

**MTO INTERIM EVALUATION**

**FINAL HOUSEHOLD SURVEY MARK-UP**

**11/29/2002**

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Hello, my name is \_\_\_\_\_ and I work for Abt Associates. Thank you for taking the time to speak with me today. As you know, I will be talking with you for about one hour and [my colleague \_\_\_\_\_ will be doing some educational assessments [and asking a few questions] of \_\_\_\_\_ (and \_\_\_\_\_).] Your participation in this study will help HUD to improve housing programs across the country. As we told you when we scheduled this appointment, your participation is completely voluntary, and all of your answers (and those of your child/children) will be kept confidential. HUD is very interested in how applying for the MTO program may have changed your life. We will ask you a series of questions about neighborhood, housing, employment, health, friendships, and household composition. Your participation in the MTO program may have affected all of these areas of your life, not just where you live. Because of this, it is important that I ask about all of these topics. HUD is also aware that you may have opinions about MTO. In order to pass along your views and feelings about the program, what you liked or disliked about it, we will ask you to share your experiences at the end of this interview. Nothing you say can be traced back to you, nor can your participation affect any housing subsidy you may be receiving. Your name will never be linked to your answers. At the end of your interview, you will receive \$50 for your participation [and \$25 dollars for your/each child's participation].

Now I'd like to start by asking you some questions about your current housing situation.

**SECTION A: HOUSING AND NEIGHBORHOOD**

**(601) CURRENT HOUSING TENURE (INCLUDES DOUBLED UP, HOMELESSNESS)**

A1. <a1> First, I'd like to ask you some questions about your housing situation. Do you...

- Rent your home or apartment (**SKIP TO A3**)  1
- Own your own home (**SKIP TO A3**)  2
- Live with family or friends and pay part of the rent or mortgage  3  
[**ASK A2**]
- Live with family or friends and do not pay rent [**ASK A2**]  4
- Live in a group shelter or (**SKIP TO A5**)  5
- Live in some other housing arrangement

SELECT FROM LIST BELOW.

- HOMELESS (**SKIP TO A8**)  6
- INCARCERATED (**SKIP TO A5**)  7
- GROUP HOME, DORM OR BARRACKS (**SKIP TO A3**)  8
- HOSPITAL/NURSING HOME/SPECIAL SCHOOL (**SKIP TO A3**)  9
- OTHER (SPECIFY) \_\_\_\_\_ (**SKIP TO A7**)  95
- REFUSED (**SKIP TO A7**)  97
- DON'T KNOW (**SKIP TO A7**)  98

POST-CODES:

- OTHER: RENT YOUR HOME OR APARTMENT  61
- OTHER: OWN YOUR OWN HOME  62
- OTHER: LIVE WITH FAMILY OR FRIENDS AN PAY PART OF THE RENT OR MORTGAGE  63
- OTHER: LIVE WITH FAMILY OR FRIENDS AND PAY NO RENT  64
- OTHER: LIVE IN A GROUP SHELTER  65
- OTHER: HOMELESS  66
- OTHER: INCARCERATED  67
- OTHER: GROUP HOME, DORM OR BARRACKS  68
- OTHER: HOSPITAL/NURSING HOME/SPECIAL SCHOOL  69
- OTHER  95
- REFUSED  97
- DON'T KNOW  98

A2. <a2> What is your relationship to the head of the household in which you are living?  
**[IF RELATIONSHIP IS SPOUSE, THEN GO BACK TO A1 AND SELECT RENT OR OWN  
DEPENDING ON WHETHER SPOUSE OWNS OR RENTS THIS PROPERTY]**

- RELATIVE  1
- PARTNER/BOYFRIEND  2
- FRIEND  3
- OTHER (SPECIFY): \_\_\_\_\_  5
- REFUSED  7
- DON'T KNOW  8

**POST-CODES:**

- OTHER: NON-BLOOD RELATIVE (I.E., SISTER-IN-LAW,  
MOTHER-IN-LAW)  4
- OTHER: RELATIVE (WOULD INCLUDE SON, DAUGHTER,  
GRANDPARENT, ETC.)  61
- OTHER: PARTNER/BOYFRIEND (WOULD INCLUDE  
FIANCÉ)  62
- OTHER: FRIEND  63

A2a. <a2a> What is the main reason you are living in someone else's housing unit?

- COULDN'T PAY RENT ON OWN UNIT  1
- LOST JOB OR ENDED JOB  2
- WAS DOING DRUGS  3
- LANDLORD MADE ME LEAVE  4
- DIDN'T GET ALONG WITH PEOPLE WHERE I LIVED  
BEFORE  5
- RESPONDENT OR A CHILD WERE  
ABUSED/VIOLENCE IN THE HOUSEHOLD  6
- CHANGE IN FAMILY STATUS  7
- MOVED IN WITH PARTNER/BOYFRIEND/  
GIRLFRIEND  8
- OTHER (SPECIFY) \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: IN TRANSITION/PROCESS OF LOOKING  
FOR HOUSING  9
- OTHER: PROBLEM WITH PREVIOUS  
BUILDING(FORECLOSURE, FIRE, FLOOD DAMAGE,  
CONSTRUCTION, SALE OF PROPERTY)  10

- OTHER: LANDLORD NOT WILLING TO ACCEPT/COMPLY WITH SECTION 8/PROPERTY WILL NOT MEET SECTION 8 CRITERIA  11
- OTHER: LOST SECTION 8 ELIGIBILITY/COULDN'T MEET SECTION 8 TIME FRAME/VOUCHER EXPIRED/ADMINISTRATIVE DIFFICULTY WITH SECTION 8  12
- OTHER: GOT A JOB OR CHANGED JOBS  13
- OTHER: MOVED IN WITH FAMILY MEMBER  14
- OTHER: DID NOT GET ALONG WITH LANDLORD  15
- OTHER: COULDN'T PAY RENT ON OWN UNIT (WOULD INCLUDE FINANCIAL PROBLEMS/DIFFICULTIES)  61
- OTHER: LOST JOB OR ENDED JOB (CHANGE IN EMPLOYMENT STATUS)  62
- OTHER: WAS DOING DRUGS  63
- OTHER: LANDLORD MADE ME LEAVE  64
- OTHER: DIDN'T GET ALONG WITH PEOPLE WHERE I LIVED BEFORE  65
- OTHER: RESPONDENT OR A CHILD WERE ABUSED/VIOLENCE IN THE HOUSEHOLD  66
- OTHER: CHANGE IN FAMILY STATUS  67
- OTHER: MOVED IN WITH PARTNER/BOYFRIEND/GIRLFRIEND (WOULD INCLUDE FIANCE)  68

**(1004) HOUSING QUALITY**

<If A1= 5, 7, Skip to A5; A1 = 6, Skip to A8; A1 = 61-69, 95-98, Skip to A7>

*I have some questions about the house/apartment/living space you live in now.*

A3. <a3> Overall, how would you describe the condition of your current house/apartment/living space? Would you say it was in excellent, good, fair, or poor condition?

- EXCELLENT  1
- GOOD  2
- FAIR  3
- POOR  4
- REFUSED  7
- DON'T KNOW  8

A4. <a4> Not including bathrooms and hallways, how many rooms are there in your house/apartment/living space?

- ONE  1
- TWO  2
- THREE  3
- FOUR  4
- FIVE  5
- SIX OR MORE  6
- REFUSED  7
- DON'T KNOW  8

A5. Now I am going to ask you some questions about problems that people have in some homes/apartments/living spaces. Where you live now/in your current living space, how much of a problem are...

	BIG PROB.	SMALL PROB.	NO PROB. AT ALL	RF	DK
A5a. <a5a> Walls with peeling paint or broken plaster. Would you say they are a big problem, a small problem or no problem at all	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A5b. <a5b> Plumbing that doesn't work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A5c. <a5c> Rats or mice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A5d. <a5d> Cockroaches [IF A1=7, SKIP TO A5f]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A5e. <a5e> Broken locks or no locks on the door to your unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A5f. <a5f> Broken windows or windows without screens?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A5g. <a5g> A heating system that does not work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

A6. <a6a> <a6b> How many months or years have you lived in your current house/apartment/living space?

See base below <A6a> \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2
- <A6b> MONTHS  1
- YEARS  2

A7. <a7> Was there ever a time during the past year (that is, since MONTH/YEAR) when you did not have your own place to stay?

- YES  1
- NO (SKIP TO A10)  2
- REFUSED (SKIP TO A10)  7
- DON'T KNOW (SKIP TO A10)  8

A8. During the past year, when you did not have your own place to stay, we would like to know about any places where you stayed. Did you...

- |  | YES                        | NO                         | REFUSED                    | DON'T KNOW                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A8a. <a8a>Stay with a relative   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A8b. <a8b>Stay with a friend   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A8c. <a8c>Stay in a shelter  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| <b>[INTERVIEWER: A SHELTER IS A HOMELESS SHELTER, EMERGENCY SHELTER, OR DOMESTIC VIOLENCE SHELTER]</b> |                            |                            |                            |                            |
| A8d. <a8d>Stay on the street   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

A8e. <a8e> During the time when you did not have your own place to stay in the past year, did (your child/ your children) live with you...

- All of the time  1
- Part of the time  2
- Not at all  3
- REFUSED  7
- DON'T KNOW  8

**[ASK IF (A1=3, 4, 5, 7, 8, 9,95,97,98 & A7=1) OR A1=6]**

A9. <a9a> <a9b>How many months or years has it been since you rented or owned your own unit?

See base below <A9a>NUMBER \_\_\_\_\_

- I HAVE NEVER OWNED OR RENTED MY OWN UNIT  95
- DON'T KNOW  -1
- REFUSED  -2

- <A9b> MONTHS  1
- YEARS  2
- UNRETRIEVABLE/MISSING  .9

**(703) CURRENT NEIGHBORHOOD SATISFACTION**

*Now I'd like to ask you some questions about places you have lived.*  
**[ASK IF A1=1-5, 8, 9 IF A1=6-7, 61-69, 95, 97-99, SKIP TO A15]**

A10. <a10a> <a10b> How many months or years have you lived in your current neighborhood?  
**[BY NEIGHBORHOOD, WE MEAN THIS PLACE AND THE AREA AROUND IT. DISPLAY ONLY IF A1=8]**

- <A10a> \_\_\_\_\_
- DON'T KNOW  -1
- REFUSED  -2
- <A10b> MONTHS  1
- YEARS  2

A11. <a11> Which of the following statements best describes how satisfied you are with your neighborhood? Would you say you are...

- Very satisfied  1
- Somewhat satisfied  2
- In the middle  3
- Somewhat dissatisfied  4
- Very dissatisfied  5
- REFUSED  7
- DON'T KNOW  8

**(1005) NEIGHBORHOOD QUALITY**

A12. Now I would like to ask you about problems that occur in some neighborhoods. In your neighborhood, how big of a problem is...

	BIG PROB.	SMALL PROB.	NO PROB.	REFUSED	DON'T KNOW
A12a. <a12a> Litter or trash on the streets or sidewalk? Is it a big problem, a small problem or no problem?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A12b. <a12b> How big of a problem is graffiti or writing on the walls?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A12c. <a12c> People drinking in public?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A12d. <a12d> Abandoned buildings?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8



- |   | BIG<br>PROB.               | SMALL<br>PROB.             | NO<br>PROB.                | REFUSED                    | DON'T<br>KNOW              |               |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------|
| A12e. <a12e> Groups of people just hanging out?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |               |
| A12f. <a12f> Police not coming when called?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |               |
| A13. <a13>Have you seen people using or selling illegal drugs in your neighborhood during the past 30 days?   |                            |                            |                            |                            |                            |               |
| YES   |                            |                            |                            | <input type="checkbox"/> 1 |                            |               |
| NO (SKIP TO A15)  |                            |                            |                            | <input type="checkbox"/> 2 |                            |               |
| REFUSED (SKIP TO A15)   |                            |                            |                            | <input type="checkbox"/> 7 |                            |               |
| DON'T KNOW (SKIP TO A15)  |                            |                            |                            | <input type="checkbox"/> 8 |                            |               |
| A14. <a14> How often have you seen this in the past 30 days? Would you say almost every day, once a week, or once or twice in the past 30 days?   |                            |                            |                            |                            |                            |               |
| ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK)   |                            |                            |                            | <input type="checkbox"/> 1 |                            |               |
| ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)  |                            |                            |                            | <input type="checkbox"/> 2 |                            |               |
| ONCE OR TWICE IN THE PAST 30 DAYS (INCLUDES 1-3 TIMES IN 30 DAYS)   |                            |                            |                            | <input type="checkbox"/> 3 |                            |               |
| REFUSED   |                            |                            |                            | <input type="checkbox"/> 7 |                            |               |
| DON'T KNOW  |                            |                            |                            | <input type="checkbox"/> 8 |                            |               |
| A15. Now I have a few questions about discrimination. Sometimes people feel they are discriminated against, or treated badly or differently because of their race or ethnicity. Can you think of one or more occasions in the last 6 months when you felt you were treated unfairly because of your race or ethnicity in the following places? How about... [READ A15a-d] |                            |                            |                            |                            |                            |               |
|   |                            |                            | YES                        | NO                         | REFUSED                    | DON'T<br>KNOW |
| A15a. <a15a> In a store where you were shopping or a restaurant where you wanted to eat   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |                            |               |
| A15b. <a15b> In your own neighborhood   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |                            |               |
| A15c. <a15c> At your child's school   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |                            |               |
| A15d. <a15d> In dealing with the police, such as a traffic accident   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |                            |               |

**(802) EASE OF ACCESS TO RESOURCES (TRANSPORTATION)**

*Now, I'd like to ask you a couple of questions about how you get from place to place.*

**[INTERVIEWER: IF A1=6 OR 7 SKIP TO A17]**

- A16. <a16> How long does it take you to get to the nearest bus or train stop?
- Less than 15 minutes  1
  - 15-30 minutes  2
  - 31-45 minutes  3
  - 46 minutes to 1 hour  4
  - More than 1 hour  5
  - REFUSED  7
  - DON'T KNOW  8

- A17. <a17> Do you have a valid driver's license?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

- A18. <a18> Does anyone in your household own a car, van, or truck that runs? **[INTERVIEWER: DO NOT INCLUDE MOTORCYCLES OR RECREATIONAL VEHICLES]**
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**(1001) LEVEL OF CRIME AND VIOLENCE**

**[IF A1=6,7, 95, 97-98, SKIP TO A20]** *Now I'd like to get a sense of how safe you think your neighborhood is.*

- A19 How safe do you feel...
- |  | VERY SAFE                  | SAFE                       | UNSAFE                     | VERY UNSAFE                | RF                         | DK                         |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A19a. <a19a> On the streets near your home during the day? Would you say very safe, safe, unsafe or very unsafe? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| A19b. <a19b> On the streets near your home at night? Very safe, safe, unsafe, or very unsafe?                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

A20. Please tell me if any of the following things has happened to you or anyone who has lived with you in the past 6 months...

	YES	NO	REFUSED	DON'T KNOW
A20a. <a20a> Was anyone's purse, wallet, or jewelry snatched from them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20b. <a20b> Was anyone threatened with a knife or a gun?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20c. <a20c> Was anyone beaten or assaulted?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20d. <a20d> Did anyone try to break into your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
A20e. <a20e> Was anyone stabbed or shot?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(703) NUMBER OF INTERMEDIATE MOVES**

A21a. <a21a> Since [YEAR OF RANDOM ASSIGNMENT] have you gone in person to rent a house or apartment you thought was available and been told by a landlord, real estate agent, or manager you could not rent it?

- YES  1
- NO (SKIP TO A22)  2
- REFUSED (SKIP TO A22)  7
- DON'T KNOW (SKIP TO A22)  8

A21b. <a21b> For the most recent time this happened, what was the main reason THEY GAVE for not renting the house or apartment to you?

- NOT ENOUGH INCOME  1
- UNIT NOT AVAILABLE/ALREADY RENTED  2
- BAD CREDIT  3
- POOR HOUSING REFERENCES  4
- HOUSEKEEPING  5
- DON'T RENT TO SECTION 8  6
- DON'T RENT TO PEOPLE FROM PUBLIC HOUSING  7
- DON'T RENT TO PEOPLE WITH CHILDREN  8
- DON'T RENT TO WHITE/ BLACK/ HISPANIC/ ASIAN PEOPLE  9
- DON'T OR CAN'T RENT TO DISABLED  10
- DIDN'T SAY  11
- CAN'T REMEMBER  12
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: RESPONDENT'S YOUTH/IMMATURITY  13
- OTHER: DON'T ACCEPT PEOPLE WITH FELONY CONVICTION/CRIMINAL RECORD  14
- OTHER: APARTMENT STILL BEING PAINTED/ STILL UNDER REPAIR/APARTMENT NOT READY YET  15
- OTHER: APARTMENT NOT DELEADED  16
- OTHER: LANDLORD DECIDED OTHER PERSON WAS MORE QUALIFIED (INCLUDES OTHER PERSON PAID MORE MONEY/PRODUCED CASH)  17
- OTHER: DOES NOT RENT TO PEOPLE WITH PUBLIC ASSISTANCE  18
- OTHER: SECTION 8 ADMINISTRATIVE PROBLEM  19
- OTHER: ADMINISTRATIVE DENIAL OF APARTMENT  20
- OTHER: SINGLE MOTHER/HOUSEHOLD LACKS MALE FIGURE  21
- OTHER: DOMESTIC PROBLEMS/DOES NOT WANT TO DEAL WITH SPOUSE/BOYFRIEND/CHILDREN'S FATHER  22
- OTHER: NOT ENOUGH INCOME  61
- OTHER: UNIT NOT AVAILABLE/ALREADY RENTED  62
- OTHER: BAD CREDIT  63
- OTHER: POOR HOUSING REFERENCES (WOULD INCLUDE NO RENTAL HISTORY, NEEDS COSIGNER)  64
- OTHER: HOUSEKEEPING  65
- OTHER: DON'T RENT TO SECTION 8  66
- OTHER: DON'T RENT TO PEOPLE FROM PUBLIC HOUSING  67
- OTHER: DON'T RENT TO PEOPLE WITH CHILDREN (WOULD INCLUDE DOES NOT RENT TO PEOPLE WITH TOO MANY CHILDREN)  68
- OTHER: DON'T RENT TO WHITE/BLACK/HISPANIC/ASIAN PEOPLE  69
- OTHER: DON'T OR CAN'T RENT TO DISABLED  70
- OTHER: DIDN'T SAY  71
- OTHER: CAN'T REMEMBER  72

A21c. <a21c> For the most recent time this happened, what do you think was the main reason they did not rent to you?

- SAME REASON THE LANDLORD/AGENT/MANAGER SAID  1
- BECAUSE OF RESPONDENT'S RACE OR ETHNICITY  2
- BECAUSE RESPONDENT HAD CHILDREN  3
- BECAUSE RESPONDENT WAS DISABLED  4
- BECAUSE RESPONDENT HAD SECTION 8  5
- BECAUSE RESPONDENT HAD LIVED IN PUBLIC HOUSING  6
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: POOR CREDIT HISTORY  7
- OTHER: LACK OF INCOME/EMPLOYMENT  8
- OTHER: RESPONDENT'S YOUTH/IMMATURITY  9
- OTHER: SINGLE MOTHER  10
- OTHER: LANDLORD WANTED MORE MONEY FOR THE APARTMENT (WOULD INCLUDE SECTION 8 LIMITATIONS/CONSTRAINTS/TIMELINESS REGARDING PAYMENT)  11
- OTHER: LANDLORD GIVEN NEGATIVE INFORMATION ABOUT PAST RENTAL HISTORY/ISSUES  12
- OTHER: SAME REASON THE LANDLORD/AGENT/MANAGER SAID  61
- OTHER: BECAUSE OF THE RESPONDENT'S RACE OR ETHNICITY  62
- OTHER: BECAUSE RESPONDENT HAD CHILDREN (WOULD INCLUDE TOO MANY CHILDREN/LARGE FAMILY/HAS TEENAGERS)  63
- OTHER: BECAUSE RESPONDENT WAS DISABLED  64
- OTHER: BECAUSE RESPONDENT HAD SECTION 8  65
- OTHER: BECAUSE RESPONDENT HAD LIVED IN PUBLIC HOUSING  66

A21d. <a21d> After this happened, were you able to rent another unit in the same general area as the one you were denied, did you rent a unit in a different neighborhood, or were you not able to rent one?

RESPONDENT RENTED A UNIT NEARBY THE ONE DENIED  1

RESPONDENT RENTED A UNIT IN A DIFFERENT NEIGHBORHOOD THAN THE ONE DENIED  2

RESPONDENT NOT ABLE TO RENT A UNIT  3

REFUSED  7

DON'T KNOW  8

A21e. **[INTERVIEWER: IF RESPONSE TO A21b IS “DON’T RENT TO PEOPLE WITH CHILDREN” OR “DON’T RENT TO WHITE / BLACK / HISPANIC/ASIAN PEOPLE”;** [A21b=8 or 9] **OR IF RESPONSE TO A21c IS “BECAUSE OF RESPONDENT RACE OR ETHNICITY”, “BECAUSE RESPONDENT HAD CHILDREN”, OR “BECAUSE RESPONDENT HAD SECTION 8”** [A21c=2, 3, or 5] **THEN ASK A21f, OTHERWISE SKIP TO A22.]**

A21f. <a21f> Did you make a discrimination complaint or bring a discrimination lawsuit because you were denied access to the unit?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

A22. <a22> How many times have you moved since [YEAR OF RANDOM ASSIGNMENT]?

NUMBER OF TIMES: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**[IF NO MOVES (A22=0 OR DK OR RF), SKIP TO A25]; [IF ONE MOVE (A22=1) OR NOT CORE MOVER [CORE-MOVER=2], SKIP TO A24f.]; [IF 2+ MOVES (A22>=2) AND CORE MOVER [CORE-MOVER=1], CONTINUE]**

\*Core mover is a sample variable.

*Now I'd like to talk about some of the places you have lived and your reasons for moving or staying.*

**(702, 704) FIRST MOVE HOUSING/NEIGHBORHOOD SATISFACTION**

*Please think back to the place you rented when you first moved using the MTO Section 8 voucher or certificate you received in [YEAR OF RANDOM ASSIGNMENT]. Our records show that you moved to [PROGRAM MOVE ADDRESS].*

A23. <a23> What was the MAIN reason you moved away from there?

- BETTER SCHOOLS FOR MY CHILDREN  01
- CHANGE IN MARITAL / ROMANTIC STATUS  02
- BETTER TRANSPORTATION  03
- A BETTER, OR BIGGER APARTMENT/HOUSE  04
- TO GET OR CHANGE JOB / TO BE NEAR MY JOB  05
- TO GET AWAY FROM DRUGS AND GANGS  06
- TO BE NEAR MY FAMILY  07
- DID NOT GET ALONG WITH LANDLORD  08
- CHANGE IN RENT/UNIT TOO EXPENSIVE  09
- UTILITIES WERE TOO EXPENSIVE  10
- LANDLORD WAS NOT WILLING TO RENEW LEASE  11
- SAFETY CONCERNS  12
- UNIT FAILED SECTION 8 INSPECTION  13
- SECTION 8 TERMINATED  14
- GOT EVICTED  15
- PROBLEMS WITH LANDLORD  16
- BUILDING SOLD  17
- OTHER: (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: LANDLORD DOES NOT QUALIFY FOR/WILL NOT ACCEPT SECTION 8  18
- OTHER: HEALTH CONCERNS/POOR HEALTH CONDITIONS IN BUILDING/NEIGHBORHOOD/RODENT PROBLEM  19
- OTHER: BUILDING UNDER DEMOLITION/FIRE/MAJOR DAMAGE/MAJOR REHAB  20
- OTHER: POOR UPKEEP OF BUILDING/BUILDING IN POOR CONDITION  21
- OTHER: DIDN'T GET ALONG WITH NEIGHBORS  22
- OTHER: MOVED BY PHA/SECTION 8  23

- OTHER: FORECLOSURE/LANDLORD LOST BUILDING  24
- OTHER: VOUCHER/CERTIFICATE REDUCED/INADEQUATE  25
- OTHER: OPPORTUNITY TO BUY/OWN A HOME  26
- OTHER: RACISM/DISCRIMINATION/PREJUDICE FELT IN THE ENVIRONMENT (NOT ASSOCIATED WITH THE LANDLORD)  27
- OTHER: DOMESTIC PROBLEMS/VIOLENCE/ISSUES  28
- OTHER: GENERALLY SEEKING BETTER QUALITY OF LIFE/NEIGHBORHOOD  29
- OTHER: LOCATED TOO FAR FROM CHILD'S SCHOOL  30
- OTHER: BETTER SCHOOLS FOR MY CHILDREN  61
- OTHER: CHANGE IN MARITAL/ROMANTIC STATUS  62
- OTHER: BETTER TRANSPORTATION  63
- OTHER: A BETTER, OR BIGGER APARTMENT/HOUSE  64
- OTHER: TO GET OR CHANGE JOB/TO BE NEAR MY JOB  65
- OTHER: TO GET AWAY FROM DRUGS AND GANGS  66
- OTHER: TO BE NEAR FAMILY (WOULD INCLUDE FAMILY RESPONSIBILITIES/NEEDS TO CARE FOR SICK RELATIVE)  67
- OTHER: DID NOT GET ALONG WITH LANDLORD (WOULD INCLUDE LANDLORD PREJUDICE)  68
- OTHER: CHANGE IN RENT/UNIT TOO EXPENSIVE  69
- OTHER: UTILITIES WERE TOO EXPENSIVE  70
- OTHER: LANDLORD WAS NOT WILLING TO RENEW LEASE (WOULD INCLUDE LANDLORD WANTED/NEEDED TO HAVE USE OF THE APARTMENT RETURNED)  71
- OTHER: SAFETY CONCERNS (WOULD INCLUDE GENERAL THREAT OF VIOLENCE AGAINST CHILD/CHILD BULLIED/PICKED ON/AFRAID OF OTHER CHILDREN)  72
- OTHER: UNIT FAILED SECTION 8 INSPECTION  73
- OTHER: SECTION 8 TERMINATED  74
- OTHER: GOT EVICTED  75
- OTHER: PROBLEMS WITH LANDLORD  76
- OTHER: BUILDING SOLD  77





A24f. <a24f> What was the MAIN reason you moved to your current house or apartment? Please consider only the reasons you chose your current house/apartment/living space instead of another available one.

- BETTER SCHOOLS FOR MY CHILDREN  1
- CHANGE IN MARITAL / ROMANTIC STATUS  2
- TO HAVE BETTER TRANSPORTATION  3
- A BETTER, OR BIGGER APARTMENT/HOUSE  4
- CHANGE OF JOB/TO BE NEAR MY JOB  5
- NO DRUGS AND GANGS  6
- TO BE NEAR MY FAMILY  7
- MTO/PROGRAM FOUND IT FOR ME  8
- SAFETY CONCERNS/FELT NEIGHBORHOOD WAS SAFER  9
- OTHER: (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: HAD TO VACATE: BUILDING UNDER DEMOLITION/MAJOR RENOVATION/RELOCATED BY HOUSING AUTHORITY  10
- OTHER: HAD TO VACATE: FIRE/BUILDING SOLD/FORECLOSURE/TURNED INTO CONDOS/ LANDLORD RECLAIMED USE OF APARTMENT  11
- OTHER: SECTION 8 LIMITATIONS: UNIT DID NOT PASS INSPECTIONS/VOUCHER ABOUT TO EXPIRE/TIME LIMIT APPROACHING  12
- OTHER: CONFLICT WITH LANDLORD/LANDLORD NO LONGER WILLING TO ACCEPT SECTION 8  13
- OTHER: THREAT OF DOMESTIC VIOLENCE/ABUSE IN PREVIOUS HOUSEHOLD  14
- OTHER: ONLY ONE AVAILABLE/NO CHOICES  15
- OTHER: FIRST PLACE I COULD FIND  16
- OTHER: AFFORDABLE RENT/AFFORDABLE  17
- OTHER: CLEANER/HEALTHIER/LEAD FREE  18
- OTHER: NEEDED SMALLER SPACE  19
- OTHER: CLOSER/MORE ACCESSIBLE TO SCHOOL  20
- OTHER: OPPORTUNITY TO BUY/OWN A HOME  21
- OTHER: LIKED NEIGHBORHOOD/GOOD NEIGHBORHOOD/AREA  22
- OTHER: RATS/OTHER TYPE OF INFESTATION  23

- OTHER: NEEDED LOWER/FIRST FLOOR APARTMENT BECAUSE OF HEALTH REASONS  24
- OTHER: EVICTED FROM PREVIOUS RESIDENCE  25
- OTHER: UNSAFE LIVING CONDITIONS AT PREVIOUS RESIDENCE/BUILDING  26
- CONDEMNED/POOR UPKEEP OF BUILDING
- OTHER: HOMELESS/ DEADLINE FOR STAYING AT SHELTER WAS APPROACHING  27
- OTHER: WANT A PLACE OF MY OWN/LIVE ON MY OWN  28
- OTHER: ABLE TO MOVE BECAUSE I RECEIVED/ WAS AWARDED SECTION 8  29
- OTHER: ONLY ONE AVAILABLE THAT ACCEPTED SECTION 8/WILLING TO ACCEPT SECTION 8  30
- OTHER: CLOSER/MORE ACCESSIBLE TO THE HOSPITAL  31
- OTHER: TO GET AWAY FROM PREJUDICE/RACISM/DISCRIMINATION  32
- OTHER: TO GET OUT OF PUBLIC HOUSING/THE PROJECTS  33
- OTHER: LOST JOB/UNEMPLOYED  34
- OTHER: LOST SECTION 8  35
- OTHER: BETTER SCHOOLS FOR MY CHILDREN  61
- OTHER: CHANGE IN MARITAL/ROMANTIC STATUS  62
- OTHER: TO HAVE BETTER TRANSPORTATION  63
- OTHER: A BETTER OR BIGGER APARTMENT/HOUSE (WOULD INCLUDE IMPROVED CONDITIONS SUCH AS PLUMBING, WIRING, ETC.)  64
- OTHER: CHANGE OF JOB/TO BE NEAR MY JOB  65
- OTHER: NO DRUGS AND GANGS  66
- OTHER: TO BE NEAR MY FAMILY (WOULD INCLUDE FAMILY RESPONSIBILITIES/CARE FOR SICK RELATIVE)  67
- OTHER: MTO/PROGRAM FOUND IT FOR ME  68
- OTHER: SAFETY CONCERNS/FELT NEIGHBORHOOD WAS SAFER  69
- UNRETRIEVABLE/MISSING  99

**(602) RENT/MORTGAGE**

A25. **[INTERVIEWER: IF OWNER OR NOT LIVING IN A HOUSEHOLD, SKIP TO A27. ASK ONLY IF A1=1 OR 3]**

*Now I'd like to talk about how much you pay each month for housing.*

A25a. <a25a> Altogether in the month just past, what did you pay as rent? We are interested only in knowing *your* part of the payment.

