one week of the expected (due) date?	Yes. (SKIP TO Q.91). .1 65-66/ No. .... .0	Yes. (SKIP TO Q.91). .1 17-18/ No. .... .0
89. Was the baby born early or late?	Early. .... .1 67-68/ Late .... .2	Early. .... .1 19-20/ Late .... .2
90. How many weeks (early/late) was the baby? IF "1 1/2 WEEKS" ROUND UP TO "2".	<input type="text"/> <input type="text"/> NUMBER OF WEEKS 69-70/	<input type="text"/> <input type="text"/> NUMBER OF WEEKS 21-22/
91. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen?	Yes. .... .1 71-72/ No. (SKIP TO Q.93). .0	Yes. .... .1 23-24/ No. (SKIP TO Q.93). .0
92. IF YES IN Q.91, ASK: Was this your first cesarean section, or did you have one before?	First cesarean section. .... .1 73-74/ Had cesarean(s) before. .... .0	First cesarean section. .... .1 25-26/ Had cesarean(s) before. .... .0
93. What was your weight just before you delivered?	<input type="text"/> <input type="text"/> <input type="text"/> WEIGHT AT TIME OF DELIVERY 75-77/	<input type="text"/> <input type="text"/> <input type="text"/> WEIGHT AT TIME OF DELIVERY 27-29/
94. What was your weight just before you became pregnant with (1ST CHILD/2ND CHILD)?	BEGIN DECK 34 <input type="text"/> <input type="text"/> <input type="text"/> WEIGHT BEFORE PREGNANCY 09-11/	<input type="text"/> <input type="text"/> <input type="text"/> WEIGHT BEFORE PREGNANCY 30-32/
95. INTERVIEWER: SUBTRACT Q.94 FROM Q.93 TO GET NUMBER OF POUNDS (GAINED/LOST) DURING PREGNANCY.	<input type="text"/> <input type="text"/> <input type="text"/> ENTER NUMBER OF POUNDS (GAINED/LOST) 12-14/	<input type="text"/> <input type="text"/> <input type="text"/> ENTER NUMBER OF POUNDS (GAINED/LOST) 33-35/
96. Does that mean you (gained/lost) (NUMBER IN Q.95) pounds during your pregnancy?	Yes (GO TO Q.97). . . 1 15-16/ No. (ASK R HOW MANY POUNDS SHE (GAINED/LOST) DURING PREGNANCY. WRITE IN Q.95. ADJUST Q.93 AND Q.94 WITH R ACCORDINGLY). . . 0	Yes (GO TO Q.97). . . 1 36-37/ No. (ASK R HOW MANY POUNDS SHE (GAINED/LOST) DURING PREGNANCY. WRITE IN Q.95. ADJUST Q.93 AND Q.94 WITH R ACCORDINGLY). . . 0

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
97A. How much did (NAME OF 1ST CHILD, ETC.) weigh at birth? 97B. IF Q.97A CODED DON'T KNOW, ASK: Did (CHILD) weigh more than 5 1/2 pounds or less?	38-41/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS OUNCES SKIP TO Q.98A OR DON'T KNOW (ASK Q.97B) . . .9898 42-43/ More 1 Less 2 Don't know 8	58-61/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS OUNCES SKIP TO Q.98A OR DON'T KNOW (ASK Q.97B) . . .9898 62-63/ More 1 Less 2 Don't know 8
98A. What was (1ST CHILD/2ND CHILD)'s length at birth? 98B. INTERVIEWER: DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	<input type="text"/> <input type="text"/> NUMBER OF INCHES 44-45/ Yes 1 No 0 46-47/	<input type="text"/> <input type="text"/> NUMBER OF INCHES 64-65/ Yes 1 No 0 66-67/
99. How long did your baby stay in the hospital?	<input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (SKIP TO Q.102) 000 48-50/	<input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (SKIP TO Q.102) 000 68-70/
100. Did you leave the hospital at the same time as your baby or did you leave earlier or later?	Same time 51-52/ (SKIP TO Q.102) . . 1 Earlier 2 Later 3 BABY STILL IN HOSPITAL (SKIP TO Q.125, PG.9-107) 4 BABY DIED IN HOSPITAL (SKIP TO Q.125, PG.9-107) 5	Same time 71-72/ (SKIP TO Q.102) . . . 1 Earlier 2 Later 3 BABY STILL IN HOSPITAL (SKIP TO Q.125, PG.9-107) 4 BABY DIED IN HOSPITAL (SKIP TO Q.125, PG.9-107) 5
101. How many days (earlier/later)?	<input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF DAYS 53-55/	<input type="text"/> <input type="text"/> <input type="text"/> NUMBER OF DAYS 73-75/
102. 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.103) 1 No. .(SKIP TO Q.122, PG.9-105) 0 56-57/	Yes. .(GO TO Q.103) 1 No. .(SKIP TO Q.122, PG.9-105) 0 76-77/

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW																																																																																																																																																						
<p>103. When you took (1ST CHILD/2ND CHILD) to a clinic, hospital, or doctor the <u>first</u> 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?</p> <p>INTERVIEWER: ENTER CODE FROM Q.104 (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN Q.104, BELOW.</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/><input type="text"/></p> <p>CODE</p> <p>09-10/</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text"/><input type="text"/></p> <p>CODE</p> <p>43-44/</p>																																																																																																																																																						
<p>104. (HAND CARD P). 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 Q.103 ABOVE.</p> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"> HAND CARD P </div> </div>	<table border="0"> <tr><td>Fever</td><td>.01</td><td>11-12/</td></tr> <tr><td>Cold</td><td>.02</td><td>13-14/</td></tr> <tr><td>Sore throat. . .</td><td>.03</td><td>15-16/</td></tr> <tr><td>Pneumonia. . .</td><td>.04</td><td>17-18/</td></tr> <tr><td>Ear infection .</td><td>.05</td><td>19-20/</td></tr> <tr><td>Vomiting,</td><td></td><td></td></tr> <tr><td>diarrhea, or</td><td></td><td></td></tr> <tr><td>dehydration .</td><td>.06</td><td>21-22/</td></tr> <tr><td>Rash.</td><td>.07</td><td>23-24/</td></tr> <tr><td>Accident or</td><td></td><td></td></tr> <tr><td>poisoning . .</td><td>.08</td><td>25-26/</td></tr> <tr><td>Convulsions. .</td><td>.09</td><td>27-28/</td></tr> <tr><td>Jaundice. . . .</td><td>.10</td><td>29-30/</td></tr> <tr><td>Feeding problems</td><td></td><td></td></tr> <tr><td>(food allergy,</td><td></td><td></td></tr> <tr><td>formula toler-</td><td></td><td></td></tr> <tr><td>ance, etc.) . .</td><td>.11</td><td>31-32/</td></tr> <tr><td>Meningitis. . .</td><td>.12</td><td>33-34/</td></tr> <tr><td>Asthma or</td><td></td><td></td></tr> <tr><td>bronchitis. . .</td><td>.13</td><td>35-36/</td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____14</td><td></td><td>37-38/</td></tr> <tr><td>None</td><td>.00</td><td>39-40/</td></tr> </table>	Fever01	11-12/	Cold02	13-14/	Sore throat. . .	.03	15-16/	Pneumonia. . .	.04	17-18/	Ear infection .	.05	19-20/	Vomiting,			diarrhea, or			dehydration .	.06	21-22/	Rash.07	23-24/	Accident or			poisoning . .	.08	25-26/	Convulsions. .	.09	27-28/	Jaundice.10	29-30/	Feeding problems			(food allergy,			formula toler-			ance, etc.) . .	.11	31-32/	Meningitis. . .	.12	33-34/	Asthma or			bronchitis. . .	.13	35-36/	Other			(SPECIFY)			_____			_____14		37-38/	None00	39-40/	<table border="0"> <tr><td>Fever</td><td>.01</td><td>45-46/</td></tr> <tr><td>Cold</td><td>.02</td><td>47-48/</td></tr> <tr><td>Sore throat. . .</td><td>.03</td><td>49-50/</td></tr> <tr><td>Pneumonia. . .</td><td>.04</td><td>51-52/</td></tr> <tr><td>Ear infection .</td><td>.05</td><td>53-54/</td></tr> <tr><td>Vomiting,</td><td></td><td></td></tr> <tr><td>diarrhea, or</td><td></td><td></td></tr> <tr><td>dehydration .</td><td>.06</td><td>55-56/</td></tr> <tr><td>Rash.</td><td>.07</td><td>57-58/</td></tr> <tr><td>Accident or</td><td></td><td></td></tr> <tr><td>poisoning . .</td><td>.08</td><td>59-60/</td></tr> <tr><td>Convulsions. .</td><td>.09</td><td>61-62/</td></tr> <tr><td>Jaundice. . . .</td><td>.10</td><td>63-64/</td></tr> <tr><td>Feeding problems</td><td></td><td></td></tr> <tr><td>(food allergy,</td><td></td><td></td></tr> <tr><td>formula toler-</td><td></td><td></td></tr> <tr><td>ance, etc.) . .</td><td>.11</td><td>65-66/</td></tr> <tr><td>Meningitis. . .</td><td>.12</td><td>67-68/</td></tr> <tr><td>Asthma or</td><td></td><td></td></tr> <tr><td>bronchitis. . .</td><td>.13</td><td>69-70/</td></tr> <tr><td>Other</td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td></tr> <tr><td>_____</td><td></td><td></td></tr> <tr><td>_____14</td><td></td><td>71-72/</td></tr> <tr><td>None</td><td>.00</td><td>73-74/</td></tr> </table>	Fever01	45-46/	Cold02	47-48/	Sore throat. . .	.03	49-50/	Pneumonia. . .	.04	51-52/	Ear infection .	.05	53-54/	Vomiting,			diarrhea, or			dehydration .	.06	55-56/	Rash.07	57-58/	Accident or			poisoning . .	.08	59-60/	Convulsions. .	.09	61-62/	Jaundice.10	63-64/	Feeding problems			(food allergy,			formula toler-			ance, etc.) . .	.11	65-66/	Meningitis. . .	.12	67-68/	Asthma or			bronchitis. . .	.13	69-70/	Other			(SPECIFY)			_____			_____14		71-72/	None00	73-74/
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<p>105. 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)?</p> <p>-----> INTERVIEWER 1 DAY TO 4 WKS=01 MO. NOTE: MORE THAN 4 WKS--DIVIDE BY 4 AND ROUND UP. EX: 35 WKS=09 MONTHS</p>	<p><input type="text"/><input type="text"/></p> <p>NUMBER OF MONTHS</p> <p>41-42/</p>	<p><input type="text"/><input type="text"/></p> <p>NUMBER OF MONTHS</p> <p>75-76/</p>																																																																																																																																																						

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
106. 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.103, PAGE 9-101)?	Once. (SKIP TO Q.108). . 01 OR <input type="checkbox"/> <input type="checkbox"/> NUMBER OF TIMES (ASK Q.107) 09-10/	Once. (SKIP TO Q.108). . 01 OR <input type="checkbox"/> <input type="checkbox"/> NUMBER OF TIMES (ASK Q.107) 37-38/
107. 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.103, PAGE 9-101)?	11-12/ <input type="checkbox"/> <input type="checkbox"/> NUMBER OF MONTHS	39-40/ <input type="checkbox"/> <input type="checkbox"/> NUMBER OF MONTHS
108. (HAND CARD Q). 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.103 PAGE 9-101), where did you take (him/her)? CODE <u>ALL</u> THAT APPLY.	Private doctor's office.01 13-14/ Public clinic. . . 02 15-16/ Private clinic. . .03 17-18/ Health Maintenance Organization (HMO).04 19-20/ Hospital clinic, walk-in clinic. . . 05 21-22/ Community health center.06 23-24/ Emergency room out-patient. . . 07 25-26/ Other (SPECIFY)26 _____ 08 27-28/ Hospital admission. . . .09 29-30/	Private doctor's office.01 41-42/ Public clinic. . . 02 43-44/ Private clinic. . .03 45-46/ Health Maintenance Organization (HMO).04 47-48/ Hospital clinic, walk-in clinic. . . 05 49-50/ Community health center.06 51-52/ Emergency room out-patient. . . 07 53-54/ Other (SPECIFY) _____ 08 55-56/ Hospital admission. . . .09 57-58/
109. <u>INTERVIEWER:</u> WAS HOSPITAL ADMISSION (09) CODED IN Q.108?	YES 1 NO. . (SKIP TO Q.112). . 0 31-32/	YES 1 NO. . (SKIP TO Q.112). . 0 59-60/
110. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes 1 No 0 33-34/	Yes 1 No 0 61-62/
111. Did you have to take time off from work?	Yes 1 No 0 Not working 2 35-36/	Yes 1 No 0 Not working 2 63-64/



	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
112. 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. 1 No. . (SKIP TO Q.122, P.9-105) 0 65-66/	Yes. 1 No. . (SKIP TO Q.122, P.9-105) 0 39-40/
113. 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 Q.114 (BELOW) FOR MAIN ILLNESS OR INJURY.	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> CODE 67-68/	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> CODE 41-42/
114. (HAND CARD P). Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. <u>DO NOT RECODE</u> MAIN ILLNESS OR INJURY RECORDED ABOVE IN Q.113. <div style="border: 1px solid black; padding: 5px; text-align: center; width: fit-content; margin: 10px auto;">HAND CARD P</div>	BEGIN DECK 37 Fever .....01 09-10/ Cold 02 11-12/ Sore throat. . .03 13-14/ Pneumonia. . .04 15-16/ Ear infection . .05 17-18/ Vomiting, diarrhea, or dehydration . 06 19-20/ Rash. .... .07 21-22/ Accident or poisoning . . .08 23-24/ Convulsions. . .09 25-26/ Jaundice. 10 27-28/ Feeding problems (food allergy, formula toler- ance, etc.) . .11 29-30/ Meningitis. . .12 31-32/ Asthma or bronchitis. . .13 33-34/ Other (SPECIFY) _____ _____ 14 35-36/ None 00 37-38/	Fever .....01 43-44/ Cold 02 45-46/ Sore throat. . .03 47-48/ Pneumonia. . .04 49-50/ Ear infection . .05 51-52/ Vomiting, diarrhea, or dehydration . 06 53-54/ Rash. .... .07 55-56/ Accident or poisoning . . .08 57-58/ Convulsions. . .09 59-60/ Jaundice. 10 61-62/ Feeding problems (food allergy, formula toler- ance, etc.) . .11 63-64/ Meningitis. . .12 65-66/ Asthma or bronchitis. . .13 67-68/ Other (SPECIFY) _____ _____ 14 69-70/ None 00 71-72/

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
115. 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)?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> NUMBER OF MONTHS 09-10/ </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> NUMBER OF MONTHS 15-16/ </div>
116. 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.113, PAGE 9-103)?	<div style="text-align: center;"> Once. .(SKIP TO Q.118) . . .01 OR <input type="text"/> <input type="text"/> NUMBER OF TIMES (ASK Q.117) 11-12/ </div>	<div style="text-align: center;"> Once. .(SKIP TO Q.118) . . .01 OR <input type="text"/> <input type="text"/> NUMBER OF TIMES (ASK Q.117) 17-18/ </div>
117. 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.113, PAGE 9-103)?	<div style="text-align: center;"> <input type="text"/> <input type="text"/> NUMBER OF MONTHS 13-14/ </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> NUMBER OF MONTHS 19-20/ </div>