PER MONTH: \$ \_\_\_ \_ \_ \_ \_

DON'T KNOW  -1

REFUSED  -2

A25b. <a25b> What is the total current monthly payment on this house or apartment?

AMOUNT PER MONTH: \$ \_\_\_ \_ \_ \_ \_

DON'T KNOW  -1

REFUSED  -2

A26. <a26> Do you currently receive any governmental housing assistance in paying rent, such as through public housing or Section 8?

YES (**SKIP TO A26b**)  1

NO  2

REFUSED  7

DON'T KNOW  8

A26a. <a26a> Are you paying lower rent because the Federal, state, or local government is paying for part of your rent?

YES  1

NO (**SKIP TO A27**)  2

REFUSED (**SKIP TO A27**)  7

DON'T KNOW (**SKIP TO A27**)  8

A26b. <a26b> Is this assistance: public housing, a Section 8 Certificate or Voucher, Project-based Section 8 or some other type of assistance?

PUBLIC HOUSING  1

A SECTION 8 CERTIFICATE OR VOUCHER  2

PROJECT BASED SECTION 8  3

OTHER (SPECIFY): \_\_\_\_\_  95

REFUSED  97

DON'T KNOW  98

**(SKIP TO A30)**

**POST-CODES:**

OTHER: HUD/SUBSIDIZED HOUSING  4

- OTHER: LOW INCOME/INCOME-BASED ASSISTANCE  5
- OTHER: PUBLIC ASSISTANCE (WOULD INCLUDE WELFARE)  6
- OTHER: ASSISTANCE UNSPECIFIED  7
- OTHER: PUBLIC HOUSING  61
- OTHER: A SECTION 8 CERTIFICATE OR VOUCHER  62
- OTHER: PROJECT BASED SECTION 8  63

A27. <a27>What was the most recent type of housing assistance you received? Was it public housing, a Section 8 Certificate or Voucher, or some other type of assistance?

- PUBLIC HOUSING  1
- SECTION 8 CERTIFICATE OR VOUCHER  2
- PROJECT-BASED SECTION 8  3
- NEVER RECEIVED OWN HOUSING ASSISTANCE (SKIP TO A28)  4
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: HUD/SUBSIDIZED HOUSING  5
- OTHER: PUBLIC ASSISTANCE (WOULD INCLUDE WELFARE)  6
- OTHER: ASSISTANCE UNSPECIFIED  7
- OTHER: HOME OWNERSHIP ASSISTANCE/HELP IN PURCHASING HOME  8
- OTHER: PUBLIC HOUSING  61
- OTHER: SECTION 8 CERTIFICATE OR VOUCHER (WOULD INCLUDE MTO)  62
- OTHER: PROJECT BASED SECTION 8  63
- OTHER: NEVER RECEIVED OWN HOUSING ASSISTANCE (WOULD INCLUDE THE RESPONSE "NONE")  64
- UNRETRIEVABLE/MISSING  99

A27a. <a27a> People leave housing assistance/public housing/Section 8 for different reasons. What would you say was the main reason you left?

- INCOME TOO HIGH/OVER-INCOME/NO LONGER ELIGIBLE  1
- RENT OR UTILITIES GOT TOO HIGH  2
- EVICTED  3
- LOST SUBSIDY DUE TO PROBLEM WITH PHA (BROKE RULES, ETC.)  4
- RELOCATED FROM PUBLIC HOUSING AND COULD NOT MOVE BACK  5
- LANDLORD WOULD NOT TAKE SECTION 8  6
- WANTED TO OWN A HOME  7
- BOUGHT A HOME  8
- OTHER (SPECIFY):  95

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- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: NEIGHBORHOOD VIOLENT/DANGEROUS(DRUGS, GANGS, CRIME, ETC.)  9
- OTHER: SOUGHT BETTER NEIGHBORHOOD ENVIRONMENT  10
- OTHER: SOUGHT BETTER/LARGER/BETTER KEPT/CLEANER/HEALTHIER BUILDING  11
- OTHER: BUILDING/DEVELOPMENT UNDER DEMOLITION/MAJOR RENOVATION  12
- OTHER: FIRE IN BUILDING/BUILDING SOLD/UNDER FORECLOSURE  13
- OTHER: SECTION 8 PROBLEMS: BUILDING WOULD NOT PASS INSPECTION/VOUCHER EXPIRED/ADMINISTRATIVE DIFFICULTY WITH SECTION 8  14
- OTHER: CHANGE IN MARITAL/ROMANTIC STATUS  15
- OTHER: FAMILY ISSUES/DOMESTIC VIOLENCE/ABUSE IN HOUSEHOLD  16
- OTHER: RACISM/DISCRIMINATION  17
- OTHER: INDEPENDENCE/SELF-BETTERMENT  18
- OTHER: STILL IN PUBLIC HOUSING  19

- OTHER: FAMILY RESPONSIBILITIES/MOVE CLOSER TO FAMILY/CARE FOR SICK RELATIVES  20
- OTHER: INCOME TOO HIGH/OVER-INCOME/NO LONGER ELIGIBLE  61
- OTHER: RENT OR UTILITIES GOT TOO HIGH  62
- OTHER: EVICTED  63
- OTHER: LOST SUBSIDY DUE TO PROBLEM WITH PHA(BROKE RULES, ETC. )  64
- OTHER: RELOCATED FROM PUBLIC HOUSING AND COULD NOT MOVE BACK  65
- OTHER: LANDLORD WOULD NOT TAKE SECTION 8 (WOULD INCLUDE CONFLICT WITH LANDLORD)  66
- OTHER: WANTED TO OWN A HOME  67
- OTHER: BOUGHT A HOME  68
- UNRETRIEVABLE/MISSING  99

**[IF HOMELESS, (A1=6) SKIP TO A31]**

A28. <a28> **[INTERVIEWER: IF RENTER, SKIP TO A30 IF NOT LIVING IN A HOUSEHOLD, SKIP TO A31]:** What is the monthly amount you pay for owning this house or apartment? We are interested in the payment you make to the bank or mortgage company.

ENTER AMOUNT: \$\_\_ \_\_ \_\_ \_\_

- DON'T KNOW  -1
- REFUSED  -2
- NO PAYMENT IS PAID  -3

A28a. <a28a> Does that amount include taxes and insurance?

- YES (SKIP TO A29)  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A28b. <a28b> What is the amount paid annually for taxes?

TAXES: ENTER AMOUNT \$\_\_ \_\_ \_\_ \_\_

- DON'T KNOW  -1
- REFUSED  -2
- NO TAXES PAID  -3

A28c. <a28c> What is the amount paid annually for insurance?  
INSURANCE: ENTER AMOUNT \$\_\_ \_\_ \_\_ \_\_

- DON'T KNOW  -1
- REFUSED  -2
- NO INSURANCE PAID  -3

A29. <a29> Did a government agency or nonprofit agency help you with the purchase of your home by providing down-payment assistance or help with fixing or building the home? For example, Habitat for Humanity.

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(603) UTILITIES**

A30. What are the annual costs of utilities and fuels for this (house/apartment/mobile home)? If you have lived here less than 1 year, estimate the annual cost.

A30a. <A30a> Electricity:

ANNUAL COST: \$ \_\_, \_\_ \_\_ \_\_

- NO PAYMENT  -3
- DON'T KNOW  -1
- REFUSED  -2

<A30a2>

**(IF VOLUNTEERED REASON FOR NO PAYMENT):**

- INCLUDED IN RENT OR IN CONDOMINIUM FEE  2
- NO CHARGE  3
- NO ELECTRICITY USED  4
- REFUSED  7
- DON'T KNOW  8

A30b. <A30b> Gas:

ANNUAL COST: \$ \_\_, \_\_ \_\_ \_\_

- NO PAYMENT**  -3
- DON'T KNOW  -1
- REFUSED  -2



<A30b2> **(IF VOLUNTEERED REASON FOR NO PAYMENT):**  
 INCLUDED IN RENT OR IN CONDOMINIUM FEE  2  
 NO CHARGE  3  
 NO GAS USED  4  
 REFUSED  7  
 DON'T KNOW  8

A30c. <A30c> Water and sewer:

ANNUAL COST: \$ \_\_, \_\_ \_\_ \_\_

**NO PAYMENT**  .3  
 DON'T KNOW  .1  
 REFUSED  .2

<A30c2> **(IF VOLUNTEERED REASON FOR NO PAYMENT):**  
 INCLUDED IN RENT OR IN CONDOMINIUM FEE  2  
 NO CHARGE  3  
 REFUSED  7  
 DON'T KNOW  8

A30d. <A30d> Oil, coal, kerosene, wood, etc.:

ANNUAL COST: \$ \_\_, \_\_ \_\_ \_\_

**NO PAYMENT**  .3  
 DON'T KNOW  .1  
 REFUSED  .2

<A30d2> **(IF VOLUNTEERED REASON FOR NO PAYMENT):**  
 INCLUDED IN RENT OR IN CONDOMINIUM FEE  2  
 NO CHARGE OR THESE FUELS NOT USED  3  
 REFUSED  7  
 DON'T KNOW  8

**(606) HOUSING SECURITY—ABILITY TO PAY**

A31. <a31> People sometimes have trouble paying their utility bills on time. During the past 12 months, were you ever more than 15 days late paying your electric, gas, or water bill?

- YES  1
- NO (SKIP TO A35)  2
- NOT APPLICABLE (SKIP TO A35)  3
- UTILITIES INCLUDED IN RENT/CONDO FEES (SKIP TO A35)  4
- REFUSED (SKIP TO A35)  7
- DON'T KNOW(SKIP TO A35)  8

A32. <a32> When you had trouble paying for utilities, were you ever charged a fee for late payment?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A33. <a33> Did you receive a notice that your gas, water, or electricity would be shut off if you did not pay your bill?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A34. <a34> In the past 12 months, was your gas, water, or electricity ever shut off for nonpayment?

- YES  1
- NO (SKIP TO A35)  2
- REFUSED (SKIP TO A35)  7
- DON'T KNOW (SKIP TO A35)  8

A34a. <a34a> When that happened, did you or your children move out, even for a little while, because the utilities were shut off?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A35. <a35> **[INTERVIEWER: IF OWNER SKIP TO A38]** During the past 12 months, were you ever more than 15 days late paying your rent?

- YES  1
- NO  2
- NOT APPLICABLE (**SKIP TO B1**)  3
- REFUSED  7
- DON'T KNOW  8

A36. <a36> In the last 12 months, has your current or a previous landlord ever threatened to evict you for non-payment of rent?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A37. <a37> During the last 12 months, have you been evicted from a home for any reason?

- YES  1
- NO (**SKIP TO A41**)  2
- REFUSED (**SKIP TO A41**)  7
- DON'T KNOW (**SKIP TO A41**)  8

A37a. <A37aS01...A37aS10> Why was that? [INTERVIEWER: CHECK ALL THAT APPLY]

- NON-PAYMENT OF RENT  1
- LANDLORD WANTED UNIT FOR SELF OR RELATIVE  2
- HOUSEKEEPING  3
- DAMAGE TO UNIT  4
- BEHAVIOR OF CHILDREN  5
- NUISANCE (LOUD MUSIC, PARTIES, ETC.)  6
- OTHER (SPECIFY: ) \_\_\_\_\_  95
- NO OTHER MENTIONS  96
- REFUSED  97
- DON'T KNOW  98

**POST CODES:**

- OTHER: BEHAVIOR OF HUSBAND/BOYFRIEND/CHILD'S FATHER  7
- OTHER: REGISTERED COMPLAINT WITH/AGAINST LANDLORD/CONFLICT WITH LANDLORD  8
- OTHER: BUILDING SOLD/FORECLOSURE  9
- OTHER: ISSUE INVOLVING SECTION 8 (UNIT HAD FAILED INSPECTION, VOUCHER HAD EXPIRED, ETC.)  10
- OTHER: NON-PAYMENT OF RENT  61
- OTHER: LANDLORD WANTED UNIT FOR SELF OR RELATIVE  62
- OTHER: HOUSEKEEPING  63
- OTHER: DAMAGE TO UNIT  64
- OTHER: BEHAVIOR OF CHILDREN  65
- OTHER: NUISANCE (LOUD MUSIC, PARTIES, ETC)  66

(SKIP TO A41)

A38. <a38> During the past 12 months, were you ever more than 15 days late paying your mortgage?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A39. <a39> In the last 12 months, has the bank ever threatened to foreclose on your mortgage for any reason?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

A40. <a40> During the last 12 months, did the bank foreclose on your mortgage?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(SKIP TO B1)**

**(607) HOUSING SECURITY—RELATIONS WITH LANDLORD**

A41. <a41> In the past 12 months, has the owner or manager complained about your housekeeping, visitors, life style, partner's behavior, damage to the unit, or your children's behavior?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**SECTION B: EDUCATION AND TRAINING**

*Now I'd like to talk about your educational background and any educational programs in which you may be currently enrolled.*

**(116-118) EDUCATIONAL PROGRESS**

B1. <b1> What is the highest grade or year of regular school that you have completed and gotten credit for?

- GRADE (1-12): \_\_\_\_\_
- FIRST YEAR OF COLLEGE  13
- SECOND YEAR OF COLLEGE  14
- THIRD YEAR OF COLLEGE  15
- FOURTH YEAR OF COLLEGE  16
- FIFTH YEAR OF COLLEGE  17
- SIXTH YEAR OF COLLEGE  18
- SEVENTH YEAR OF COLLEGE  19
- EIGHTH YEAR OF COLLEGE OR MORE  20
- REFUSED  97
- DON'T KNOW  98
- UNRETRIEVABLE/MISSING  99

**[INTERVIEWER: IF HIGHEST GRADE IS 12+, FILL IN PARENTHETICAL]**

B2. <b2> Do you have (a high school diploma or) a GED?  
**[PROBE FOR GED VS. HIGH SCHOOL DIPLOMA]**

- GED  1
- HIGH SCHOOL DIPLOMA  2
- BOTH  3
- NEITHER  4
- REFUSED  7
- DON'T KNOW  8

B3a. <b3a> Now I would like to ask you about any regular school or any training you may have had since September 2000. Have you participated in any additional regular schooling or in some other type of schooling or training program that lasted at least two weeks that was designed to help you find a job, improve your job skills, or learn a new job?

- YES  1
- NO (**SKIP TO B4**)  2
- REFUSED (**SKIP TO B4**)  7
- DON'T KNOW (**SKIP TO B4**)  8

B3b. <b3b> What kind of schooling or training was that?  
**[INTERVIEWER: CHECK ALL THAT APPLY]**

- REGULAR SCHOOLING  1
- GENERAL EQUIVALENCY DIPLOMA (GED)  2
- ENGLISH AS A SECOND LANGUAGE  3
- COMPUTER TRAINING  4
- WORK STUDY PROGRAM  5
- OTHER (SPECIFY)  95
- \_\_\_\_\_
- NO OTHER MENTIONS  96
- REFUSED  97
- DON'T KNOW  98

**POST-CODES:**

- OTHER: CERTIFICATION FOR NURSE'S AID/  
ASSISTANT/MEDICAL TECH/ASSISTANT/  
PARAMEDIC/HOME HEALTH AID/HEALTH  
SERVICES/NUTRITION/CPR/PHARMACY  6
- OTHER: TRAINING TO BE A TEACHER'S  
ASSISTANT/WORK IN CHILD CARE/DAYCARE  
/FOSTER CARE/SOCIAL SERVICES/HEAD  
START/BUS ESCORT  7
- OTHER: CONSTRUCTION TRADE SCHOOL/  
CERTIFICATION/APPRENTICESHIP/CULINARY  
ARTS/COSMETOLOGY/BARBER SCHOOL/  
MECHANIC OR OTHER INDUSTRY TRADE  
LICENSE OR CERTIFICATE  8
- OTHER: TRAINING FOR A SPECIFIC SERVICE  
JOB (ADMINISTRATIVE ASSISTANT/AID/  
TELLER/CLERK/BOOKKEEPER/MEDICAL  
BILLING/OFFICE WORK/CUSTODIAN/  
WAREHOUSE/SECURITY/MEDICAL  
TERMINOLOGY/MINISTRY)  9

- OTHER: GENERAL EDUCATION COURSES (E.G., READING, MATH, HEALTH)/ADULT EDUCATION  10
- OTHER: MANAGEMENT/BUSINESS/SMALL BUSINESS/ENTREPRENEURSHIP TRAINING/ REAL ESTATE/INSURANCE AGENT/ ACCOUNTING  11
- OTHER: GAIN PROGRAM/WORK/ EMPLOYMENT/JOB READINESS PROGRAM/JOB SEARCH/ INTERVIEW SKILLS TRAINING/ RESUME WRITING/JOB TRAINING/JOB CORPS— GENERAL  12
- OTHER: PARENTING TRAINING/MOM SKILLS  13
- OTHER: EARLY CHILD DEVELOPMENT/CHILD DEVELOPMENT  14
- OTHER: SELF-SUFFICIENCY/EMPOWERMENT PROGRAM  15
- OTHER: REGULAR SCHOOLING (WOULD INCLUDE UNIVERSITY (FOUR AND TWO YEAR INSTITUTIONS)/FULL NURSING SCHOOL OR DEGREE PROGRAM)  61
- OTHER: GENERAL EQUIVALENCY DIPLOMA (GED)  62
- OTHER: ENGLISH AS A SECOND LANGUAGE  63
- OTHER: COMPUTER TRAINING  64
- OTHER: WORK STUDY PROGRAM  65

B3c. <b3c> How many weeks did you participate in schooling or training during the period since September 2000?

NUMBER OF WEEKS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2



B3d. <b3d> During those weeks, how many hours a week did you usually spend in schooling or training?

NUMBER OF HOURS: \_\_\_\_\_

DON'T KNOW  .1

REFUSED  .2

B3e. <b3e> Are you currently participating in schooling or training?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

**(109) FAMILY INVOLVEMENT IN EDUCATION**

**[INTERVIEWER: IF NO SAMPLE CHILD, SKIP TO C1]**

*Now I'd like to ask you about your involvement in your children's schooling.*

In the past 12 months, have you or another adult who lives with you...

		YES	NO	NO CHILD IN SCHOOL PAST 12 MONTHS (SKIP TO C1)	REFUSED	DON'T KNOW
B4a.	<b4a> gone to a general meeting at your (child/ren)'s school, like a back-to-school night or parent/teacher organization meeting?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
B4b.	<b4b> gone to a school event, like a play, sports event, or science fair?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
B4c.	<b4c> been a volunteer at your (child/ren)'s school, or been on a school committee?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
B4d.	<b4d> worked with a youth group, sports team, or club outside of school?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**SECTION C: EMPLOYMENT AND EARNINGS**

*Now I'd like to ask a few questions about any jobs you may have.*

**(201) HOURS WORKED PER WEEK**

- C1. <c1> Last week, did you do any work for pay?
- YES (**SKIP TO C3**)  1
  - NO  2
  - IF VOLUNTEERED, RETIRED (**SKIP TO C21**)  3
  - IF VOLUNTEERED, DISABLED (**SKIP TO C20**)  4
  - IF VOLUNTEERED, UNABLE TO WORK (**SKIP TO C20**)  5
  - REFUSED <Skip to C22>  7
  - DON'T KNOW <Skip to C22>  8

- C2. <c2> What is the main reason that you did not work for pay last week?
- RETIRED (**SKIP TO C21**)  01
  - DISABLED (**SKIP TO C20**)  02
  - UNABLE TO WORK (**SKIP TO C20**)  03
  - HAS JOB BUT TEMPORARILY ABSENT (**SKIP TO C3**)  04
  - COULDN'T FIND ANY WORK (**SKIP TO C22**)  05
  - CHILD CARE PROBLEMS (**SKIP TO C22**)  06
  - FAMILY RESPONSIBILITIES (**SKIP TO C22**)  07
  - IN SCHOOL OR OTHER TRAINING (**SKIP TO C22**)  08
  - WAITING FOR A NEW JOB TO BEGIN (**SKIP TO C22**)  09
  - OTHER (SPECIFY): \_\_\_\_\_ (**SKIP TO C22**)  95
  - REFUSED (**SKIP TO C22**)  97
  - DON'T KNOW (**SKIP TO C22**)  98

**POST-CODES:**

- OTHER: UNEMPLOYED/LAID OFF (EMPLOYER CLOSED DOWN OPERATIONS)  10
- OTHER: PREGNANT  11
- OTHER: CARING FOR SICK/DISABLED CHILD/HUSBAND  12
- OTHER: LACKS NECESSARY EDUCATION/TRAINING/ SKILLS  13
- OTHER: DOING VOLUNTEER/CHARITY WORK  14
- OTHER: DON'T HAVE A JOB  15
- OTHER: TOO YOUNG TO WORK  16

- OTHER: CITIZENSHIP ISSUES/NO WORK PERMIT  17
- OTHER: SEASONAL EMPLOYMENT  18
- OTHER: TRANSPORTATION ISSUES  19
- OTHER: FIRED/TERMINATED  20
- OTHER: LOOKING FOR HOUSING/PROCESS OF MOVING  21
- OTHER: IN JAIL  22
- OTHER: DON'T WANT TO LOOK/DON'T WANT TO WORK  23
- OTHER: QUIT  24
- OTHER: NO I.D.  25
- OTHER: HAS A BABY  26
- OTHER: RETIRED  61
- OTHER: DISABLED  62
- OTHER: UNABLE TO WORK (WOULD INCLUDE MEDICAL PROBLEM/HAD SURGERY/SICK)  63
- OTHER: HAS JOB BUT TEMPORARILY ABSENT (WOULD INCLUDE SICK LEAVE, VACATION, HOLIDAY, MATERNITY LEAVE)  64
- OTHER: COULDN'T FIND ANY WORK  65
- OTHER: CHILD CARE PROBLEMS  66
- OTHER: FAMILY RESPONSIBILITIES (INCLUDES CARING FOR ANY SICK RELATIVE NOT CHILD OR SPOUSE)  67
- OTHER: IN SCHOOL, OR OTHER TRAINING  68
- OTHER: WAITING FOR A NEW JOB TO BEGIN  69

- C3. <c3> Last week, did you have more than one job, including part-time and weekend work?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

C4. <c4> How many hours per week do you usually work at your [main] job? (By main job, we mean the one at which you usually work the most hours.) [INTERVIEWER: IF “REFUSED” OR “DON’T KNOW” IN C3, OR IF MULTIPLE JOBS, FILL IN PARENTHETICAL “main”]

HOURS EACH WEEK \_\_\_\_\_ (SKIP TO C5)

HOURS VARY EACH WEEK  999

DON’T KNOW  -1

REFUSED  -2

C4a. <c4a> Do you usually work 35 hours or more per week at your [main] job?

YES  1

NO  2

HOURS VARY  3

REFUSED  7

DON’T KNOW  8

**(204) OCCUPATION/INDUSTRY**

C5. <c5> Now I have a few questions about the (main) job at which you worked last week. What kind of business or industry is this? What do they make or do where you work? (RECORD VERBATIM)

\_\_\_\_\_  
\_\_\_\_\_ (SKIP TO C6)  995

REFUSED  997

DON’T KNOW  998

UNRETRIEVABLE/MISSING  999

**ANALYST NOTE: VALUES REFLECT INDUSTRY CODES PROVIDED BY CENSUS BUREAU.**

C5a. <c5a> Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

- MANUFACTURING  1
- RETAIL TRADE  2
- WHOLESALE TRADE  3
- SOMETHING ELSE (SPECIFY): \_\_\_\_\_  4
- REFUSED  97
- DON'T KNOW  98

**POST CODES:**

- OTHER: MANUFACTURING  61
- OTHER: RETAIL TRADE  62
- OTHER: WHOLESALE TRADE  63
- OTHER:  95
- UNRETRIEVABLE/MISSING  99

C6. <c6> What kind of work do you do, that is, what is your occupation? For example, plumber, typist, farmer [RECORD VERBATIM]

- \_\_\_\_\_  995
- \_\_\_\_\_  997
- REFUSED  997
- DON'T KNOW  998
- UNRETRIEVABLE/MISSING  999

**ANALYST NOTE: VALUES REFLECT OCCUPATION CODES PROVIDED BY CENSUS BUREAU.**

C7. <c7> What are your usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. [RECORD VERBATIM]

\_\_\_\_\_

\_\_\_\_\_

REFUSED

DON'T KNOW

995

997

998

**ANALYST NOTE: VALUES WERE NOT CODED BY CENSUS BUREAU AS THEY ARE MEANT TO AID IN THE CODING OF OCCUPATION ONLY.**

**(207) JOB TENURE**

C8. <c8mo> <c8yr> When did you first start working at your (main) job?

Enter Date: Mon/Year \_\_\_/\_\_\_/\_\_\_

REFUSED

DON'T KNOW

-2

-1

**(202) AVERAGE HOURLY EARNINGS**

C9. <c9> For your (main) job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?

HOURLY

DAILY

WEEKLY

BIWEEKLY (every 2 weeks)

TWICE MONTHLY

MONTHLY

ANNUALLY

PER UNIT (SPECIFY UNIT TYPE) \_\_\_\_\_

OTHER: (SPECIFY) \_\_\_\_\_

REFUSED

DON'T KNOW

1

2

3

4

5

6

7

8

95

97

98

**POST CODES**

OTHER: UNIT: COMMISSION PER CLIENT/SALE

OTHER: UNIT: PER RUN/DELIVERY

OTHER: SALARIED

OTHER: HOURLY

OTHER: DAILY

9

10

11

61

62

- OTHER: WEEKLY  63
- OTHER: BIWEEKLY(EVERY 2 WEEKS)  64
- OTHER: TWICE MONTHLY  65
- OTHER: MONTHLY  66
- OTHER: ANNUALLY  67
- OTHER: PER UNIT(SPECIFY UNIT TYPE)  68

- C10. <c10> Do you usually receive overtime pay, tips, or commissions (at your main job)?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**[INTERVIEWER: IF RATE OF PAY IS HOURLY, SKIP TO C13; IF RATE OF PAY IS PER UNIT, SKIP TO C12a. IF RATE OF PAY OTHER, REFUSED, DON'T KNOW (95-98) SKIP TO C15.]**

- C11. <c11> (Including overtime pay, tips, and commissions), what are your usual (daily/weekly/biweekly/monthly/annual) earnings on this job, before taxes or other deductions?
- ENTER DOLLAR AMOUNT \$\_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2
  - UNRETRIEVABLE/MISSING  .9

- C11a. <c11a> **[IF RATE OF PAY IS NOT DAILY (C9≠2) SKIP TO C12]** How many days a week do you usually work?
- NUMBER OF DAYS \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2

C12. <c12> **[IF RATE OF PAY NOT ANNUAL (C9≠7 SKIP TO C15)]**How many weeks a year do you get paid for?

NUMBER OF WEEKS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**(SKIP TO C15)**

C12a. <c12a> **[INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM C9. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (C9=8 AND C10=1), SKIP TO C12d.]**

C12b. <c12b> What is your rate of pay per [UNIT] (on this job)?

\$ \_\_\_\_\_.

DON'T KNOW  -1

REFUSED  -2

C12c. <c12c> For how many [UNIT]s are you usually paid per week (on this job)?

NUMBER OF UNITS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**(SKIP TO C15)**

C12d. <c12d> Excluding overtime pay, tips and commissions, what is your rate of pay per [UNIT] (on this job)?

\$ \_\_\_\_\_.

DON'T KNOW  -1

REFUSED  -2

C12e. <c12e> For how many [UNIT]s are you usually paid per week at this rate?

NUMBER OF UNITS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**\*\* C12f HAS BEEN INTENTIONALLY DELETED**

C12g. <c12g> (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

\$ \_\_\_\_\_.

DON'T KNOW  -1

REFUSED  -2



- C12h. <c12h> Is that...
- PER HOUR  1
  - PER DAY  2
  - PER WEEK  3
  - PER MONTH  4
  - PER YEAR  5
  - PER UNIT  6
  - OTHER: (SPECIFY)\_\_\_\_\_  95
  - REFUSED  97
  - DON'T KNOW  98
- POST-CODES:**
- OTHER: BIWEEKLY  7
  - OTHER: TWICE MONTHLY  8
  - OTHER: PER HOUR  61
  - OTHER: PER DAY  62
  - OTHER: PER WEEK  63
  - OTHER: PER MONTH  64
  - OTHER: PER YEAR  65
  - OTHER: PER UNIT  66

C12i. <c12i> [INTERVIEWER: IF OVERTIME RATE OF PAY IS HOUR, WEEK, MONTH, YEAR, OTHER, OR UNKNOWN (C12h=1,3-5,7-98), SKIP TO C12k. IF RATE OF PAY IS DAY (C12h=2), THEN UNIT=DAY]

C12j. <c12j>For how many [UNIT]s are you usually paid per week at this rate?

NUMBER OF UNITS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C12k. <c12k> [INTERVIEWER: IF OVERTIME RATE OF PAY IS DAY, WEEK, MONTH, YEAR, UNIT, OTHER, OR UNKNOWN (C12h=2-98), SKIP TO C15] How many hours do you usually work per week at this rate?

HOURS PER WEEK: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C12l. How many days per week do you usually work at this rate?

HOURS PER WEEK: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

(SKIP TO C15)

C13. <c13> [INTERVIEWER: IF HOURLY AND OVERTIME PAY, TIPS, AND COMMISSIONS, SKIP TO C14a.]

C13a. <c13a> What is your hourly rate of pay (on this job)?

\$ \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

(SKIP TO C15)

C14a. <c14a> Excluding overtime pay, tips and commissions, what is your hourly rate of pay (on this job)?

\$ \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C14b. <c14b> How many hours do you usually work per week at this rate?

HOURS PER WEEK \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C14c. <c14c> (At your main job,) how much do you usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

AMOUNT \$\_\_\_\_\_.

DON'T KNOW  -1

REFUSED  -2

C14d. <c14d> Is that...

PER HOUR  1

PER DAY  2

PER WEEK  3

PER MONTH  4

PER YEAR  5

PER [UNIT] (SPECIFY)  6

OTHER: (SPECIFY)\_\_\_\_\_  95

REFUSED  97

DON'T KNOW  98

**POST CODES**

OTHER: BIWEEKLY  7

OTHER: TWICE MONTHLY  8

OTHER: PER HOUR  61

OTHER: PER DAY  62

OTHER: PER WEEK  63

OTHER: PER MONTH  64

OTHER: PER YEAR  65

OTHER: PER UNIT  66

**[INTERVIEWER: IF OVERTIME RATE OF PAY IS WEEK, MONTH, YEAR, OTHER, OR UNKNOWN (C14d=1,3-5,7-98) SKIP TO C14e. IF RATE OF PAY IS DAY (C14d=2), THEN UNIT=DAY]**

C14e. <c14e> **[INTERVIEWER: IF OVERTIME RATE OF PAY IS DAY, WEEK, MONTH, YEAR, OTHER, OR UNKNOWN (C14d=2-98), SKIP TO C15]**

How many (days/UNITS/hours) do you usually work per week at this rate?

\_\_\_\_\_ DAYS/UNITS/HOURS PER WEEK

DON'T KNOW  -1

REFUSED  -2

**(203) FRINGE BENEFITS**

C15. Through your employer are you eligible for any of the following benefits? By eligible we mean the benefit is available for you now, even if you have decided to not receive it or have not needed it.

	YES	NO	RF	DK
15a. <c15a> Health insurance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15b. <c15b> Sick leave?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
15c. <c15c> Paid vacation?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(208) SOCIAL NETWORKS & JOBS**

*[Asked about main current job]*

C16. <c16> I'd like to ask you how you found the (main) job you have now. What is the most important source of information you used to find this job? **[INTERVIEWER: CODE RESPONSE]**

- A FRIEND, RELATIVE, OR ACQUAINTANCE  01
- A GOVERNMENT EMPLOYMENT AGENCY (**SKIP TO C18**)  02
- A PRIVATE EMPLOYMENT AGENCY (**SKIP TO C18**)  03
- CHECKING DIRECTLY WITH MY EMPLOYER (**SKIP TO C18**)  04
- A REFERRAL FROM A JOB TRAINING PROGRAM (**SKIP TO C18**)  05
- THE NEWSPAPER (**SKIP TO C18**)  06
- A SCHOOL EMPLOYMENT SERVICE (**SKIP TO C18**)  07
- A COMPUTER SEARCH (**SKIP TO C18**)  08
- CHURCH (**SKIP TO C18**)  09
- COMMUNITY CENTER (**SKIP TO C18**)  10
- OTHER (SPECIFY): \_\_\_\_\_  95  
(**SKIP TO C18**)
- REFUSED (**SKIP TO C18**)  97
- DON'T KNOW (**SKIP TO C18**)  98

**POST CODES**

- OTHER: SOCIAL SERVICES/WELFARE/WELFARE TO WORK (WITHOUT EXPLICIT MENTION OF GAIN PROGRAM)/SECTION 8 PROGRAM/HOUSING  11
- OTHER: REFERRAL FROM ANOTHER JOB/PREVIOUS EMPLOYER  12
- OTHER: PREVIOUS CONTACT AS VOLUNTEER/TEMP/INTERNSHIP  13
- OTHER: PROFESSIONAL PUBLICATION OR REGISTRY  14
- OTHER: SELF-EMPLOYED  15
- OTHER: JOB FAIR  16

- OTHER: FROM A FLYER/BULLETIN BOARD  17
- OTHER: FRIEND, RELATIVE OR ACQUAINTANCE  61
- OTHER: A GOVERNMENT EMPLOYMENT AGENCY  62
- OTHER: A PRIVATE EMPLOYMENT AGENCY  63
- OTHER: CHECKING DIRECTLY WITH MY EMPLOYER  
(WOULD INCLUDE WALKED IN AND APPLIED/JUST  
WALKED IN)  64
- OTHER: REFERRAL FROM A JOB TRAINING PROGRAM  
(WOULD INCLUDE GAIN PROGRAM)  65
- OTHER: THE NEWS PAPER  66
- OTHER: A SCHOOL EMPLOYMENT SERVICE  67
- OTHER: A COMPUTER SEARCH  68
- OTHER: CHURCH  69
- OTHER: COMMUNITY CENTER  70
- UNRETRIEVABLE  99

- C17. <c17> Did this person live in the same neighborhood as you at the time you got the job?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**(209) ACCESS TO JOBS**

C18. <c18> How did you usually get to work last week? [**INTERVIEWER: IF MORE THAN ONE METHOD, PROBE FOR ONE USED FOR MOST DISTANCE.**]

- CAR, TRUCK, OR VAN  01
- BUS OR TROLLEY BUS  02
- STREETCAR OR TROLLEY CAR  03
- SUBWAY OR ELEVATED  04
- RAILROAD  05
- FERRYBOAT  06
- TAXICAB  07
- MOTORCYCLE  08
- BICYCLE  09
- WALKED  10
- WORKED AT HOME  11
- OTHER METHOD  12
- REFUSED  97
- DON'T KNOW  98

C19. <c19> How many minutes did it usually take you to get from home to work last week?  
NUMBER OF MINUTES \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

**(SKIP TO C28)**

C20. <c20> Do you have a disability that prevents you from accepting any kind of work during the next six months?

- YES (**SKIP TO C28**)  1
- NO (**SKIP TO C22**)  2
- REFUSED (**SKIP TO C22**)  7
- DON'T KNOW (**SKIP TO C22**)  8

- C21. <c21> Do you currently want a job, either full-time or part-time?
- YES OR MAYBE, IT DEPENDS  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**(205) NOT EMPLOYED—JOB SEARCH, DURATION, INTENSITY**

- C22. <c22> Have you been doing anything to find work during the past four weeks?
- YES  1
  - NO (SKIP TO C28)  2
  - RETIRED (SKIP TO C28)  3
  - DISABLED (SKIP TO C28)  4
  - UNABLE TO WORK (SKIP TO C28)  5
  - REFUSED (SKIP TO C28)  7
  - DON'T KNOW (SKIP TO C28)  8
  - UNRETRIEVABLE  9

- C23. <c23> What are all the things you have done to find work during the past four weeks?  
**[INTERVIEWER: CHECK ALL THAT APPLY.]**
- CONTACTED EMPLOYER(S)  1
  - CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/COURSES  2
  - CONTACTED PRIVATE EMPLOYMENT AGENCY  3
  - CONTACTED FRIENDS OR RELATIVES  4
  - INTERVIEWED FOR A JOB  5
  - CONTACTED SCHOOL/UNIVERSITY EMPLOYER CENTER  6
  - SENT OUT RESUMES/FILLED OUT APPLICATIONS  7
  - CHECKED UNION/PROFESSIONAL REGISTERS  8
  - PLACED OR ANSWERED ADS  9
  - LOOKED AT ADS DIRECTLY  10
  - ATTENDED JOB TRAINING  11
  - NOTHING  94
  - OTHER (SPECIFY) \_\_\_\_\_  95
  - NO OTHER MENTIONS  96
  - REFUSED  97
  - DON'T KNOW  98

**POST CODES**

- OTHER: LOOKED ON INTERNET/WENT ON-LINE  12
- OTHER: JOB FAIR  13
- OTHER: CONTACTED EMPLOYER(S)  61
- OTHER: CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/COURSES  62
- OTHER: CONTACTED PRIVATE EMPLOYMENT AGENCY  63
- OTHER: CONTACTED FRIENDS OR RELATIVES  64
- OTHER: INTERVIEWED FOR A JOB  65
- OTHER: CONTACTED SCHOOL/UNIVERSITY EMPLOYER CENTER  66
- OTHER: SENT OUT RESUMES/FILLED OUT APPLICATIONS  67
- OTHER: CHECKED UNION/PROFESSIONAL REGISTERS  68
- OTHER: PLACED OR ANSWERED ADS  69
- OTHER: LOOKED AT ADS  70
- OTHER: ATTENDED JOB TRAINING  71

C24. <c24> During the past four weeks, about how many hours in total did you spend looking for work?  
 ENTER NUMBER OF HOURS: \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

C25. <c25> With how many different employers have you made direct contact, either by phone, mail, or in-person, during the past four weeks?

ENTER NUMBER OF EMPLOYERS \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

C26. <c26> Last week, could you have started a job if one had been offered?

- YES (SKIP TO C28)  1
- NO  2
- REFUSED  7
- DON'T KNOW  8



- C27. <c27> Why is that?
- WAITING FOR NEW JOB TO BEGIN  1
  - OWN TEMPORARY ILLNESS  2
  - GOING TO SCHOOL  3
  - OTHER (SPECIFY): \_\_\_\_\_  95
  - REFUSED  97
  - DON'T KNOW  98

**POST CODES**

- OTHER: CHILDCARE PROBLEMS  4
- OTHER: FAMILY RESPONSIBILITIES/CARING FOR SICK CHILD/RELATIVE  5
- OTHER: DISABLED  6
- OTHER: TRANSPORTATION ISSUES  7
- OTHER: LOOKING FOR/NEEDS HOUSING/PROCESS OF MOVING  8
- OTHER: PREGNANT/HAVING A BABY  9
- OTHER: WAITING FOR NEW JOB TO BEGIN  61
- OTHER: TEMPORARY ILLNESS  62
- OTHER: GOING TO SCHOOL  63

**(210) EMPLOYMENT HISTORY**

*Now I am going to ask you about any (other) paid employment you have had since September 2000 (other than the job we just discussed). This should include any paid employment you have now. Please tell me about any work you have had as an employee, that is, work you had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.*

- C28. <c28> Since September 2000, have you done any (other) work at all for which you were paid?
- YES  1
  - NO (SKIP TO C35)  2
  - REFUSED (SKIP TO C35)  7
  - DON'T KNOW (SKIP TO C35)  8

Now I am going to ask a few questions about the other employers you have had since September 2000.

C28a. Please tell me the name of the other employer/employers. <C28A\_01> - <C28A\_15>

C29. What kind of work did you usually do for this employer? **[INTERVIEWER: RECORD TYPE OF WORK FOR EACH EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS 1 JOB. DO NOT COLLECT INFORMATION ABOUT EACH ASSIGNMENT; PROBE AFTER EACH EMPLOYER]**

Any more work as an employee since September 2000?

		RF	DK	UNRET
EMPLOYER/TYPE OF WORK 1: <C29_01>_____	<input type="checkbox"/> 995	<input type="checkbox"/> 997	<input type="checkbox"/> 998	<input type="checkbox"/> 999
EMPLOYER/TYPE OF WORK 2: <C29_02>_____	<input type="checkbox"/> 995	<input type="checkbox"/> 997	<input type="checkbox"/> 998	<input type="checkbox"/> 999
EMPLOYER/TYPE OF WORK 3: <C29_03>_____	<input type="checkbox"/> 995	<input type="checkbox"/> 997	<input type="checkbox"/> 998	<input type="checkbox"/> 999
EMPLOYER/TYPE OF WORK 4: <C29_04>_____	<input type="checkbox"/> 995	<input type="checkbox"/> 997	<input type="checkbox"/> 998	<input type="checkbox"/> 999
EMPLOYER/TYPE OF WORK 5: <C29_05>_____	<input type="checkbox"/> 995	<input type="checkbox"/> 997	<input type="checkbox"/> 998	<input type="checkbox"/> 999
EMPLOYER/TYPE OF WORK 6: <C29_06>_____	<input type="checkbox"/> 995	<input type="checkbox"/> 997	<input type="checkbox"/> 998	<input type="checkbox"/> 999

<c29\_01-c29\_20>↑↑↑

**[INTERVIEWER: REPEAT C30-C34 FOR EACH EMPLOYER IN C29.]**

	JOB #1	JOB #2	JOB #3
C30. When did you first start working for this employer? <c30mo_01-c30mo_20> <c30yr_01-c30yr_20>	____/____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
C31. Are you currently working for this employer? <c31_01-c21_20>	<input type="checkbox"/> 1 YES (SKIP TO C33) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	<input type="checkbox"/> 1 YES (SKIP TO C33) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW	<input type="checkbox"/> 1 YES (SKIP TO C33) <input type="checkbox"/> 2 NO <input type="checkbox"/> 7 REFUSED <input type="checkbox"/> 8 DON'T KNOW
C32. When did you stop working for this employer? <c32mo_01-c32mo_20> <c32yr_01-c32yr_20>	____/____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
C33. How much (do/did) you usually earn per week from this employer? <c33_01-c33_20>	\$ _____.____ per week DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____.____ per week DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____.____ per week DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
C34. How many hours per week (do/did) you usually work for this employer? <c34_01-c34_20>	_____ HOURS DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	_____ HOURS DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	_____ HOURS DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2

USE SUPPLEMENTAL GRIDS AS NECESSARY

**\*\*C34A HAS BEEN INTENTIONALLY DELETED.**

C35. <c35> During the past month, did you do any small jobs (other than any already mentioned) to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking , or things like that?

- YES  1
- NO (SKIP TO C36)  2
- REFUSED (SKIP TO C36)  7
- DON'T KNOW (SKIP TO C36)  8

C35a. <c35a> How many hours do you usually work a week at these small jobs?

NUMBER OF HOURS: \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

**[IF NO SPOUSE AT RANDOM ASSIGNMENT, SKIP TO D1] [INTERVIEWER: IN TWO-PARENT FAMILIES THE FEMALE IS THE RESPONDENT SO THIS SECTION APPLIES TO MALE SPOUSES]:**

*Now I have a few questions about [SPOUSE].*

C36. <c36> Is [SPOUSE] still living with you?

- YES  1
- NO (SKIP TO D1)  2
- DECEASED (SKIPTO D1)  3
- REFUSED (SKIP TO D1)  7
- DON'T KNOW (SKIP TO D1)  8

C36a. <c36a> Last week, did [SPOUSE] do any work for pay?

- YES (SKIP TO C38)  1
- NO  2
- IF VOLUNTEERED, RETIRED (SKIP TO C56)  3
- IF VOLUNTEERED, DISABLED (SKIP TO C55)  4
- IF VOLUNTEERED, UNABLE TO WORK (SKIP TO C55)  5
- REFUSED (SKIP TO C57)  7
- DON'T KNOW (SKIP TO C57)  8

**(201) HOURS WORKED PER WEEK**

C37. <c37> What is the main reason that he did not work for pay last week?

- RETIRED (**SKIP TO C56**)  1
- DISABLED (**SKIP TO C55**)  2
- UNABLE TO WORK (**SKIP TO C55**)  3
- HAS JOB BUT TEMPORARILY ABSENT (**SKIP TO C38**)  4
- COULDN'T FIND ANY WORK (**SKIP TO C57**)  5
- CHILD CARE PROBLEMS (**SKIP TO C57**)  6
- FAMILY RESPONSIBILITIES (**SKIP TO C57**)  7
- IN SCHOOL OR OTHER TRAINING (**SKIP TO C57**)  8
- WAITING FOR A NEW JOB TO BEGIN (**SKIP TO C57**)  9
- OTHER (SPECIFY): \_\_\_\_\_  95
- (**SKIP TO C57**)
- REFUSED (**SKIP TO C57**)  97
- DON'T KNOW (**SKIP TO C57**)  98

**POST CODES**

- OTHER: UNEMPLOYED/LAID OFF(EMPLOYER CLOSED DOWN OPERATIONS)  10
- OTHER: PREGNANT  11
- OTHER: CARING FOR SICK/DISABLED CHILD/HUSBAND  12
- OTHER: LACKS NECESSARY EDUCATION/TRAINING/SKILLS  13
- OTHER: DOING VOLUNTEER/CHARITY WORK  14
- OTHER: DON'T HAVE A JOB  15
- OTHER: TOO YOUNG TO WORK  16
- OTHER: CITIZENSHIP ISSUES/NO WORK PERMIT  17
- OTHER: SEASONAL EMPLOYMENT  18
- OTHER: TRANSPORTATION ISSUES  19
- OTHER: FIRED/TERMINATED  20
- OTHER: LOOKING FOR HOUSING/PROCESS OF MOVING  21
- OTHER: IN JAIL  22
- OTHER: DON'T WANT TO LOOK/DON'T WANT TO WORK  23
- OTHER: QUIT  24
- OTHER: NO I.D.  25
- OTHER: HAS A BABY  26
- OTHER: RETIRED  61
- OTHER: DISABLED  62

OTHER: UNABLE TO WORK (WOULD INCLUDE MEDICAL PROBLEM/HAD SURGERY/SICK)  63

OTHER: HAS JOB BUT TEMPORARILY ABSENT (WOULD INCLUDE SICK LEAVE, VACATION, HOLIDAY, MATERNITY LEAVE)  64

OTHER: COULDN'T FIND ANY WORK  65

OTHER: CHILD CARE PROBLEMS  66

OTHER: FAMILY RESPONSIBILITIES  67

OTHER: IN SCHOOL, OR OTHER TRAINING  68

OTHER: WAITING FOR A NEW JOB TO BEGIN  69

C38. <c38> Last week, did he have more than one job, including part-time and weekend work?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

C39. <c39> How many hours per week does he usually work at his [main] job? (By main job, we mean the one at which he usually works the most hours.) **[INTERVIEWER: IF "REFUSED" OR "DON'T KNOW" IN C38, OR IF MULTIPLE JOBS, FILL IN PARENTHETICAL "MAIN"]**

HOURS EACH WEEK \_\_\_\_\_ (SKIP TO C40)

HOURS VARY EACH WEEK  999

DON'T KNOW  -1

REFUSED  -2

C39a. <c39a> Does he usually work 35 hours or more per week at his [main] job?

YES  1

NO  2

HOURS VARY  3

REFUSED  7

DON'T KNOW  8

**(204) OCCUPATION/INDUSTRY**

C40. <c40> Now I have a few questions about the (main) job at which [SPOUSE] worked last week.  
What kind of business or industry is this? What do they make or do where he works?  
(RECORD VERBATIM)

- \_\_\_\_\_ (SKIP TO C41)  995  
\_\_\_\_\_
- REFUSED  997  
DON'T KNOW  998  
UNRETRIEVABLE/MISSING  999

C40a. <c40a> Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something else?

- MANUFACTURING  1  
RETAIL TRADE  2  
WHOLESALE TRADE  3  
SOMETHING ELSE (SPECIFY): \_\_\_\_\_  4  
REFUSED  97  
DON'T KNOW  98

**POST CODES:**

- OTHER: MANUFACTURING  61  
OTHER: RETAIL TRADE  62  
OTHER: WHOLESALE TRADE  63  
OTHER  95

C41. <c41> What kind of work does he do, that is, what is his occupation? For example, plumber, typist, farmer [RECORD VERBATIM]

- \_\_\_\_\_  995  
\_\_\_\_\_
- REFUSED  997  
DON'T KNOW  998

C42. <c42> What are his usual duties or activities at this job? For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick. (RECORD VERBATIM)

\_\_\_\_\_  995

\_\_\_\_\_

REFUSED  997

DON'T KNOW  998

**(207) JOB TENURE**

C43. <c43dy> <c43yr> When did he first start working (at his main job)?

Enter Date: Mon/Year \_\_\_/\_\_\_/\_\_\_

DON'T KNOW  -1

REFUSED  -2

**(202) AVERAGE HOURLY EARNINGS**

C44. <c44> For his (main) job, what is the easiest way for you to report his total earnings before taxes or other deductions: hourly, weekly, annually, or on some other basis?

HOURLY  1

DAILY  2

WEEKLY  3

BIWEEKLY (EVERY 2 WEEKS)  4

TWICE MONTHLY  5

MONTHLY  6

ANNUALLY  7

PER UNIT (SPECIFY UNIT TYPE) \_\_\_\_\_  8

OTHER: (SPECIFY) \_\_\_\_\_  95

REFUSED (SKIP TO C50a)  97

DON'T KNOW (SKIP TO C50a)  98

**POST CODES**

OTHER: UNIT: COMMISSION PER CLIENT/SALE  9

OTHER: UNIT: PER RUN/DELIVERY  10

OTHER: SALARIED  11

OTHER: HOURLY  61

OTHER: DAILY  62

OTHER: WEEKLY  63

OTHER: BIWEEKLY(EVERY 2 WEEKS)  64

OTHER: TWICE MONTHLY  65



- OTHER: MONTHLY  66
- OTHER: ANNUALLY  67
- OTHER: PER UNIT(SPECIFY UNIT TYPE)  68

- C45. <c45> Does he usually receive overtime pay, tips, or commissions (at main job)?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**[INTERVIEWER: IF RATE OF PAY IS HOURLY, SKIP TO C48; IF RATE OF PAY IS PER UNIT, SKIP TO C47a. IF RATE OF PAY IS OTHER, REFUSED, DON'T KNOW SKIP TO C50a]**

- C46. <c45> (Including overtime pay, tips, and commissions), what are [SPOUSE]'s usual (daily/weekly/biweekly/monthly/annual) earnings on (this) job, before taxes or other deductions?
- \$ \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2

NOTE: Depending on the base conditions, the DTS changes in question C47.

**[IF RATE OF PAY IS NOT DAILY OR ANNUALLY (C44=7)(C44=2), SKIP TO C50]**

- C47. How many (days a week/weeks per year) does he usually work?
- NUMBER OF DAYS \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2

**(SKIP TO C50)**

C47a. <c47a> [INTERVIEWER: DEFINE [UNIT] AS UNIT TYPE FROM C44. IF PER UNIT AND OVERTIME PAY, TIPS, AND COMMISSIONS (C44=8 AND C45=1), SKIP TO C47d]

C47b. <c47b> What is [SPOUSE]'s rate of pay per [UNIT] (on this job)?

\$ \_\_\_\_\_.

DON'T KNOW

-1

REFUSED

-2

C47c. <c47c> For how many [UNIT]s is [SPOUSE] usually paid per week (on this job)?

NUMBER OF UNITS: \_\_\_\_\_

DON'T KNOW

-1

REFUSED

-2

**(SKIP TO C50)**

C47d. <c47d> Excluding overtime pay, tips and commissions, what is [SPOUSE]'s rate of pay per [UNIT] (on this job)?

\$ \_\_\_\_\_.

DON'T KNOW (SKIP TO C47g)

-1

REFUSED (SKIP TO C47g)

-2

C47e. <c47e> For how many [UNIT]s is [SPOUSE] usually paid per week at this rate?

NUMBER OF UNITS: \_\_\_\_\_

DON'T KNOW

-1

REFUSED

-2

**\*\*C47f HAS BEEN INTENTIONALLY DELETED**

C47g. <c47g> (At his main job,) how much does [SPOUSE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

\$ \_\_\_\_\_.

DON'T KNOW <Skip to <C50>

-1

REFUSED <Skip to <C50>

-2

- C47h. <c47h> Is that...
- PER HOUR  1
  - PER DAY  2
  - PER WEEK  3
  - PER MONTH  4
  - PER YEAR  5
  - PER UNIT  6
  - OTHER: (SPECIFY)\_\_\_\_\_  95
  - REFUSED  97
  - DON'T KNOW  98

**POST CODES**

- OTHER: BIWEEKLY  7
- OTHER: TWICE MONTHLY  8
- OTHER: PER HOUR  61
- OTHER: PER DAY  62
- OTHER: PER WEEK  63
- OTHER: PER MONTH  64
- OTHER: PER YEAR  65
- OTHER: PER UNIT (SPECIFY)  66

C47i. <c47i> **[INTERVIEWER: IF OVERTIME RATE OF PAY IS HOUR, WEEK, MONTH, YEAR, OTHER, OR UNKNOWN (C47h=1,3-5,7-98), SKIP TO C47k. IF RATE OF PAY IS DAY (C47h=2), THEN UNIT=DAY]**

- C47j. <c47j> For how many [UNIT]s is [SPOUSE] usually paid per week at this rate?
- NUMBER OF UNITS: \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2

**[INTERVIEWER: IF OVERTIME RATE OF PAY IS DAY, WEEK, MONTH, YEAR, UNIT, OTHER, OR UNKNOWN (C47h=2-98), SKIP TO C50]**

C47k. <c47k> How many hours does [SPOUSE] usually work per week at this rate?

HOURS PER WEEK: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**(SKIP TO C50)**

C48. <c48> **[INTERVIEWER: IF HOURLY AND OVERTIME PAY, TIPS, AND COMMISSIONS, SKIP TO C49a]**

CAPI calculation Yes (1) = HOURLY and Over time rate [ <C48> = 1]

No (2) = HOURLY AND NO overtime rate of pay per UNIT [ <C48> = 2]

C48a. <c48a> What is [SPOUSE]'s hourly rate of pay (on this job)?

\$ \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**(SKIP TO C50)**

C49a. <c49a> Excluding overtime pay, tips and commissions, what is his hourly rate of pay (on this job)?

\$ \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C49b. <c49b> How many hours does he usually work per week at this rate?

HOURS PER WEEK \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C49c. <c49c> (At his main job), how much does [SPOUSE] usually receive just in overtime pay, tips, commissions, before taxes or other deductions?

\$ \_\_\_\_\_

DON'T KNOW **(SKIP TO C50)**  -1

REFUSED **(SKIP TO C50)**  -2

- C49d. <c49d> Is that...
- PER HOUR  1
  - PER DAY  2
  - PER WEEK  3
  - PER MONTH  4
  - PER YEAR  5
  - PER [UNIT (SPECIFY)]  6
  - OTHER: (SPECIFY)\_\_\_\_\_  95
  - REFUSED  97
  - DON'T KNOW  98
- POST CODES**
- OTHER: BIWEEKLY  7
  - OTHER: TWICE MONTHLY  8
  - OTHER: PER HOUR  61
  - OTHER: PER DAY  62
  - OTHER: PER WEEK  63
  - OTHER: PER MONTH  64
  - OTHER: PER YEAR  65
  - OTHER: PER UNIT (SPECIFY)  66

**[INTERVIEWER: IF OVERTIME RATE OF PAY IS WEEK, MONTH, YEAR, OTHER, REFUSED, OR UNKNOWN (c49d = 1, 3-5, 7, 8, 63-65, 95, 97, 98), SKIP TO C50. IF RATE OF PAY IS DAY (C49 = 2) THEN UNIT = DAY]**

- C49e. <c49e> How many (days/UNITS/hours) does he usually work per week at this rate?
- \_\_\_\_\_ HOURS PER WEEK
- DON'T KNOW  .1
  - REFUSED  .2

**(203) FRINGE BENEFITS**

C50. Through his employer is he eligible for any of the following benefits? By eligible we mean the benefit is available to him now, even if he has decided to not receive it or has not needed it.

	YES	NO	RF	DK
C50a. <c50a> Health insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C50b. <c50b> Sick leave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
C50c. <c50c> Paid vacation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(208) SOCIAL NETWORKS & JOBS**

C51. <c51> I'd like to ask you how [SPOUSE] found the (main) job he has now. What is the most important source of information he used to find this job?

- A FRIEND, RELATIVE, OR ACQUAINTANCE  1
- A GOVERNMENT EMPLOYMENT AGENCY (**SKIP TO C53**)  2
- A PRIVATE EMPLOYMENT AGENCY (**SKIP TO C53**)  3
- CHECKING DIRECTLY WITH MY EMPLOYER (**SKIP TO C53**)  4
- A REFERRAL FROM A JOB TRAINING PROGRAM (**SKIP TO C53**)  5
- THE NEWSPAPER (**SKIP TO C53**)  6
- A SCHOOL EMPLOYMENT SERVICE (**SKIP TO C53**)  7
- A COMPUTER SEARCH (**SKIP TO C53**)  8
- CHURCH (**SKIP TO C53**)  9
- COMMUNITY CENTER (**SKIP TO C53**)  10
- OTHER (SPECIFY) \_\_\_\_\_  95  
(**SKIP TO C53**)
- REFUSED (**SKIP TO C53**)  97
- DON'T KNOW (**SKIP TO C53**)  98

**POST CODES**

- OTHER: SOCIAL SERVICES/WELFARE/WELFARE TO WORK (WITHOUT EXPLICIT MENTION OF GAIN PROGRAM)/SECTION 8 PROGRAM/HOUSING  11
- OTHER: REFERRAL FROM ANOTHER JOB/PREVIOUS EMPLOYER  12
- OTHER: PREVIOUS CONTACT AS VOLUNTEER/TEMP/INTERNSHIP  13
- OTHER: PROFESSIONAL PUBLICATION OR REGISTRY  14
- OTHER: SELF-EMPLOYED  15
- OTHER: JOB FAIR  16
- OTHER: FROM A FLYER/BULLETIN BOARD  17

- OTHER: FRIEND, RELATIVE OR ACQUAINTANCE  61
- OTHER: A GOVERNMENT EMPLOYMENT AGENCY  62
- OTHER: A PRIVATE EMPLOYMENT AGENCY  63
- OTHER: CHECKING DIRECTLY WITH MY EMPLOYER  
(WOULD INCLUDE WALKED IN AND APPLIED/JUST  
WALKED IN)  64
- OTHER: REFERRAL FROM A JOB TRAINING PROGRAM  
(WOULD INCLUDE GAIN PROGRAM)  65
- OTHER: THE NEWS PAPER  66
- OTHER: A SCHOOL EMPLOYMENT SERVICE  67
- OTHER: A COMPUTER SEARCH  68
- OTHER: CHURCH  69
- OTHER: COMMUNITY CENTER  70

C52. <c52> Did this person live in the same neighborhood as his at the time he got the job?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(209) ACCESS TO JOBS**

C53. <c53> How did he usually get to work last week?