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
<p>118. (HAND CARD Q). 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.113, PAGE 9-103), where did you take (him/her)? CODE <u>ALL</u> THAT APPLY.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 100px; text-align: center;"> HAND CARD Q </div>	<p>Private doctor's office 01 21-22/ Public clinic . . . 02 23-24/ Private clinic . . . 03 25-26/ Health Maintenance Organization (HMO) 04 27-28/ Hospital clinic, walk-in clinic 05 29-30/ Community health center 06 31-32/ Emergency room out-patient . . . 07 33-34/ Other (SPECIFY) _____ _____ 08 35-36/ Hospital admission 09 37-38/</p>	<p>Private doctor's office 01 47-48/ Public clinic 02 49-50/ Private clinic 03 51-52/ Health Maintenance Organization (HMO) 04 53-54/ Hospital clinic, walk-in clinic 05 55-56/ Community health center 06 57-58/ Emergency room out-patient 07 59-60/ Other (SPECIFY) _____ _____ 08 61-62/ Hospital admission 09 63-64/</p>
119. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN Q.118?	<p>YES 1 NO. . (SKIP TO Q.122). . 0 39-40/</p>	<p>YES 1 NO. . (SKIP TO Q.122). . 0 65-66/</p>
120. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	<p>Yes 1 No 0 41-42/</p>	<p>Yes 1 No 0 67-68/</p>
121. Did you have to take time off from work?	<p>Yes 1 No 0 Not Working 2 43-44/</p>	<p>Yes 1 No 0 Not Working 2 69-70/</p>
<p>122. Now we are going to discuss well baby care.</p> <p>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?</p>	<p>Yes . . (GO TO Q.123 PAGE 9-106) 1 No. . . (SKIP TO Q.125 PAGE 9-107) 0 45-46/</p>	<p>Yes . . (GO TO Q.123 PAGE 9-106) 1 No. . . (SKIP TO Q.125 PAGE 9-107) 0 71-72/</p>

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW																																																																								
<p>123. 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?</p> <p>(CODE <u>ALL</u> THAT APPLY)</p> <p>----> INTERVIEWER NOTE: CONTINUE TO ASK UNTIL THE LAST TIME IS CODED. THEN GO TO Q.124.</p>	<p>98 <input type="text"/> <input type="text"/> 73-76/ (DON'T KNOW) (GO TO Q.124A)</p> <p>AGE IN MONTHS (Q.123) PLACE (Q.124) BEGIN DECK 39</p> <table style="margin: auto;"> <tr><td>01</td><td><input type="text"/> <input type="text"/></td><td>09-12/</td></tr> <tr><td>02</td><td><input type="text"/> <input type="text"/></td><td>13-16/</td></tr> <tr><td>03</td><td><input type="text"/> <input type="text"/></td><td>17-20/</td></tr> <tr><td>04</td><td><input type="text"/> <input type="text"/></td><td>21-24/</td></tr> <tr><td>05</td><td><input type="text"/> <input type="text"/></td><td>25-28/</td></tr> <tr><td>06</td><td><input type="text"/> <input type="text"/></td><td>29-32/</td></tr> <tr><td>07</td><td><input type="text"/> <input type="text"/></td><td>33-36/</td></tr> <tr><td>08</td><td><input type="text"/> <input type="text"/></td><td>37-40/</td></tr> <tr><td>09</td><td><input type="text"/> <input type="text"/></td><td>41-44/</td></tr> <tr><td>10</td><td><input type="text"/> <input type="text"/></td><td>45-48/</td></tr> <tr><td>11</td><td><input type="text"/> <input type="text"/></td><td>49-52/</td></tr> <tr><td>12</td><td><input type="text"/> <input type="text"/></td><td>53-56/</td></tr> </table>	01	<input type="text"/> <input type="text"/>	09-12/	02	<input type="text"/> <input type="text"/>	13-16/	03	<input type="text"/> <input type="text"/>	17-20/	04	<input type="text"/> <input type="text"/>	21-24/	05	<input type="text"/> <input type="text"/>	25-28/	06	<input type="text"/> <input type="text"/>	29-32/	07	<input type="text"/> <input type="text"/>	33-36/	08	<input type="text"/> <input type="text"/>	37-40/	09	<input type="text"/> <input type="text"/>	41-44/	10	<input type="text"/> <input type="text"/>	45-48/	11	<input type="text"/> <input type="text"/>	49-52/	12	<input type="text"/> <input type="text"/>	53-56/	<p>98 <input type="text"/> <input type="text"/> 57-60/ (DON'T KNOW) (GO TO Q.124A)</p> <p>AGE IN MONTHS (Q.123) PLACE (Q.124)</p> <table style="margin: auto;"> <tr><td>01</td><td><input type="text"/> <input type="text"/></td><td>61-64/</td></tr> <tr><td>02</td><td><input type="text"/> <input type="text"/></td><td>65-68/</td></tr> <tr><td>03</td><td><input type="text"/> <input type="text"/></td><td>69-72/</td></tr> <tr><td>04</td><td><input type="text"/> <input type="text"/></td><td>73-76/ BEGIN DECK 40</td></tr> <tr><td>05</td><td><input type="text"/> <input type="text"/></td><td>09-12/</td></tr> <tr><td>06</td><td><input type="text"/> <input type="text"/></td><td>13-16/</td></tr> <tr><td>07</td><td><input type="text"/> <input type="text"/></td><td>17-20/</td></tr> <tr><td>08</td><td><input type="text"/> <input type="text"/></td><td>21-24/</td></tr> <tr><td>09</td><td><input type="text"/> <input type="text"/></td><td>25-28/</td></tr> <tr><td>10</td><td><input type="text"/> <input type="text"/></td><td>29-32/</td></tr> <tr><td>11</td><td><input type="text"/> <input type="text"/></td><td>33-36/</td></tr> <tr><td>12</td><td><input type="text"/> <input type="text"/></td><td>37-40/</td></tr> </table>	01	<input type="text"/> <input type="text"/>	61-64/	02	<input type="text"/> <input type="text"/>	65-68/	03	<input type="text"/> <input type="text"/>	69-72/	04	<input type="text"/> <input type="text"/>	73-76/ BEGIN DECK 40	05	<input type="text"/> <input type="text"/>	09-12/	06	<input type="text"/> <input type="text"/>	13-16/	07	<input type="text"/> <input type="text"/>	17-20/	08	<input type="text"/> <input type="text"/>	21-24/	09	<input type="text"/> <input type="text"/>	25-28/	10	<input type="text"/> <input type="text"/>	29-32/	11	<input type="text"/> <input type="text"/>	33-36/	12	<input type="text"/> <input type="text"/>	37-40/
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<p>124. (HAND CARD Q). When you took (1ST CHILD/2ND CHILD) for well baby care when (he/she) was (1ST AGE GIVEN/2ND AGE GIVEN), where did you take (him/her)? Was it a . . . <u>READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.123 ABOVE.</u></p> <p>A. (HAND CARD Q). ASK ONLY IF Q.124 IS CODED "DON'T KNOW": Where did you <u>usually</u> 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.123 ABOVE:</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD Q</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD Q</div> </div> <div style="margin-top: 20px;"> <p style="text-align: center;">CARD Q</p> <ul style="list-style-type: none"> 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) <hr/> <hr/> </div>																																																																									

	1ST LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW	2ND LIVE BIRTH SINCE DATE OF 1990 OR PRIOR INTERVIEW
125. IS THERE ANOTHER PREGNANCY SINCE DATE OF 1990 <u>OR</u> 1988 OR PRIOR INTERVIEW WHICH ENDED IN A LIVE BIRTH?	Yes.(GO BACK TO Q.68 PAGE 9-94) . 1 No. .(GO TO Q.126, PG.9-108). . 0 41-42/	Yes.(GO TO NEW QUEX Q.68 PAGE 9-94) . 1 No. .(GO TO Q.126, PG.9-108). . 0 43-44/

126. **INTERVIEWER:** DO ANY CHILDREN PREPRINTED ON THE CHILDREN'S RECORD FORM, **PART A** HAVE Q.132 OR Q.133 PREPRINTED IN THE FOOD COLUMN?

YES (WRITE ID # AND NAME
IN Q.129, PAGE 9-109 AND
CIRCLE PREPRINTED QUESTION
FOR EACH CHILD WITH A
PREPRINTED QUESTION # IN
Q.131, PAGE 9-109, THEN
GO TO Q.127) 1 45-46/

NO (GO TO Q.127) 0

127. **INTERVIEWER:** DID R HAVE ANY LIVE BIRTHS SINCE DATE OF 1990 **OR** 1988 OR PRIOR INTERVIEW? (REFER TO CHILDREN'S RECORD FORM, **PART A** OR IS Q.66, PAGE 9-93 CODED--"YES").

YES (WRITE ID # AND NAME
FOR EACH CHILD BORN SINCE
DATE OF 1990 **OR** 1988 OR
PRIOR INTERVIEW IN Q.129,
PAGE 9-109 AND CIRCLE Q.132
IN Q.131, PAGE 9-109, THEN GO
TO Q.128) 1 47-48/

NO (GO TO Q.128) 0

128. **INTERVIEWER:** DID YOU RECORD A YES IN Q.126 OR Q.127?

YES (GO TO Q.129) 1 49-50/

NO (SKIP TO Q.136, PAGE 9-111) 0

129. **INTERVIEWER:** LIST CHILDREN IN ID # ORDER. IF MORE THAN 3 CHILDREN NEED FEEDING QUESTIONS, USE ADDITIONAL QUESTIONNAIRE.

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
	<div>51-52/</div> <div>ID: <input type="text"/> <input type="text"/></div> <div>_____</div> <div>(NAME)</div>	<div>55-56/</div> <div>ID: <input type="text"/> <input type="text"/></div> <div>_____</div> <div>(NAME)</div>	<div>59-60/</div> <div>ID: <input type="text"/> <input type="text"/></div> <div>_____</div> <div>(NAME)</div>
130. INTERVIEWER: BEGIN WITH QUESTION INDICATED IN Q.131 AND SKIP TO THE QUESTION NUMBER CODED.			
131. INTERVIEWER: CIRCLE APPROPRIATE QUESTION NUMBER FROM Q.126 OR Q.127.	<div>QUESTION NUMBER TO SKIP TO:</div> <div>Q.132 1</div> <div>Q.133 2</div> <div>53-54/</div>	<div>QUESTION NUMBER TO SKIP TO:</div> <div>Q.132 1</div> <div>Q.133 2</div> <div>57-58/</div>	<div>QUESTION NUMBER TO SKIP TO:</div> <div>Q.132 1</div> <div>Q.133 2</div> <div>61-62/</div>

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
132. When (CHILD) was an infant, did you breast feed (him/her) at all?	Yes 1 No ....(SKIP TO Q.134) 0 63-64/	Yes 1 No ....(SKIP TO Q.134) 0 72-73/	Yes 1 No ....(SKIP TO Q.134) 0 11-12/
133. How many weeks old was (CHILD) when you quit breast feeding (him/her) altogether?	ENTER NUMBER OF WEEKS OLD: <input type="text"/> <input type="text"/> OR 65-66/ STILL BREAST FEEDING 00 OR DON'T KNOW ... 98 OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): <input type="text"/> <input type="text"/> <input type="text"/> 67-69/	ENTER NUMBER OF WEEKS OLD: <input type="text"/> <input type="text"/> OR 74-75/ STILL BREAST FEEDING 00 OR DON'T KNOW . 98 OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): <input type="text"/> <input type="text"/> <input type="text"/> 76-78/	ENTER NUMBER OF WEEKS OLD: <input type="text"/> <input type="text"/> OR 13-14/ STILL BREAST FEEDING 00 OR DON'T KNOW .. 98 OR ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 1/2 MONTH (.5): <input type="text"/> <input type="text"/> <input type="text"/> 15-17/
134. INTERVIEWER: DOES RESPONDENT HAVE ANOTHER CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS?	Yes. .(ASK Q.135) .. 1 No ..(SKIP TO Q.136, PAGE 9-111) 0 70-71/	BEGIN DECK 41 Yes. .(ASK Q.135) . 1 No ..(SKIP TO Q.136, PAGE 9-111) .. 0 09-10/	Yes. (GO TO NEW QUEX AND ASK Q.135) .. 1 No ..(SKIP TO Q.136, PAGE 9-111) .. 0 18-19/
135. Now I would like to ask about (NAME OF 2ND/3RD CHILD). REPEAT QS.131-134 BEGINNING ON PAGE 9-109, FOR NEXT CHILD.			

136. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 03. IS THERE A DATE OF 1990 INTERVIEW?

YES (WRITE DATE OF 1990
INTERVIEW IN Q.1 ON
SELF-ADMINISTERED
ABORTION CARD) 1

20-21/

NO (WRITE "JANUARY 1, 1990"
IN Q.1 ON SELF-ADMINISTERED
ABORTION CARD AND CROSS
OUT REFERENCE TO DATE
OF 1990 INTERVIEW 0

A. Now please fill out this card and seal it in the envelope. Thank you.

HAND SELF-
ADMINISTERED
CARD

-
137. **INTERVIEWER:** TRANSFER THE CHILD ID# TO THE COVER OF A CHILD SUPPLEMENT, AND THE CHILD ID#, THE NAME, AND BIRTHDATE TO PAGE 1 OF A CHILD SUPPLEMENT FOR EACH CHILD CODED 1 IN Q.42, PAGE 9-84.
-

138. **INTERVIEWER:** ON HOW MANY CHILD SUPPLEMENTS, FOR CHILDREN LIVING IN THIS HOUSEHOLD, HAVE YOU RECORDED A CHILD ID #, NAME, AND BIRTH DATE?

NUMBER OF CHILD SUPPLEMENTS:

22-23/

PROCEED WITH CHILD SUPPLEMENTS **AFTER** COMPLETING RESPONDENT'S INTERVIEW.

139. **INTERVIEWER:** WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN (AGE 3 AND UNDER), WHEN YOU ASKED THE QUESTIONS IN SECTION 9?

YES 1

NO 0

24-25/

TELEPHONE INTERVIEW 2

GO TO SECTION 10, PAGE 10-113

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SECTION 10: CHILDCARE

1.

ASK WOMEN ONLY:

 2. **INTERVIEWER:** ARE ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM, **PART A**?

YES 1
 NO (SKIP TO Q.27, PAGE 10-138) 0

26-27/

 3. **INTERVIEWER:** DO WE NEED TO ASK CHILDCARE QUESTIONS FOR ANY CHILDREN LISTED ON THE CHILDREN'S RECORD FORM, **PART A**? (ARE QS. 6, 13, OR 20 PREPRINTED UNDER "CHILDCARE"?)

YES (GO TO A) 1
 NO (GO TO B) 0

28-29/

 A. **INTERVIEWER:** NOTE THE FOLLOWING INSTRUCTIONS BEFORE BEGINNING THE REST OF THE CHILDCARE QUESTIONS.

- ENTER NAME AND ID # ON TOP OF COLUMNS IN Q.4 ON PAGE 10-114 FOR EACH CHILD LISTED ON THE CHILDREN'S RECORD FORM, **PART A** FOR WHOM WE NEED TO ASK CHILDCARE QUESTIONS, THEN GO TO B.