**[INTERVIEWER: IF MORE THAN ONE METHOD, PROBE FOR ONE USED FOR MOST DISTANCE.]**

- CAR, TRUCK, OR VAN  1
- BUS OR TROLLEY BUS  2
- STREETCAR OR TROLLEY CAR  3
- SUBWAY OR ELEVATED  4
- RAILROAD  5
- FERRYBOAT  6
- TAXICAB  7
- MOTORCYCLE  8
- BICYCLE  9
- WALKED  10
- WORKED AT HOME  11
- OTHER METHOD  12
- REFUSED  97
- DON'T KNOW  98

- C54. <c54> How many minutes did it usually take him to get from home to work last week?  
 NUMBER OF MINUTES \_\_\_\_\_  
 DON'T KNOW  -1  
 REFUSED  -2  
 (SKIP TO C63)
- C55. <c55> Does he have a disability that prevents him from accepting any kind of work during the next six months?  
 YES (SKIP TO C63)  1  
 NO (SKIP TO C57)  2  
 REFUSED (SKIP TO C57)  7  
 DON'T KNOW (SKIP TO C57)  8
- C56. <c56> Does he currently want a job, either full-time or part-time  
 YES OR MAYBE, IT DEPENDS  1  
 NO  2  
 REFUSED  7  
 DON'T KNOW  8

**(205) NOT EMPLOYED—JOB SEARCH, DURATION, INTENSITY**

- C57. <c57> Has [SPOUSE] been doing anything to find work during the past four weeks?  
 YES  1  
 NO (SKIP TO C63)  2  
 RETIRED (SKIP TO C63)  3  
 DISABLED (SKIP TO C63)  4  
 UNABLE TO WORK (SKIP TO C63)  5  
 REFUSED (SKIP TO C63)  7  
 DON'T KNOW (SKIP TO C63)  8
- C58. <c58> What are all the things he has done to find work during the past four weeks?  
**[CHECK ALL THAT APPLY]**  
 CONTACTED EMPLOYER(S)  1  
 CONTACTED PUBLIC EMPLOYMENT AGENCY  
 PROGRAMS/COURSES  2  
 CONTACTED PRIVATE EMPLOYMENT AGENCY  3  
 CONTACTED FRIENDS OR RELATIVES  4  
 INTERVIEWED FOR A JOB  5  
 CONTACTED SCHOOL/UNIVERSITY EMPLOYER CENTER  6  
 SENT OUT RESUMES/FILLED OUT APPLICATIONS  7  
 CHECKED UNION/PROFESSIONAL REGISTERS  8



- PLACED OR ANSWERED ADS  9
- LOOKED AT ADS DIRECTLY  10
- ATTENDED JOB TRAINING  11
- NOTHING  94
- OTHER (SPECIFY) \_\_\_\_\_  95
- NO OTHER MENTIONS  96
- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: LOOKED ON INTERNET/WENT ON-LINE  12
- OTHER: JOB FAIR  13
- OTHER: CONTACTED EMPLOYER(S)  61
- OTHER: CONTACTED PUBLIC EMPLOYMENT AGENCY PROGRAMS/COURSES  62
- OTHER: CONTACTED PRIVATE EMPLOYMENT AGENCY  63
- OTHER: CONTACTED FRIENDS OR RELATIVES  64
- OTHER: INTERVIEWED FOR A JOB  65
- OTHER: CONTACTED SCHOOL/UNIVERSITY EMPLOYER CENTER  66
- OTHER: SENT OUT RESUMES/FILLED OUT APPLICATIONS  67
- OTHER: CHECKED UNION/PROFESSIONAL REGISTERS  68
- OTHER: PLACED OR ANSWERED ADS  69
- OTHER: LOOKED AT ADS  70
- OTHER: ATTENDED JOB TRAINING  71

<C58S01-C52S15>

C59. <c59> During the past four weeks, about how many hours in total did he spend looking for work?

ENTER NUMBER OF HOURS: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

C60. <c60> With how many different employers has he made direct contact, either by phone, mail, or in-person, during the past four weeks?

ENTER NUMBER OF EMPLOYERS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

- C61. <c61> Last week, could he have started a job if one had been offered?
- YES (SKIP TO C63)  1
- NO  2
- REFUSED (SKIP TO C63)  7
- DON'T KNOW (SKIP TO C63)  8
- C62. <c62> Why is that?
- WAITING FOR NEW JOB TO BEGIN  1
- OWN TEMPORARY ILLNESS  2
- GOING TO SCHOOL  3
- OTHER (SPECIFY): \_\_\_\_\_  4
- REFUSED  97
- DON'T KNOW  98
- POST CODES:**
- OTHER SPECIFY  95

**(210) EMPLOYMENT HISTORY**

*Now I am going to ask you about any (other) paid employment [SPOUSE] may have had since September 2000 (other than the job we just discussed). This should include any paid employment he has now. Please tell me about any work [SPOUSE] has had as an employee, that is, work he had in an ongoing relationship with a particular employer. For example, working in a supermarket or restaurant would be work as an employee.*

- C63. <c63> Since September 2000, has he done any (other) work at all for which he was paid?
- YES  1
- NO (SKIP TO C70)  2
- REFUSED (SKIP TO C70)  7
- DON'T KNOW (SKIP TO C70)  8

For each employer [SPOUSE] has had since September 2000, please tell us: <C63A\_01> - <C63A\_15>

- C63a. What kind of work did he usually do for this employer? **[INTERVIEWER: RECORD TYPE OF WORK FOR EACH EMPLOYER. IF RESPONDENT WORKS FOR A TEMPORARY AGENCY, REFER TO THAT AS 1 JOB. DO NOT COLLECT INFORMATION ABOUT EACH ASSIGNMENT; PROBE AFTER EACH EMPLOYER]:** Any more work as an employee since September 2000? [
- EMPLOYER/TYPE OF WORK 1: \_\_\_\_\_
- EMPLOYER/TYPE OF WORK 2: \_\_\_\_\_
- EMPLOYER/TYPE OF WORK 3: \_\_\_\_\_
- EMPLOYER/TYPE OF WORK 4: \_\_\_\_\_

EMPLOYER/TYPE OF WORK 5: \_\_\_\_\_

[INTERVIEWER: REPEAT C65-C69 FOR EACH EMPLOYER IN C63a.]

	JOB #1	JOB #2	JOB #3
C65. Let's talk about [EMPLOYER.] When did [SPOUSE] first start working for this employer? (NLSY 79, modified) <c65mo_01-c65mo_05> <c65yr_01-c65yr_05>	____/____/_____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____/_____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____/_____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 ↓
C66. Is he currently working for this employer? <c66_01-c66_20>	YES <input type="checkbox"/> 1 (SKIP TO C68) NO <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	YES <input type="checkbox"/> 1 (SKIP TO C68) NO <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	YES <input type="checkbox"/> 1 (SKIP TO C68) NO <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
C67. When did he stop working for this employer? <c67mo_01-c67mo_20> <c67yr_01-c67yr_20>	____/____/_____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____/_____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____/_____ MM YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
C68. How much does/did [SPOUSE] usually earn per week from this employer? <c68_01-c68_20> <c68v_01-c68v_20>	\$ _____.____ per week DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____.____ per week DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____.____ per week DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
C69. How many hours per week does/did he usually work for this employer? <c69_01-c69_20>	_____ # of hours	_____ # of hours	_____ # of hours

USE SUPPLEMENTAL GRIDS AS NECESSARY

\*C69a has been intentionally deleted.

C70. <c70> During the past month, did he do any small jobs (other than any already mentioned) to bring in extra money like babysitting, home repairs, mowing lawns, house cleaning, cooking , or things like that?

- YES  1
- NO (**SKIP TO D1**)  2
- REFUSED (**SKIP TO D1**)  7
- DON'T KNOW (**SKIP TO D1**)  8

C70a. <c70a> How many hours did he usually work a week at these small jobs?

ENTER NUMBER OF HOURS: \_\_\_\_\_

- DON'T KNOW  -1
- REFUSED  -2

**SECTION D: INCOME AND PUBLIC ASSISTANCE**

*Next I'd like to talk with you about any income or public assistance you or your children may receive.*

**(501) CURRENT RECEIPT OF SSI BENEFITS**

D1. <d1> Are you or your (child/children) now receiving help from the Supplemental Security Income program, called SSI?

- YES  1
- NO (SKIP TO D4)  2
- REFUSED (SKIP TO D4)  7
- DON'T KNOW (SKIP TO D4)  8

D2. <d2> Is the SSI for you or for your (child/children)?

- RESPONDENT  1
- CHILD(REN)  2
- BOTH  3
- REFUSED  7
- DON'T KNOW  8

D3. <d3mo> <d3yr> In what month and year did [you/your child/your children] start receiving SSI benefits? **[INTERVIEWER: IF BOTH RESPONDENT AND CHILD ARE RECEIVING SSI, ASK FOR THE MONTH AND YEAR THE FIRST PERSON TO RECEIVE SSI STARTED RECEIVING IT.]**

- \_\_\_/\_\_\_-\_\_\_-\_\_\_  
MM YYYY
- DON'T KNOW  -1
  - REFUSED  -2

**(503) CURRENT RECEIPT OF EITC**

D4. <d4> Workers sometimes receive a tax refund check—early in the year—from the Earned Income Tax Credit or because they overpaid taxes in the previous year. Did you receive a tax refund check from the federal government early in 2001, between January and June?

- YES  1
- NO (SKIP TO D5)  2
- REFUSED (SKIP TO D5)  7
- DON'T KNOW (SKIP TO D5)  8

D4a. <d4a> How much was your tax refund?  
ENTER AMOUNT: \$ \_ \_ \_ \_

DON'T KNOW  -1

REFUSED  -2

**(505) MEDICAID PARTICIPATION**

D5. <d5> What kind of health insurance or health care coverage do you have for yourself?  
**[INTERVIEWER: SHOW RESPONDENT CARD WITH RESPONSE CATEGORIES]:**

PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR WORKPLACE  1

PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY  2

PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM  3

MEDICAID OR STATE NAME OF MEDICAID  4

MEDICARE  5

MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA  6

SINGLE SERVICE PLAN (E.G. DENTAL, VISION, PRESCRIPTIONS)  7

NO COVERAGE OF ANY TYPE  94

OTHER (SPECIFY) \_\_\_\_\_  95

NO OTHER MENTIONS  96

REFUSED  97

DON'T KNOW  98

**POST CODES**

OTHER: FREE CARE/LOCAL CLINIC/HOSPITAL  8

OTHER: MENTION OF SPECIFIC HEALTH CARE PROVIDER/HMO(E.G., CENTERCARE, CMA, TOP, DELTA HEALTH NET, UNITED HEALTH CARE, PRIORITY PARTNERS)  9

OTHER: INSURANCE THROUGH SCHOOL  10

OTHER: PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR WORKPLACE (WOULD INCLUDE HEALTHCARE FROM UNION)  61

OTHER: PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY  62

OTHER: PRIVATE HEALTH INSURANCE THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM  63

- OTHER: MEDICAID OR STATE NAME OF MEDICAID  64
- OTHER: MEDICARE  65
- OTHER: MILITARY HEALTH CARE/VA OR  
CHAMPUS/TRICARE/CHAMP-VA  66
- OTHER: SINGLE SERVICE PLAN (E.G., DENTAL, VISION,  
PRESCRIPTIONS)  67

<D5S01-d5S10>

**(506) REASONS FOR LEAVING WELFARE**

*Now I'd like to ask you about cash assistance some families receive on a regular basis. For example, they may get a monthly check. Some people call this assistance "welfare," AFDC, TANF or "public aid." I'll use the word "welfare."*

- D6. <d6> Are you or your (child/children) regularly receiving welfare benefits now? **[INTERVIEWER: DO NOT ACCEPT "FOOD STAMPS," "SSI," "MEDICAID," OR "WIC"]**
- YES (**SKIP TO D8**)  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8
- D7. <d7> Have you or your (child/children) received welfare benefits at any time during the past two years?
- YES  1
  - NO (**SKIP TO D13**)  2
  - REFUSED (**SKIP TO D13**)  7
  - DON'T KNOW (**SKIP TO D13**)  8
- D8. <d8> During the past two years, was there ever a time when you stopped receiving welfare for more than two months?
- YES  1
  - NO (**SKIP TO D13**)  2
  - REFUSED (**SKIP TO D13**)  7
  - DON'T KNOW (**SKIP TO D13**)  8



*I'd like to ask you a few questions about the time you and your (child/children) went off [welfare] most recently.*

D9. <d9> Did you go off welfare at that time because the welfare office said you weren't following the rules or was there some other reason?

- YES, WASN'T FOLLOWING RULES  1
- NO, SOME OTHER REASON (**SKIP TO D11**)  2
- REFUSED (**SKIP TO D12**)  7
- DON'T KNOW (**SKIP TO D12**)  8

D10. <d10> Which rules did the welfare office say you were not following? [**CODE ALL THAT APPLY.**]

- DIDN'T COOPERATE WITH CHILD SUPPORT  1
- CHILDREN NOT IN SCHOOL  2
- DIDN'T GET IMMUNIZED  3
- DIDN'T ATTEND SCHOOL  4
- WASN'T LIVING WITH PARENTS, APPROVED PLACE  5
- MISSED APPOINTMENT (E.G., JOB TRAINING)  6
- DIDN'T SHOW UP FOR WORK  7
- REFUSED TO TAKE A JOB  8
- HAD OUTSTANDING ARREST WARRANT  9
- CONVICTED OF A DRUG FELONY  10
- FAILED TO FILE PAPERWORK  11
- OTHER (SPECIFY): \_\_\_\_\_  95
- NO OTHER MENTIONS  96
- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: REFUSED TO PARTICIPATE IN GAIN PROGRAM/WORK PROGRAM  12
- OTHER: INCOME TOO HIGH  13
- OTHER: DIDN'T COOPERATE WITH CHILD SUPPORT  61
- OTHER: CHILDREN NOT IN SCHOOL  62
- OTHER: DIDN'T GET IMMUNIZED  63
- OTHER: DIDN'T ATTEND SCHOOL  64
- OTHER: WASN'T LIVING WITH PARENTS/ APPROVED PLACE (WOULD INCLUDE MOVED OUT OF STATE)  65
- OTHER: MISSED APPOINTMENT (E.G., JOB TRAINING)  66
- OTHER: DIDN'T SHOW UP FOR WORK  67
- OTHER: REFUSED TO TAKE A JOB  68

- OTHER: HAD OUTSTANDING ARREST WARRANT  69
  - OTHER: CONVICTED OF A DRUG FELONY  70
  - OTHER: FAILED TO FILE PAPERWORK  71
- (SKIP TO D12)**

<D10S01-D10S10>

- D11. <d11> What was the main reason you went off welfare?
- REACHED A TIME LIMIT  1
  - RESPONDENT GOT A JOB  2
  - SPOUSE OR OTHER FAMILY MEMBER GOT A JOB  3
  - EARNINGS FROM JOBS GOT TOO HIGH  4
  - ASSETS WERE TOO HIGH  5
  - YOUNGEST CHILD TURNED 18  6
  - NOT A U.S. CITIZEN  7
  - RECEIVED CHILD SUPPORT  8
  - RECEIVED BENEFITS FROM ANOTHER PROGRAM  9
  - MOVED OUT OF THE AREA  10
  - DIDN'T WANT/NEED IT  11
  - GOT MARRIED  12
  - OTHER (SPECIFY): \_\_\_\_\_  95
  - REFUSED  97
  - DON'T KNOW  98

**POST CODES**

- OTHER: CHILDREN LEFT HOUSEHOLD  13
- OTHER: ATTEMPTING/ATTEMPTED TO RECEIVE OTHER BENEFITS  14
- OTHER: CLERICAL/ADMINISTRATIVE ERROR/PROBLEM WITH MAIL/THEIR MISTAKE  15
- OTHER: MEDICAL CONDITION FORCED NON-COMPLIANCE  16
- OTHER: WELFARE CUT BENEFITS (BROKE RULES, FRAUD, MISSED APPOINTMENTS, FAILED TO FILE PAPERS)  17
- OTHER: TOO TIME CONSUMING/TOO MUCH PAPERWORK  18
- OTHER: REACHED A TIME LIMIT  61
- OTHER: RESPONDENT GOT A JOB  62
- OTHER: SPOUSE OR OTHER FAMILY MEMBER GOT A JOB  63
- OTHER: EARNINGS FROM JOBS GOT TOO HIGH  64
- OTHER: ASSETS WERE TOO HIGH  65
- OTHER: YOUNGEST CHILD TURNED 18  66

- OTHER: NOT A U.S. CITIZEN  67
- OTHER: RECEIVED CHILD SUPPORT  68
- OTHER: RECEIVED BENEFITS FROM ANOTHER PROGRAM  69
- OTHER: MOVED OUT OF THE AREA  70
- OTHER: DIDN'T WANT/NEED IT  71
- OTHER: GOT MARRIED (WOULD INCLUDE CHANGE OF ROMANTIC STATUS/MOVED IN WITH PARTNER/BOYFRIEND)  72

- D12. <d12> Did you get any help from a welfare agency or government program finding a job or getting special training for a job during the first three months after you went off welfare most recently?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**(509) FOOD STAMPS**

- D13. <d13> Are you or your (child/children) now receiving Food Stamps?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

- D13b. <d13b> In a typical week, how many days do you eat at least some green vegetables or fruit?
- RECORD NUMBER OF DAYS: \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2

**(407) FOOD SECURITY**

D14. Now I am going to read you three statements that people have made about their food situation. Please tell me whether the statement was **OFTEN**, **SOMETIMES**, or **NEVER** true for you and the other members of your household in the last 12 months.

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE	RF	DK
D14a. <d14a> The first statement is “We worried whether our food would run out before we got money to buy more.” Was that often true, sometimes true, or never true for your household in the last 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
D14b. <d14b> “The food we bought just didn’t last, and we didn’t have money to get more.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
D14c. <d14c> “We couldn’t afford to eat balanced meals.”	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**[IF Q14a, 14b, 14c ALL “NEVER TRUE,” “REFUSED,” OR “DON’T KNOW,” SKIP TO D18]**

D15. <d15> In the last 12 months did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

- YES  1
- NO (**SKIP TO D16**)  2
- REFUSED (**SKIP TO D16**)  7
- DON’T KNOW (**SKIP TO D16**)  8

D15a. <d15a> How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- ALMOST EVERY MONTH  1
- SOME MONTHS BUT NOT EVERY MONTH  2
- ONE OR TWO MONTHS  3
- REFUSED  7
- DON’T KNOW  8

D16. <d16> In the last 12 months, did you ever eat less than you thought you should because there wasn’t enough money to buy food?

- YES  1
- NO  2
- REFUSED  7
- DON’T KNOW  8

- D17. <d17> In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?
- |            |                          |   |
|------------|--------------------------|---|
| YES        | <input type="checkbox"/> | 1 |
| NO         | <input type="checkbox"/> | 2 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

**(110) FAMILY RULES AND ROUTINES**

- D18. <d18> About how many days per week do you and your (child/children) all eat dinner together?  
 NUMBER OF DAYS: \_\_\_\_\_
- |            |                          |    |
|------------|--------------------------|----|
| DON'T KNOW | <input type="checkbox"/> | -1 |
| REFUSED    | <input type="checkbox"/> | -2 |

**(510) TOTAL INCOME**

*Now I'd like to ask you about your income during the calendar year 2001.*

- D19. <d19> How much did you earn from all your employers before taxes and deductions during 2001?  
 ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_ **(SKIP TO D20)**
- |            |                          |    |
|------------|--------------------------|----|
| DON'T KNOW | <input type="checkbox"/> | -1 |
| REFUSED    | <input type="checkbox"/> | -2 |

- D19a. <d19a> Would it amount to \$10,000 or more?
- |                                  |                          |   |
|----------------------------------|--------------------------|---|
| YES                              | <input type="checkbox"/> | 1 |
| NO <b>(SKIP TO D19e)</b>         | <input type="checkbox"/> | 2 |
| REFUSED <b>(SKIP TO D19e)</b>    | <input type="checkbox"/> | 7 |
| DON'T KNOW <b>(SKIP TO D19e)</b> | <input type="checkbox"/> | 8 |
| UNRETRIEVABLE                    | <input type="checkbox"/> | 9 |

- D19b. <d19b> Would it amount to \$20,000 or more?
- |                                  |                          |   |
|----------------------------------|--------------------------|---|
| YES                              | <input type="checkbox"/> | 1 |
| NO <b>(SKIP TO D19d)</b>         | <input type="checkbox"/> | 2 |
| REFUSED <b>(SKIP TO D19d)</b>    | <input type="checkbox"/> | 7 |
| DON'T KNOW <b>(SKIP TO D19d)</b> | <input type="checkbox"/> | 8 |
| UNRETRIEVABLE                    | <input type="checkbox"/> | 9 |

- D19c. <d19c> Would it amount to \$25,000 or more?
- YES (SKIP TO D20)  1
- NO (SKIP TO D20)  2
- REFUSED (SKIP TO D20)  7
- DON'T KNOW (SKIP TO D20)  8
- UNRETRIEVABLE  9
- D19d. <d19d> Would it amount to \$15,000 or more?
- YES (SKIP TO D20)  1
- NO (SKIP TO D20)  2
- REFUSED (SKIP TO D20)  7
- DON'T KNOW (SKIP TO D20)  8
- UNRETRIEVABLE  9
- D19e. <d19e> Would it amount to \$5,000 or more?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- UNRETRIEVABLE  9
- D20. <d20> During 2001, how much income did you receive from any businesses you have, from work on the side that you did, or from dividends, interest, or rental property you own?
- ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_
- DON'T KNOW  -1
- REFUSED  -2
- D21. <d21> How much did you receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during 2001?
- ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_
- DON'T KNOW  -1
- REFUSED  -2
- D22. <d22> How much did you receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during 2001?
- ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_
- DON'T KNOW  -1
- REFUSED  -2

[IF NO SPOUSE AT RANDOM ASSIGNMENT, SKIP TO E1] [IF C36=2, 3, 7, 8 SKIP TO E1]

Now I'd like to ask you about [SPOUSE]'s income during the calendar year 2001.

D23. <d23> How much did he earn from all his employers before taxes and deductions during 2001?

ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_ (SKIP TO D24)

DON'T KNOW

-1

REFUSED

-2

D23a. <d23a> Would it amount to \$10,000 or more?

YES

1

NO (SKIP TO D23e)

2

REFUSED (SKIP TO D23e)

7

DON'T KNOW (SKIP TO D23e)

8

D23b. <d23b> Would it amount to \$20,000 or more?

YES

1

NO (SKIP TO D23d)

2

REFUSED (SKIP TO D23d)

7

DON'T KNOW (SKIP TO D23d)

8

D23c. <d23c> Would it amount to \$25,000 or more?

YES (SKIP TO D24)

1

NO (SKIP TO D24)

2

REFUSED (SKIP TO D24)

7

DON'T KNOW (SKIP TO D24)

8

D23d. <d23d> Would it amount to \$15,000 or more?

YES (SKIP TO D24)

1

NO (SKIP TO D24)

2

REFUSED (SKIP TO D24)

7

DON'T KNOW (SKIP TO D24)

8

- D23e. <d23e> Would it amount to \$5,000 or more?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- D24. <d24> During 2001, how much income did [SPOUSE] receive from any businesses he has, from work on the side that he did, or from dividends, interest, or rental property he owns?
- ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_
- DON'T KNOW  -1
- REFUSED  -2
- D25. <d25> How much did he receive altogether from the government in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that during 2001?
- ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_
- DON'T KNOW  -1
- REFUSED  -2
- D26. <d26> How much did [SPOUSE] receive from all other sources, such as alimony or child support, pensions, help from friends or relatives, or anything else during 2001?
- ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_
- DON'T KNOW  -1
- REFUSED  -2



**SECTION E: OUTLOOK AND SOCIAL NETWORKS**

*Now I'd like to ask a few questions about your friends or other people who are close to you.*

**(1103-1104) FORMATION OF NEW FRIENDSHIPS/MAINTENANCE OF OLD FRIENDSHIPS**

E1. <e1> About how many CLOSE FRIENDS do you have these days? These are people you feel at ease with, can talk to about private matters, or call on for help. Would you say that you have no close friends, one or two, three to five, six to ten, or more than ten

- NO CLOSE FRIENDS  1
- 1 OR 2 CLOSE FRIENDS  2
- 3 TO 5 CLOSE FRIENDS  3
- 6 TO 10 CLOSE FRIENDS  4
- MORE THAN 10 CLOSE FRIENDS  5
- REFUSED  7
- DON'T KNOW  8

E2. <e2> The next few questions are about all your friends. Some people have friends who mostly know one another. Other people have friends who don't know one another. Would you say that: all your friends know one another, most of your friends know one another, only a few of your friends know one another, or none of your friends know one another.

- ALL YOUR FRIENDS KNOW ONE ANOTHER  1
- MOST OF YOUR FRIENDS KNOW ONE ANOTHER  2
- ONLY A FEW OF YOUR FRIENDS KNOW ONE ANOTHER  3
- NONE OF YOUR FRIENDS KNOW ONE ANOTHER  4
- NO FRIENDS (**SKIP TO E5**)  5
- REFUSED  7
- DON'T KNOW  8

E3. <e3> How many of your friends live in the same neighborhood as you?

- None  1
- A few  2
- Many  3
- REFUSED  7
- DON'T KNOW  8

E4. Thinking about everyone that you would count as a friend, not just your close friends, do you have a friend who:

	YES	NO	REFUSED	DON'T KNOW
E4a. <e4a> Graduated from college?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
E4b. <e4b> Earns more than \$30,000 a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

*The next two questions are about friends and relatives.*

E5. <e5> During the past thirty days, about how often have you had friends or relatives over to your home? Every day; several days a week; twice a week; about once a week; 2-3 times in the past month; once in the past month; or not at all in the past month

- EVERY DAY (INCLUDES 6-7 TIMES A WEEK)  1
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)  2
- TWICE A WEEK  3
- ABOUT ONCE A WEEK  4
- 2 OR 3 TIMES IN THE PAST MONTH  5
- ONCE IN THE PAST MONTH  6
- NOT AT ALL IN THE PAST MONTH  7
- REFUSED  97
- DON'T KNOW  98

E6. <e6> During the past thirty days about how often have you visited with friends or relatives at their homes?

- EVERY DAY (INCLUDES 6-7 TIMES A WEEK)  1
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)  2
- TWICE A WEEK  3
- ABOUT ONCE A WEEK  4
- 2 OR 3 TIMES IN THE PAST MONTH  5
- ONCE IN THE PAST MONTH  6
- NOT AT ALL IN THE PAST MONTH  7
- REFUSED  97
- DON'T KNOW  98

- E7. <e7> **[INTERVIEWER: IF NO MOVES (A22=0), SKIP TO E11]:** Thinking about your neighborhood now, are you living in the same neighborhood as when you lived at [BASELINE ADDRESS] or living in a different neighborhood?
- SAME (**SKIP TO E11**)  1
- DIFFERENT  2
- REFUSED (**SKIP TO E11**)  7
- DON'T KNOW (**SKIP TO E11**)  8
- E8. <e8> Do you still have friends in your old neighborhood, where you lived at [BASELINE ADDRESS]?
- YES  1
- NO (**SKIP TO E11**)  2
- REFUSED (**SKIP TO E11**)  7
- DON'T KNOW (**SKIP TO E11**)  8
- E9. <e9> How often do you go back to visit friends in that old neighborhood?
- EVERY DAY (INCLUDES 6-7 TIMES A WEEK)  1
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)  2
- TWICE A WEEK  3
- ABOUT ONCE A WEEK  4
- 2-3 TIMES A MONTH  5
- ONCE A MONTH  6
- A COUPLE OF TIMES A YEAR  7
- NEVER  8
- REFUSED  97
- DON'T KNOW  98
- E10. <e10> How often do your friends from that old neighborhood visit you?
- EVERY DAY (INCLUDES 6-7 TIMES A WEEK)  1
- SEVERAL DAYS A WEEK (INCLUDES 3-5 TIMES A WEEK)  2
- TWICE A WEEK  3
- ABOUT ONCE A WEEK  4
- 2-3 TIMES A MONTH  5
- ONCE A MONTH  6
- A COUPLE OF TIMES A YEAR  7
- NEVER  8
- REFUSED  97
- DON'T KNOW  98

**(902) LEVEL OF COMMUNITY MONITORING OF YOUTH**

E11. **[INTERVIEWER: READ THE RESPONSE CATEGORIES ALOUD. RECORD “UNSURE” IF ANSWER IS BETWEEN LIKELY AND UNLIKELY; DK IF DOES NOT UNDERSTAND THE QUESTION.]** I’d like to ask some questions about the people in your neighborhood. [BY NEIGHBORHOOD, WE MEAN THIS PLACE AND THE AREA AROUND IT.]

	VERY LIKELY	LIKELY	UN- SURE	UN- LIKELY	VERY UN- LIKELY	RF	DK
E11a. <e11a> If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Very likely, likely, unsure, unlikely, or very unlikely?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
E11b. <e11b> If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**(1107) CIVIC ENGAGEMENT**

E12. <e12> Now, I want to ask you some questions about how you view other people. Generally speaking, would you say that most people can be trusted, or that you can’t be too careful in dealing with people.

- PEOPLE CAN BE TRUSTED  1
- [VOLUNTEERED:] DEPENDS  2
- YOU CAN’T BE TOO CAREFUL  3
- REFUSED  7
- DON’T KNOW  8

- E13. <e13> How often do you stop to chat with a neighbor in the street or hallway? Would you say almost every day; once a week; once a month; a few times a year; or almost never?
- ALMOST EVERY DAY (INCLUDES 4-7 DAYS A WEEK)  1
- ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)  2
- ONCE A MONTH (INCLUDES 1-3 TIMES AS MONTH)  3
- A FEW TIMES A YEAR  4
- ALMOST NEVER  5
- REFUSED  7
- DON'T KNOW  8
- E14. <e14> In the past 12 months, how often have you gone to church or attended other religious services? Never in the past 12 months; several times in the past 12 months; once a month; once a week; or more than once a week?
- NEVER IN PAST 12 MONTHS (**SKIP TO F1**)  1
- SEVERAL TIMES IN PAST 12 MONTHS (INCLUDES 1-11 TIMES)  2
- ONCE A MONTH (INCLUDES 1-3 TIMES A MONTH)  3
- ONCE A WEEK (INCLUDES 1-3 DAYS A WEEK)  4
- MORE THAN ONCE A WEEK  5
- NO CHURCH OR PLACE OF WORSHIP (**SKIP TO F1**)  6
- REFUSED (**SKIP TO F1**)  7
- DON'T KNOW (**SKIP TO F1**)  8
- E15. <e15> In the past 12 months, have you taken part in any sort of activity with people at your church or place of worship other than attending services? This might include teaching Sunday school, serving on a committee, attending choir rehearsal, retreat, or other things.
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**SECTION F: HEALTH**

*Now I'd like to ask you some questions about your health.*

**(400) GENERAL HEALTH STATUS**

- F1. <f1> Would you say your health in general is excellent, very good, good, fair, or poor?
- |            |                          |   |
|------------|--------------------------|---|
| EXCELLENT  | <input type="checkbox"/> | 1 |
| VERY GOOD  | <input type="checkbox"/> | 2 |
| GOOD       | <input type="checkbox"/> | 3 |
| FAIR       | <input type="checkbox"/> | 4 |
| POOR       | <input type="checkbox"/> | 5 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |

**ASTHMA**

- F2. <f2> Have you ever been told by a doctor or other health professional that you had asthma?
- |                         |                          |   |
|-------------------------|--------------------------|---|
| YES                     | <input type="checkbox"/> | 1 |
| NO (SKIP TO F4)         | <input type="checkbox"/> | 2 |
| REFUSED (SKIP TO F4)    | <input type="checkbox"/> | 7 |
| DON'T KNOW (SKIP TO F4) | <input type="checkbox"/> | 8 |
- F3. <f3> During the past 12 months, have you had an episode of asthma or an asthma attack?
- |            |                          |   |
|------------|--------------------------|---|
| YES        | <input type="checkbox"/> | 1 |
| NO         | <input type="checkbox"/> | 2 |
| REFUSED    | <input type="checkbox"/> | 7 |
| DON'T KNOW | <input type="checkbox"/> | 8 |
- F4. <f4> During the past 12 months, have you had a wheezing or whistling sound in your chest?
- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | <input type="checkbox"/> | 1 |
| NO (SKIP TO F5a)         | <input type="checkbox"/> | 2 |
| REFUSED (SKIP TO F5a)    | <input type="checkbox"/> | 7 |
| DON'T KNOW (SKIP TO F5a) | <input type="checkbox"/> | 8 |

F5. <f5> How many attacks of wheezing or whistling have you had in your chest during the past 12 months?

NUMBER OF ATTACKS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

### CARDIOVASCULAR HEALTH

F5a. <f5a> Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

YES  1

NO (SKIP TO F6)  2

REFUSED (SKIP TO F6)  7

DON'T KNOW (SKIP TO F6)  8

F5b. <f5b> Were you told on two or more different visits that you had hypertension, also called high blood pressure?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

F5c. <f5c> Was any medication ever prescribed by a doctor to help you lower your blood pressure?

YES  1

NO (SKIP TO F6)  2

REFUSED  7

DON'T KNOW  8

F5d. <f5d> Are you now taking prescribed medicine for your high blood pressure?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

**(408) PREVENTIVE HEALTH CARE PRACTICES**

F6. <f6> Is there a place where you usually go to when you are sick or need advice about your health?

- YES  1
- THERE IS NO PLACE (SKIP TO F7)  2
- THERE IS MORE THAN ONE PLACE  3
- REFUSED (SKIP TO F7)  7
- DON'T KNOW (SKIP TO F7)  8

F6a. <f6a> What kind of place is it? A clinic, doctor's office, emergency room, or some other place? [INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR THE ONE RESPONDENT GOES TO MOST OFTEN]

- CLINIC OR HEALTH CENTER  1
- DOCTOR'S OFFICE OR HMO  2
- HOSPITAL EMERGENCY ROOM  3
- HOSPITAL OUTPATIENT DEPARTMENT  4
- SOME OTHER PLACE  5
- DOESN'T GO TO ONE PLACE MOST OFTEN  6
- REFUSED  7
- DON'T KNOW  8

**(422) HEALTH CARE ACCESS**

[FOR ONE RANDOMLY SELECTED CORE CHILD AGES 5-19]: Now I'd like to ask the same kind of questions about your [SON/DAUGHTER], [CHILD ].

F7. <f7> Is there a place where [CHILD] usually goes when (he/she) is sick or you need advice about (his/her) health?

- YES  1
- THERE IS NO PLACE (SKIP TO F8)  2
- THERE IS MORE THAN ONE PLACE  3
- REFUSED (SKIP TO F8)  7
- DON'T KNOW (SKIP TO F8)  8



- F7a. <f7a> What kind of place does [CHILD] go to most often - a clinic, doctor's office, emergency room, or some other place? **[INTERVIEWER: IF MORE THAN 1 PLACE, PROBE FOR ONE USED MOST OFTEN.]**
- |                                    |                          |   |
|------------------------------------|--------------------------|---|
| CLINIC OR HEALTH CENTER            | <input type="checkbox"/> | 1 |
| DOCTOR'S OFFICE OR HMO             | <input type="checkbox"/> | 2 |
| HOSPITAL EMERGENCY ROOM            | <input type="checkbox"/> | 3 |
| HOSPITAL OUTPATIENT DEPARTMENT     | <input type="checkbox"/> | 4 |
| SOME OTHER PLACE                   | <input type="checkbox"/> | 5 |
| DOESN'T GO TO ONE PLACE MOST OFTEN | <input type="checkbox"/> | 6 |
| REFUSED                            | <input type="checkbox"/> | 7 |
| DON'T KNOW                         | <input type="checkbox"/> | 8 |
- F8. <f8> About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about [CHILD]'s health? Would you say...
- |  |                          |   |
|--|--------------------------|---|
| 6 months or less                                 | <input type="checkbox"/> | 1 |
| More than 6 months, but not more than 1 year ago | <input type="checkbox"/> | 2 |
| More than 1 year, but not more than 3 years ago  | <input type="checkbox"/> | 3 |
| More than 3 years                                | <input type="checkbox"/> | 4 |
| Never  | <input type="checkbox"/> | 5 |
| REFUSED  | <input type="checkbox"/> | 7 |
| DON'T KNOW                                       | <input type="checkbox"/> | 8 |
- F9. <f9> During the past 12 months, was there any time when you or your children needed medical care but did not get it?
- |                          |                          |   |
|--------------------------|--------------------------|---|
| YES                      | <input type="checkbox"/> | 1 |
| NO (SKIP TO F10)         | <input type="checkbox"/> | 2 |
| REFUSED (SKIP TO F10)    | <input type="checkbox"/> | 7 |
| DON'T KNOW (SKIP TO F10) | <input type="checkbox"/> | 8 |

There are many reasons people do not get medical care. During the past 12 months, did you or your children not get care for any of the following reasons:

	YES	NO	RF	DK
F9a. <f9a> You couldn't afford it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F9b. <f9b> You didn't have transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F9c. <f9c> You didn't know whom to see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(400) INTERFERENCE OF PHYSICAL PROBLEMS WITH ACTIVITIES**

F10. The next questions are about activities you might do during a typical day.

F10a. The first activity is lifting or carrying groceries. Does your health limit you in this activity a lot, a little, or not at all?

- A LOT  1
- A LITTLE  2
- NOT AT ALL  3
- REFUSED  7
- DON'T KNOW  8

F10b. The second activity is climbing several flights of stairs. Does your health now limit you in this activity a lot, a little, or not at all

- A LOT  1
- A LITTLE  2
- NOT AT ALL  3
- REFUSED  7
- DON'T KNOW  8

**(420) EXERCISE**

*The next questions are about moderate physical activity.*

F11. <f11> In a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that cause small increases in breathing or heart rate?

- YES  1
- NO (SKIP TO F13)  2
- REFUSED (SKIP TO F13)  7
- DON'T KNOW (SKIP TO F13)  8

F12. <f12> How many days per week do you do these moderate activities for at least 10 minutes at a time?

- NUMBER OF DAYS PER WEEK \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED  -2

**BLOOD PRESSURE**

*Now I'd like to take a short break and actually take your blood pressure. Once we are done, we will resume the interview by asking a few follow-up questions.*

F13. . <f13> [INTERVIEWER: ENTER BLOOD PRESSURE EQUIPMENT NUMBER] \_\_\_\_\_

F14. <f14> How many hours has it been since you had your last meal?

NUMBER OF HOURS: \_\_\_\_\_  1

DON'T KNOW  -1

REFUSED  -2

F15. <f15> INTERVIEWER: [RECORD ROOM TEMPERATURE HERE]  
\_\_\_\_\_ FAHRENHEIT

F15a. <f15a> [CAPI PROGRAMMER: [RECORD TIME STAMP OF TIME OF  
DAY]  
(YYMMDDHHMMSS)

F15b. <f15b> [INTERVIEWER: DID THE RESPONDENT SMOKE AT ANY TIME  
DURING THIS INTERVIEW?]

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

F16. [INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT. IF LARGE CUFF TOO  
SMALL, TAKE PRESSURE ON FOREARM. IF FOR ANY REASON YOU ARE UNABLE TO  
TAKE MEASUREMENT, ENTER 1]

<F16sys> SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_ mmHg  
DON'T KNOW

<F16dia> DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_ mmHg

<F16plse> PULSE: \_\_\_\_\_ beats/min

**<F16DK> [INTERVIEWER: IF YOU ENTERED UNABLE TO TAKE MEASUREMENT FOR BLOOD PRESSURE MEASUREMENT, PLEASE ENTER REASON]**

- RESPONDENT REFUSED MEASUREMENT  1
- ADULT CUFF TOO LARGE FOR RESPONDENT  2
- EQUIPMENT FAILED  3
- OTHER (SPECIFY)\_\_\_\_\_  95

**POST CODES**

- OTHER: EQUIPMENT UNAVAILABLE  4
- OTHER: TELEPHONE INTERVIEW (UNABLE TO TAKE MEASUREMENT)  5
- OTHER: LOCATION OF INTERVIEW NOT CONDUCIVE  6
- OTHER: RESPONDENT'S PHYSICAL LIMITATIONS (HEALTH ISSUES, RECENT SURGERY)  7
- OTHER: RESPONDENT REFUSED MEASUREMENT(WOULD INCLUDE RESPONDENT WOULDN'T ALLOW READING WITHOUT MEDICAL STAFF PRESENT)  61
- OTHER: ADULT CUFF TOO LARGE FOR RESPONDENT (WOULD ALSO INCLUDE THE CUFF BEING TOO SMALL)  62
- OTHER: EQUIPMENT FAILED  63
- REFUSED  97
- DON'T KNOW  98

F16a <f16a> INTERVIEWER: WHICH CUFF DID YOU USE?

- ADULT (ONE TUBE)  1
- LARGE (TWO TUBES)  2
- FOREARM  3
- REFUSED  7
- DON'T KNOW  8

HIGH = SYSTOLIC PRESSURE 180 OR HIGHER OR DIASTOLIC PRESSURE 110 OR HIGHER

<F16REF> - Computer variable

- Respondent had either high systolic pressure (180 or higher) or high diastolic pressure (110 or higher)  1
- Respondent has normal blood pressure  2

**[INTERVIEWER: IF BLOOD PRESSURE IS ELEVATED (F16sys>=180 or F16dia>=110) THEN TAKE AN ADDITIONAL BP MEASUREMENT.] [<F16REF> = 1] OTHERWISE SKIP TO <F16d>**

F16b. Now I need to take another blood pressure reading. **[INTERVIEWER: RECORD SECOND BLOOD PRESSURE READING HERE]**

<f16bsys> SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

<f16bdia> DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg

<F16bREF> - Computer variable

Respondent had either high systolic pressure (180 or higher) or high diastolic pressure (110 or higher)  1

Respondent has normal blood pressure  2

F16c. **[CAPI PROGRAMMER: CALCULATE AVERAGE OF TWO BLOOD PRESSURE READINGS FROM F16 AND F16b. IF AVERAGE BLOOD PRESSURE FALLS INTO HIGH CATEGORY, CONTINUE. OTHERWISE SKIP TO F16d:]**

AVERAGE SYSTOLIC READNG: \_\_\_\_\_mmHg

AVERAGE DIASTOLIC READING: \_\_\_\_\_mmHg

F16CSYS: Average systolic reading

F16CDIA: Average diastolic reading

**[INTERVIEWER: EXPLAIN TO RESPONDENT]:**

*In order to make sure that we have measured your blood pressure accurately, we will continue with the next set of questions but at the end of the interview, I will ask you to let me take your blood pressure measurement again. [GO TO F 18]*

**F16d. PROGRAMMER: DISPLAY THE BLOOD PRESSURE OR AVERAGE BLOOD PRESSURE [INTERVIEWER: FILL IN THE INFORMATION (DATE, NUMBER OF READINGS, AVERAGE SYSTOLIC AND DIASTOLIC READINGS) AT THE TOP OF THE BLOOD PRESSURE READING FORM AND HAND IT TO THE RESPONDENT. GO TO F18.]**

*Here's a sheet with the readings I took. It also has information about what blood pressure shows.*

**(406) HEIGHT AND WEIGHT**

F18. <f18> About how tall are you without shoes? (RECORD IN FEET AND INCHES)

HEIGHT: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

F18F=HEIGHT IN FEET

F19. <f19> About how much do you weigh without shoes? (RECORD IN POUNDS)

WEIGHT: \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

**(410) DEPRESSION**

*Now I am going to ask you some questions about feelings you may have experienced over the past 30 days*

F20. How much of the time during the past month have you felt ... **[READ RESPONSES 3 TIMES, THEN MOVE ON.]**

		ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	RF	DK
F20a.	<f20a> So sad that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20b.	<f20b> Nervous?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20c.	<f20c> Restless or fidgety?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20d.	<f20d> Hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20e.	<f20e> That everything was an effort?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20f.	<f20f> Worthless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8
F20g.	<f20g> Calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 8

F21. <f21> During the past 12 months, was there ever a time when you felt sad, blue or depressed for two weeks or more in a row?

YES  1

NO (SKIP TO F23)  2

IF VOLUNTEERED: I WAS ON  
MEDICATION/ANTIDEPRESSANTS (SKIP TO F32)  3

REFUSED (SKIP TO F23)  7

DON'T KNOW (SKIP TO F23)  8

F22. <f22> Now for the next few questions, please think of the two-week period during the past 12 months when these feelings were the worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half of the day, or less than half of the day?

ALL DAY LONG  1

MOST OF THE DAY  2

ABOUT HALF OF THE DAY  3

LESS THAN HALF OF THE DAY (SKIP TO F23)  4

REFUSED (SKIP TO F23)  7

DON'T KNOW (SKIP TO F23)  8

F22a. <f22a> During those two weeks, did you feel this way every day, almost every day, or less often?

EVERY DAY  1

ALMOST EVERY DAY  2

LESS OFTEN (SKIP TO F23)  3

REFUSED  7

DON'T KNOW  8

F22b. <f22b> During those two weeks did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

- F22c. <f22c> Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- (SKIP TO F26)**
- F23. <f23> During the past 12 months, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?
- YES  1
- NO **(SKIP TO F32)**  2
- IF VOLUNTEERED: [ I WAS ON MEDICATION/ANTI-DEPRESSANTS] **(SKIP TO F32)**  3
- REFUSED  7
- DON'T KNOW  8
- F24. <f24> For the next few questions, please think of the two-week period during the past 12 months when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?
- ALL DAY LONG  1
- MOST OF THE DAY  2
- ABOUT HALF THE DAY  3
- LESS THAN HALF THE DAY **(SKIP TO F32)**  4
- REFUSED **(SKIP TO F32)**  7
- DON'T KNOW **(SKIP TO F32)**  8
- F24a. <f24a> Did you feel this way every day, almost every day, or less often during the two weeks?
- EVERY DAY \  1
- ALMOST EVERY DAY  2
- LESS OFTEN **(SKIP TO F32)**  3
- REFUSED **(SKIP TO F32)**  7
- DON'T KNOW **(SKIP TO F32)**  8



F25. <f25> During those two weeks did you feel more tired out or low on energy than is usual for you?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

F26. <f26> Did you gain or lose weight without trying, or did you stay about the same?

GAINED  1

LOST  2

IF VOLUNTEERED: BOTH GAINED AND LOST WEIGHT  3

STAYED ABOUT THE SAME (SKIP TO F28)  4

IF VOLUNTEERED: R WAS ON A DIET (SKIP TO F28)  5

REFUSED (SKIP TO F28)  7

DON'T KNOW (SKIP TO F28)  8

F27. <f27> About how much did (you gain / you lose / your weight change)?

NUMBER OF POUNDS \_\_\_\_\_

DON'T KNOW  -1

REFUSED  -2

F28. <f28> During those same two weeks, did you have more trouble falling asleep than you usually do?

YES  1

NO (SKIP TO F29)  2

REFUSED (SKIP TO F29)  7

DON'T KNOW (SKIP TO F29)  8

F28a. <f28a> Did that happen every night, nearly every night, or less often during those two weeks?

EVERY NIGHT  1

ALMOST EVERY NIGHT  2

LESS OFTEN  3

REFUSED  7

DON'T KNOW  8

F29. <f29> During those two weeks, did you have a lot more trouble concentrating than usual?

**[INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]**

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

F30. <f30> People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

F31. <f31> Did you think a lot about death—either your own, someone else's, or death in general during those two weeks? [INTERVIEWER: IF R ASKS, "ARE YOU STILL TALKING ABOUT THE SAME TWO WEEKS?" ANSWER "YES"]

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(411) ANXIETY/ STRESS**

F32. <f32> During the past 12 months, did you ever have a period lasting one month or longer when most of the time you felt worried, tense, or anxious?

- YES (SKIP TO F32b)  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

F32a. <f32a> People differ a lot in how much they worry about things. Did you have a time in the past 12 months when you worried a lot more than most people would in your situation?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

F32b. <f32bhr> <f32bmin> How long do you usually spend sleeping each night? Do not include time spent resting.

- \_\_\_\_\_ HOURS AND MINUTES
- DON'T KNOW  -1
  - REFUSED  -2

F32BHR = Time slept in hours,  
F32BMIN = Time in minutes

**(414) INTERFERENCE WITH ACTIVITIES — ALCOHOL DEPENDENCE**

*The next questions are about your use of alcohol. When I use the word “drink” in the next questions, I mean either a glass of wine, a can or bottle of beer, or a shot or jigger of liquor either alone or in a mixed drink.*

- F33. <f33> In any one year, have you had at least 12 drinks of any type of alcoholic beverage?
- YES  1
  - NO (SKIP TO F41)  2
  - REFUSED (SKIP TO F41)  7
  - DON'T KNOW  8
- F34. <f34> In the past 12 months, how often did you usually have at least one drink—nearly every day, three to four days a week, one to two days a week, one to three days a month, less than once a month, or not at all in the past 12 months?
- NEARLY EVERY DAY (INCLUDES 5-7 DAYS PER WEEK)  1
  - 3-4 DAYS PER WEEK  2
  - 1-2 DAYS PER WEEK  3
  - 1-3 DAYS PER MONTH  4
  - LESS THAN ONCE A MONTH  5
  - NOT AT ALL (SKIP TO F41)  6
  - REFUSED (SKIP TO F41)  7
  - DON'T KNOW (SKIP TO F41)  8
- F35. <f35> On the days you drank in the past 12 months, about how many drinks did you usually have per day?
- NUMBER OF DRINKS: \_\_\_\_\_
- DON'T KNOW (SKIP TO F37)  -1
  - REFUSED (SKIP TO F41)  -2
- F36. <f36> In the past 12 months, on how many days did you have 5 or more drinks of any alcoholic beverage?
- NUMBER OF DAYS: \_\_\_\_\_
- DON'T KNOW  -1
  - REFUSED (SKIP TO F41)  -2

**[INTERVIEWER: IF DRANK 1+ DAYS PER WEEK OR AT LEAST 3 DRINKS PER MONTH (F34 <= 3 OR (F34=4 AND F35>=3)), THEN CONTINUE; OTHERWISE SKIP TO F41.]**

*The next questions are about problems you may have had because of drinking during the past 12 months.*

F37. <f37> Did your drinking or being hung over frequently interfere with your work or responsibilities at school, on a job, or at home during the past 12 months?

- YES (SKIP TO F41)  1
- NO  2
- REFUSED (SKIP TO F41)  7
- DON'T KNOW  8

NOTE: If <F34> = (5-8) then <F37> can not be answered.

F38. <f38> During the past 12 months, did your drinking cause arguments or other serious or repeated problems with your family, friends, neighbors, or co-workers?

- YES  1
- NO (SKIP TO F39)  2
- REFUSED (SKIP TO F41)  7
- DON'T KNOW (SKIP TO F39)  8

F38a. <f38a> Did you continue to drink even though it caused problems with these people?

- YES (SKIP TO F41)  1
- NO  2
- REFUSED (SKIP TO F41)  7
- DON'T KNOW  8

F39. <f39> During the past 12 months, were you often under the influence of alcohol in situations where you could get hurt, for example when riding a bicycle, driving, operating a machine, or anything else?

- YES (SKIP TO F41)  1
- NO  2
- REFUSED (SKIP TO F41)  7
- DON'T KNOW  8

F40. <f40> During the past 12 months, were you arrested or stopped by the police more than once because of drunk driving or drunk behavior?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**SMOKING**

- F41. <f41> Have you smoked at least 100 cigarettes in your entire life?  
YES  1  
NO (**SKIP TO G1**)  2  
REFUSED (**SKIP TO G1**)  7  
DON'T KNOW  8
- F42. <f42> On how many of the past 30 days did you smoke a cigarette?  
\_\_\_\_\_ NUMBER OF DAYS  
**[IF 1+ ASK F43, IF NONE GO TO F44]**  
DON'T KNOW (**SKIP TO F44**)  -1  
REFUSED (**SKIP TO F44**)  -2
- F43. <f43> On the average when you smoked during the past 30 days, about how many cigarettes did you smoke a day?  
\_\_\_\_\_ NUMBER OF CIGARETTES  
**[IF NONE, ASK F44; OTHERWISE SKIP TO G1]**  
DON'T KNOW  -1  
REFUSED (**SKIP TO G1**)  -2
- F44. How long has it been since you quit smoking cigarettes?  
<f44yrs> \_\_\_\_\_ NUMBER OF YEARS  
<f44mos> \_\_\_\_\_ NUMBER OF MONTHS  
<f44wks> \_\_\_\_\_ NUMBER OF WEEKS  
<f44dys> \_\_\_\_\_ NUMBER OF DAYS  
DON'T KNOW  -1  
REFUSED  -2

**SECTION G: HOUSEHOLD COMPOSITION**

*Next, I would like to confirm who is currently living in your household. I would like to start with the family members who were living together when this family applied for the MTO program. After we talk about those people, you can tell me about any new household members.*

**[INTERVIEWER: COMPLETE Qs.1a-2e FOR EACH HOUSEHOLD MEMBER]**

	<b>MEMBER #1</b> [B: (HHMEMB) ≥ 2]	<b>MEMBER #2</b> [<HHMEMB) ≥ 3]	<b>MEMBER #3</b> [<HHMEMB ≥ 3]
NAMES:			
<b>G1. [IF MEMBER = SPOUSE]:</b> The next questions are about [SPOUSE].	[IF SPOUSE IN HOUSEHOLD (C36=1) THEN <b>SKIP TO G1i</b> ; OTHERWISE (C36 = NOT 1) <b>SKIP TO G1b.</b> ]	[IF SPOUSE IN HOUSEHOLD (C36=1) THEN <b>SKIP TO G1i</b> ; OTHERWISE (C36 = NOT 1) <b>SKIP TO G1b.</b> ]	[IF SPOUSE IN HOUSEHOLD (C36=1) THEN <b>SKIP TO G1i</b> ; OTHERWISE (C36 = NOT 1) <b>SKIP TO G1b.</b> ]
G1a. Is (MEMBER) still living with you? <g1a_hh02-g1a_hh12>	YES ( <b>SKIP TO G1i</b> ) ..... 1 NO ..... 2 DECEASED ( <b>SKIP TO G1h</b> )... 3 REFUSED ( <b>SKIP TO NEXT PERSON</b> ) ..... 7 DON'T KNOW ( <b>SKIP TO NEXT PERSON</b> )..... 8	YES ( <b>SKIP TO G1i</b> ) ..... 1 NO ..... 2 DECEASED ( <b>SKIP TO G1h</b> )... 3 REFUSED ( <b>SKIP TO NEXT PERSON</b> ) ..... 7 DON'T KNOW ( <b>SKIP TO NEXT PERSON</b> )..... 8	YES ( <b>SKIP TO G1i</b> ) ..... 1 NO ..... 2 DECEASED ( <b>SKIP TO G1h</b> )... 3 REFUSED ( <b>SKIP TO NEXT PERSON</b> ) ..... 7 DON'T KNOW ( <b>SKIP TO NEXT PERSON</b> )..... 8
G1b. When did (he/she) move? (RECORD MONTH AND YEAR) <b>[IF MEMBER IS NOT IN CORE HOUSEHOLD, SKIP TO NEXT MEMBER.]</b> <g1bmo_hh02-g1bmo_hh12> <g1byr_hh02-g1byr_hh12>	____ / ____ MM YYYY IF MEMBER STAYED AND R MOVED ENTER 0 DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____ / ____ MM YYYY IF MEMBER STAYED AND R MOVED ENTER 0 DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____ / ____ MM YYYY IF MEMBER STAYED AND R MOVED ENTER 0 DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
G1c. Do you know (MEMBER'S) address? <g1c_hh02-g1c_hh12>	YES (RECORD BELOW).... 1 NO ( <b>SKIP TO G1d</b> )..... 2 REFUSED ( <b>SKIP TO G1d</b> ) 7 DON'T KNOW ( <b>SKIP TO G1d</b> )..... 8	YES (RECORD BELOW) ... 1 NO ( <b>SKIP TO G1d</b> )..... 2 REFUSED ( <b>SKIP TO G1d</b> ) 7 DON'T KNOW ( <b>SKIP TO G1d</b> )..... 8	YES (RECORD BELOW) ....1 NO ( <b>SKIP TO G1d</b> ).....2 REFUSED ( <b>SKIP TO G1d</b> ) .7 DON'T KNOW ( <b>SKIP TO G1d</b> ) .....8
G1c1. What is his/her street address? <g1c1_hh02-g1c1_hh12>	STREET	STREET	STREET
G1c2. Is there a complex/building name? <g1c2_hh02-g1c2_hh12>	COMPLEX/BUILDING NAME	COMPLEX/BUILDING NAME	COMPLEX/BUILDING NAME
G1c3. Is there an apartment number? <g1c3_hh02-g1c3_hh12>	APARTMENT #	APARTMENT #	APARTMENT #
G1c4. In what city? <g1c4_hh02-g1c4_hh12>	CITY	CITY	CITY
G1c5. In what state? <g1c5_hh02-g1c5_hh12>	STATE	STATE	STATE
G1c6. What is the zip code? <g1c6_hh02-g1c6_hh12>	ZIP CODE	ZIP CODE	ZIP CODE

<p>G1d. Is there any other information regarding his/her whereabouts that you could tell us about?  <b>[RECORD OTHER NOTES ON OTHER TRACKING INFORMATION OFFERED BY RESPONDENT (INCLUDING NAME OF EMPLOYER, NAME OF APARTMENT COMPLEX, NAME OF RELATIVE, STATE OF RESIDENCE, INCARCERATED, ETC.)]</b>          &lt;g1d_hh02-g1d_hh12&gt;</p>	<p>FORMER HH MEMBER INCARCERATED..... 1          FORMER HH MEMBER HOSPITALIZED OR INSTITUTIONALIZED ..... 2          FORMER HH MEMBER IN MILITARY..... 3          NO INFO ON HH MEMBERS ..... 94          RECORD OTHER INFO (SPECIFY) ..... 95          NO OTHER MENTIONS .. 96          REFUSED ..... 97          DON'T KNOW ..... 98</p> <hr/> <p><b>[IF 1-3, SKIP TO G1G]</b></p>	<p>FORMER HH MEMBER INCARCERATED..... 1          FORMER HH MEMBER HOSPITALIZED OR INSTITUTIONALIZED ..... 2          FORMER HH MEMBER IN MILITARY ..... 3          NO INFO ON HH MEMBERS ..... 94          RECORD OTHER INFO (SPECIFY) ..... 95          NO OTHER MENTIONS .. 96          REFUSED ..... 97          DON'T KNOW ..... 98</p> <hr/> <p><b>[IF 1-3, SKIP TO G1G]</b></p>	<p>FORMER HH MEMBER INCARCERATED ..... 1          FORMER HH MEMBER HOSPITALIZED OR INSTITUTIONALIZED ..... 2          FORMER HH MEMBER IN MILITARY ..... 3          NO INFO ON HH MEMBERS ..... 94          RECORD OTHER INFO (SPECIFY) ..... 95          NO OTHER MENTIONS .. 96          REFUSED ..... 97          DON'T KNOW ..... 98</p> <hr/> <p><b>[IF 1-3, SKIP TO G1G]</b></p>
<p>G1e. Who is the head of the household at (MEMBER)'s new address?          &lt;g1efn_HH01-g1efn_hh12&gt;          &lt;g1emn_HH01-g1emn_hh12&gt;          &lt;g1eln_HH01-g1eln_hh12&gt;</p>	<p>_____/_____/_____          FIRST MIDDLE LAST          REFUSED ..... 7          DON'T KNOW ..... 8</p>	<p>_____/_____/_____          FIRST MIDDLE LAST          REFUSED ..... 7          DON'T KNOW ..... 8</p>	<p>_____/_____/_____          FIRST MIDDLE LAST          REFUSED ..... 7          DON'T KNOW ..... 8</p>
<p>G1f. What is (his/her) relationship to the head of that household?          &lt;g1f_hh02-g1f_hh12&gt;</p>	<p>BIRTH CHILD ..... 01          ADOPTED CHILD ..... 02          GRANDCHILD ..... 03          FOSTER CHILD ..... 04          SPOUSE ..... 05          OTHER RELATIVE ..... 06          NON-RELATIVE ..... 07          OTHER CHILD ..... 08          MEMBER IS HEAD OF HOUSEHOLD ..... 09          REFUSED ..... 97          DON'T KNOW ..... 98</p>	<p>BIRTH CHILD ..... 01          ADOPTED CHILD ..... 02          GRANDCHILD ..... 03          FOSTER CHILD ..... 04          SPOUSE ..... 05          OTHER RELATIVE ..... 06          NON-RELATIVE ..... 07          OTHER CHILD ..... 08          MEMBER IS HEAD OF HOUSEHOLD ..... 09          REFUSED ..... 97          DON'T KNOW ..... 98</p>	<p>BIRTH CHILD ..... 01          ADOPTED CHILD ..... 02          GRANDCHILD ..... 03          FOSTER CHILD ..... 04          SPOUSE ..... 05          OTHER RELATIVE ..... 06          NON-RELATIVE ..... 07          OTHER CHILD ..... 08          MEMBER IS HEAD OF HOUSEHOLD ..... 09          REFUSED ..... 97          DON'T KNOW ..... 98</p>
<p>G1g. Do you have a phone number for (him/her)?          &lt;g1g_hh02-g1g_hh12&gt;</p> <p>G1g1. Please tell me (his/her) new telephone number beginning with area code.          &lt;g1gph_hh02-g1gph_hh12&gt;</p>	<p>YES: (____) ____-____ ..... 1          NO ..... 2          REFUSED ..... 7          DON'T KNOW ..... 8</p> <p><b>SKIP TO G1i if 2, 7, 8</b></p> <p>(____) ____-_____</p>	<p>YES: (____) ____-____ ... 1          NO ..... 2          REFUSED ..... 7          DON'T KNOW ..... 8</p> <p><b>SKIP TO G1i if 2, 7, 8</b></p> <p>(____) ____-_____</p>	<p>YES: (____) ____-____ ..... 1          NO ..... 2          REFUSED ..... 7          DON'T KNOW ..... 8</p> <p><b>SKIP TO G1i if 2, 7, 8</b></p> <p>(____) ____-_____</p>
<p>G1h. <b>FOR DECEASED MEMBERS ONLY:</b> I'm sorry for your loss. For our records, could you tell us when (MEMBER) passed away?          &lt;g1hmo_hh02-g1hmo_hh12&gt;          &lt;g1hdy_hh02-g1hdy_hh12&gt;          &lt;g1hyr_hh02-g1hyr_hh12&gt;</p>	<p>_____/_____/_____          DON'T KNOW <input type="checkbox"/> -1          REFUSED <input type="checkbox"/> -2  <b>SKIP TO G1a FOR NEXT MEMBER</b></p>	<p>_____/_____/_____          DON'T KNOW <input type="checkbox"/> -1          REFUSED <input type="checkbox"/> -2  <b>SKIP TO G1a FOR NEXT MEMBER</b></p>	<p>_____/_____/_____          DON'T KNOW <input type="checkbox"/> -1          REFUSED <input type="checkbox"/> -2  <b>SKIP TO G1a FOR NEXT MEMBER</b></p>