 B. **INTERVIEWER:** WAS THERE A LIVE BIRTH SINCE DATE OF 1988 OR PRIOR INTERVIEW?

YES (SKIP TO Q.4) 1
 NO (ASK C) 0

30-31/

 C. **INTERVIEWER:** IS Q.3 OR Q.3B CODED 1 -- "YES"?

YES (GO TO Q.4) 1
 NO (SKIP TO Q.27, PAGE 10-138) 0

32-33/

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
4. INTERVIEWER: WRITE ID AND NAME FOR CHILDREN LISTED IN PART A OF THE CHILDREN'S RECORD FORM OR CHILDREN BORN SINCE DATE OF 1988 OR PRIOR INTERVIEW FOR WHOM WE NEED TO ASK CHILDCARE QUESTIONS. DO NOT LIST DECEASED OR NON-BIOLOGICAL CHILDREN.	ID: <input type="text"/> <input type="text"/> 34-35/ (NAME)	ID: <input type="text"/> <input type="text"/> 46-47/ (NAME)	ID: <input type="text"/> <input type="text"/> 58-59/ (NAME)
5. How old was (CHILD) on (his/her) last birthday? A. INTERVIEWER: SEE CHILDREN'S RECORD FORM, PART A. IS ANY Q. PRE-PRINTED UNDER CHILDCARE FOR THIS CHILD? B. INTERVIEWER: IS CHILD 1 YEAR OLD OR OLDER?	<input type="text"/> <input type="text"/> YEARS 36-37/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF) . 1 No . . . (GO TO B) . . . 0 38-39/ Yes. . . (GO TO Q.6) . . . 1 No . . (SKIP TO Q.26 PG. 10-136) 0	<input type="text"/> <input type="text"/> YEARS 48-49/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF) . 1 No . . . (GO TO B) . . . 0 50-51/ Yes. . . (GO TO Q.6) . . . 1 No . . (SKIP TO Q.26 PG. 10-136) 0	<input type="text"/> <input type="text"/> YEARS 60-61/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF) . 1 No . . . (GO TO B) . . . 0 62-63/ Yes. . . (GO TO Q.6) . . . 1 No . . (SKIP TO Q.26 PG. 10-136) 0
6. (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.	Yes 1 40-41/ No . . (SKIP TO Q.12 PG. 10-122) 0	Yes 1 52-53/ No . . (SKIP TO Q.12 PG. 10-122) 0	Yes 1 64-65/ No . . (SKIP TO Q.12 PG. 10-122) 0
7. (HAND CARD R). In the 1st year of (CHILD)'s life, was (he/she) cared for in any regular childcare arrangement, for a month or more, like the ones listed on this card while you worked or participated in some regular activity?	Yes 1 42-43/ No . . (SKIP TO Q.12 PG. 10-122) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>	Yes 1 54-55/ No . . (SKIP TO Q.12 PG. 10-122) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>	Yes 1 66-67/ No . . (SKIP TO Q.12 PG. 10-122) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>
8. 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. INTERVIEWER: 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.	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 44-45/	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 56-57/	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 68-69/

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
ID: <input type="text"/> <input type="text"/> 70-71/ _____ (NAME)	ID: <input type="text"/> <input type="text"/> 15-16/ _____ (NAME)	ID: <input type="text"/> <input type="text"/> 27-28/ _____ (NAME)	ID: <input type="text"/> <input type="text"/> 39-40/ _____ (NAME)	ID: <input type="text"/> <input type="text"/> 51-52/ _____ (NAME)
<input type="text"/> <input type="text"/> YEARS 72-73/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF). .1 No . . . (GO TO B) . . . 0 74-75/ Yes. . . (GO TO Q.6) . . 1 No . . (SKIP TO Q.26 PG. 10-136). . . . 0	<input type="text"/> <input type="text"/> YEARS 17-18/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF). .1 No . . . (GO TO B) . . . 0 19-20/ Yes. . . (GO TO Q.6) . . 1 No . . (SKIP TO Q.26 PG. 10-136). . . . 0	<input type="text"/> <input type="text"/> YEARS 29-30/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF). .1 No . . . (GO TO B) . . . 0 31-32/ Yes. . . (GO TO Q.6) . . 1 No . . (SKIP TO Q.26 PG. 10-136). . . . 0	<input type="text"/> <input type="text"/> YEARS 41-42/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF). .1 No . . . (GO TO B) . . . 0 43-44/ Yes. . . (GO TO Q.6) . . 1 No . . (SKIP TO Q.26 PG. 10-136). . . . 0	<input type="text"/> <input type="text"/> YEARS 53-54/ Yes.(SKIP TO Q. LISTED UNDER CHILDCARE COLUMN OF CRF).1 No . . . (GO TO B) . . . 0 55-56/ Yes. . (GO TO Q.6) . . 1 No . . (SKIP TO Q.26 PG. 10-136). . . . 0
BEGIN DECK 42 Yes. 1 09-10/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0	Yes. 1 21-22/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0	Yes. 1 33-34/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0	Yes. 1 45-46/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0	Yes. 1 57-58/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0
Yes. 1 11-12/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0 <div style="border: 1px solid black; padding: 5px; text-align: center;"> HAND CARD R </div>	Yes. 1 23-24/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0 <div style="border: 1px solid black; padding: 5px; text-align: center;"> HAND CARD R </div>	Yes. 1 35-36/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0 <div style="border: 1px solid black; padding: 5px; text-align: center;"> HAND CARD R </div>	Yes. 1 47-48/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0 <div style="border: 1px solid black; padding: 5px; text-align: center;"> HAND CARD R </div>	Yes. 1 59-60/ No . . (SKIP TO Q.12 PG. 10-122). . . . 0 <div style="border: 1px solid black; padding: 5px; text-align: center;"> HAND CARD R </div>
<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 13-14/	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 25-26/	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 37-38/	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 49-50/	<input type="text"/> <input type="text"/> # OF ARRANGEMENTS 61-62/

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
9. What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD)'s 1st year of life? IF NECESSARY, PROBE: Where did that care take place? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.	BEGIN DECK 43		
	(NAME)	(NAME)	(NAME)
	<input type="text"/> <input type="text"/> 63-64/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 09-10/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 21-22/ 1ST ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 1st year of life? ROUND TO NEAREST MONTH.	<input type="text"/> <input type="text"/> 65-66/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 23-24/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 67-70/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 13-16/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 25-28/
C. How many months old was (CHILD) when you first used that arrangement for (him/her)?	<input type="text"/> <input type="text"/> 71-72/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 17-18/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 29-30/ AGE IN MONTHS
D. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? IS THERE MORE THAN 01 ARRANGEMENT IN Q.8?	YES. (GO TO Q.10) ... 1 NO. (SKIP TO Q.12 PAGE 10-122) ... 0 73-74/	YES. (GO TO Q.10) ... 1 NO. (SKIP TO Q.12 PAGE 10-122) ... 0 19-20/	YES. (GO TO Q.10) ... 1 NO. (SKIP TO Q.12 PAGE 10-122) ... 0 31-32/

HAND CARD R	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	

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
_____ _____ (NAME)	_____ _____ (NAME)	_____ _____ (NAME)	_____ _____ (NAME)	_____ _____ (NAME)
<input type="text"/> <input type="text"/> 33-34/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 45-46/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 57-58/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 69-70/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 17-18/ 1ST ARRANGEMENT
<input type="text"/> <input type="text"/> 35-36/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 47-48/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 59-60/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 71-72/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 19-20/ NUMBER OF MONTHS (ROUND TO NEAREST)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 37-40/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 49-52/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 61-64/	BEGIN DECK 44 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 09-12/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR 21-24/
<input type="text"/> <input type="text"/> 41-42/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 53-54/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 65-66/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 13-14/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 25-26/ AGE IN MONTHS
YES. .(GO TO Q.10) . . 1	YES. .(GO TO Q.10) . . 1	YES. .(GO TO Q.10) . . 1	YES. .(GO TO Q.10) . . 1	YES. .(GO TO Q.10) . 1
NO . .(SKIP TO Q.12 PAGE 10-122) . 0	NO . .(SKIP TO Q.12 PAGE 10-122) . 0	NO . .(SKIP TO Q.12 PAGE 10-122) . 0	NO . .(SKIP TO Q.12 PAGE 10-122) . 0	NO . .(SKIP TO Q.12 PAGE 10-122) 0
43-44/	55-56/	67-68/	15-16/	27-28/

HAND
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R

- 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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
10. What was the 2nd childcare arrangement you used for one month or more during (CHILD)'s 1st year of life? IF NECESSARY PROBE: Where did that care take place? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.	_____ _____ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>29-30/</div> </div> 2ND ARRANGEMENT	_____ _____ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>41-42/</div> </div> 2ND ARRANGEMENT	_____ _____ <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>53-54/</div> </div> 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.	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>31-32/</div> </div> NUMBER OF MONTHS (ROUND TO NEAREST)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>43-44/</div> </div> NUMBER OF MONTHS (ROUND TO NEAREST)	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>55-56/</div> </div> NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>33-36/</div> <div>45-48/</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MONTH</div> <div>YEAR</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>45-48/</div> <div>57-60/</div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MONTH</div> <div>YEAR</div> </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>57-60/</div> <div></div> </div> <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MONTH</div> <div>YEAR</div> </div>
C. How many months old was (CHILD) when you first used that arrangement for (him/her)?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>37-38/</div> </div> AGE IN MONTHS	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>49-50/</div> </div> AGE IN MONTHS	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div>61-62/</div> </div> AGE IN MONTHS
D. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? ARE THERE MORE THAN 02 ARRANGEMENTS IN Q.8?	YES. (GO TO Q.11) ... 1 NO. (SKIP TO Q.12 PAGE 10-122) ... 0 39-40/	YES. (GO TO Q.11) ... 1 NO. (SKIP TO Q.12 PAGE 10-122) ... 0 51-52/	YES. (GO TO Q.11) ... 1 NO. (SKIP TO Q.12 PAGE 10-122) ... 0 63-64/

**HAND
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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

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
	BEGIN DECK 45			
<input type="text"/> <input type="text"/> 65-66/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 09-10/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 21-22/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 33-34/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 45-46/ 2ND ARRANGEMENT
<input type="text"/> <input type="text"/> 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 23-24/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 35-36/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 47-48/ NUMBER OF MONTHS (ROUND TO NEAREST)
<input type="text"/> <input type="text"/> 69-72/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 13-16/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 25-28/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 37-40/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 49-52/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
<input type="text"/> <input type="text"/> 73-74/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 17-18/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 29-30/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 41-42/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 53-54/ AGE IN MONTHS
YES. (GO TO Q.11) . . 1 NO . (SKIP TO Q.12 PAGE 10-122) . 0	YES. (GO TO Q.11) . . 1 NO . (SKIP TO Q.12 PAGE 10-122) . 0	YES. (GO TO Q.11) . . 1 NO . (SKIP TO Q.12 PAGE 10-122) . 0	YES. (GO TO Q.11) . . 1 NO . (SKIP TO Q.12 PAGE 10-122) . 0	YES. (GO TO Q.11) . 1 NO . (SKIP TO Q.12 PAGE 10-122) 0
75-76/	19-20/	31-32/	43-44/	55-56/

HAND CARD R	Child's other parent or stepparent in child's home	01
	Child's other parent or stepparent in <u>other</u> home	02
	Child's sibling in child's home	03
	Child's sibling in <u>other</u> home	04
	Child's grandparent in child's home	07
	Child's grandparent in <u>other</u> home	08
	Other relative of child in child's home	09
	Other relative of child in <u>other</u> home	10
	Nonrelative in child's home	11
	Nonrelative in <u>other</u> home	12
Child in day care center or group care center	13	
Child in nursery school or preschool	14	
Other arrangement (SPECIFY) _____	15	

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
11. What was the 3rd childcare arrangement you used for one month or more during (CHILD)'s 1st year of life? IF NECESSARY, PROBE: Where did that care take place? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.			BEGIN DECK 46
	_____ (NAME)	_____ (NAME)	_____ (NAME)
	<input type="text"/> <input type="text"/> 57-58/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 67-68/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 09-10/ 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.	<input type="text"/> <input type="text"/> 59-60/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 69-70/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	<input type="text"/> <input type="text"/> 61-64/ MONTH YEAR	<input type="text"/> <input type="text"/> 71-74/ MONTH YEAR	<input type="text"/> <input type="text"/> 13-16/ MONTH YEAR
C. How many months old was (CHILD) when you first used that arrangement for (him/her)?	<input type="text"/> <input type="text"/> 65-66/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 75-76/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 17-18/ AGE IN MONTHS
HAND CARD R	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		

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
_____ _____ (NAME)	_____ _____ (NAME)	_____ _____ (NAME)	_____ _____ (NAME)	_____ _____ (NAME)
<input type="text"/> <input type="text"/> 19-20/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 29-30/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 39-40/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 49-50/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 59-60/ 3RD ARRANGEMENT
<input type="text"/> <input type="text"/> 21-22/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 31-32/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 41-42/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 51-52/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 61-62/ NUMBER OF MONTHS (ROUND TO NEAREST)
23-26/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	33-36/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	43-46/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	53-56/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	63-66/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
<input type="text"/> <input type="text"/> 27-28/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 37-38/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 47-48/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 57-58/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 67-68/ AGE IN MONTHS

**HAND
CARD
R**

- 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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
12. INTERVIEWER: IS CHILD AT LEAST 2 YEARS OLD OR OLDER? (SEE CHILD'S AGE IN Q.5, PG.10-114).	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 69-70/	BEGIN DECK 47 Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 09-10/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 17-18/
13. (Has/Did) (CHILD) live(d) with you all or most of (his/her) 2nd year of life? By that I mean while (he/she) was between 1 & 2 years old.	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 71-72/	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 11-12/	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 19-20/
14. (HAND CARD R). In the 2nd year of (CHILD)'s life, was (he/she) cared for in any <u>regular</u> childcare arrangement, for a month or more, like the ones listed on this card while you worked or participated in some regular activity?	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>
15. 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.	<div style="display: flex; justify-content: center; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px;"></div><div style="border: 1px solid black; width: 30px; height: 30px;"></div></div> <div style="text-align: center;"># OF ARRANGEMENTS 75-76/</div>	<div style="display: flex; justify-content: center; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px;"></div><div style="border: 1px solid black; width: 30px; height: 30px;"></div></div> <div style="text-align: center;"># OF ARRANGEMENTS 15-16/</div>	<div style="display: flex; justify-content: center; gap: 10px;"><div style="border: 1px solid black; width: 30px; height: 30px;"></div><div style="border: 1px solid black; width: 30px; height: 30px;"></div></div> <div style="text-align: center;"># OF ARRANGEMENTS 23-24/</div>