G1i. <b>[IF RACE UNKNOWN]:</b> What is (his/her) race?  <g1i_hh02-g1i_hh12> ]	WHITE <input type="checkbox"/> 1	WHITE <input type="checkbox"/> 1	WHITE <input type="checkbox"/> 1
	AFRICAN AMERICAN <input type="checkbox"/> 2	AFRICAN AMERICAN <input type="checkbox"/> 2	AFRICAN AMERICAN <input type="checkbox"/> 2
	ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3	ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3	ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3
	AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4	AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4	AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4
	OTHER <input type="checkbox"/> 95	OTHER <input type="checkbox"/> 95	OTHER <input type="checkbox"/> 95
	REFUSED <input type="checkbox"/> 97	REFUSED <input type="checkbox"/> 97	REFUSED <input type="checkbox"/> 97
	DON'T KNOW <input type="checkbox"/> 98	DON'T KNOW <input type="checkbox"/> 98	DON'T KNOW <input type="checkbox"/> 98

**POST CODES**

- OTHER: WHITE  61
- OTHER: AFRICAN AMERICAN  62
- OTHER: ASIAN-PACIFIC ISLANDER  63
- OTHER: AMERICAN INDIAN/ALASKAN NATIVE  64

**POST CODES**

- OTHER: WHITE  61
- OTHER: AFRICAN AMERICAN  62
- OTHER: ASIAN-PACIFIC ISLANDER  63
- OTHER: AMERICAN INDIAN/ALASKAN NATIVE  64

**POST CODES**

- OTHER: WHITE  61
- OTHER: AFRICAN AMERICAN  62
- OTHER: ASIAN-PACIFIC ISLANDER  63
- OTHER: AMERICAN INDIAN/ALASKAN NATIVE  64

G1j. <b>[IF ETHNICITY UNKNOWN]:</b> Is (he/she) Hispanic or non-Hispanic? <g1j_hh02-g1j_hh12>	HISPANIC <input type="checkbox"/> 1	HISPANIC <input type="checkbox"/> 1	HISPANIC <input type="checkbox"/> 1
	NON-HISPANIC <input type="checkbox"/> 2	NON-HISPANIC <input type="checkbox"/> 2	NON-HISPANIC <input type="checkbox"/> 2
	REFUSED <input type="checkbox"/> 7	REFUSED <input type="checkbox"/> 7	REFUSED <input type="checkbox"/> 7
	DON'T KNOW <input type="checkbox"/> 8	DON'T KNOW <input type="checkbox"/> 8	DON'T KNOW <input type="checkbox"/> 8

G1j1. <b>[IF DOB UNKNOWN]:</b> What is (his/her) date of birth? <g1j1mo_hh02-g1j1mo_hh12> <g1j1dy_hh02-g1j1dy_hh12> <g1j1yr_hh02-g1j1yr_hh12>	____/____/____ <input type="checkbox"/> -1	____/____/____ <input type="checkbox"/> -1	____/____/____ <input type="checkbox"/> -1
	REFUSED <input type="checkbox"/> -2	REFUSED <input type="checkbox"/> -2	REFUSED <input type="checkbox"/> -2

G1j2. <b>[IF SEX UNKNOWN:]</b> <b>[INTERVIEWER: IF SEX KNOWN, RECORD, OTHERWISE ASK:]</b> Is [MEMBER] (a boy or girl/ male or female)? <g1j2_hh02-g1j2_hh12>	MALE ..... 1	MALE ..... 1	MALE ..... 1
	FEMALE ..... 2	FEMALE ..... 2	FEMALE ..... 2
	REFUSED ..... 7	REFUSED ..... 7	REFUSED ..... 7
	DON'T KNOW ..... 8	DON'T KNOW ..... 8	DON'T KNOW ..... 8

G1m. What is the highest grade of school that (he/she) has ever completed? <b>[ASK IF SPOUSE OR BORN BETWEEN 1976 AND 1982]</b> <g1m_hh02-g1m_hh12>	____ GRADE (1-12)		____ GRADE (1-12)		____ GRADE (1-12)	
	1 <sup>ST</sup> YR COLLEGE <input type="checkbox"/> 13	1 <sup>ST</sup> YR COLLEGE <input type="checkbox"/> 13	1 <sup>ST</sup> YR COLLEGE <input type="checkbox"/> 13			
	2 <sup>ND</sup> YR COLLEGE <input type="checkbox"/> 14	2 <sup>ND</sup> YR COLLEGE <input type="checkbox"/> 14	2 <sup>ND</sup> YR COLLEGE <input type="checkbox"/> 14			
	3 <sup>RD</sup> YR COLLEGE <input type="checkbox"/> 15	3 <sup>RD</sup> YR COLLEGE <input type="checkbox"/> 15	3 <sup>RD</sup> YR COLLEGE <input type="checkbox"/> 15			
	4 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 16	4 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 16	4 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 16			
	5 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 17	5 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 17	5 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 17			
	6 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 18	6 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 18	6 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 18			
	7 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 19	7 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 19	7 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 19			
	8 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 20	8 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 20	8 <sup>TH</sup> YR COLLEGE <input type="checkbox"/> 20			
	REFUSED <input type="checkbox"/> 97	REFUSED <input type="checkbox"/> 97	REFUSED <input type="checkbox"/> 97			
DON'T KNOW <input type="checkbox"/> 98	DON'T KNOW <input type="checkbox"/> 98	DON'T KNOW <input type="checkbox"/> 98				



G1k. [INTERVIEWER: CHECK BIRTH YEAR OF MEMBER]	BORN 1900-1985 (ASK G11)..... 1 BORN 1986-2002 (SKIP TO G2d) ..... 2	BORN 1900-1985 (ASK G11)..... 1 BORN 1986-2002 (SKIP TO G2d) ..... 2	BORN 1900-1985 (ASK G11) ..... 1 BORN 1986-2002 (SKIP TO G2d) ..... 2
G1l. What is (his/her) marital status? <g1l_hh02-g1l_hh12> 1	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
<b>QG2a–QG2e ARE ONLY ABOUT MEMBERS STILL LIVING IN THE HOUSEHOLD</b>			
G2a. [IF MEMBER = SPOUSE SKIP TO NEXT MEMBER; IF MEMBER IS NOT CORE MEMBER, SKIP TO G2b] Last week, did [MEMBER] do any work for pay? <g2a_hh02-g2a_hh12>	YES..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	YES..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8
G2b. How much did (he/she) earn from all (his/her) employers before taxes and deductions during 2001? <g2b_hh02-g2b_hh12>	\$_____ (SKIP TO G2c) DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 <If member has not worked in past year – enter –000	\$_____ (SKIP TO G2c) DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$_____ (SKIP TO G2c) DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
G2b1. Would it amount to \$10,000 or more? <g2b1_hh02-g2b1_hh12>	YES..... 1 NO (SKIP TO G2b5)..... 2 RF (SKIP TO G2b5)..... 7 DK (SKIP TO G2b5)..... 8	YES..... 1 NO (SKIP TO G2b5)..... 2 RF (SKIP TO G2b5)..... 7 DK (SKIP TO G2b5)..... 8	YES ..... 1 NO (SKIP TO G2b5)..... 2 RF (SKIP TO G2b5)..... 7 DK (SKIP TO G2b5)..... 8
G2b2. Would it amount to \$20,000 or more? <g2b2_hh02-g2b2_hh12>	YES..... 1 NO (SKIP TO G2b4)..... 2 RF (SKIP TO G2b4)..... 7 DK (SKIP TO G2b4)..... 8	YES..... 1 NO (SKIP TO G2b4)..... 2 RF (SKIP TO G2b4)..... 7 DK (SKIP TO G2b4)..... 8	YES ..... 1 NO (SKIP TO G2b4)..... 2 RF (SKIP TO G2b4)..... 7 DK (SKIP TO G2b4)..... 8
G2b3. Would it amount to \$25,000 or more? <g2b3_hh02-g2b3_hh12>	YES (SKIP TO G2c)..... 1 NO (SKIP TO G2c) ..... 2 RF (SKIP TO G2c) ..... 7 DK (SKIP TO G2c) ..... 8	YES (SKIP TO G2c) ..... 1 NO (SKIP TO G2c) ..... 2 RF (SKIP TO G2c) ..... 7 DK (SKIP TO G2c) ..... 8	YES (SKIP TO G2c) ..... 1 NO (SKIP TO G2c) ..... 2 RF (SKIP TO G2c) ..... 7 DK (SKIP TO G2c) ..... 8
G2b4. Would it amount to \$15,000 or more? <g2b4_hh02-g2b4_hh12>	YES (SKIP TO G2c)..... 1 NO (SKIP TO G2c) ..... 2 RF (SKIP TO G2c) ..... 7 DK (SKIP TO G2c) ..... 8	YES (SKIP TO G2c) ..... 1 NO (SKIP TO G2c) ..... 2 RF (SKIP TO G2c) ..... 7 DK (SKIP TO G2c) ..... 8	YES (SKIP TO G2c) ..... 1 NO (SKIP TO G2c) ..... 2 RF (SKIP TO G2c) ..... 7 DK (SKIP TO G2c) ..... 8
G2b5. Would it amount to \$5,000 or more? <g2b5_hh02-g2b5_hh12>	YES..... 1 NO ..... 2 RF ..... 7 DK ..... 8	YES..... 1 NO ..... 2 RF ..... 7 DK ..... 8	YES ..... 1 NO ..... 2 RF ..... 7 DK ..... 8

<p>G2c. During 2001, how much did (he/she) receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns? &lt;g2c_hh02-g2c_hh12&gt;</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2</p>
<p>G2d. How much [IF BORN BEFORE 1986] did (he/she) receive from the government altogether in the form of TANF, Supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in 2001/ [IF BORN BETWEEN 1986-2002] income did (he/she) receive from SSI, Social Security, TANF or other government sources during the year 2001, other than any income you already mentioned? &lt;g2d_hh02-g2d_hh12&gt;</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2</p>
<p>G2e. [IF MEMBER BORN 1986-2002, SKIP TO G3] How much did (he/she) receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during 2001? &lt;g2e_hh02-g2e_hh12&gt;</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 &lt;If G1a = 1 and DOB = 1900-1986 and not spouse] &lt;Person is 16 years or older&gt;</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 &lt;If G2a = not blank and DOB = 1900-1986] &lt;Person is 16 years or older&gt;</p>	<p>\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 &lt;If G2a = not blank and DOB = 1900-1986] &lt;Person is 16 years or older&gt;</p>

COMPLETE SUPPLEMENTAL FORMS AS NEEDED.

G3. <g3>Are there any other people living in your household, whom we have not already discussed?

- YES  1  
 NO (SKIP TO G5)  2  
 REFUSED (SKIP TO G5)  7  
 DON'T KNOW (SKIP TO G5)  8

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
G3a1. What is the (FIRST/SECOND/THIRD) other member's first name? <g3a1_01-g3a1_06>	FIRST: _____	FIRST: _____	FIRST: _____
G3a2. What is his/her middle name <g3a2_01-g3a_06>	MIDDLE: _____	MIDDLE: _____	MIDDLE: _____
G3a3. What is his/her last name? <g3a3_01-g3a3_06>	LAST: _____	LAST: _____	LAST: _____
G3a4. Does his/her name have a suffix? <g3a4_01-g3a4_06>	SUFFIX: _____	SUFFIX: _____	SUFFIX: _____
	REFUSED.....97	REFUSED.....97	REFUSED.....97
	DON'T KNOW.....98	DON'T KNOW.....98	DON'T KNOW.....98
G3b. What is (OTHER MEMBER'S) date of birth? <g3bmo_01-g3bmo_06> <g3bdy_01-g3bdy_06> <g3byr_01-g3byr_06>	____/____/____ MM DD YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____/____ MM DD YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____/____/____ MM DD YYYY DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
G3c. What is (OTHER MEMBER'S) relationship to you? <g3c_01-g3c_06>	BIRTH CHILD..... 01 ADOPTED CHILD ..... 02 GRANDCHILD..... 03 FOSTER CHILD ..... 04 SPOUSE..... 05 OTHER RELATIVE..... 06 NON-RELATIVE..... 07 OTHER CHILD ..... 08 MEMBER IS HEAD OF HOUSEHOLD ..... 09 REFUSED ..... 97 DON'T KNOW..... 98	BIRTH CHILD..... 01 ADOPTED CHILD..... 02 GRANDCHILD..... 03 FOSTER CHILD ..... 04 SPOUSE..... 05 OTHER RELATIVE..... 06 NON-RELATIVE..... 07 OTHER CHILD..... 08 MEMBER IS HEAD OF HOUSEHOLD ..... 09 REFUSED ..... 97 DON'T KNOW..... 98	BIRTH CHILD ..... 01 ADOPTED CHILD ..... 02 GRANDCHILD ..... 03 FOSTER CHILD..... 04 SPOUSE..... 05 OTHER RELATIVE .... 06 NON-RELATIVE ..... 07 OTHER CHILD ..... 08 MEMBER IS HEAD OF HOUSEHOLD ..... 09 REFUSED ..... 97 DON'T KNOW ..... 98
G3d. INTERVIEWER: IF SEX KNOWN, RECORD; OTHERWISE ASK: Is (OTHER MEMBER) (a boy or girl/male or female)? <g3d_01-g3d_06>	MALE ..... 1 FEMALE ..... 2 REFUSED..... 7 DON'T KNOW..... 8	MALE ..... 1 FEMALE..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	MALE ..... 1 FEMALE ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
G3e. Is (he/she) in school? <g3e_01-g3e_06>	YES (ASK G3f) .....1 NO (SKIP TO G3g).....2 REFUSED (SKIP TO G3g) .....7 DK (SKIP TO G3g).....8	YES (ASK G3f) .....1 NO (SKIP TO G3g).....2 REFUSED (SKIP TO G3g) .....7 DK (SKIP TO G.23g) .....8	YES (ASK G3f).....1 NO (SKIP TO G3g) ... ..2 REFUSED (SKIP TO G3g).....7 DK (SKIP TO G3g) ....8
G3f. What grade or year? [INTERVIEWER: CODE 1-4 YEARS OF COLLEGE AS GRADES 13-16] <g3f_01-g3f_06>	GRADE..... GRADUATE SCHOOL... 17 GED ..... 18 OTHER UNGRADED .... 19 PRESCHOOL..... 20 KINDERGARTEN ..... 21 REFUSED ..... 97 DON'T KNOW..... 98	GRADE..... GRADUATE SCHOOL... 17 GED ..... 18 OTHER UNGRADED .... 19 PRESCHOOL..... 20 KINDERGARTEN ..... 21 REFUSED ..... 97 DON'T KNOW..... 98	GRADE ..... GRADUATE SCHOOL . 17 GED ..... 18 OTHER UNGRADED ... 19 PRESCHOOL ..... 20 KINDERGARTEN..... 21 REFUSED ..... 97 DON'T KNOW ..... 98
G3g. What is (his/her) race? <G3g_01-g3g_06>	WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 95 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98	WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 95 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98	WHITE <input type="checkbox"/> 1 AFRICAN AMERICAN <input type="checkbox"/> 2 ASIAN-PACIFIC ISLANDER <input type="checkbox"/> 3 AMERICAN INDIAN/ ALASKAN NATIVE <input type="checkbox"/> 4 OTHER <input type="checkbox"/> 95 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98

**POST CODES**

- OTHER: WHITE  61
- OTHER: AFRICAN AMERICAN  62
- OTHER: ASIAN-PACIFIC ISLANDER  63
- OTHER: AMERICAN INDIAN/ALASKAN NATIVE  64

**POST CODES**

- OTHER: WHITE  61
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**POST CODES**

- OTHER: WHITE  61
- OTHER: AFRICAN AMERICAN  62
- OTHER: ASIAN-PACIFIC ISLANDER  63
- OTHER: AMERICAN INDIAN/ALASKAN NATIVE  64

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
G3h. Is (he/she) Hispanic or non-Hispanic? <g3h_01-g3h_06>	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	HISPANIC <input type="checkbox"/> 1 NON-HISPANIC <input type="checkbox"/> 2 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G3i. What is [OTHER MEMBER]'s Social Security Number? <g3i_01-g3i_06>	____-____-____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____-____-____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	____-____-____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
G3j. INTERVIEWER: CHECK BIRTH YEAR OF MEMBER. <g3j_01-g3j_06>	BORN 1900-1985..... 1 BORN 1986-2002 (SKIP TO G4c) ..... 2	BORN 1900-1985 ..... 1 BORN 1986-2002 (SKIP TO G4c)..... 2	BORN 1900-1985 ..... 1 BORN 1986-2002 (SKIP TO G4c)..... 2
G3k. <g3k_1-g3k_6> What is (his/her) marital status?	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	SINGLE <input type="checkbox"/> 1 MARRIED <input type="checkbox"/> 2 DIVORCED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> 4 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8
G4. Last week, did [OTHER MEMBER] do any work for pay? <g4_01-g4_06>	YES ..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 REFUSED ..... 7 DON'T KNOW ..... 8
G4a. How much did [OTHER MEMBER] earn from all his/her employers before taxes and deductions during 2001? <g4a_01-g4a_06>	\$ _____ <V: 10-80,000> DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
G4a1. Would it amount to \$10,000 or more? <g4a1_01-g4a1_06>	YES ..... 1 NO (SKIP TO G4a5) ..... 2 RF (SKIP TO G4a5) ..... 7 DK (SKIP TO G4a5) ..... 8	YES ..... 1 NO (SKIP TO G4a5) ..... 2 RF (SKIP TO G4a5) ..... 7 DK (SKIP TO G4a5) ..... 8	YES ..... 1 NO (SKIP TO G4a5) ..... 2 RF (SKIP TO G4a5) ..... 7 DK (SKIP TO G4a5) ..... 8
G4a2. Would it amount to \$20,000 or more? <g4a2_01-g4a2_06>	YES ..... 1 NO (SKIP TO G4a4) ..... 2 RF (SKIP TO G4a4) ..... 7 DK (SKIP TO G4a4) ..... 8	YES ..... 1 NO (SKIP TO G4a4) ..... 2 RF (SKIP TO G4a4) ..... 7 DK (SKIP TO G4a4) ..... 8	YES ..... 1 NO (SKIP TO G4a4) ..... 2 RF (SKIP TO G4a4) ..... 7 DK (SKIP TO G4a4) ..... 8
G4a3. Would it amount to \$25,000 or more? <g4a3_01-g4a3_06>	YES (SKIP TO G4b) ..... 1 NO (SKIP TO G4b) ..... 2 RF (SKIP TO G4b) ..... 7 DK (SKIP TO G4b) ..... 8	YES (SKIP TO G4b) ..... 1 NO (SKIP TO G4b) ..... 2 RF (SKIP TO G4b) ..... 7 DK (SKIP TO G4b) ..... 8	YES (SKIP TO G4b) ..... 1 NO (SKIP TO G4b) ..... 2 RF (SKIP TO G4b) ..... 7 DK (SKIP TO G4b) ..... 8
G4a4. Would it amount to \$15,000 or more? <g4a4_01-g4a4_06>	YES (SKIP TO G4b) ..... 1 NO (SKIP TO G4b) ..... 2 RF (SKIP TO G4b) ..... 7 DK (SKIP TO G4b) ..... 8	YES (SKIP TO G4b) ..... 1 NO (SKIP TO G4b) ..... 2 RF (SKIP TO G4b) ..... 7 DK (SKIP TO G4b) ..... 8	YES (SKIP TO G4b) ..... 1 NO (SKIP TO G4b) ..... 2 RF (SKIP TO G4b) ..... 7 DK (SKIP TO G4b) ..... 8

	OTHER MEMBER #1	OTHER MEMBER #2	OTHER MEMBER #3
G4a5. Would it amount to \$5,000 or more? <g4a5_01-g4a5_06>	YES ..... 1 NO ..... 2 RF ..... 7 DK ..... 8	YES ..... 1 NO ..... 2 RF ..... 7 DK ..... 8	YES ..... 1 NO ..... 2 RF ..... 7 DK ..... 8
G4b. During 2001, how much did (he/she) receive from any business he/she has, from work on the side he/she has done, or from dividends, interest, or rental property he/she owns? <g4b_01-g4b_06>	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 NOTE:: KIDS ARE NOT ASKED THIS QUESTION.	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 NOTE:: KIDS ARE NOT ASKED THIS QUESTION.	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 NOTE:: KIDS ARE NOT ASKED THIS QUESTION.
G4c. How much {did (he/she) receive from the government altogether in the form of TANF, supplemental Security Income (SSI), unemployment benefits, Social Security, General Assistance and things like that in 2001/ income did (he/she) receive from SSI, Social Security, TANF or other government sources during the year 2001, other than any income you already mentioned? <g4c_01-g4c_06>	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 <EVERYONE IS ASKED THIS QUESTION, CHILDREN AND ADULTS>	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2
G4d. <b>(IF BORN 1986-2002, SKIP TO G4e)</b> How much did (he/she) receive from all other sources, such as alimony or child support, pensions, help from family or friends, or anything else during 2001? <g4d_01-g4d_06>	\$ _____ <V: 0-80,000> DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 NOTE : <ADULTS>	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 NOTE : <ADULTS>	\$ _____ DON'T KNOW <input type="checkbox"/> .1 REFUSED <input type="checkbox"/> .2 NOTE : <ADULTS>
G4e. <g4e_01-g4e_06> Are there any other members in your household?	YES (REPEAT G3a-4e)... 1 NO (SKIP TO G5)..... 2	YES (REPEAT G3a-4e)... 1 NO (SKIP TO G5)..... 2	YES (REPEAT G3a-4e).... 1 NO (SKIP TO G5) ..... 2

COMPLETE SUPPLEMENTAL FORMS AS NEEDED

G5. <g5> What is the total combined income of all members of this household during the year 2001?  
Please include money from jobs, work on the side, welfare, SSI, help from your family and friends,  
and any other money income received by you or any other household member.

ENTER DOLLAR AMOUNT: \$\_\_ \_\_ \_\_ \_\_ (SKIP TO I2)

DON'T KNOW  -1

REFUSED  -2

G5a. <g5a> Would it amount to \$10,000 or more?

YES  1

NO (SKIP TO G5e)  2

REFUSED (SKIP TO G5e)  7

DON'T KNOW (SKIP TO G5e)  8

G5b. <g5a> Would it amount to \$20,000 or more?

YES  1

NO (SKIP TO G5d)  2

REFUSED (SKIP TO G5d)  7

DON'T KNOW (SKIP TO G5d)  8

G5c. <g5c> Would it amount to \$25,000 or more?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

**(SKIP TO J1 IF SAMPLED CHILD OTHERWISE SKIP TO H1)**

G5d. <g5d> Would it amount to \$15,000 or more?

YES  1

NO  2

REFUSED  7

DON'T KNOW  8

**(SKIP TO J1 IF SAMPLED CHILD OTHERWISE SKIP TO I2)**

G5e. <g5e> Would it amount to \$5,000 or more?

YES

1

NO

2

REFUSED

7

DON'T KNOW

8

**(SKIP TO J1 IF SAMPLED CHILD OTHERWISE SKIP TO I2)**



**SECTION H: SECONDARY CONTACTS**

*In order to continue to help the government learn how to improve housing programs, it is very important that we talk to people periodically to see how things are going. Since people often move, we would like to ask you for the names of friends or relatives who usually keep in touch with you. We would contact these people only if we were unable to reach you at your current phone number. We would be asking them for your address and telephone information, nothing else. In the past you have provided us with information on the following three people. Now we would like to confirm that we have the most current information for them, and that they are the best people to use to find you. **[CONFIRM INFORMATION FOR THREE RELIABLE CONTACTS.]***

**[CONTACT #1]:**

H1. <C1UPDT> Our records show that one of your contacts is (your/a/an) \_\_\_\_\_

Name

At Sample Address

Sample City, STATE, ZIP

H2. Is this correct?

- |                        |                            |
|------------------------|----------------------------|
| YES, ALL CORRECT       | <input type="checkbox"/> 1 |
| NO (CHANGE INFO BELOW) | <input type="checkbox"/> 2 |
| REFUSED                | <input type="checkbox"/> 7 |
| DON'T KNOW             | <input type="checkbox"/> 8 |

<C1UPDT\_S01> 2. UPDATE RELATION \_\_\_\_\_

<C1UPDT\_S02> 3. UPDATE NAME \_\_\_\_\_

<C1UPDT\_S03> 4. UPDATE DEVELOPMENT \_\_\_\_\_

<C1UPDT\_S04> 5. UPDATE STREET \_\_\_\_\_

<C1UPDT\_S05> 6. UPDATE APARTMENT \_\_\_\_\_

<C1UPDT\_S06> 7. UPDATE CITY \_\_\_\_\_

<C1UPDT\_S07> 8. UPDATE STATE \_\_\_\_\_

<C1UPDT\_S08> 9. UPDATE ZIP \_\_\_\_\_

<C1UPDT\_S09> 10. UPDATE PHONE \_\_\_\_\_

[Contact #2]:

H3. The second contact person you provided is [SECOND CONTACT NAME]. Is his/her address still [SECOND CONTACT ADDRESS]?

- YES (SKIP TO H4)  1  
NO  2  
REFUSED (SKIP TO H4)  7  
DON'T KNOW (SKIP TO H4)  8

Name

At Sample Address

Sample City, STATE, ZIP

H4. Is this correct? <CAUPDT> = 2>

- YES, ALL CORRECT  1  
NO (CHANGE INFO BELOW)  2  
REFUSED  7  
DON'T KNOW  8

<C2UPDT\_S01> 2. UPDATE RELATION\_\_\_\_\_

<C2UPDT\_S02> 3. UPDATE NAME\_\_\_\_\_

<C2UPDT\_S03> 4. UPDATE DEVELOPMENT\_\_\_\_\_

<C2UPDT\_S04> 5. UPDATE STREET\_\_\_\_\_

<C2UPDT\_S05> 6. UPDATE APARTMENT\_\_\_\_\_

<C2UPDT\_S06> 7. UPDATE CITY\_\_\_\_\_

<C2UPDT\_S07> 8. UPDATE STATE\_\_\_\_\_

<C2UPDT\_S08> 9. UPDATE ZIP\_\_\_\_\_

<C2UPDT\_S09> 10. UPDATE PHONE\_\_\_\_\_

[CONTACT #3]:

H5. The second contact person you provided is [THIRD CONTACT NAME]. Is his/her address still [THIRD CONTACT ADDRESS]? <C3UPDT>

- YES  1  
NO  2  
REFUSED  7  
DON'T KNOW  8

Name  
At Sample Address  
Sample City, STATE, ZIP

- H6. Is this correct?
- |                        |                            |
|------------------------|----------------------------|
| YES, ALL CORRECT       | <input type="checkbox"/> 1 |
| NO (CHANGE INFO BELOW) | <input type="checkbox"/> 2 |
| REFUSED                | <input type="checkbox"/> 7 |
| DON'T KNOW             | <input type="checkbox"/> 8 |

<C3UPDT\_S01> 2. UPDATE RELATION \_\_\_\_\_

<C3UPDT\_S02> 3. UPDATE NAME \_\_\_\_\_

<C3UPDT\_S03> 4. UPDATE DEVELOPMENT \_\_\_\_\_

<C3UPDT\_S04> 5. UPDATE STREET \_\_\_\_\_

<C3UPDT\_S05> 6. UPDATE APARTMENT \_\_\_\_\_

<C3UPDT\_S06> 7. UPDATE CITY \_\_\_\_\_

<C3UPDT\_S07> 8. UPDATE STATE \_\_\_\_\_

<C3UPDT\_S08> 9. UPDATE ZIP \_\_\_\_\_

<C3UPDT\_S09> 10. UPDATE PHONE \_\_\_\_\_

**[INTERVIEWER: CONTINUE LOOPING THROUGH CONTACTS UNTIL THREE CONTACTS HAVE BEEN CONFIRMED. IF 3 CONTACTS CANNOT BE CONFIRMED, LOOP THROUGH H7-10 UNTIL THREE CONTACTS ARE OBTAINED.]**

- H7. <CONTAK1-CONTAK2> Could you tell us the name of a person who does not live with you and will always know how to contact you?