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 25-26/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 33-34/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 41-42/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 49-50/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) ... 0 57-58/
Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 27-28/	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 35-36/	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 43-44/	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) 0 51-52/	Yes 1 No ..(SKIP TO Q.19 PG. 10-130) ... 0 59-60/
Yes 1 29-30/ No ..(SKIP TO Q.19 PG. 10-130) 0 <div>HAND CARD R</div>	Yes 1 37-38/ No ..(SKIP TO Q.19 PG. 10-130) 0 <div>HAND CARD R</div>	Yes 1 45-46/ No ..(SKIP TO Q.19 PG. 10-130) 0 <div>HAND CARD R</div>	Yes 1 53-54/ No ..(SKIP TO Q.19 PG. 10-130) 0 <div>HAND CARD R</div>	Yes 1 61-62/ No ..(SKIP TO Q.19 PG. 10-130) ... 0 <div>HAND CARD R</div>
<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 31-32/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 39-40/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 47-48/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 55-56/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 63-64/

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
16. 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? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.		BEGIN DECK 48	
	(NAME)	(NAME)	(NAME)
	<input type="text"/> <input type="text"/> 65-66/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 09-10/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 23-24/ 1ST ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 2nd year of life? ROUND TO NEAREST MONTH.	<input type="text"/> <input type="text"/> 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 25-26/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	<input type="text"/> <input type="text"/> 69-72/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 13-16/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 27-30/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
C. How old was (CHILD) when you first used that arrangement for (him/her)?	<input type="text"/> <input type="text"/> 73-74/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 75-76/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 17-18/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 19-20/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 31-32/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 33-34/ AGE IN MONTHS
OR IF VOLUNTEERED: SINCE BIRTH .....	..... 9696	..... 9696	..... 9696
D. <u>INTERVIEWER:</u> IS THERE ANOTHER CHILDCARE ARRANGEMENT? IS THERE MORE THAN 01 ARRANGEMENT IN Q.15?	YES. (GO TO Q.17) ... 1 NO. (SKIP TO Q.19 PAGE 10-130) .. 0 77-78/	YES. (GO TO Q.17) ... 1 NO. (SKIP TO Q.19 PAGE 10-130) .. 0 21-22/	YES. (GO TO Q.17) ... 1 NO. (SKIP TO Q.19 PAGE 10-130) .. 0 35-36/
HAND CARD R	Child's other parent or stepparent in child's home 01 Child's other parent or stepparent in <u>other</u> home 02 Child's sibling in child's home 03 Child's sibling in <u>other</u> home 04 Child's grandparent in child's home 07 Child's grandparent in <u>other</u> home 08 Other relative of child in child's home 09 Other relative of child in <u>other</u> home 10 Nonrelative in child's home 11 Nonrelative in <u>other</u> home 12 Child in day care center or group care center 13 Child in nursery school or preschool 14 Other arrangement (SPECIFY) 15		

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
<p>_____ (NAME)</p> <p><input type="text"/><input type="text"/> 37-38/ 1ST ARRANGEMENT</p> <p><input type="text"/><input type="text"/> 39-40/ NUMBER OF MONTHS (ROUND TO NEAREST)</p> <p>41-44/ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> MONTH YEAR</p> <p><input type="text"/><input type="text"/> 45-46/ AGE IN YEARS AND <input type="text"/><input type="text"/> 47-48/ AGE IN MONTHS</p> <p>..... 9696</p> <p>YES. (GO TO Q.17) .. 1</p> <p>NO. (SKIP TO Q.19 PAGE 10-130) . 0</p> <p>49-50/</p>	<p>_____ (NAME)</p> <p><input type="text"/><input type="text"/> 51-52/ 1ST ARRANGEMENT</p> <p><input type="text"/><input type="text"/> 53-54/ NUMBER OF MONTHS (ROUND TO NEAREST)</p> <p>55-58/ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> MONTH YEAR</p> <p><input type="text"/><input type="text"/> 59-60/ AGE IN YEARS AND <input type="text"/><input type="text"/> 61-62/ AGE IN MONTHS</p> <p>..... 9696</p> <p>YES. (GO TO Q.17) .. 1</p> <p>NO. (SKIP TO Q.19 PAGE 10-130) . 0</p> <p>63-64/</p>	<p>_____ (NAME)</p> <p><input type="text"/><input type="text"/> 65-66/ 1ST ARRANGEMENT</p> <p><input type="text"/><input type="text"/> 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)</p> <p>69-72/ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> MONTH YEAR</p> <p><input type="text"/><input type="text"/> 73-74/ AGE IN YEARS AND <input type="text"/><input type="text"/> 75-76/ AGE IN MONTHS</p> <p>..... 9696</p> <p>YES. (GO TO Q.17) .. 1</p> <p>NO. (SKIP TO Q.19 PAGE 10-130) . 0</p> <p>77-78/</p>	<p>BEGIN DECK 49</p> <p>_____ (NAME)</p> <p><input type="text"/><input type="text"/> 09-10/ 1ST ARRANGEMENT</p> <p><input type="text"/><input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)</p> <p>13-16/ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> MONTH YEAR</p> <p><input type="text"/><input type="text"/> 17-18/ AGE IN YEARS AND <input type="text"/><input type="text"/> 19-20/ AGE IN MONTHS</p> <p>..... 9696</p> <p>YES. (GO TO Q.17) .. 1</p> <p>NO. (SKIP TO Q.19 PAGE 10-130) . 0</p> <p>21-22/</p>	<p>_____ (NAME)</p> <p><input type="text"/><input type="text"/> 23-24/ 1ST ARRANGEMENT</p> <p><input type="text"/><input type="text"/> 25-26/ NUMBER OF MONTHS (ROUND TO NEAREST)</p> <p>27-30/ <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> MONTH YEAR</p> <p><input type="text"/><input type="text"/> 31-32/ AGE IN YEARS AND <input type="text"/><input type="text"/> 33-34/ AGE IN MONTHS</p> <p>..... 9696</p> <p>YES. (GO TO Q.17) . 1</p> <p>NO. (SKIP TO Q.19 PAGE 10-130) 0</p> <p>35-36/</p>

HAND
CARD
R

- 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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
17. 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? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.	_____ (NAME) [] [] 37-38/ 2ND ARRANGEMENT	_____ (NAME) [] [] 51-52/ 2ND ARRANGEMENT	_____ (NAME) [] [] 65-66/ 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.	[] [] 39-40/ NUMBER OF MONTHS (ROUND TO NEAREST)	[] [] 53-54/ NUMBER OF MONTHS (ROUND TO NEAREST)	[] [] 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	[] [] [] [] MONTH YEAR	[] [] [] [] MONTH YEAR	[] [] [] [] MONTH YEAR
C. How old was (CHILD) when you first used that arrangement for (him/her)?	[] [] 45-46/ AGE IN YEARS AND [] [] 47-48/ AGE IN MONTHS	[] [] 59-60/ AGE IN YEARS AND [] [] 61-62/ AGE IN MONTHS	[] [] 73-74/ AGE IN YEARS AND [] [] 75-76/ AGE IN MONTHS
OR IF VOLUNTEERED: SINCE BIRTH . . . . .	. . . . . 9696	. . . . . 9696	. . . . . 9696
D. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? ARE THERE MORE THAN 02 ARRANGEMENTS IN Q.15?	YES. (GO TO Q.18) . . . 1 NO. (SKIP TO Q.19 PAGE 10-130) . . 0 49-50/	YES. (GO TO Q.18) . . . 1 NO. (SKIP TO Q.19 PAGE 10-130) . . 0 63-64/	YES. (GO TO Q.18) . . . 1 NO. (SKIP TO Q.19 PAGE 10-130) . . 0 77-78/
HAND CARD R	Child's other parent or stepparent in child's home 01		
	Child's other parent or stepparent in <u>other</u> home 02		
	Child's sibling in child's home 03		
	Child's sibling in <u>other</u> home 04		
	Child's grandparent in child's home 07		
	Child's grandparent in <u>other</u> home 08		
	Other relative of child in child's home 09		
	Other relative of child in <u>other</u> home 10		
	Nonrelative in child's home 11		
	Nonrelative in <u>other</u> home 12		
	Child in day care center or group care center 13		
Child in nursery school or preschool 14			
Other arrangement (SPECIFY) _____ 15			

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
BEGIN DECK 50				
(NAME)	(NAME)	(NAME)	(NAME)	(NAME)
<input type="text"/> <input type="text"/> 09-10/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 23-24/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 37-38/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 51-52/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 65-66/ 2ND ARRANGEMENT
<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 25-26/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 39-40/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 53-54/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)
<input type="text"/> <input type="text"/> 13-16/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 27-30/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 41-44/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 55-58/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 69-72/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
<input type="text"/> <input type="text"/> 17-18/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 19-20/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 31-32/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 33-34/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 45-46/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 47-48/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 59-60/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 61-62/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 73-74/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 75-76/ AGE IN MONTHS
..... 9696	..... 9696	..... 9696	..... 9696	..... 9696
YES. (GO TO Q.18) . . 1	YES. (GO TO Q.18) . . 1	YES. (GO TO Q.18) . . 1	YES. (GO TO Q.18) . . 1	YES. (GO TO Q.18) . 1
NO . (SKIP TO Q.19 PAGE 10-130) . 0	NO . (SKIP TO Q.19 PAGE 10-130) . 0	NO . (SKIP TO Q.19 PAGE 10-130) . 0	NO . (SKIP TO Q.19 PAGE 10-130) . 0	NO . (SKIP TO Q.19 PAGE 10-130) 0
21-22/	35-36/	49-50/	63-64/	77-78/

HAND
CARD
R

- 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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
18. What was the 3rd 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? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.	BEGIN DECK 51		
	_____ (NAME)	_____ (NAME)	_____ (NAME)
	<input type="text"/> <input type="text"/> 09-10/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 21-22/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 33-34/ 3RD ARRANGEMENT
A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 2nd year of life? ROUND TO NEAREST MONTH.	<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 23-24/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 35-36/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	<input type="text"/> <input type="text"/> 13-16/ MONTH YEAR	<input type="text"/> <input type="text"/> 25-28/ MONTH YEAR	<input type="text"/> <input type="text"/> 37-40/ MONTH YEAR
C. How many months old was (CHILD) when you first used that arrangement for (him/her)?	<input type="text"/> <input type="text"/> 17-18/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 19-20/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 29-30/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 31-32/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 41-42/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 43-44/ AGE IN MONTHS
OR IF VOLUNTEERED: SINCE BIRTH .....	..... 9696	..... 9696	..... 9696
<div style="border: 1px solid black; padding: 5px; display: inline-block;">HAND CARD R</div>	Child's other parent or stepparent in child's home 01 Child's other parent or stepparent in <u>other</u> home 02 Child's sibling in child's home 03 Child's sibling in <u>other</u> home 04 Child's grandparent in child's home 07 Child's grandparent in <u>other</u> home 08 Other relative of child in child's home 09 Other relative of child in <u>other</u> home 10 Nonrelative in child's home 11 Nonrelative in <u>other</u> home 12 Child in day care center or group care center 13 Child in nursery school or preschool 14 Other arrangement (SPECIFY) 15		

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)
<input type="text"/> <input type="text"/> 45-46/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 57-58/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 69-70/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 13-14/ 3RD ARRANGEMENT	<input type="text"/> <input type="text"/> 25-26/ 3RD ARRANGEMENT
<input type="text"/> <input type="text"/> 47-48/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 59-60/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 71-72/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 15-16/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 27-28/ NUMBER OF MONTHS (ROUND TO NEAREST)
<input type="text"/> <input type="text"/> 49-52/ MONTH YEAR	<input type="text"/> <input type="text"/> 61-64/ MONTH YEAR	73-76/ BEGIN DECK 52 <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 17-20/ MONTH YEAR	<input type="text"/> <input type="text"/> 29-32/ MONTH YEAR
<input type="text"/> <input type="text"/> 53-54/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 55-56/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 65-66/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 67-68/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 09-10/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 11-12/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 21-22/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 23-24/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 33-34/ AGE OF YEARS AND <input type="text"/> <input type="text"/> 35-36/ AGE IN MONTHS
..... 9696	..... 9696	..... 9696	..... 9696	..... 9696

**HAND
CARD
R**

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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
19. INTERVIEWER: IS CHILD AT LEAST 3 YEARS OLD OR OLDER? (SEE CHILD'S AGE IN Q.5, PG.10-114).	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 37-38/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 45-46/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 53-54/
20. (Has/Did) (CHILD) live(d) with you all or most of (his/her) 3rd year of life? By that I mean while (he/she) was between 2 & 3 years old.	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 39-40/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 47-48/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 55-56/
21. (HAND CARD R). In the 3rd year of (CHILD)'s life, was (he/she) cared for in any <u>regular</u> childcare arrangement, for a month or more, like the ones listed on this card while you worked or participated in some regular activity?	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 <div style="border: 1px solid black; padding: 5px; text-align: center;">HAND CARD R</div>
22. 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.	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> # OF ARRANGEMENTS 43-44/	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> # OF ARRANGEMENTS 51-52/	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> # OF ARRANGEMENTS 59-60/

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 61-62/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 69-70/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 11-12/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 19-20/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) ... 0 27-28/
Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 63-64/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 71-72/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 13-14/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) 0 21-22/	Yes 1 No ..(SKIP TO Q.26 PG. 10-136) ... 0 29-30/
Yes 1 65-66/ No ..(SKIP TO Q.26 PG. 10-136) 0 <div>HAND CARD R</div>	Yes 1 73-74/ No ..(SKIP TO Q.26 PG. 10-136) 0 <div>HAND CARD R</div>	Yes 1 15-16/ No ..(SKIP TO Q.26 PG. 10-136) 0 <div>HAND CARD R</div>	Yes 1 23-24/ No ..(SKIP TO Q.26 PG. 10-136) 0 <div>HAND CARD R</div>	Yes 1 31-32/ No ..(SKIP TO Q.26 PG. 10-136) ... 0 <div>HAND CARD R</div>
<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 67-68/	BEGIN DECK 53 <div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 09-10/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 17-18/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 25-26/	<div><input type="checkbox"/><input type="checkbox"/></div> # OF ARRANGEMENTS 33-34/

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
23. What was 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? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.	_____ _____ (NAME) □□ 35-36/ 1ST ARRANGEMENT	_____ _____ (NAME) □□ 49-50/ 1ST ARRANGEMENT	_____ _____ (NAME) □□ 63-64/ 1ST 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)	□□ 51-52/ NUMBER OF MONTHS (ROUND TO NEAREST)	□□ 65-66/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	□□ □□ 39-42/ MONTH YEAR	□□ □□ 53-56/ MONTH YEAR	□□ □□ 67-70/ MONTH YEAR
C. How old was (CHILD) when you first used that arrangement for (him/her)?	□□ 43-44/ AGE IN YEARS AND □□ 45-46/ AGE IN MONTHS	□□ 57-58/ AGE IN YEARS AND □□ 59-60/ AGE IN MONTHS	□□ 71-72/ AGE IN YEARS AND □□ 73-74/ AGE IN MONTHS
OR IF VOLUNTEERED: SINCE BIRTH .....	..... 9696	..... 9696	..... 9696
D. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? IS THERE MORE THAN 01 ARRANGEMENT IN Q.22?	YES. (GO TO Q.24) ... 1 NO. (SKIP TO Q.26 PAGE 10-136) ... 0 47-48/	YES. (GO TO Q.24) ... 1 NO. (SKIP TO Q.26 PAGE 10-136) ... 0 61-62/	YES. (GO TO Q.24) ... 1 NO. (SKIP TO Q.26 PAGE 10-136) ... 0 75-76/
HAND CARD R	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		

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
(NAME)	(NAME)	(NAME)	(NAME)	(NAME)
<input type="text"/> <input type="text"/> 09-10/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 23-24/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 37-38/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 51-52/ 1ST ARRANGEMENT	<input type="text"/> <input type="text"/> 65-66/ 1ST ARRANGEMENT
<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 25-26/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 39-40/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 53-54/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)
13-16/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	27-30/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	41-44/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	55-58/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	69-72/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
<input type="text"/> <input type="text"/> 17-18/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 19-20/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 31-32/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 33-34/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 45-46/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 47-48/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 59-60/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 61-62/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 73-74/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 75-76/ AGE IN MONTHS
..... 9696	..... 9696	..... 9696	..... 9696	..... 9696
YES. (GO TO Q.24) . . 1	YES. (GO TO Q.24) . . 1	YES. (GO TO Q.24) . . 1	YES. (GO TO Q.24) . . 1	YES. (GO TO Q.24) . . 1
NO . (SKIP TO Q.26 PAGE 10-136) . 0	NO . (SKIP TO Q.26 PAGE 10-136) . 0	NO . (SKIP TO Q.26 PAGE 10-136) . 0	NO . (SKIP TO Q.26 PAGE 10-136) . 0	NO . (SKIP TO Q.26 PAGE 10-136) . 0
21-22/	35-36/	49-50/	63-64/	77-78/

**HAND
CARD
R**

- 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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
24. 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? WRITE ANSWER AND CODE FROM HAND CARD R BELOW.	_____ (NAME) [] [] 09-10/ 2ND ARRANGEMENT	_____ (NAME) [] [] 23-24/ 2ND ARRANGEMENT	_____ (NAME) [] [] 37-38/ 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.	[] [] 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	[] [] 25-26/ NUMBER OF MONTHS (ROUND TO NEAREST)	[] [] 39-40/ NUMBER OF MONTHS (ROUND TO NEAREST)
B. What month and year did you first use that arrangement?	[] [] [] [] 13-16/ MONTH YEAR	[] [] [] [] 27-30/ MONTH YEAR	[] [] [] [] 41-44/ MONTH YEAR
C. How old was (CHILD) when you first used that arrangement for (him/her)?	[] [] 17-18/ AGE IN YEARS AND [] [] 19-20/ AGE IN MONTHS	[] [] 31-32/ AGE IN YEARS AND [] [] 33-34/ AGE IN MONTHS	[] [] 45-46/ AGE IN YEARS AND [] [] 47-48/ AGE IN MONTHS
OR IF VOLUNTEERED: SINCE BIRTH .....	..... 9696	..... 9696	..... 9696
D. INTERVIEWER: IS THERE ANOTHER CHILDCARE ARRANGEMENT? ARE THERE MORE THAN 2 ARRANGEMENTS IN Q.22?	YES. (GO TO Q.25) ... 1 NO. (SKIP TO Q.26) .. 0 21-22/	YES. (GO TO Q.25) ... 1 NO. (SKIP TO Q.26) .. 0 35-36/	YES. (GO TO Q.25) ... 1 NO. (SKIP TO Q.26) .. 0 49-50/
HAND CARD R	Child's other parent or stepparent in child's home 01		
	Child's other parent or stepparent in <u>other</u> home 02		
	Child's sibling in child's home 03		
	Child's sibling in <u>other</u> home 04		
	Child's grandparent in child's home 07		
	Child's grandparent in <u>other</u> home 08		
	Other relative of child in child's home 09		
	Other relative of child in <u>other</u> home 10		
	Nonrelative in child's home 11		
	Nonrelative in <u>other</u> home 12		
Child in day care center or group care center 13			
Child in nursery school or preschool 14			
Other arrangement (SPECIFY) 15			

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
		BEGIN DECK 56		
_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)	_____ (NAME)
<input type="text"/> <input type="text"/> 51-52/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 65-66/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 09-10/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 23-24/ 2ND ARRANGEMENT	<input type="text"/> <input type="text"/> 37-38/ 2ND ARRANGEMENT
<input type="text"/> <input type="text"/> 53-54/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 25-26/ NUMBER OF MONTHS (ROUND TO NEAREST)	<input type="text"/> <input type="text"/> 39-40/ NUMBER OF MONTHS (ROUND TO NEAREST)
<input type="text"/> <input type="text"/> 55-58/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 69-72/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 13-16/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 27-30/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	<input type="text"/> <input type="text"/> 41-44/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR
<input type="text"/> <input type="text"/> 59-60/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 61-62/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 73-74/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 75-76/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 17-18/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 19-20/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 31-32/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 33-34/ AGE IN MONTHS	<input type="text"/> <input type="text"/> 45-46/ AGE IN YEARS AND <input type="text"/> <input type="text"/> 47-48/ AGE IN MONTHS
..... 9696	..... 9696	..... 9696	..... 9696	..... 9696
YES. (GO TO Q.25) . . 1	YES. (GO TO Q.25) . . 1	YES. (GO TO Q.25) . . 1	YES. (GO TO Q.25) . . 1	YES. (GO TO Q.25) . . 1
NO . (SKIP TO Q.26) . 0	NO . (SKIP TO Q.26) . 0	NO . (SKIP TO Q.26) . 0	NO . (SKIP TO Q.26) . 0	NO . (SKIP TO Q.26) . 0
63-64/	77-78/	21-22/	35-36/	49-50/

**HAND
CARD
R**

- 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

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
25. What was the 3rd 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? WRITE ANSWER AND CODE FROM HAND CARD R BELOW. A. How many months did you use that childcare arrangement for (CHILD) in (his/her) 3rd year of life? ROUND TO NEAREST MONTH. B. What month and year did you first use that arrangement? C. How many months old was (CHILD) when you first used that arrangement for (him/her)? OR IF VOLUNTEERED: SINCE BIRTH	_____ _____ (NAME) _____ 51-52/ 3RD ARRANGEMENT _____ 53-54/ NUMBER OF MONTHS (ROUND TO NEAREST) _____ 55-58/ _____ MONTH YEAR _____ 59-60/ AGE OF YEARS AND _____ 61-62/ AGE IN MONTHS 9696	_____ _____ (NAME) _____ 65-66/ 3RD ARRANGEMENT _____ 67-68/ NUMBER OF MONTHS (ROUND TO NEAREST) _____ 69-72/ _____ MONTH YEAR _____ 73-74/ AGE OF YEARS AND _____ 75-76/ AGE IN MONTHS 9696	BEGIN DECK 57 _____ _____ (NAME) _____ 09-10/ 3RD ARRANGEMENT _____ 11-12/ NUMBER OF MONTHS (ROUND TO NEAREST) _____ 13-16/ _____ MONTH YEAR _____ 17-18/ AGE OF YEARS AND _____ 19-20/ AGE IN MONTHS 9696
26. INTERVIEWER: IS THERE A 2ND/3RD/ETC.) CHILD LISTED IN Q.4, PAGE 10-114)?	YES ..(REASK Q.5-Q.26) 1 63-64/ NO .. (GO TO Q.27) .. 0	YES ..(REASK Q.5-Q.26) 1 77-78/ NO .. (GO TO Q.27) .. 0	YES ..(REASK Q.5-Q.26) 1 21-22/ NO .. (GO TO Q.27) .. 0
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> HAND CARD R </div>	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		

BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD	BIOLOGICAL SEVENTH CHILD	BIOLOGICAL EIGHTH CHILD
<div>_____</div> <div>(NAME)</div> <div> <div>□□</div> <div>23-24/</div> </div> <div>3RD ARRANGEMENT</div> <div> <div>□□</div> <div>25-26/</div> </div> <div>NUMBER OF MONTHS (ROUND TO NEAREST)</div> <div> <div>27-30/</div> <div> <div>□□</div> <div>□□</div> </div> <div>MONTH YEAR</div> </div> <div> <div>□□</div> <div>31-32/</div> </div> <div>AGE OF YEARS AND</div> <div> <div>□□</div> <div>33-34/</div> </div> <div>AGE IN MONTHS</div> <div>..... 9696</div>	<div>_____</div> <div>(NAME)</div> <div> <div>□□</div> <div>37-38/</div> </div> <div>3RD ARRANGEMENT</div> <div> <div>□□</div> <div>39-40/</div> </div> <div>NUMBER OF MONTHS (ROUND TO NEAREST)</div> <div> <div>41-44/</div> <div> <div>□□</div> <div>□□</div> </div> <div>MONTH YEAR</div> </div> <div> <div>□□</div> <div>45-46/</div> </div> <div>AGE OF YEARS AND</div> <div> <div>□□</div> <div>47-48/</div> </div> <div>AGE IN MONTHS</div> <div>..... 9696</div>	<div>_____</div> <div>(NAME)</div> <div> <div>□□</div> <div>51-52/</div> </div> <div>3RD ARRANGEMENT</div> <div> <div>□□</div> <div>53-54/</div> </div> <div>NUMBER OF MONTHS (ROUND TO NEAREST)</div> <div> <div>55-58/</div> <div> <div>□□</div> <div>□□</div> </div> <div>MONTH YEAR</div> </div> <div> <div>□□</div> <div>59-60/</div> </div> <div>AGE OF YEARS AND</div> <div> <div>□□</div> <div>61-62/</div> </div> <div>AGE IN MONTHS</div> <div>..... 9696</div>	<div>_____</div> <div>(NAME)</div> <div> <div>□□</div> <div>65-66/</div> </div> <div>3RD ARRANGEMENT</div> <div> <div>□□</div> <div>67-68/</div> </div> <div>NUMBER OF MONTHS (ROUND TO NEAREST)</div> <div> <div>69-72/</div> <div> <div>□□</div> <div>□□</div> </div> <div>MONTH YEAR</div> </div> <div> <div>□□</div> <div>73-74/</div> </div> <div>AGE OF YEARS AND</div> <div> <div>□□</div> <div>75-76/</div> </div> <div>AGE IN MONTHS</div> <div>..... 9696</div>	<div>BEGIN DECK 58</div> <div>_____</div> <div>(NAME)</div> <div> <div>□□</div> <div>09-10/</div> </div> <div>3RD ARRANGEMENT</div> <div> <div>□□</div> <div>11-12/</div> </div> <div>NUMBER OF MONTHS (ROUND TO NEAREST)</div> <div> <div>13-16/</div> <div> <div>□□</div> <div>□□</div> </div> <div>MONTH YEAR</div> </div> <div> <div>□□</div> <div>17-18/</div> </div> <div>AGE OF YEARS AND</div> <div> <div>□□</div> <div>19-20/</div> </div> <div>AGE IN MONTHS</div> <div>..... 9696</div>
YES ..(REASK Q.5- Q.26) 1 35-36/ NO .. (GO TO Q.27) . 0	YES ..(REASK Q.5- Q.26) 1 49-50/ NO .. (GO TO Q.27) . 0	YES ..(REASK Q.5- Q.26) 1 63-64/ NO .. (GO TO Q.27) . 0	YES ..(REASK Q.5- Q.26) 1 77-78/ NO .. (GO TO Q.27) . 0	YES ..(REASK Q.5- Q.26) 1 21-22/ NO .. (GO TO Q.27) . 0
<div> <div>HAND CARD R</div> <div> Child's other parent or stepparent in child's home 01 Child's other parent or stepparent in <u>other</u> home 02 Child's sibling in child's home 03 Child's sibling in <u>other</u> home 04 Child's grandparent in child's home 07 Child's grandparent in <u>other</u> home 08 Other relative of child in child's home 09 Other relative of child in <u>other</u> home 10 Nonrelative in child's home 11 Nonrelative in <u>other</u> home 12 Child in day care center or group care center 13 Child in nursery school or preschool 14 Other arrangement (SPECIFY) 15 </div> </div>				

27. **INTERVIEWER:** DOES R CURRENTLY HAVE A PARTNER OF THE OPPOSITE SEX OR SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION OF THE FACE SHEET?

YES (GO TO Q.28, PAGE 10-139) 1

23-24/

NO (SKIP TO Q.31, PAGE 10-140) 0

Now we have a few questions about your current (marriage/relationship).

28. Would you say that your (relationship/marriage) is. . . (READ CATEGORIES AND CODE ONE ONLY)?

Very happy 1 25-26/
 Fairly happy 2
 Not too happy 3

29. (HAND CARD 2). 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.)

**HAND
CARD
2**

	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	27-28/
B. Laugh together	1	2	3	4	29-30/
C. Tell each other about your day . . .	1	2	3	4	31-32/

30. (HAND CARD 3). How frequently do you and your (husband/partner) have arguments about. . . (READ CATEGORY A). . . often, sometimes, hardly ever, or never? (REPEAT FOR CATEGORIES B-J AND CODE ONE FOR EACH ITEM.)

**HAND
CARD
3**

	Often	Some- times	Hardly Ever	Never	N/A	
A. Chores and responsibilities	1	2	3	4		33-34/
B. Your children	1	2	3	4	5	35-36/
C. Money	1	2	3	4		37-38/
D. Showing affection to each other	1	2	3	4		39-40/
E. Religion	1	2	3	4		41-42/
F. Leisure or free time	1	2	3	4		43-44/
G. Drinking	1	2	3	4		45-46/
H. Other women	1	2	3	4		47-48/
I. His relatives	1	2	3	4		49-50/
J. Your relatives	1	2	3	4		51-52/

SKIP TO QUESTION 34

Now we have a few questions about your current dating experiences.

31. How often do you go out on dates? Is it . . . (READ CATEGORIES AND CODE ONE ONLY)?

Almost every day	5	53-54/
Once or twice a week	4	
Once or twice a month	3	
Less than once a month	2	
Not at all	1	

A. **INTERVIEWER:** ARE ANY CHILDREN LISTED ON **CHILDREN'S RECORD FORM, PART A**, WHO ARE NOT DECEASED OR ADOPTED OUT?

YES	1	55-56/
NO (SKIP TO Q.33)	0	

32. Thinking of your oldest child, does he or she . . . (READ CATEGORIES AND CODE ONE ONLY)?

Encourage your dating	1	57-58/
Discourage your dating	2	
Not care one way or the other whether you date	3	

33. Thinking of the future, would you . . . (READ CATEGORIES AND CODE ONE ONLY)?

Like to get married	1	59-60/
Like to marry sometime, but not right now	2	
Rather not get married	3	

34. How would you rate your neighborhood as a place to raise children? Would you say it is excellent, very good, good, fair, or poor?

Excellent	1	61-62/
Very Good	2	
Good	3	
Fair	4	
Poor	5	
Don't Know	8	

35. (HAND CARD 4). I'm going to read a list of problems that neighborhoods sometimes have. For each one, please tell me if it is a **big** problem in your own neighborhood, somewhat of a problem, or **not** a problem at all.