- |            |                            |
|------------|----------------------------|
| YES        | <input type="checkbox"/> 1 |
| NO         | <input type="checkbox"/> 2 |
| REFUSED    | <input type="checkbox"/> 7 |
| DON'T KNOW | <input type="checkbox"/> 8 |

H7a. What is his/her first name? \_\_\_\_\_  
<Contak1> - <Contak2> <Contak3>

H7b. What is his/her middle name? \_\_\_\_\_

H7c. What is his/her last name? \_\_\_\_\_

H7d. Does his/her name have a suffix? \_\_\_\_\_

H8. What is (his/her) street address? \_\_\_\_\_

H8a. Is there a complex/building name? \_\_\_\_\_

H8b. Is there an apartment number? \_\_\_\_\_

H8c. In what city? \_\_\_\_\_

H8d. In what state? \_\_\_\_\_

H8e. What is the zip code? \_\_\_\_\_

H9. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

<ADDILEL> What is his/her relationship to you?

**[ENTER RELATIONSHIP AND NUMBER]**

1. MOTHER	11. BIRTH CHILD
2. FATHER	12. ADOPTED CHILD
3. SPOUSE	13. GRANDCHILD
4. SIBLING	14. FOSTER CHILD
5. CHILD (OVER 10)	15. OTHER RELATIVE
6. NIECE/NEPHEW	16. NOT A RELATIVE
7. AUNT/UNCLE	17. COUSIN
8. GRANDPARENT	18. IN-LAW
9. FRIEND	19. LIVE IN AID
10. OTHER	20. YOUTH (UNDER 18)

*Thank you very much for your help in answering all these questions. Your cooperation is important to this study. We would like to pay you for your time as we promised.*

**[INTERVIEWER: PROVIDE INCENTIVES, OBTAIN SIGNED RECEIPTS.]**

INTERVIEW WAS CONDUCTED IN

ENGLISH  1

SPANISH  2

BOTH  3

**SECTION I: SEVERE BLOOD PRESSURE**

**I2. [INTERVIEWER: IF RESPONDENT'S BLOOD PRESSURE WAS OUT OF THE ACCEPTED RANGE IN F16C, CONTINUE WITH I2B.]**

**[IF SAMPLE CHILD IS AGE 5-11, SKIP TO J4, IF AGE IS 12-19, SKIP TO J1]**

**[IF NO SAMPLE CHILD, SKIP TO N1]**

I2a. [CAPI PROGRAMMER: RECORD TIME STAMP OF TIME OF DAY]  
[YYMMDDHHMMSS]

I2b. Now I'd like to take your blood pressure again.  
**[INTERVIEWER: RECORD BLOOD PRESSURE MEASUREMENT HERE]**

SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
<I2BYSYS>

DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
<I2BDIA>

REFUSED  -2

DON'T KNOW  1

I2c. **[INTERVIEWER: TAKE AN ADDITIONAL BP MEASUREMENT. RECORD MEASUREMENT HERE]**

SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
<I2CSYS>

DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
<I2CDIA>

REFUSED  -2

DON'T KNOW  1

I2d. **[CAPI PROGRAMMER: CALCULATE AVERAGE OF ALL FOUR BLOOD PRESSURE READINGS IN F16, F16b, I2b and I2c AND DISPLAY]**

AVERAGE SYSTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
<I2DSYS>

AVERAGE DIASTOLIC BLOOD PRESSURE: \_\_\_\_\_mmHg  
<I2DDIA>

I2e. **[INTERVIEWER: FILL IN THE INFORMATION (DATE, NUMBER OF READINGS, AVERAGE SYSTOLIC AND DIASTOLIC READINGS) AT THE TOP OF THE BLOOD PRESSURE READING FORM AND HAND IT TO THE RESPONDENT]**

*Thank you. Here's a sheet with an average of all the readings I took. It also has information about what blood pressure shows.*

**[IF SAMPLE CHILD IS AGE 5-11, SKIP TO J4. IF AGE 12-19, SKIP TO J1]  
[IF NO SAMPLE CHILD, SKIP TO N1]**

[NOTE: Household must have at least 1 sampled child/youth to ask POCY questions.]  
The number of KID # 1 responses reflects the variable K1\_PRESENT = 1  
The number of KID # 2 responses reflects the variable K2\_PRESENT = 1

**MOVING TO OPPORTUNITY INTERIM EVALUATION  
PARENT-ON-CHILD/YOUTH MODULE**

*Now I'd like to talk to you about your child [CHILD]. As you know, we are also doing some educational assessments (and asking (him/her) some questions directly). However, there are a number of things we'd like to ask you, starting with some questions about schooling.*

**SECTION J: EDUCATION**

**[IF AGE 5-11, SKIP TO J4]**

*I'd like to start by discussing [CHILD]'s educational progress.*

**(104) ATTENDANCE/TIME IN SCHOOL**

J1. <J1\_K1, J1\_K2> What is the highest grade or year of school that [CHILD] has ever completed?

- \_\_\_\_\_ HIGHEST GRADE COMPLETED (1-12)  
(13)= ONE YEAR OF COLLEGE  
(14)= TWO YEARS OF COLLEGE  
(15) = THREE YEARS OF COLLEGE  
(16) = FOUR YEARS OF COLLEGE  
(94) = DID NOT COMPLETE ANY GRADE  
(97) = REFUSED  
(98) = DON'T KNOW  
(99) = UNRETRIEVABLE

**[IF GRADE IS 11 OR LESS, OR IF REFUSED, DON'T KNOW OR DID NOT COMPLETE ANY GRADE, AND UNRETRIEVABLE ,SKIP TO J5]:**

J2. <J2\_K1, J2\_K2> Has (he/she) received a regular high school diploma? Do not include a GED.

- YES (SKIP TO J3a)  1  
NO  2  
REFUSED  7  
DON'T KNOW  8  
UNRETRIEVABLE  9

J3. <J3\_K1, J3\_K2> Has (he/she) received a GED?

- YES  1  
NO (SKIP TO J8)  2  
REFUSED  7  
DON'T KNOW  8  
UNRETRIEVABLE  9

- J3a. <J3a\_K1, J3a\_K2> Is [CHILD] currently enrolled in college?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- UNRETRIEVABLE  9
- J3b. <J3BMO\_K1, J3BMO\_K2> <J3BYR\_K1, J3BYR\_K2>  
When was [CHILD] last enrolled in high school?  
ENTER DATE: \_\_\_\_/\_\_\_\_  
Month Year
- DON'T KNOW  -1
- REFUSED  -2
- UNRETRIEVABLE  -9
- (SKIP TO J9)**
- J4. <J4\_K1, J4\_K2> Did [CHILD] ever participate in any early intervention program, such as Head Start, Even Start, or Fair Start?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- UNRETRIEVABLE  9
- J5. <J5\_K1, J5\_K2> Is [CHILD] in school now?
- YES **(SKIP TO J9)**  1
- NO  2
- IF VOLUNTEERED: HOME-SCHOOLED **(SKIP TO J8)**  3
- ON SUMMER VACATION**(SKIP TO J9)**  4
- REFUSED **(SKIP TO J8)**  7
- DON'T KNOW **(SKIP TO J8)**  8
- UNRETRIEVABLE  9
- J6. <J6\_K1, J6\_K2> Why doesn't [CHILD] attend school? **[IF CHILD'S SCHOOL IS ON SUMMER VACATION GO BACK TO J5 AND SELECT "ON SUMMER VACATION"]**
- HEALTH PROBLEMS  1
- DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK  2
- DROPPED OUT OF SCHOOL BECAUSE DIDN'T LIKE SCHOOL  3
- EXPELLED OR SUSPENDED  4
- PARENTAL DECISION  5

- PREGNANCY/CHILDBIRTH  6
- OTHER (SPECIFY) \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: INCARCERATED/IN DETENTION FACILITY/BOOT CAMP OR SIMILARLY INSTITUTIONALIZED (PLEASE NOTE: INSTITUTIONAL CONTEXT MAY PROVIDE POSSIBILITY FOR CONTINUED SCHOOLING)  7
- OTHER: CHILD FACES THREAT OF VIOLENCE/GANG ACTIVITY  8
- OTHER: LEARNING DISABILITY/REQUIRES SPECIAL SCHOOLING  9
- OTHER: IN MILITARY/MILITARY TRAINING (PLEASE NOTE: MILITARY CONTEXT MAY PROVIDE POSSIBILITY FOR CONTINUED SCHOOLING)  10
- OTHER: WANTED TO JOIN JOB CORPS/JOINED JOB CORPS  11
- OTHER: CHILD IS DECEASED  12
- OTHER: GRADUATED/EARNED GED  13
- OTHER: SCHOOL NOT IN SESSION AT THIS TIME  14
- OTHER: HOUSING SITUATION/IN TRANSITION/PROCESS OF MOVING  15
- OTHER: MENTAL HEALTH  16
- OTHER: HOME SCHOOLED  17
- OTHER: HEALTH PROBLEMS  61
- OTHER: DROPPED OUT OF SCHOOL BECAUSE OF FINANCIAL PROBLEMS/HAD TO WORK (WOULD INCLUDE GENERAL STATEMENT THAT RESPONDENT STARTED WORKING)  62
- OTHER: DROPPED OUT OF SCHOOL BECAUSE DIDN'T LIKE SCHOOL  63
- OTHER: EXPELLED OR SUSPENDED  64
- OTHER: PARENTAL DECISION  65
- OTHER: PREGNANCY/CHILDBIRTH  66
- UNRETRIEVABLE  99



**[IF AGE < 15, SKIP TO J8]**

J7. <J7\_K1, J7\_K2> Has (he/she) received a GED?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- UNRETRIEVABLE  9

J8. <J8MO\_K1, J8MO\_K2, J8YR\_K1, J8YR\_K2> When was [CHILD] last enrolled in school?

**[NOTE: if J8MO =(-3) skip J8YR].**

ENTER DATE: \_\_\_\_/\_\_\_\_  
Month Year

- DON'T KNOW  -1
- REFUSED  -2
- NEVER IN SCHOOL (SKIP TO K1)  -3
- UNRETRIEVABLE  -9

**ANALYST NOTE: <SCH\_X\_X>** This is a CAPI variable which indicates whether or not a school name was found on the school database list. Values:

- 1 = School matched to list at interview
- 2 = School not matched to list
- 3 = (19) School manually coded matched to list
- 4 = (19) School manually coded to NCES website
- 5 = Not codable
- 9 = Unretrievable

**[CAPI: IF NOT IN SCHOOL (J5 ≠ 1) SUBSTITUTE (MOST RECENTLY ATTENDED).]**

J9. <J9\_K1, J9\_K2> What is the full name of the school [CHILD] (is attending/ most recently attended)?

FULL NAME OF SCHOOL:  5

\_\_\_\_\_

REFUSED  7

DON'T KNOW  8

UNRETRIEVABLE  9

J10. <J10\_K1, J10\_K2> Is this school...

A Regular public school  1

A Magnet public school  2

A Charter public school  3

A Vocational public school  4

A Regular private school  5

A Religious or Parochial school  6

Special Education School or Program  7

Enrichment/Gifted and Talented Program or School  8  
Other special program or school. (SPECIFY)  95

---

REFUSED  97

DON'T KNOW  98

**POST CODES**

OTHER: GED PROGRAM/SCHOOLING  9

OTHER: COLLEGE OR UNIVERSITY (INCLUDES PUBLIC AND PRIVATE)  10

OTHER: ALTERNATIVE SCHOOL—UNSPECIFIED  11

OTHER: SCHOOLING WHILE INCARCERATED/IN JUVENILE DETENTION/PROBATION SCHOOL/SCHOOL FOR DELINQUENTS/BOOT CAMP  12

OTHER: HOME SCHOOLING  13

OTHER: ADULT EDUCATION  14

OTHER: NURSERY SCHOOL/PRE-SCHOOL/HEAD START/DAYCARE  15

OTHER: JOB CORPS/ JOB TRAINING WITH SCHOOL COMPONENT  16

OTHER: SCHOOL FOR BEHAVIORAL DISORDERS/PROBLEMS  17

OTHER: RESIDENTIAL SCHOOL/GROUP HOME (UNSPECIFIED)  18

OTHER: SCHOOL FOR PREGNANT GIRLS  19

OTHER: A REGULAR PUBLIC SCHOOL  61

OTHER: A MAGNET PUBLIC SCHOOL  62

OTHER: A CHARTER PUBLIC SCHOOL  63

OTHER: A VOCATIONAL PUBLIC SCHOOL  64

OTHER: A REGULAR PRIVATE SCHOOL  65

OTHER: A RELIGIOUS OR PAROCHIAL SCHOOL  66

OTHER: SPECIAL EDUCATION SCHOOL OR PROGRAM (WOULD INCLUDE ANY SCHOOL FOR LEARNING/PHYSICAL/DISABILITIES/PROBLEMS)  67

OTHER: ENRICHMENT/GIFTED AND TALENTED PROGRAM OR SCHOOL  68

UNRETRIEVABLE  99

J11. Where is this school located? Can you give me the name of the street on which it is located? What is the nearest cross-street? What city is that?

<J11\_ST\_K1, J11\_ST\_K2>  
ON \_\_\_\_\_

<J11CRN\_K1, J11CRN\_K2>  
NEAR THE CORNER OF \_\_\_\_\_

<J11CITY\_K1, J11CITY\_K2>  
\_\_\_\_\_ CITY

REFUSED  7

DON'T KNOW  8

J12. <J12\_K1, J12\_K2> For which grades did [CHILD] attend this school?  
[CHECK ALL THAT APPLY]

<Grades in current school> KINDERGARTEN  1

1<sup>ST</sup> GRADE  2

2<sup>ND</sup> GRADE  3

3<sup>RD</sup> GRADE  4

4<sup>TH</sup> GRADE  5

5<sup>TH</sup> GRADE  6

6<sup>TH</sup> GRADE  7

7<sup>TH</sup> GRADE  8

8<sup>TH</sup> GRADE  9

9<sup>TH</sup> GRADE  10

10<sup>TH</sup> GRADE  11

11<sup>TH</sup> GRADE  12

12<sup>TH</sup> GRADE  13

NO OTHER MENTIONS  96

REFUSED  97

DON'T KNOW  98

UNRETRIEVABLE  99

**ANALYST NOTE:** Variables J12\_K1S01...J12\_K1S14, J12\_K2S01...J12\_K2S14 represent 1 of the selected grades. They are coded in order of first mention. '0' indicates blank (variable preceding must have value of '96').

J13. <J13\_K1, J13\_K2> Has [CHILD] ever repeated a grade?

YES  1

NO (SKIP TO J15)  2

REFUSED (SKIP TO J15)  7

DON'T KNOW (SKIP TO J15)  8

UNRETRIEVABLE  9

J14. <J14_K1S01...J12K1S13, J14_K2S01... J14_K2S13> Which grade(s) did [CHILD] repeat?		YES	----->	[IF YES J14a. <J14aK_K1 – J14a12_K1, J14aK_K2-J14a12_K2> Did [CHILD] repeat [GRADE] in the same school?	YES	NO	RF	DK
[CHECK ALL THAT APPLY]	K	<input type="checkbox"/> 1	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	1	<input type="checkbox"/> 2	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	2	<input type="checkbox"/> 3	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	3	<input type="checkbox"/> 4	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	4	<input type="checkbox"/> 5	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	5	<input type="checkbox"/> 6	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	6	<input type="checkbox"/> 7	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	7	<input type="checkbox"/> 8	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	8	<input type="checkbox"/> 9	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	9	<input type="checkbox"/> 10	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	10	<input type="checkbox"/> 11	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	11	<input type="checkbox"/> 12	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	12	<input type="checkbox"/> 13	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	NOM	<input type="checkbox"/> 96	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	RF	<input type="checkbox"/> 97	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
	DK	<input type="checkbox"/> 98	IF YES ->		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

**NOTE TO ANALYSTS:** The number of observations in J14a depends upon the total number of observations the corresponding grade has in J14\_K1S01...S14. For example, if J14\_K1S01=1 (kindergarten) and J14\_K1S03= 1, for a total of 18 observations then J14aK\_K1 should have 18 observations.

- J15. <J15\_K1, J15\_K2> Has [CHILD] ever been suspended or expelled from school?
- YES  1
- NO (SKIP TO J16)  2
- REFUSED (SKIP TO J16)  7
- DON'T KNOW (SKIP TO J16)  8
- UNRETRIEVABLE  9

- J15a. <J15a\_K1, J15a\_K2> Has this happened during the past 2 years?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

\*\*Question <J15b> was intentionally removed from questionnaire. Kindergarten only is handled in J16a via dynamic text substitution. See discussion about this in the interim household survey data memo dated 6/20/2002.

**[INTERVIEWER: CALCULATE BEGINNING OF GRADE HISTORY]**

- <J16\_K1, J16\_K2>
1. ENTER HIGHEST GRADE ATTENDED IN J12 \_\_\_\_\_
2. 2002 MINUS YEAR OF RANDOM ASIGNMENT \_\_\_\_\_
3. SUBTRACT LINE 2 FROM LINE 1 \_\_\_\_\_

NOTE: Value of line 3 = <J16\_K1 or J16\_K2>.

IF LINE 3 IS ZERO, -1 OR -2, GRADE HISTORY BEGINS AT KINDERGARTEN. IF LOWEST GRADE IN CURRENT SCHOOL IS THE SAME OR LOWER THAN BEGINNING OF GRADE HISTORY, SKIP TO J16f. IF J16\_K1 OR J16\_K2 = -9 THEN THIS DATA ITEM WAS UNRETRIEVABLE.

**NOTE TO ANALYST: See memo dated 11/22/2002, for crosswalk on school history. J16\_K1, J16-K2 may be incorrect in early cases as the original CAPI version did not have this variable programmed to correctly calculate beginning of school history. This data has not been recalculated to adjust for the differences.**

	SCHOOL 2	SCHOOL 3
J16a. <J16a01_K1, J16a01_K2> What is the full name of the school [CHILD] attended before [SCHOOL NAME LAST MENTIONED]? [INTERVIEWER: IF SCHOOL CAN BE MATCHED TO LIST THEN SKIP TO J16d.]	<Name of school on list> _____ ATTENDED NO OTHER SCHOOL (IF CHILD'S AGE IS <18 THEN SKIP TO J17, OTHERWISE SKIP TO K1) <input type="checkbox"/> 4 SCHOOL NOT LISTED (SPECIFY) _____ <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8 UNRETRIEVABLE <input type="checkbox"/> 9	_____ ATTENDED NO OTHER SCHOOL <input type="checkbox"/> 4 SCHOOL NOT LISTED (SPECIFY) _____ <input type="checkbox"/> 5 REFUSED <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8 UNRETRIEVABLE <input type="checkbox"/> 9
J16b. <J16b01_K1, J16b01_K2> Was this school a...  NOTE: If <J16A> = 4 then R skips to <J17>	Regular Public School <input type="checkbox"/> 1 Magnet Public School <input type="checkbox"/> 2 Charter Public School <input type="checkbox"/> 3 Vocational Public School <input type="checkbox"/> 4 Regular Private School <input type="checkbox"/> 5 Religious or Parochial School <input type="checkbox"/> 6 Special Education School <input type="checkbox"/> 7 Enrichment/gifted & Talented School or Program <input type="checkbox"/> 8 Other Special Program or School (Specify) _____ <input type="checkbox"/> 95 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98	Regular Public School <input type="checkbox"/> 1 Magnet Public School <input type="checkbox"/> 2 Charter Public School <input type="checkbox"/> 3 Vocational Public School <input type="checkbox"/> 4 Regular Private School <input type="checkbox"/> 5 Religious or Parochial School <input type="checkbox"/> 6 Special Education School <input type="checkbox"/> 7 Enrichment/gifted & Talented School or Program <input type="checkbox"/> 8 Other Special Program or School (Specify) _____ <input type="checkbox"/> 95 REFUSED <input type="checkbox"/> 97 DON'T KNOW <input type="checkbox"/> 98

**POST CODES**

- OTHER: GED PROGRAM/SCHOOLING  9
- OTHER: COLLEGE OR UNIVERSITY (INCLUDES PUBLIC AND PRIVATE)  10
- OTHER: ALTERNATIVE SCHOOL—UNSPECIFIED  11
- OTHER: SCHOOLING WHILE INCARCERATED/IN JUVENILE DETENTION/ PROBATION SCHOOL/ SCHOOL FOR DELINQUENTS/BOOT CAMP  12

**POST CODES**

- OTHER: GED PROGRAM/SCHOOLING  9
- OTHER: COLLEGE OR UNIVERSITY (INCLUDES PUBLIC AND PRIVATE)  10
- OTHER: ALTERNATIVE SCHOOL—UNSPECIFIED  11
- OTHER: SCHOOLING WHILE INCARCERATED/IN JUVENILE DETENTION/ PROBATION SCHOOL/ SCHOOL FOR DELINQUENTS/BOOT CAMP  12

OTHER: HOME SCHOOLING	<input type="checkbox"/> 13	OTHER: HOME SCHOOLING	<input type="checkbox"/> 13
OTHER: ADULT EDUCATION	<input type="checkbox"/> 14	OTHER: ADULT EDUCATION	<input type="checkbox"/> 14
OTHER: NURSERY SCHOOL/PRE-SCHOOL/ HEAD START/ DAYCARE	<input type="checkbox"/> 15	OTHER: NURSERY SCHOOL/PRE-SCHOOL/ HEAD START/ DAYCARE	<input type="checkbox"/> 15
OTHER: JOB CORPS/ JOB TRAINING WITH SCHOOL COMPONENT	<input type="checkbox"/> 16	OTHER: JOB CORPS/ JOB TRAINING WITH SCHOOL COMPONENT	<input type="checkbox"/> 16
OTHER: SCHOOL FOR BEHAVIORAL DISORDERS/PROBLEMS	<input type="checkbox"/> 17	OTHER: SCHOOL FOR BEHAVIORAL DISORDERS/PROBLEMS	<input type="checkbox"/> 17
OTHER: RESIDENTIAL SCHOOL/GROUP HOME (UNSPECIFIED)	<input type="checkbox"/> 18	OTHER: RESIDENTIAL SCHOOL/GROUP HOME (UNSPECIFIED)	<input type="checkbox"/> 18
OTHER: SCHOOL FOR PREGNANT GIRLS	<input type="checkbox"/> 19	OTHER: SCHOOL FOR PREGNANT GIRLS	<input type="checkbox"/> 19
OTHER: A REGULAR PUBLIC SCHOOL	<input type="checkbox"/> 61	OTHER: A REGULAR PUBLIC SCHOOL	<input type="checkbox"/> 61
OTHER: A MAGNET PUBLIC SCHOOL	<input type="checkbox"/> 62	OTHER: A MAGNET PUBLIC SCHOOL	<input type="checkbox"/> 62
OTHER: A CHARTER PUBLIC SCHOOL	<input type="checkbox"/> 63	OTHER: A CHARTER PUBLIC SCHOOL	<input type="checkbox"/> 63
OTHER: A VOCATIONAL PUBLIC SCHOOL	<input type="checkbox"/> 64	OTHER: A VOCATIONAL PUBLIC SCHOOL	<input type="checkbox"/> 64
OTHER: A REGULAR PRIVATE SCHOOL	<input type="checkbox"/> 65	OTHER: A REGULAR PRIVATE SCHOOL	<input type="checkbox"/> 65
OTHER: A RELIGIOUS OR PAROCHIAL SCHOOL	<input type="checkbox"/> 66	OTHER: A RELIGIOUS OR PAROCHIAL SCHOOL	<input type="checkbox"/> 66
OTHER: SPECIAL EDUCATION SCHOOL OR PROGRAM (WOULD INCLUDE ANY SCHOOL FOR LEARNING/ PHYSICAL/DISABILITIE S/PROBLEMS)	<input type="checkbox"/> 67	OTHER: SPECIAL EDUCATION SCHOOL OR PROGRAM (WOULD INCLUDE ANY SCHOOL FOR LEARNING/ PHYSICAL/DISABILITIE S/PROBLEMS)	<input type="checkbox"/> 67
OTHER: ENRICHMENT/ GIFTED AND TALENTED PROGRAM OR SCHOOL	<input type="checkbox"/> 68	OTHER: ENRICHMENT/ GIFTED AND TALENTED PROGRAM OR SCHOOL	<input type="checkbox"/> 68
UNRETRIEVABLE	<input type="checkbox"/> 99	UNRETRIEVABLE	<input type="checkbox"/> 99

<p>J16c. Where was this school located? Can you give me the name of the street on which it was located?</p> <p>PROBE: What was the nearest cross-street?</p> <p>What city is that?</p>	<p>&lt;J16CST01_K1, J16CST01_K2&gt; ON _____</p> <p>&lt;J16CCRN01_K2, J16CCRN01-K2&gt; NEAR THE CORNER OF _____</p> <p>&lt;J16CCTY01_K1, J16CCTY01_K2&gt; IN THE CITY OF _____</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>	<p>ON _____</p> <p>NEAR THE CORNER OF _____</p> <p>IN THE CITY OF _____</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>	
<p>J16d. &lt;J16d01_K1S01...J16d01-K1S14&gt; &lt;J16d01_K2S01...J16d01_K2S14&gt; For which grade(s) did [CHILD] attend this school?</p> <p>CHECK ALL THAT APPLY</p> <p>NOTE: Variables J16d01_K1S01... J16d_K1S14, J16d_K2S01... J16d_K2S14 are coded in order of first mention. '0' indicates blank (variable preceding must have value of '96').</p>	<p>K <input type="checkbox"/> 1</p> <p>1 <input type="checkbox"/> 2</p> <p>2 <input type="checkbox"/> 3</p> <p>3 <input type="checkbox"/> 4</p> <p>4 <input type="checkbox"/> 5</p> <p>5 <input type="checkbox"/> 6</p> <p>6 <input type="checkbox"/> 7</p> <p>7 <input type="checkbox"/> 8</p>	<p>8 <input type="checkbox"/> 9</p> <p>9 <input type="checkbox"/> 10</p> <p>10 <input type="checkbox"/> 11</p> <p>11 <input type="checkbox"/> 12</p> <p>12 <input type="checkbox"/> 13</p> <p>REF <input type="checkbox"/> 97</p> <p>DK <input type="checkbox"/> 98</p> <p>UNRET <input type="checkbox"/> 99</p>	<p>K <input type="checkbox"/> 1</p> <p>1 <input type="checkbox"/> 2</p> <p>2 <input type="checkbox"/> 3</p> <p>3 <input type="checkbox"/> 4</p> <p>4 <input type="checkbox"/> 5</p> <p>5 <input type="checkbox"/> 6</p> <p>6 <input type="checkbox"/> 7</p> <p>7 <input type="checkbox"/> 8</p> <p>8 <input type="checkbox"/> 9</p> <p>9 <input type="checkbox"/> 10</p> <p>10 <input type="checkbox"/> 11</p> <p>11 <input type="checkbox"/> 12</p> <p>12 <input type="checkbox"/> 13</p> <p>REF <input type="checkbox"/> 97</p> <p>DK <input type="checkbox"/> 98</p> <p>UNRET <input type="checkbox"/> 99</p>
<p>J16e. <b>[INTERVIEWER: SKIP TO J16a FOR NEXT SCHOOL IF GRADE HISTORY IS NOT COMPLETE]</b></p>			
<p>J16f. &lt;J16F01_K1...J16F06_K1&gt; &lt;J16F01_K2...J16F06_K2&gt; Were there any other schools that [CHILD] attended between [BEGINNING OF GRADE HISTORY] and [HIGHEST GRADE ATTENDED IN J12]?</p>	<p>YES (SKIP TO J16a NEXT SCHOOL) <input type="checkbox"/> 1</p> <p>NO <input type="checkbox"/> 2</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>	<p>YES (SKIP TO J16a NEXT SCHOOL) <input type="checkbox"/> 1</p> <p>NO <input type="checkbox"/> 2</p> <p>REFUSED <input type="checkbox"/> 7</p> <p>DON'T KNOW <input type="checkbox"/> 8</p>	

**ANALYST NOTE:** Verification screen confirms lowest grade selected <J16D> with lowest grade to ask about <J16K1 or J16\_K2>. If <J16D> grades do not = the lowest grade in <J16\_K1 or J16\_K2> then continue to <J16A> for next school. Also, if Child skips a grade, we continue to <J17>. If child skips more than 1 consecutive grade continue.

**[IF AGE 18-19, SKIP TO K1]**



**(106) DISCIPLINARY SANCTIONS**

- J17. <J17\_K1, J17\_K2> During the past two years, has anyone from [CHILD'S] school asked someone to come in and talk about problems [CHILD] was having with schoolwork or behavior?
- |               |                          |   |
|---------------|--------------------------|---|
| YES           | <input type="checkbox"/> | 1 |
| NO            | <input type="checkbox"/> | 2 |
| REFUSED       | <input type="checkbox"/> | 7 |
| DON'T KNOW    | <input type="checkbox"/> | 8 |
| UNRETRIEVABLE | <input type="checkbox"/> | 9 |

**(111) ACADEMIC TRACK**

- J18. <J18\_K1, J18\_K2> During the past 2 years, has [CHILD] gone to a special class for gifted students or done advanced work in any subjects?
- |               |                          |   |
|---------------|--------------------------|---|
| YES           | <input type="checkbox"/> | 1 |
| NO            | <input type="checkbox"/> | 2 |
| REFUSED       | <input type="checkbox"/> | 7 |
| DON'T KNOW    | <input type="checkbox"/> | 8 |
| UNRETRIEVABLE | <input type="checkbox"/> | 9 |

**(112) SPECIAL EDUCATION**

- J19. <During the past 2 years, has [CHILD] gone to a special class or school or gotten special help in school for...>
- |  | YES                      | NO                       | RF                       | DK                       | UN                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| J19a. <J19a_K1, J19a_K2> Learning problems?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J19b. <J19b_K1, J19b_K2> Behavioral or emotional problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[IF NO OR REFUSE OR DON'T KNOW TO J19a AND J19b, SKIP TO K1].**

- J20. <J20\_K1, J20\_K2> How often has [CHILD] received any special services for these problems—almost every day, once a week, once a month, a few times a year, or only once or twice in the past two years?
- |  |                          |   |
|--|--------------------------|---|
| ALMOST EVERY DAY (INCLUDES 3-5 DAYS A WEEK)    | <input type="checkbox"/> | 1 |
| ONCE A WEEK (INCLUDES 1-2 DAYS A WEEK)         | <input type="checkbox"/> | 2 |
| ONCE A MONTH (INCLUDES 1-3 TIMES A MONTH)      | <input type="checkbox"/> | 3 |
| A FEW TIMES A YEAR (INCLUDES 3-4 TIMES A YEAR) | <input type="checkbox"/> | 4 |
| ONLY ONCE OR TWICE IN THE PAST 2 YEARS         | <input type="checkbox"/> | 5 |
| REFUSED  | <input type="checkbox"/> | 7 |
| DON'T KNOW                                     | <input type="checkbox"/> | 8 |

**ANALYST NOTE: BASE: ALL = K1\_PRESENT = 1 or K2\_PRESENT = 1, THROUGHOUT THIS SECTION.**

<b>SECTION K: HEALTH</b>
--------------------------

**(400) GENERAL HEALTH STATUS**

K1. <K1\_K1, K1\_K2> Would you say [CHILD]'s health in general is excellent, very good, good, fair, or poor?