	<u>Big Problem</u>	<u>Somewhat of a Problem</u>	<u>Not a Problem</u>	<u>DON'T KNOW</u>	
A. People don't have enough respect for rules and laws	1	2	3	8	63-64/
B. Crime and violence	1	2	3	8	65-66/
C. Abandoned or run-down buildings	1	2	3	8	67-68/
D. Not enough police protection ...	1	2	3	8	69-70/
E. Not enough public transportation	1	2	3	8	71-72/
F. Too many parents who don't supervise their children	1	2	3	8	73-74/
G. People keep to themselves and don't care what goes on in the neighborhood	1	2	3	8	75-76/
H. Lots of people who can't find jobs	1	2	3	8	77-78/

36. **INTERVIEWER:** WAS ANYONE ELSE PRESENT, EXCLUDING SMALL CHILDREN (AGE 3 OR UNDER) WHEN YOU ASKED THE QUESTIONS ON PAGES 10-138 THROUGH 10-141?

YES	1	79-80/
NO	0	
TELEPHONE INTERVIEW	2	

37. RECORD TIME: : AM / MIDNIGHT
HR. MIN. PM / NOON 09-14/

GO TO SECTION 11

SECTION 11: 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 15-16/

NO 0

- A. **IF NO:** Would your health keep you from working **on a job for pay now?**

Yes (SKIP TO Q.3A) 1 17-18/

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 19-20/

No 0

- B. (Are you/Would you be) limited in the **amount** of work you (could) do because of your health?

Yes 1 21-22/

No 0

3. A. **INTERVIEWER:** IS R LIMITED IN **KIND** OR **AMOUNT** OF WORK (HE/SHE) CAN DO BECAUSE OF HEALTH? (Q.1A, Q.2A OR Q.2B CODED 1)?

YES 1 23-24/

NO (SKIP TO Q.6, NEXT PAGE) 0

- B. **INTERVIEWER:** R'S SEX:

MALE (SKIP TO Q.5) 1 25-26/

FEMALE 2

- C. **INTERVIEWER:** IS Q.56, PAGE 9-90, CODED LESS THAN 09 MONTHS?

Yes 1 27-28/

No (SKIP TO Q.5) 0

4. Is your limitation entirely due to your current pregnancy?

Yes (SKIP TO Q.6) 1 29-30/
 No 0

5. Since what month and year have you had this limitation (other than your pregnancy)?

ENTER MONTH: 31-32/

AND

YEAR: 19 33-34/

OR

(IF VOLUNTEERED): ALL MY LIFE 0000

6. How much do you weigh?

ENTER NUMBER OF POUNDS: 35-37/

- 6A. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 3. IS THERE A DATE OF 1990 INTERVIEW?

YES (USE DATE OF THE 1990
 INTERVIEW FROM INFO
 SHEET ITEM 3 FOR THE
 REFERENCE DATE IN THE
 HEALTH SECTION, AND
 SKIP TO Q.7) 1 38-39/
 NO 0

- 6B. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 4. IS THERE A DATE OF 1989 INTERVIEW?

YES (USE DATE OF THE 1989
 INTERVIEW FROM INFO
 SHEET ITEM 4 FOR THE
 REFERENCE DATE IN THE
 HEALTH SECTION, AND
 SKIP TO Q.7) 1 40-41/
 NO 0

- 6C. **INTERVIEWER:** SEE INFORMATION SHEET ITEM 5. USE DATE OF THE 1988 OR PRIOR INTERVIEW FOR THE REFERENCE DATE IN THE HEALTH SECTION AND GO TO Q.7.

7. **INTERVIEWER:** HAVE YOU ADMINISTERED ANY EMPLOYER SUPPLEMENTS TO THE RESPONDENT?

YES 1 42-43/
 NO (SKIP TO Q.31, PAGE 11-152) 0

8. 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, since (DATE OF 1990 OR PRIOR INTERVIEW), have you had an incident at any job we previously discussed that resulted in an injury or illness to you?

Yes 1 44-45/
 No (SKIP TO Q.31, PAGE 11-152) 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 46-47/
 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

FOR OFFICE USE ONLY	
<input type="text"/>	<input type="text"/>
EMPLOYER NUMBER	

48-49/

OR

NO MATCH ON EMPLOYER. WRITE EMPLOYER NAME _____

2

- D. In what month and year did the most recent incident occur that resulted in an injury or illness to you?

ENTER MONTH: 50-51/

AND

YEAR: 19 52-53/

9. **(HAND CARD S).** Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY).



Employer-directed travel 01 54-55/
 Employer-directed training 02
 Meal break 03
 Rest break 04
 Personal business 05
 Normal work activity 06
 Other activity (SPECIFY) _____
 _____ 07

10. Did the incident result in an injury or an illness?

Injury 1 56-57/
 Illness 2

11. 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) _____
(2) _____	(2) _____
(3) _____	(3) _____

58-63/

64-69/

70-75/

BEGIN DECK 60

12. 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 09-10/
 No (GO TO Q.13, NEXT PAGE) 0
 DON'T KNOW ... (GO TO Q.13, NEXT PAGE) 8

- B. Not counting the day of the incident, how many days was this?

ENTER NUMBER OF DAYS:

11-13/

13. A. Did the (injury/illness) cause you. . . (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be assigned to another job on a temporary basis?	1	0	14-15/
to work at your regular job less than full time?	1	0	16-17/
to work at your regular job, but be unable to perform all of the normal duties of the job?	1	0	18-19/

IF YES IS CODED IN ANY CATEGORY IN A, ASK B. OTHERWISE GO TO Q.14.

- B. Not counting the day of the incident, how many days altogether was this?

ENTER NUMBER OF DAYS: 20-22/

14. Did the (injury/illness) (also) cause you. . . (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be laid off?	1	0	23-24/
to quit?	1	0	25-26/
to be fired?	1	0	27-28/
to change occupations?	1	0	29-30/

15. Did you lose any wages because of the (injury/illness)?

Yes 1 31-32/
No 0

16. Did you or your employer fill out a worker's compensation form for this (injury/illness)?

Yes 1 33-34/
No (SKIP TO Q.19, NEXT PAGE) 0

17. Have you collected any worker's compensation benefits for this (injury/illness)?

Yes (SKIP TO Q.19) 1 35-36/
 No 0

18. Is there a worker's compensation claim pending for this (injury/illness)?

Yes 1 37-38/
 No 0

19. Is the (injury/illness) we've just discussed the **most severe** injury or illness that you have received or gotten since (DATE OF 1990 OR PRIOR INTERVIEW) while you were working at any job we have already talked about?

Yes (SKIP TO Q.31, PAGE 11-152) 1 39-40/
 No (ASK QS. 20-30 FOR THE
MOST SEVERE INJURY/ILLNESS) 0

20. 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 41-42/
 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 A AS NECESSARY) 0

FOR OFFICE USE ONLY	
<input type="text"/>	<input type="text"/>
EMPLOYER NUMBER	

43-44/

OR

NO MATCH ON EMPLOYER. WRITE EMPLOYER NAME _____

2

C. In what month and year did the incident occur that resulted in the most severe injury or illness to you?

ENTER MONTH:

45-46/

AND

YEAR:

19

47-48/

21. **(HAND CARD S).** Which one category on this card best describes the activity you were engaged in at the time of the incident? (CODE ONE ONLY).



Employer-directed travel 01 49-50/
 Employer-directed training 02
 Meal break 03
 Rest break 04
 Personal business 05
 Normal work activity 06
 Other activity (SPECIFY) _____
 _____ 07

22. Did the incident result in an injury or an illness?

Injury 1 51-52/
 Illness 2

23. 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) _____	53-58/
(2) _____	(2) _____	59-64/
(3) _____	(3) _____	65-70/

24. 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 71-72/
 No (GO TO Q.25) 0
 DON'T KNOW ... (GO TO Q.25) 8

- B. Not counting the day of the incident, how many days was this?

ENTER NUMBER OF DAYS:

73-75/

25. A. Did the (injury/illness) cause you. . . (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be assigned to another job on a temporary basis?	1	0	09-10/
to work at your regular job less than full time?	1	0	11-12/
to work at your regular job, but be unable to perform all of the normal duties of the job?	1	0	13-14/

IF YES IS CODED IN ANY CATEGORY IN A, ASK B. OTHERWISE GO TO Q.26.

B. Not counting the day of the incident, how many days altogether was this?

ENTER NUMBER OF DAYS: 15-17/

26. Did the (injury/illness) (also) cause you. . . (READ CATEGORIES)?

CODE YES OR NO FOR EACH ONE

	<u>YES</u>	<u>NO</u>	
to be laid off?	1	0	18-19/
to quit?	1	0	20-21/
to be fired?	1	0	22-23/
to change occupations?	1	0	24-25/

27. Did you lose any wages because of the (injury/illness)?

Yes 1 26-27/
No 0

28. Did you or your employer fill out a worker's compensation form for this (injury/illness)?

Yes 1 28-29/

No (SKIP TO Q.31, NEXT PAGE) 0

29. Have you collected any worker's compensation benefits for this (injury/illness)?

Yes (SKIP TO Q.31, NEXT PAGE) 1 30-31/

No 0

30. Is there a worker's compensation claim pending for this (injury/illness)?

Yes 1 32-33/

No 0

Now, we have a few questions about health care and hospitalization plans.

31. First, are you covered by any kind of private or government health or hospitalization plans or health maintenance organization (HMO) plans? PROBE IF NECESSARY: Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

Yes 1 34-35/
 No (SKIP TO Q.33, NEXT PAGE) 0

32. (HAND CARD T). What is the source of your health or hospitalization plan? Is it from a policy from your current or previous employer, [a policy from your (husband/wife)'s current or previous employer,] a policy bought directly from a medical insurance company, is it (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services), or is it from some other source. READ CATEGORIES AS NECESSARY AND CODE ALL THAT APPLY.



Policy from your current employer 01 36-37/
 Policy from a previous employer 02 38-39/
 Policy from husband/wife's current employer 03 40-41/
 Policy from husband/wife's previous employer 04 42-43/
 Policy bought directly from medical insurance company 05 44-45/
 Medicaid/Medi-Cal/Medical Assistance/Welfare/
 Medical Services 06 46-47/
 Other (SPECIFY) _____ 07 48-49/

33. **INTERVIEWER:** IS R MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION?

YES 1 50-51/
 NO (SKIP TO Q.36, NEXT PAGE) 0

34. Is your (husband/wife) covered by any kind of private or government health or hospitalization plans or health maintenance organization (HMO) plans? PROBE IF NECESSARY: Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

Yes 1 52-53/
 No (SKIP TO Q.36, NEXT PAGE) 0

35. **(HAND CARD T).** What is the source of your (husband/wife)'s health or hospitalization plan? Is it from a policy from your current or previous employer, a policy from your (husband/wife)'s current or previous employer, a policy bought directly from a medical insurance company, is it (Medicaid/ Medi-Cal/Medical Assistance/Welfare/Medical Services), or is it from some other source. READ CATEGORIES AS NECESSARY AND CODE ALL THAT APPLY.

Policy from your **current** employer 01 54-55/
 Policy from a **previous** employer 02 56-57/
 Policy from husband/wife's **current** employer 03 58-59/
 Policy from husband/wife's **previous** employer 04 60-61/
 Policy bought directly from medical insurance company 05 62-63/
 Medicaid/Medi-Cal/Medical Assistance/Welfare/
 Medical Services 06 64-65/
 Other (SPECIFY) _____ 07 66-67/



36. **INTERVIEWER:** DOES R HAVE ANY CHILDREN LISTED ON THE HOUSEHOLD ENUMERATION?

YES 1 68-69/
 NO (SKIP TO Q.39, P. 11-155) 0

37. (Is/Are) your (child/children) covered by any kind of private or government health or hospitalization plans or health maintenance organization (HMO) plans? PROBE IF NECESSARY: Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, (Medicaid/Medi-Cal/Medical Assistance/Welfare/Medical Services).

Yes 1 70-71/
 No (SKIP TO Q.39, P. 11-155) 0

38. **(HAND CARD T).** What is the source of your (child/children)'s health or hospitalization plan? Is it from a policy from your current or previous employer, [a policy from your (husband/wife)'s current or previous employer,] a policy bought directly from a medical insurance company, is it (Medicaid/ Medi-Cal/Medical Assistance/Welfare/Medical Services), or is it from some other source. READ CATEGORIES AS NECESSARY AND CODE ALL THAT APPLY.

BEGIN DECK 62

Policy from your current employer 01 09-10/
 Policy from a previous employer 02 11-12/
 Policy from husband/wife's current employer 03 13-14/
 Policy from husband/wife's previous employer 04 15-16/
 Policy bought directly from medical insurance company 05 17-18/
 Medicaid/Medi-Cal/Medical Assistance/Welfare/
 Medical Services 06 19-20/
 Other (SPECIFY) _____ 07 21-22/

**HAND
CARD
T**

GO TO Q.39, NEXT PAGE

39. (HAND CARD 5). The next series of sentences describes the way some people feel about how much control they have over their lives. After each statement, please tell me whether you strongly disagree, disagree, agree, or strongly agree.



		<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	
A.	There is really no way I can solve some of the problems I have	1	2	3	4	23-24/
B.	Sometimes I feel that I'm being pushed around in life . . .	1	2	3	4	25-26/
C.	I have little control over the things that happen to me . .	1	2	3	4	27-28/
D.	I can do just about anything I really set my mind to	1	2	3	4	29-30/
E.	I often feel helpless in dealing with the problems of life	1	2	3	4	31-32/
F.	What happens to me in the future mostly depends on me	1	2	3	4	33-34/
G.	There is little I can do to change many of the important things in my life . . .	1	2	3	4	35-36/

40. **(HAND CARD U).** Now I am going to read a list of the ways you might have felt or behaved recently. After each statement, please tell me how often you felt this way during the past week.



Rarely/ None of The Time/ 1 Day	Some/A little of The Time/ 1-2 Days	Occasionally/ Moderate Amt. Of The Time/ 3-4 Days	Most/ All Of The Time/ 5-7 Days
--	--	--	--

During the past week . . .

- | | | | | | |
|--|---|---|---|---|--------|
| A. I was bothered by things
that usually don't
bother me | 0 | 1 | 2 | 3 | 37-38/ |
| B. I did not feel like
eating; my appetite
was poor | 0 | 1 | 2 | 3 | 39-40/ |
| C. I felt that I couldn't
shake off the blues
even with help from
my family and friends | 0 | 1 | 2 | 3 | 41-42/ |
| D. I felt that I was just
as good as other people | 0 | 1 | 2 | 3 | 43-44/ |
| E. I had trouble keeping my
mind on what I was doing | 0 | 1 | 2 | 3 | 45-46/ |
| F. I felt depressed | 0 | 1 | 2 | 3 | 47-48/ |
| G. I felt that everything
I did was an effort | 0 | 1 | 2 | 3 | 49-50/ |
| H. I felt hopeful about the
future | 0 | 1 | 2 | 3 | 51-52/ |
| I. I thought my life had
been a failure | 0 | 1 | 2 | 3 | 53-54/ |
| J. I felt fearful | 0 | 1 | 2 | 3 | 55-56/ |
| K. My sleep was restless | 0 | 1 | 2 | 3 | 57-58/ |
| L. I was happy | 0 | 1 | 2 | 3 | 59-60/ |
| M. I talked less than usual | 0 | 1 | 2 | 3 | 61-62/ |
| N. I felt lonely | 0 | 1 | 2 | 3 | 63-64/ |
| O. People were unfriendly | 0 | 1 | 2 | 3 | 65-66/ |

40. (Continued)

		Rarely/ None of The Time/ 1 Day	Some/A little of The Time/ 1-2 Days	Occasionally/ Moderate Amt. Of The Time/ 3-4 Days	Most/ All Of The Time/ 5-7 Days	
P.	I enjoyed life	0	..... 1	..... 2	..... 3	67-68/
Q.	I had crying spells	0	..... 1	..... 2	..... 3	69-70/
R.	I felt sad	0	..... 1	..... 2	..... 3	71-72/
S.	I felt that people dislike me	0 1 2 3	73-74/
T.	I could not get "going"	0 1 2 3	75-76/

GO TO SECTION 12, PAGE 12-159

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SECTION 12: ON ASSETS AND INCOME

We now have some questions about your income, assets, and household spending. We appreciate that our questions are difficult to answer and sometimes seem intrusive. However, the spending and saving patterns of Americans are of national importance, and your answers to these questions provide us with the most reliable figures on your generation's spending and saving habits. As with other questions in this survey, we want to reassure you that the information you provide to us is kept confidential.

1. Now I would like to ask you some questions about your income in 1991.

A. During 1991, did you receive any income from service in the military?

Yes 1

09-10/

No (GO TO Q.2) 0

B. **IF YES:** And how much total income did you receive during 1991 from the military before taxes and other deductions? Please **include** money received from special pays, allowances, and bonuses.

\$, , . 00

11-18/

2. **IF R EARNED ANY MONEY FROM THE MILITARY IN 1991, READ A. OTHERWISE GO TO B.**

A. Not counting any money you received from your military service . . .

B. During 1991, how much did you receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$, , . 00

OR

NONE 00000000

19-26/

3. (Excluding any income you already have mentioned) During 1991, did you receive any money in income . . .

A. from your own farm?

Yes 1 27-28/

No 0

B. from your own non-farm business, partnership, or professional practice?

Yes 1 29-30/

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

OR

NONE 00000000 31-38/

OR

DON'T KNOW 99999998

4. During 1991, did you receive any unemployment compensation?

Yes 1 39-40/
 No (GO TO Q.5) 0

IF YES, ASK A-C:**A. SHOW R CALENDAR. ASK:** In which months of 1991 did you receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY 01 41-42
 FEBRUARY 02 43-44/
 MARCH 03 45-46/
 APRIL 04 47-48/
 MAY 05 49-50/
 JUNE 06 51-52/
 JULY 07 53-54/
 AUGUST 08 55-56/
 SEPTEMBER 09 57-58/
 OCTOBER 10 59-60/
 NOVEMBER 11 61-62/
 DECEMBER 12 63-64/

B. How many weeks in 1991 did you receive unemployment compensation?

ENTER NUMBER OF WEEKS: 65-66/

C. How much did you receive per week on the average?

\$.00 67-70/

5. INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE HOUSEHOLD ENUMERATION?

YES (GO TO Q.6) 1 71-72/
 NO (SKIP TO Q.10, PAGE 12-165) 0

6. **IF R IS CURRENTLY MARRIED AND R'S SPOUSE IS LISTED ON THE HOUSEHOLD ENUMERATION, ASK:**

- A. During 1991, did your (husband/wife) receive any income from service (he/she) performed in the military?

Yes 1

09-10/

No (GO TO Q.7) 0

- B. **IF YES:** And how much total income did your (husband/wife) receive during 1991 from the military before taxes and other deductions? Please **include** money received from special pays, allowances, and bonuses.

\$, , . 00

11-18/

7. **IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1991, READ A. OTHERWISE, GO TO B.**

- A. Not counting any money your (husband/wife) received from (his/her) military service . . .

- B. During 1991, 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

OR

NONE 00000000

19-26/

OR

DON'T KNOW 99999998

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 1991, did your (husband/wife) receive any money in income . . .

A. from (his/her) own farm?

Yes	1	27-28/
No	0	
DON'T KNOW	8	

B. from (his/her) own non-farm business, partnership, or professional practice?

Yes	1	29-30/
No	0	
DON'T KNOW	8	

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.9.

C. **IF YES TO A OR B:** How much did (he/she) receive after expenses?

\$, , . 00

OR

NONE	00000000	31-38/
----------------	----------	--------

OR

DON'T KNOW	99999998
----------------------	----------

9. During 1991, did your (husband/wife) receive any unemployment compensation?

Yes 1 39-40/

No (GO TO Q.10, PAGE 12-165) 0

IF YES, ASK A-C:

A. **SHOW R CALENDAR.** ASK: In which months of 1991 did your (husband/wife) receive unemployment compensation? CODE ALL THAT APPLY.

JANUARY 01 41-42/

FEBRUARY 02 43-44/

MARCH 03 45-46/

APRIL 04 47-48/

MAY 05 49-50/

JUNE 06 51-52/

JULY 07 53-54/

AUGUST 08 55-56/

SEPTEMBER 09 57-58/

OCTOBER 10 59-60/

NOVEMBER 11 61-62/

DECEMBER 12 63-64/

B. During how many weeks in 1991 did your (husband/wife) receive unemployment compensation?

ENTER NUMBER OF WEEKS: 65-66/

OR

DON'T KNOW 98

C. How much did (he/she) receive per week on the average?

\$.00 67-70/

OR

DON'T KNOW 9998

10. **INTERVIEWER:** HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?
(SEE SECTION 2, Q.4, PAGE 2-3 OR Q.6A, PAGE 2-4.)

YES 1 71-72/

NO (GO TO Q.11) 0

- A. During 1991, did you [or your (husband/wife)] receive any money from someone living outside (this/your) household in (CITY OF PERMANENT RESIDENCE) for alimony?

Yes 1 73-74/

No (GO TO Q.11) 0

- B. How much did you [or your (husband/wife)] receive for alimony during 1991?

BEGIN DECK 65

\$, , . 00

09-15/

11. A. During 1991, 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 1 16-17/

No (GO TO Q.12) 0

- B. How much did you [or your (husband/wife)] receive for child support during 1991?

\$, , . 00

18-24/

12. **INTERVIEWER:** IF ANYONE OTHER THAN R'S SPOUSE AND CHILDREN IS LISTED IN HOUSEHOLD ENUMERATION, READ A. 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 1991, did you [or your (husband/wife)] receive any payments from Aid to Families with Dependent Children--AFDC?

Yes 1 25-26/

No (GO TO Q.13, PAGE 12-167) 0

IF YES, ASK C & D:

- C. In which months of 1991 did you [or your (husband/wife)] receive AFDC payments?
CODE ALL THAT APPLY.

JANUARY 01 27-28/

FEBRUARY 02 29-30/

MARCH 03 31-32/

APRIL 04 33-34/

MAY 05 35-36/

JUNE 06 37-38/

JULY 07 39-40/

AUGUST 08 41-42/

SEPTEMBER 09 43-44/

OCTOBER 10 45-46/

NOVEMBER 11 47-48/

DECEMBER 12 49-50/

- D. During 1991, how much did you [or your (husband/wife)] receive per month on the average from AFDC?

\$.00

51-54/

OR

DON'T KNOW 9998

13. During 1991, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

Yes 1 55-56/
 No (GO TO Q.14) 0

IF YES, ASK A & B:

- A. In which months of 1991 did you [or your (husband/wife)] receive food stamps?
 CODE ALL THAT APPLY.

JANUARY	01	57-58/
FEBRUARY	02	59-60/
MARCH	03	61-62/
APRIL	04	63-64/
MAY	05	65-66/
JUNE	06	67-68/
JULY	07	69-70/
AUGUST	08	71-72/
SEPTEMBER	09	73-74/
OCTOBER	10	75-76/
NOVEMBER	11	77-78/
DECEMBER	12	BEGIN DECK 66 09-10/

- B. How many dollars worth of food stamps did you [or your (husband/wife)] receive during (MOST RECENT MONTH CODED IN A)?

\$.00 11-14/

-
14. Did you [or your (husband/wife)] receive any government food stamps **last month**?

Yes (GO TO Q.15) 1 15-16/
 No (SKIP TO Q.18) 0

15. How many dollars' worth of food stamps did you [or your (husband/wife)] receive last month?

\$, . 00

17-20/

16. In addition to what you [or your (husband/wife)] bought with food stamps, did you [or your (husband/wife)] spend any money on food that you used at home last month?

Yes 1 21-22/

No (SKIP TO Q.19) 0

17. How much? **PROBE IF NECESSARY:** Is that per week or per month?

\$, . 00

23-26/

Per week (SKIP TO Q.19) 1 27-28/

Per month ... (SKIP TO Q.19) 2

18. How much do you [or your (husband/wife)] spend on food that you use at home in an average week? **PROBE IF NECESSARY:** Is that per week or per month?

\$, . 00

29-32/

Per week 1 33-34/

Per month 2

19. Do you [or your (husband/wife)] have any food delivered to the door which isn't included in the amount you just gave me?

Yes 1 35-36/

No (SKIP TO Q.21) 0

20. How much did you [or your (husband/wife)] spend on that food? **PROBE IF NECESSARY:** Is that per week or per month?

\$, . 00

37-40/

Per week 1 41-42/

Per month 2

21. About how much do you [or your (husband/wife)] spend eating out, not counting meals at work or at school? **PROBE IF NECESSARY:** Is that per week or per month?

\$, . 00

43-46/

Per week 1

47-48/

Per month 2

22. [Besides the (AFDC) (and) (food stamps),] During 1991, 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 1

49-50/

No (GO TO Q.23, PAGE 12-170) 0

IF YES, ASK A & B:

- A. In which months of 1991 did you [or your (husband/wife)] receive any Supplemental Security Income or any public assistance or welfare payments? CODE ALL THAT APPLY.

JANUARY	01	51-52/
FEBRUARY	02	53-54/
MARCH	03	55-56/
APRIL	04	57-58/
MAY	05	59-60/
JUNE	06	61-62/
JULY	07	63-64/
AUGUST	08	65-66/
SEPTEMBER	09	67-68/
OCTOBER	10	69-70/
NOVEMBER	11	71-72/
DECEMBER	12	73-74/

- B. And how much did you [or your (husband/wife)] receive per month, on the average, during 1991?

\$, . 00

75-78/

OR

DON'T KNOW 9998

23. Did you [or your (husband/wife) (or your children)] receive any WIC benefits in 1991?

Yes 1
 No 0
 09-10/

24. A. During 1991, did you [or your (husband/wife)] receive any educational benefits for veterans under the G.I. Bill or V.E.A.P.?

Yes 1
 No 0
 11-12/

- B. During 1991, did you [or your (husband/wife)] receive any (other kinds of) scholarships, fellowships, or grants?

Yes 1
 No 0
 13-14/

- C. **INTERVIEWER:** IS ANY "YES" CODED IN Q.24 A OR B?

YES 1
 NO (SKIP TO Q.26) 0
 15-16/

IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q.25 WITHOUT ASKING. OTHERWISE, ASK Q.25.

25. Who received these benefits--you, your (husband/wife), or both of you?

Respondent only (ASK A, COLUMN 1 ONLY) 1
 Respondent's spouse only (ASK A, COLUMN 2 ONLY) 2
 Respondent and spouse (ASK A, COLUMNS 1 & 2) 3
 17-18/

COLUMN 1 FOR RESPONDENT

- A. What was the total dollar value of the assistance you received from these sources during 1991?

\$, .00

OR

DON'T KNOW 99998

COLUMN 2 FOR R'S SPOUSE

- A. What was the total dollar value of the assistance your (husband/wife) received from these sources during 1991?

\$, .00

OR

DON'T KNOW 99998

19-23/

24-28/

26. During 1991, 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

29-30/

No (GO TO Q.27) 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 [or your (husband/wife)] received during 1991?

\$, . 00

31-35/

27. During 1991, did you [or your (husband/wife)] receive any property or money, valued at over \$100, from any estates, trusts, inheritances, or gifts from relatives or friends?

Yes 1

36-37/

No (GO TO Q.28) 0

- A. **IF YES:** What was the total market value or amount that you [or your (husband/wife)] received during 1991 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

38-45/

OR

DON'T KNOW 99999998

28. (HAND CARD V). (Aside from the things you have already told me about) During 1991, 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?



Yes 1

46-47/

No (GO TO Q.29, PAGE 12-172) ... 0

- A. **IF YES:** How much altogether?

\$, , . 00

48-55/

29. Did you [or your (husband/wife)] file a federal income tax return for 1991?

Yes 1

56-57/

No (SKIP TO Q.31) 0

30. A. (HAND CARD W). What was your filing status on your 1991 federal income tax return?
Did you file as ... (READ CATEGORIES)?



a single taxpayer 1

married, filing a joint return 2

58-59/

married, filing separate 3

unmarried head of household 4

qualifying widow(er) with dependent child 5

B. What were the total number of exemptions claimed (self, spouse, children or other dependents) on (both) your [and your (husband/wife)'s] 1991 federal income tax return(s)?

TOTAL NUMBER OF EXEMPTIONS

60-61/

31. **INTERVIEWER:** DOES RESPONDENT LIVE WITH ANY RELATIVE OTHER THAN RESPONDENT'S SPOUSE AND CHILDREN? (SEE HOUSEHOLD ENUMERATION.)

YES (GO TO Q.32, NEXT PAGE) ... 1

62-63/

NO (SKIP TO Q.36, PAGE 12-174) . 0

32. The next few questions are about the income received during 1991 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 1991, 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	64-65/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	66-67/
C. Unemployment compensation or worker's compensation?	1	0	8	68-69/
D. Veteran's benefits?	1	0	8	70-71/

33. INTERVIEWER: IS ANY ITEM IN Q.32 CODED 1--"YES"?

YES 1 72-73/

NO (SKIP TO Q.35A, PAGE 12-174) 0

BEGIN DECK 68

IF YES TO Q.33, ASK:

34. 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.32) during 1991 - before taxes and other deductions?

\$, , .00 09-16/

OR

DON'T KNOW 99999998

(GO TO Q.35A, NEXT PAGE)

35. A. And did any of these persons receive in 1991 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 1

No (GO TO Q.36) 0 17-18/

DON'T KNOW ... (GO TO Q.36) 8

B. 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 1991 - before taxes and other deductions?

\$, , .00 19-26/

OR

DON'T KNOW 99999998

36. **INTERVIEWER:** DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE SEX (Q.8B ON HOUSEHOLD INTERVIEW, PAGE HHI-4, IS CODED 1 -- "YES")?

YES 1 27-28/

NO (SKIP TO Q.43, PAGE 12-177) 0

37. A. During 1991, did (READ NAME OF PARTNER ON HH ENUMERATION) receive any income from service (he/she) performed in the military?

Yes 1 29-30/

No (GO TO Q.38) 0

- B. **IF YES:** And how much total income did (READ NAME OF PARTNER ON HH ENUMERATION) receive during 1991 from the military before taxes and other deductions? Please include money received from special pays, allowances, and bonuses.

\$, , .00 31-38/

38. **IF PARTNER EARNED ANY MONEY FROM THE MILITARY IN 1991, READ A. OTHERWISE, ASK B.**

- A. Not counting any money (PARTNER) received from (his/her) military service . . .
- B. During 1991, how much did (PARTNER) receive from wages, salary, commissions, or tips from all (other) jobs, before deductions for taxes or anything else?

\$,,.00 39-46/

OR

NONE 00000000

OR

DON'T KNOW 99999998

39. [Now, please exclude any income you already have mentioned earned by (PARTNER)]. (In addition to the income you received from your farm or business, partnership, or professional practice.) During 1991, did (PARTNER) receive any money in income . . .

- A. from (his/her) own farm?

Yes 1

No 0 47-48/

DON'T KNOW 8

- B. from (his/her) own non-farm business, partnership, or professional practice?

Yes 1

No 0 49-50/

DON'T KNOW 8

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q.40.

- C. **IF YES TO A OR B:** How much did (he/she) receive after expenses?

\$,,.00 51-58/

OR

NONE 00000000

OR

DON'T KNOW 99999998

40. During 1991, did . . (READ NAME OF PARTNER ON HH ENUMERATION) . . . receive (READ CATEGORIES) . . . 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?	1	0	8	59-60/
B. Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	61-62/
C. Unemployment compensation or worker's compensation?	1	0	8	63-64/
D. Income from Social Security or pension?	1	0	8	65-66/
E. Income from any other regular or periodic sources?	1	0	8	67-68/

41. **INTERVIEWER:** IS ANY ITEM IN Q.40 CODED 1--"YES"?

Yes 1 69-70/
 No (SKIP TO Q.43, PAGE 12-177) 0

IF YES TO Q.41, ASK:

42. Counting the income from all of these sources -- that is, . . (READ ALL SOURCES CODED 1--"YES" ABOVE IN Q.40) what was the total income received by (PARTNER) during 1991 -- before taxes and other deductions?

\$, , .00 71-78/

OR

DON'T KNOW 99999998

43. During any part of 1991, 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

09-10/

No 0

44. Is this (house/apartment) owned or being bought by you [or your (husband/wife)]?

Yes 1

11-12/

No (GO TO Q.45, NEXT PAGE) ... 0

- A. **IF YES:** About how much do you think this property would sell for on today's market?

\$, , . 00

13-20/

- B. About how much do you [and your (husband/wife)] owe on this property, for mortgages, back taxes, home improvement loans, etc.?

\$, , . 00

21-28/

OR

NONE 00000000

- C. How much other debt do you have on this property, such as assessments, home repair bills, etc.?

\$, , . 00

29-36/

OR

NONE 00000000

45. A. (HAND CARD X). Do you [or your (husband/wife)] have any money in savings or checking accounts, money market funds, credit unions, U.S. savings bonds, individual retirement accounts (IRA or Keogh), 401K, or pre-tax annuities, certificates of deposit, personal loans to others or mortgages you hold (money owed to you by other people) or any cash you keep in a safe place at home or elsewhere?

HAND
CARD
X

Yes 1 37-38/
No (GO TO C) 0

- B. **IF YES:** How much altogether?

\$,,. 00 39-46/

- C. [Not counting any individual retirement accounts (IRA or Keogh), 401K, or pre-tax annuities 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 1 47-48/
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 49-56/

- E. Do you [or your (husband/wife)] have any rights to an estate or an investment trust?

Yes 1 57-58/
No (GO TO Q.46, NEXT PAGE) ... 0

- F. What is the total value of the estate or the investment trust that you [or your (husband/wife)] will receive?

\$,,. 00 59-66/

46. 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 1

67-68/

No (GO TO Q.47, NEXT PAGE) ... 0

A. **IF YES:** Which ones? (CODE ALL THAT APPLY.)

Farm 1

69-70/

Business 2

71-72/

Other real estate 3

73-74/

- 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)."

BEGIN DECK 70

\$, , . 00

09-16/

- 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

17-24/

47. 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 1 25-26/
 No (GO TO Q.48) 0

- A. Do you [or your (husband/wife)] owe any money on (this/these) vehicle(s)?

Yes 1
 No (SKIP TO C) 0 27-28/
 DON'T KNOW ... (SKIP TO C) 8

- B. How much altogether?

\$, , . 00 29-35/

(INTERVIEWER: RECORD AMOUNT AND GO TO C)

OR

DON'T KNOW ... (GO TO C) 9999998

- C. How much would (this/these) vehicle(s) sell for on today's market?

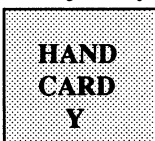
\$, , . 00 36-42/

(INTERVIEWER: RECORD AMOUNT AND GO TO Q.48)

OR

DON'T KNOW ... (GO TO Q.48) 9999998

48. (HAND CARD Y). 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.



Yes 1 43-44/
 No (GO TO Q.49, NEXT PAGE) ... 0

- A. What is their total market value, rounding to the nearest hundred dollars?

\$, , . 00 45-52/

OR

DON'T KNOW 99999998

49. (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 1

53-54/

No (GO TO Q.50) 0

- A. **IF YES:** Rounding to the nearest hundred dollars, how much do you owe altogether?

\$, , . 00

55-62/

OR

DON'T KNOW 99999998

50. Suppose you [and your (husband/wife)] were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay all of your debts. Would you have something left over, break even, or be in debt?

Have something
left over (GO TO Q.51) 1

63-64/

Break even (SKIP TO Q.52, NEXT PAGE) .. 2

Be in debt (SKIP TO Q.52, NEXT PAGE) .. 3

51. A. How much would you have left over?

\$, , . 00

65-72/

(GO TO Q.52)

OR

REFUSED (ASK B) 99999997

DON'T KNOW ... (ASK B) 99999998

B. Would it amount to \$10,000 or more?

Yes (ASK D) 1

No (ASK C) 0

73-74/

REFUSED (GO TO Q.52) 7

DON'T KNOW ... (GO TO Q.52) 8

C. Would it amount to \$1,000 or more?

BEGIN DECK 71

Yes (GO TO Q.52) 1

09-10/

No (GO TO Q.52) 0

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

Yes 1

11-12/

No 0

52. **INTERVIEWER:** READ TO THE RESPONDENT:

Finally, we have some questions concerning your experience, if any, smoking cigarettes and using marijuana, cocaine and other drugs. 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.53)

53.

RECORD TIME: : AM / MIDNIGHT
PM / NOON

13-18/

HR. MIN.

GO TO SECTION 13

SECTION 13: LOCATING INFORMATION

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

That's all the survey questions I have, but (as you know) we would like to keep in touch with you. So, let me be certain that we have your correct name, address, and phone number.

1. A. Please tell me your full name.

BEGIN LOCATOR DECK 01

09-32/

LAST NAME

33-56/

FIRST NAME

57-71/

MAIDEN NAME/OR MIDDLE NAME

B. What is your correct address?

BEGIN LOCATOR DECK 02

09-33/

(STREET ADDRESS 1)

34-58/

(STREET ADDRESS 2)

C. What is your city, state, and zip code?

BEGIN LOCATOR DECK 03

09-27/

(CITY)

(STATE) 28-29/

(ZIP)

30-34/

What county do you live in? _____ 35-48/

BEGIN LOCATOR DECK 04

D. **NOTE:** IF R LIVES OUTSIDE THE U.S.A., ASK: What country do you live in?

09-28/

COUNTRY

FOR OFFICE USE ONLY:

STATE:

29-30/

MLA:

31-32/

1. (Continued)

E. Finally, what is your telephone number?

(AREA CODE)

(PHONE NUMBER)

33-42/

IF R LIVES OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

(ACCESS
CODE) 43-45/(COUNTRY
CODE) 46-47/

(PHONE NUMBER)

48-57/

OR

No phone (GO TO Q.2) 0

58-59/

Refused 7

F. In whose name is the phone listed?

RESPONDENT'S NAME (GO TO Q.2) 1

Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 05

09-33/

(LAST),

(FIRST)

(MIDDLE)

2. **INTERVIEWER:** DOES RESPONDENT CURRENTLY WORK?

YES (ASK A) 1

47-48/

NO (GO TO Q.3) 0

A. Where do you work?

49-73/

(PLACE OF EMPLOYMENT)

BEGIN LOCATOR DECK 06

B. What is the address of (PLACE OF EMPLOYMENT)?

09-33/

(STREET ADDRESS)

(APT #)

34-58/

(CITY)

(STATE)

(ZIP)

C. What is your work phone number?

(AREA CODE)

(PHONE NUMBER)

59-68/

IF R LIVES OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

BEGIN LOCATOR DECK 07

(ACCESS
CODE) 09-11/

(COUNTRY
CODE) 12-13/

(PHONE NUMBER)

14-23/

D. Is it okay for us to call you at work?

Yes 1

24-25/

No 0

3. Do you have a nickname or some name other than your legal one by which most of your friends, neighbors, or relatives know you?

Yes (ASK A) 1

26-27/

No (GO TO Q.4) 0

A. **IF YES:** What is it?

28-47/

(NICKNAME)

48-724

[illegible]

BEGIN LOCATOR DECK 08

09-33/

[illegible]

(MIDDLE)

34-35/

36-59/

[illegible]

11

60-61/

09-10/

□ □ □ □

11-14/

15-39/

[illegible]

(APT #)

40-64/

[illegible]

(ZIP)

(MIDDLE)

9. Thinking of all the people you know, (either around here or elsewhere,) who would be the one person you keep in touch with who would be most likely to know where you are?

ENTER FULL NAME OF PERSON BELOW AND ASK A-D.

BEGIN LOCATOR DECK 13

09-33/

[illegible]

(LAST),

(FIRST)

(MIDDLE)

A. What is (PERSON'S) relationship to you? _____ 34-35/

B. What is (PERSON'S) address?

36-60/

□ □

(STREET ADDRESS)

(APT #)

BEGIN LOCATOR DECK 14

09-33/

□ □

(CITY)

(STATE)

(ZIP)

C. What is (PERSON'S) telephone number?

--	--	--

□□□-□□□□

34-43/

(AREA CODE)

(PHONE NUMBER)

IF OUTSIDE THE U.S.A, RECORD PHONE # BELOW.

[illegible]

(ACCESS
CODE) 44-46/

(COUNTRY
CODE) 47-48/

(PHONE NUMBER)

49-58/

No phone (GO TO Q.10) 0

59-60/

Refused 7

D. IF PERSON HAS PHONE: In whose name is the phone listed?

(PERSON'S) name (GO TO Q.10) 1

Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 15

09-33/

□ □

(LAST),

(FIRST)

(MIDDLE)

- FIRST PERSON'S NAME:**

(LAST) (FIRST) (MIDDLE)

- BEGIN LOCATOR DECK 18

36-60/

BEGIN LOCATOR DECK 19

34-43/

(PHONE NUMBER)

49-58/

59-60/

Refused 7

- Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 20

(LAST),								(FIRST)								(MIDDLE)							

- THIRD PERSON'S NAME:**

BEGIN LOCATOR DECK 21

- 11-35/

36-60/

BEGIN LOCATOR DECK 22

09-18/

(PHONE NUMBER)

24-33/

34-35/

36-60/

A horizontal array of 24 empty square slots. Below the array, three labels are positioned: "(LAST)" is centered under the 4th slot, "(FIRST)" is centered under the 12th slot, and "(MIDDLE)" is centered under the 22nd slot.

13. NOW PAY RESPONDENT FOR INTERVIEW AND HAVE HIM/HER SIGN THE RECEIPT.
-

14. IF CURRENT MAILING ADDRESS IS NOT A REGULAR STREET ADDRESS OR IF DU IS DIFFICULT TO LOCATE, GIVE DU DESCRIPTION AND DIRECTIONS HERE:
-

15. OTHER COMMENTS ON LOCATING R:

INTERVIEWER REMARKS

INTERVIEWER: Complete these remarks as soon as you have finished the questionnaire.

1. Date of interview: 19-24/
MONTH DAY YEAR
-
2. Race of Respondent:
- White 1 25-26/
Black 2
Other 3
-
3. Sex of Respondent:
- Male 1 27-28/
Female 2
-
4. In what language was this interview conducted?
- English 1 29-30/
Spanish 2
Other (SPECIFY) _____
_____ 3
-
5. In general, what was the respondent's attitude toward the interview?
- Friendly and interested 1 31-32/
Cooperative but not particularly interested 2
Impatient and restless 3
Hostile 4
-
6. In general, was the respondent's understanding of the questions . . .
- Good? 1 33-34/
Fair? 2
Poor? 3

7. Was anyone else present other than small children (AGE 3 AND UNDER) during any portion of the interview?

Yes 1 35-36/
 No (GO TO Q.8) 0
 TELEPHONE INTERVIEW .. (GO TO Q.8) 8

- A. **IF YES:** Who was present? CODE ALL THAT APPLY.

Spouse/Partner 5 37-38/
 R's parent(s) 1 39-40/
 Other member(s) of R's household 2 41-42/
 R's friend(s) 3 43-44/
 Other (SPECIFY) _____
 _____ 4 45-46/

8. 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.9) 0 47-48/

OR

Section		Question	
A.	<input type="checkbox"/> <input type="checkbox"/> 49-50/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 51-53/	
B.	<input type="checkbox"/> <input type="checkbox"/> 54-55/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 56-58/	
C.	<input type="checkbox"/> <input type="checkbox"/> 59-60/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 61-63/	

Describe Problem: _____

64-65/

9. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN.

None (GO TO Q.10A) 0 66-67/

OR

BEGIN DECK 72

Section		Question	
A.	<input type="text"/> <input type="text"/> 09-10/	<input type="text"/> <input type="text"/> <input type="text"/> 11-13/	
B.	<input type="text"/> <input type="text"/> 14-15/	<input type="text"/> <input type="text"/> <input type="text"/> 16-18/	
C.	<input type="text"/> <input type="text"/> 19-20/	<input type="text"/> <input type="text"/> <input type="text"/> 21-23/	

Describe Problem: _____ 24-25/

- 10 A. Did the respondent have any of the special characteristics that could affect his/her ability to answer any portion of this questionnaire?

Yes 1 26-27/

No (GO TO Q.11) 0

- B. CODE ALL CHARACTERISTICS THAT APPLY.

Respondent deaf 01 28-29/

Respondent blind 02 30-31/

Respondent mentally handicapped or retarded 03 32-33/

Respondent's English is very poor 04 34-35/

Respondent cannot read 05 36-37/

Respondent physically handicapped
(SPECIFY HANDICAP) _____ 06 38-39/

Other (SPECIFY) _____
_____ 07 40-41/

11. **INTERVIEWER:** TRANSFER HERE THE LAST LINE OF THE RECORD OF CALLS.

Try #	Day #	DATE		Time	Type P = 1 Tel = 2	Outcome Code
		Month	Day			
_____	_____	_____	_____	_____	_____	_____
42-43/	44-45/	46-47/	48-49/	50-55/ A P	56-57/	58-59/

12. Please record your interviewer ID #:

60-65/

13. Please sign your name here: _____

14. Please affix label with your supervisor's name and ID # here:

OFFICE USE ONLY

CODER ID #

66-68/