- |               |                            |
|---------------|----------------------------|
| EXCELLENT     | <input type="checkbox"/> 1 |
| VERY GOOD     | <input type="checkbox"/> 2 |
| GOOD          | <input type="checkbox"/> 3 |
| FAIR          | <input type="checkbox"/> 4 |
| POOR          | <input type="checkbox"/> 5 |
| REFUSED       | <input type="checkbox"/> 7 |
| DON'T KNOW    | <input type="checkbox"/> 8 |
| UNRETRIEVABLE | <input type="checkbox"/> 9 |

**(505) MEDICAID PARTICIPATION**

K2. <K2\_K1S1...K2\_K1S6> <K2\_K2S1...K2\_K2S6> What kind of health insurance or health care coverage does [CHILD] have?

**[INTERVIEWER: SHOW CARD WITH RESPONSE CATEGORIES]**

- |                          |  |
|--------------------------|--|
| <multi- up to 5 answers> | PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR WORKPLACE <input type="checkbox"/> 1<br><K2_K1S1-K2_K1S6><br>PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY <input type="checkbox"/> 2<br><K2_K2S1-K2_K2S6><br>PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM <input type="checkbox"/> 3<br>CHIP (OR STATE NAME) <input type="checkbox"/> 4<br>MEDICAID OR STATE NAME OF MEDICAID <input type="checkbox"/> 5<br>MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA <input type="checkbox"/> 6<br>SINGLE SERVICE PLAN (E.G. DENTAL, VISION, PRESCRIPTIONS) <input type="checkbox"/> 7<br>NO COVERAGE OF ANY TYPE <input type="checkbox"/> 94<br>OTHER (SPECIFY) _____ <input type="checkbox"/> 95<br>NO OTHER MENTIONS <input type="checkbox"/> 96<br>REFUSED <input type="checkbox"/> 97<br>DON'T KNOW <input type="checkbox"/> 98 |
|--------------------------|--|

**POST CODES**

- OTHER: FREE CARE/LOCAL CLINIC/HOSPITAL  8
- OTHER: MENTION OF SPECIFIC HEALTH CARE PROVIDER/HMO (E.G., CENTERCARE, CMA, TOP, DELTA HEALTH NET, UNITED HEALTH CARE, SIGMA, KAISER MEDICAL, TOTAL HEALTH CARE, BLUE CROSS/BLUE SHIELD, FIDELIS)  9
- OTHER: INSURANCE THROUGH SCHOOL  10
- OTHER: INSURANCE COVERED BY STATE PENAL SYSTEM (INCARCERATED)  11
- OTHER: DECEASED  12
- OTHER: PRIVATE HEALTH INSURANCE PLAN FROM EMPLOYER OR WORKPLACE (WOULD INCLUDE HEALTHCARE FROM UNION)  61
- OTHER: PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY  62
- OTHER: PRIVATE HEALTH INSURANCE THROUGH A STATE OR LOCAL GOVERNMENT OR COMMUNITY PROGRAM  63
- OTHER: CHIP (OR STATE NAME)  64
- OTHER: MEDICAID OR STATE NAME OF MEDICAID  65
- OTHER: MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA  66
- OTHER: SINGLE SERVICE PLAN(E.G., DENTAL, VISION, PRESCRIPTIONS)  67
- UNRETRIEVABLE/MISSING  99

[IF AGE 12-19, SKIP TO K4]

**(422) HEALTH CARE ACCESS**

- K3. <K3\_K1, K3\_K2> During the past 12 months, did [CHILD] receive a physical examination or well-child check-up?
- YES  1
  - NO  2
  - REFUSED  7
  - DON'T KNOW  8

**(409) ACCIDENTS/ INJURIES**

K4. <K4\_K1, K4\_K2> In the past 12 months, has [CHILD] had any accidents or injuries that required medical attention?

- YES  1
- NO (SKIP TO K7)  2
- REFUSED (SKIP TO K7)  7
- DON'T KNOW (SKIP TO K7)  8

K5. <K5\_K1, K5\_K2> How many such accidents or injuries requiring medical attention has [CHILD] had in the past 12 months?

- \_\_\_\_\_ NUMBER OF ACCIDENTS OR INJURIES
- DON'T KNOW (SKIP TO K7)  -1
  - REFUSED (SKIP TO K7)  -2

**[IF AGE 12-19, SKIP TO K7]**

**[INTERVIEWER: IF ONLY ONE INJURY, READ K6 USING "THAT".]**

K6. <K6\_1\_K1...K6\_4\_K1> <K6\_1\_K2...K6\_4\_K2> What was the cause of (that/the first/the second/etc.) accident or injury? **[INTERVIEWER: REPEAT FOR UP TO 4 INJURIES. IF NECESSARY, PROBE:]** How did it happen?

	1 <sup>st</sup> Accident/ Injury	2 <sup>nd</sup> Accident/ Injury	3 <sup>rd</sup> Accident/ Injury	4 <sup>th</sup> Accident/ Injury
CYCLING OR SKATING	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
OTHER SPORTS-RELATED (E.G. BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING)	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
OTHER KIDS INCLUDING FIGHTS	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
OTHER FALLS	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR)	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
OTHER (SPECIFY) _____	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95	<input type="checkbox"/> 95
REFUSED	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97	<input type="checkbox"/> 97
DON'T KNOW	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98	<input type="checkbox"/> 98
<b>POST CODES</b>				
OTHER: PRE-EXISTING MEDICAL CONDITION (ASTHMA, METABOLIC DISORDER, SEIZURES, ETC.)	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
OTHER: AN INTENDED ACT (E.G., PLACE ERASER OR BEAD IN EAR, PUNCHED WALL)	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
OTHER: OTHER KIDS INCLUDING MORE SERIOUS FIGHTING, LIKE ATTACKING AND FIGHTING WITH WEAPONS, IE GUNS, KNIVES, BATS, ETC.	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
OTHER: CYCLING OR SKATING	<input type="checkbox"/> 61	<input type="checkbox"/> 61	<input type="checkbox"/> 61	<input type="checkbox"/> 61
OTHER: OTHER SPORTS-RELATED (E.G., BASKETBALL, FOOTBALL, VOLLEYBALL, CHEERLEADING, WEIGHTLIFTING INJURIES)	<input type="checkbox"/> 62	<input type="checkbox"/> 62	<input type="checkbox"/> 62	<input type="checkbox"/> 62
OTHER: OTHER KIDS INCLUDING FIGHTS (WOULD INCLUDE ANY GENERAL MENTION OF PLAYING [WITH] CHILDREN)	<input type="checkbox"/> 63	<input type="checkbox"/> 63	<input type="checkbox"/> 63	<input type="checkbox"/> 63
OTHER: OTHER FALLS (WOULD INCLUDE WALKING/RUNNING INTO WALL OR OBJECT)	<input type="checkbox"/> 64	<input type="checkbox"/> 64	<input type="checkbox"/> 64	<input type="checkbox"/> 64
OTHER: EXTERNAL FACTOR (BROKEN GLASS, NEEDLE, NAIL, CAR, ELEVATOR, DOOR, HAIR DRYER, DOG)	<input type="checkbox"/> 65	<input type="checkbox"/> 65	<input type="checkbox"/> 65	<input type="checkbox"/> 65
UNRETRIEVABLE/MISSING	<input type="checkbox"/> 99	<input type="checkbox"/> 99	<input type="checkbox"/> 99	<input type="checkbox"/> 99

**(401) ASTHMA**

K7. <PK7\_K1, PK7\_K2> Have you ever been told by a doctor or other health professional that [CHILD] had asthma?

- YES  1
- NO (SKIP TO K10)  2
- REFUSED (SKIP TO K10)  7
- DON'T KNOW (SKIP TO K10)  8

K8. <PK8\_K1, PK8\_K2> During the past 12 months, has [CHILD] had an episode of asthma or an asthma attack?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

K9. <PK9\_K1, PK9\_K2> During the past 3 months, has [CHILD] used prescription inhalers? Do not include over-the-counter inhalers like Primatene Mist.

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

K10. <PK10\_K1, PK10\_K2> During the past 12 months, has [CHILD] had a wheezing or whistling sound in (his/her) chest?

- YES  1
- NO (SKIP TO L1)  2
- REFUSED (SKIP TO L1)  7
- DON'T KNOW (SKIP TO L1)  8

K11. <PK11\_K1, PK11\_K2> How many attacks of wheezing or whistling has [CHILD] had in (his/her) chest during the past 12 months?

- NUMBER OF ATTACKS: \_\_\_\_\_
- DON'T KNOW  -1
- REFUSED  -2

**[IF AGE 12-19, SKIP TO L1]**

K12. <PK12\_K1, PK12\_K2> During the past 12 months, has [CHILD]'s sleep been disturbed due to wheezing or whistling?

- YES  1
- NO (SKIP TO K14)  2
- REFUSED (SKIP TO K14)  7
- DON'T KNOW (SKIP TO K14)  8

K13. <PK13\_01, PK13\_02> During the past 12 months, how often on average, has [CHILD]'s sleep been disturbed due to wheezing or whistling?

- Less than once per week  1
- Once per week  2
- More than once per week  3
- REFUSED  7
- DON'T KNOW  8

K14. <PK14\_K1, PK14\_K2> During the past 12 months, has [CHILD]'s chest sounded wheezy during or after exercise or physical activity?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

K15. <PK15\_K1, PK15\_K2> During the past 12 months, has [CHILD]'s wheezing ever been severe enough to limit (his/her) speech to only 1 or 2 words at a time between breaths?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

K16. <PK16\_K1, PK16\_K2> During the past 12 months, how many times has [CHILD] gone to the doctor's office or the hospital emergency room for one or more of these attacks of wheezing or whistling?

- NUMBER OF TIMES \_\_\_\_\_
- DON'T KNOW  -1
- REFUSED  -2

**ANALYST NOTE: BASE: ALL = K1\_PRESENT = 1 or K2\_PRESENT = 1, THROUGHOUT THIS SECTION.**

**SECTION L: BEHAVIOR**

Now I would like to ask you about [CHILD'S] friends.

**NOTE: HOUSEHOLD MUST HAVE KIDS.**

L1. <L1\_K1, L1\_K2> How many close friends does [CHILD] have?

NUMBER OF FRIENDS: \_\_\_\_\_

DON'T KNOW  .1

REFUSED  .2

MISSING/UNRETRIEVABLE  .9

L2. Now I have a few questions about discrimination. Can you think of one or more occasions in the past 6 months when you felt [CHILD] was treated unfairly because of (his/her) race or ethnicity in the following places? How about...

	YES	NO	RF	DK	UN
L2a. <L2A_K1, L2A_K2> [CHILD]'s school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L2b. <L2B_K1, L2B_K2> At a neighborhood playground or recreation program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L2c. <L2C_K1, L2C_K2> In a store where [CHILD] was shopping or a restaurant where [CHILD] wanted to eat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L2d. <L2D_K1, L2D_K2> Somewhere else in the neighborhood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

**(421) BEHAVIOR PROBLEMS**

Now I am going to read some statements that describe behavior problems that many children have. Please tell me whether each statement has been often true, sometimes true, or not true of [CHILD] during the past three months.

	OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	RF	DK	UN
L3. <L03_K1, L03_K2> The first statement is "Has difficulty concentrating, cannot pay attention for long". Has that been often true, sometimes true, or not true of [CHILD] during the past 3 months?"	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L4. <L04_K1, L04_K2> Cheats or tells lies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L5. <L05_K1, L05_K5> Is rather high strung, tense, and nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L6. <L06_K1, L06_K2> Bullies or is cruel or mean to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L7. <L07_K1, L07_K2> Is disobedient at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L8. <L08_K1, L08_K2> Has trouble getting along with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9



		OFTEN TRUE	SOMETIMES TRUE	NOT TRUE	RF	DK	UN
L9.	<L09_K1, L09_K2> Feels worthless or inferior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L10.	<L10_K1, L10_K2> Is restless or overly active, cannot sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L11.	<L11_K1, L11_K2> Has a very strong temper and loses it easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L12.	<L12_K1, L12_K2> Is unhappy, sad or depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L13.	<L13_K1, L13_K2> Is withdrawn, does not get involved with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
	<b>[IF AGE 12-19, SKIP TO L16]</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L14.	<L14_K1, L14_K2> Demands a lot of attention						
L15.	<L15_K1, L15_K2> Is too dependent on others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L16.	<L16_K1, L16_K2> Hangs around with kids who get into trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L17.	<L17_K1, L17_K2> Worries too much	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L18.	<L18_K1, L18_K2> Is disobedient at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9
L19.	<L19_K1, L19_K2> Has trouble getting along with teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9

**[IF AGE IS 5-11, GO TO M1. IF AGE IS 12-19 THEN FOLLOW SKIPS BELOW]**

CAPI CONTROLS:

If K2\_PRESENT = 1 and K2\_age = (12-19) skip to J1\_K2

If K2\_PRESENT = 1 and K2\_age = (5-11) skip to J4\_K2

If K2\_PRESENT = 2 skip to I2

**SECTION M: TIME USE**

*Now I'd like to talk about activities [CHILD] does after school and who was doing them with him/her.*

**[INTERVIEWER: ASK M1-19 FOR [RANDOM DAY OF THE WEEK]. IF THE RESPONDENT REPLIES WITH A "DON'T KNOW" OR "REFUSED," PROBE THEM FOR THE DAY AFTER.] IF CHILD'S SCHOOL IS ON SUMMER VACATION ASK ABOUT A TYPICAL [WEEKDAY] IN MAY.**

M1. <M1\_K1, M1\_K2> We are interested in how [CHILD] spends time in the late afternoon. The next few questions will be about this past ([WEEKDAY]/a typical [WEEKDAY] in May), starting at 3:45 p.m. Can you tell me: where was [CHILD] at 3:45 on [WEEKDAY]?

- CHILD CARE (ASK M2)  1
- SCHOOL (SKIP TO M3)  2
- SCHOOL BUS (SKIP TO M7)  3
- CHURCH/CLUB/COMMUNITY CENTER (SKIP TO M4)  4
- HOME (SKIP TO M5)  5
- AT A RELATIVE'S HOUSE (ASK M2)  6
- SOMEWHERE ELSE (SPECIFY): \_\_\_\_\_  95
- (SKIP TO M5)
- REFUSED (SKIP TO M5)  97
- DON'T KNOW (SKIP TO M5)  98

**POST CODES**

- OTHER: SPORTS TEAM  8
- PRACTICE/GAME/CHEERLEADING/KARATE CLASS/  
P.A.L. (POLICE ATHLETIC LEAGUE)/OTHER  
[ORGANIZED] ATHLETICS
- OTHER: PLAYING UNORGANIZED SPORTS/PICK-UP  
GAMES/GENERAL MENTION OF SPORTS/GYM  9
- OTHER: FRIEND'S HOUSE/NEIGHBOR'S HOUSE  10
- OTHER: PLAYING OUTSIDE/PLAYING OUTSIDE IN  
NEIGHBORHOOD/ STREET/PARK/PLAYGROUND  11
- OTHER: LIBRARY  12
- OTHER: TUTORING  13
- OTHER: DANCE CLASS/BALLET  14
- OTHER: PIANO LESSON  15
- OTHER: WITH PARENT AT WORK/PARENT'S  
SCHOOL  16
- OTHER: WALKING HOME FROM SCHOOL/BEING  
DRIVEN HOME/HEADING HOME ON PUBLIC  
TRANSPORTATION/DRIVING/HEADING/IN ROUTE  
HOME (GENERAL-UNSPECIFIED)  17
- OTHER: SHOPPING/RUNNING ERRAND  18
- (SUPERMARKET, STORE, BABERSHOP, ETC.)

OTHER: EATING IN RESTAURANT/OUT TO EAT	<input type="checkbox"/> 19
OTHER: AT HEALTH PROFESSIONALS OFFICE (DENTIST, DOCTOR, COUNSELOR)	<input type="checkbox"/> 20
OTHER: AT HOSPITAL	<input type="checkbox"/> 21
OTHER: GENERAL MENTION OF WITH PARENT/OUT WITH FAMILY/BEING PICKED UP/IN CAR WITH PARENT—ALL WITHOUT SPECIFIC MENTION OF LOCATION OR DESTINATION	<input type="checkbox"/> 22
OTHER: ON VACATION/OUT OF TOWN, STATE, COUNTRY/AT CAMP	<input type="checkbox"/> 23
OTHER: HANGING OUT/OUT/DRIVING AROUND WITH FRIEND'S	<input type="checkbox"/> 24
OTHER: AT MALL/MOVIES/ARCADE/CARNIVAL	<input type="checkbox"/> 25
OTHER: AT BOYFRIEND/GIRLFRIEND/FIANCÉ'S HOUSE/WITH BOYFRIEND/GIRLFRIEND/FIANCÉ	<input type="checkbox"/> 26
OTHER: JOB HUNTING/JOB TRAINING/JOB CORPS	<input type="checkbox"/> 27
OTHER: ON PUBLIC TRANSPORTATION (GENERAL)	<input type="checkbox"/> 28
OTHER: BOARDING SCHOOL/RESIDENTIAL SCHOOL/DORMITORY/GROUP HOME	<input type="checkbox"/> 29
OTHER: PICKING UP OWN CHILD/ ACTIVITY WITH/CONCERNING CHILD/ AT HOME OF CHILD'S MOTHER OR FATHER (FROM YOUTH)	<input type="checkbox"/> 30
OTHER: INCARCERATED/IN JAIL/DETENTION CENTER	<input type="checkbox"/> 31
OTHER: DECEASED	<input type="checkbox"/> 32
OTHER: CHILD CARE	<input type="checkbox"/> 61
OTHER: SCHOOL (WOULD INCLUDE AFTER SCHOOL PROGRAM)	<input type="checkbox"/> 62
OTHER: SCHOOL BUS	<input type="checkbox"/> 63
OTHER: CHURCH/CLUB/COMMUNITY CENTER	<input type="checkbox"/> 64
OTHER: HOME	<input type="checkbox"/> 65
OTHER: AT A RELATIVE'S HOUSE (INCLUDES NON- CUSTODIAL PARENT)	<input type="checkbox"/> 66
OTHER: WORK	<input type="checkbox"/> 67
UNRETRIEVABLE/MISSING	<input type="checkbox"/> 99

- M2. <M2\_K1, M2\_K2> Is this provider paid to take care of [CHILD]?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(IF M1 = 1, SKIP TO M7; IF M1 = 6, SKIP TO M5)**

- M3. <M3\_K1, M3\_K2> Was [CHILD] playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?
- SPORTS  1
- CLUB  2
- DETENTION  3
- IN CLASS OR TUTORING  4
- OTHER (SPECIFY):  95
- 
- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: AFTER SCHOOL PROGRAM (GENERAL-UNSPECIFIED)  5
- OTHER: OTHER ORGANIZED PHYSICAL ACTIVITY (E.G., DANCE, BALLET, STEP)  6
- OTHER: AFTERCARE PROGRAM  7
- OTHER: DOING HOMEWORK  8
- OTHER: CHOIR  9
- OTHER: LEAVING SCHOOL  10
- OTHER: SPORTS  61
- OTHER: CLUB  62
- OTHER: DETENTION  63
- OTHER: IN CLASS OR TUTORING (WOULD OTHER [ORGANIZED] ACADEMIC ACTIVITY)  64

**(SKIP TO M5)**

M4. <M4\_K1, M4\_K2> Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? [INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY]

- SPORTS  1
- ORGANIZED ACTIVITY  2
- CLASS/TUTORING  3
- CLUB  4
- DOING SOMETHING ELSE (SPECIFY):  95

---

- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: SPORTS  61
- OTHER: ORGANIZED ACTIVITY  62
- OTHER: CLASS/TUTORING  63
- OTHER: CLUB  64
- UNRETRIEVABLE/MISSING  99

M5. <M5\_K1, M5\_K2> At 3:45, was there an adult present, who could see or hear [CHILD]?

- YES  1
- NO (SKIP TO M7)  2
- VOLUNTEERED: "I WAS PRESENT" (SKIP TO M7)  3
- REFUSED  7
- DON'T KNOW  8

M6. <M6\_K1, M6\_K2> At 3:45, were you present where you could see or hear [CHILD]?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

M7. <M7\_K1, M7\_K2> Now let's talk about 5:30pm. Where was [CHILD] at 5:30 on ([WEEKDAY]/a typical [WEEKDAY] in May)?

- CHILD CARE (**ASK M8**)  1
- SCHOOL (**SKIP TO M9**)  2
- SCHOOL BUS (**SKIP TO M14**)  3
- CHURCH /CLUB/COMMUNITY CENTER  
(**SKIP TO M10**)  4
- HOME (**SKIP TO M11**)  5
- AT A RELATIVE'S HOUSE (**ASK M8**)  6
- OTHER (SPECIFY): \_\_\_\_\_  95  
(**SKIP TO M11**)
- REFUSED (**SKIP TO M11**)  97
- DON'T KNOW (**SKIP TO M11**)  98

**POST CODES**

- OTHER: SPORTS TEAM  8  
PRACTICE/GAME/CHEERLEADING/KARATE CLASS/  
P.A.L. (POLICE ATHLETIC LEAGUE)/OTHER  
[ORGANIZED] ATHLETICS
- OTHER: PLAYING UNORGANIZED SPORTS/PICK-UP  9  
GAMES/GENERAL MENTION OF SPORTS/GYM
- OTHER: FRIEND'S HOUSE/NEIGHBOR'S HOUSE  10
- OTHER: PLAYING OUTSIDE/PLAYING OUTSIDE IN  11  
NEIGHBORHOOD/ STREET/PARK/PLAYGROUND
- OTHER: LIBRARY  12
- OTHER: TUTORING  13
- OTHER: DANCE CLASS/BALLET  14
- OTHER: PIANO LESSON  15
- OTHER: WITH PARENT AT WORK/PARENT'S  16  
SCHOOL
- OTHER: WALKING HOME FROM SCHOOL/BEING  17  
DRIVEN HOME/HEADING HOME ON PUBLIC  
TRANSPORTATION/DRIVING/HEADING/IN ROUTE  
HOME (GENERAL-UNSPECIFIED)
- OTHER: SHOPPING/RUNNING ERRAND  18  
(SUPERMARKET, STORE, BABERSHOP, ETC.)
- OTHER: EATING IN RESTAURANT/OUT TO EAT  19
- OTHER: AT HEALTH PROFESSIONALS OFFICE  20  
(DENTIST, DOCTOR, COUNSELOR)
- OTHER: AT HOSPITAL  21

OTHER: GENERAL MENTION OF WITH PARENT/OUT WITH FAMILY/BEING PICKED UP/IN CAR WITH PARENT—ALL WITHOUT SPECIFIC MENTION OF LOCATION OR DESTINATION	<input type="checkbox"/> 22
OTHER: ON VACATION/OUT OF TOWN, STATE, COUNTRY/AT CAMP	<input type="checkbox"/> 23
OTHER: HANGING OUT/OUT/DRIVING AROUND WITH FRIEND'S	<input type="checkbox"/> 24
OTHER: AT MALL/MOVIES/ARCADE/CARNIVAL	<input type="checkbox"/> 25
OTHER: AT BOYFRIEND/GIRLFRIEND/FIANCE'S HOUSE/WITH BOYFRIEND/GIRLFRIEND/FIANCÉ	<input type="checkbox"/> 26
OTHER: JOB HUNTING/JOB TRAINING/JOB CORPS	<input type="checkbox"/> 27
OTHER: ON PUBLIC TRANSPORTATION (GENERAL)	<input type="checkbox"/> 28
OTHER: BOARDING SCHOOL/RESIDENTIAL SCHOOL/DORMITORY/GROUP HOME	<input type="checkbox"/> 29
OTHER: PICKING UP OWN CHILD/ ACTIVITY WITH/CONCERNING CHILD/ AT HOME OF CHILD'S MOTHER OR FATHER (FROM YOUTH)	<input type="checkbox"/> 30
OTHER: INCARCERATED/IN JAIL/DETENTION CENTER	<input type="checkbox"/> 31
OTHER: DECEASED	<input type="checkbox"/> 32
OTHER: CHILD CARE	<input type="checkbox"/> 61
OTHER: SCHOOL (WOULD INCLUDE AFTER SCHOOL PROGRAM)	<input type="checkbox"/> 62
OTHER: SCHOOL BUS	<input type="checkbox"/> 63
OTHER: CHURCH/CLUB/COMMUNITY CENTER	<input type="checkbox"/> 64
OTHER: HOME	<input type="checkbox"/> 65
OTHER: AT A RELATIVE'S HOUSE (INCLUDES NON-CUSTODIAL PARENT)	<input type="checkbox"/> 66
OTHER: WORK	<input type="checkbox"/> 67
UNRETRIEVABLE/MISSING	<input type="checkbox"/> 99

- M8. <M8\_K1, M8\_K2> Is this provider paid to take care of [CHILD]?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(IF M7 = 1, SKIP TO M14; IF M7 = 6, SKIP TO M11)**

- M9. <M9\_K1, M9\_K2> Was [CHILD] playing on a sports team, participating in a club, serving detention, or doing something else at the school?
- SPORTS TEAM  1
- CLUB  2
- DETENTION  3
- IN CLASS OR TUTORING  4
- OTHER (SPECIFY):  95
- 
- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: AFTER SCHOOL PROGRAM (GENERAL-UNSPECIFIED)  5
- OTHER: OTHER ORGANIZED PHYSICAL ACTIVITY (E.G., DANCE, BALLET, STEP)  6
- OTHER: AFTERCARE PROGRAM  7
- OTHER: DOING HOMEWORK  8
- OTHER: CHOIR  9
- OTHER: LEAVING SCHOOL  10
- OTHER: SPORTS  61
- OTHER: CLUB  62
- OTHER: DETENTION  63
- OTHER: IN CLASS OR TUTORING (WOULD OTHER [ORGANIZED] ACADEMIC ACTIVITY)  64

**(SKIP TO M11)**



M10. <M10\_K1, M10\_K2> Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? [INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]

- SPORTS  1
- ORGANIZED ACTIVITY  2
- CLASS/TUTORING  3
- CLUB  4
- OTHER (SPECIFY):  95

---

- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: SPORTS  61
- OTHER: ORGANIZED ACTIVITY  62
- OTHER: CLASS/TUTORING  63
- OTHER: CLUB  64

M11. <M11\_K1, M11\_K2> Were there other children at [PLACE] with [CHILD] at 5:30?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8
- MISSING/UNRETRIEVABLE  9

M12. <M12\_K1, M12\_K2> At 5:30, was there an adult present, who could see or hear [CHILD]?

- YES  1
- NO (SKIP TO M14)  2
- VOLUNTEERED: "I WAS PRESENT" (SKIP TO M14)  3
- REFUSED  7
- DON'T KNOW  8

M13. <M13\_K1, M13\_K2> At 5:30, were you present where you could see or hear [CHILD]?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

M14. <M14\_K1, M14\_K2> Now let's talk about 7:30pm. Where was [CHILD] at 7:30 on ([WEEKDAY]/a typical [WEEKDAY] in May)?

- CHILD CARE (**ASK M15**)  1
- SCHOOL (**SKIP TO M16**)  2
- SCHOOL BUS (**SKIP TO I2**)  3
- CHURCH CLUB/COMMUNITY CENTER (**SKIP TO M17**)  4
- HOME (**SKIP TO M18**)  5
- AT A RELATIVE'S HOUSE (ASK M15)  6
- SOMEWHERE ELSE (SPECIFY): \_\_\_\_\_  95  
(**SKIP TO M18**)
- REFUSED (**SKIP TO M18**)  97
- DON'T KNOW (**SKIP TO M18**)  98

**POST CODES**

- OTHER: SPORTS TEAM PRACTICE/GAME/CHEERLEADING/KARATE CLASS/P.A.L. (POLICE ATHLETIC LEAGUE)/OTHER [ORGANIZED] ATHLETICS  8
- OTHER: PLAYING UNORGANIZED SPORTS/PICK-UP GAMES/GENERAL MENTION OF SPORTS/GYM  9
- OTHER: FRIEND'S HOUSE/NEIGHBOR'S HOUSE  10
- OTHER: PLAYING OUTSIDE/PLAYING OUTSIDE IN NEIGHBORHOOD/ STREET/PARK/PLAYGROUND  11
- OTHER: LIBRARY  12
- OTHER: TUTORING  13
- OTHER: DANCE CLASS/BALLET  14
- OTHER: PIANO LESSON  15
- OTHER: WITH PARENT AT WORK/PARENT'S SCHOOL  16
- OTHER: WALKING HOME FROM SCHOOL/BEING DRIVEN HOME/HEADING HOME ON PUBLIC TRANSPORTATION/DRIVING/HEADING/IN ROUTE HOME (GENERAL-UNSPECIFIED)  17
- OTHER: SHOPPING/RUNNING ERRAND (SUPERMARKET, STORE, BABERSHOP, ETC.)  18

OTHER: EATING IN RESTAURANT/OUT TO EAT	<input type="checkbox"/> 19
OTHER: AT HEALTH PROFESSIONALS OFFICE (DENTIST, DOCTOR, COUNSELOR)	<input type="checkbox"/> 20
OTHER: AT HOSPITAL	<input type="checkbox"/> 21
OTHER: GENERAL MENTION OF WITH PARENT/OUT WITH FAMILY/BEING PICKED UP/IN CAR WITH PARENT—ALL WITHOUT SPECIFIC MENTION OF LOCATION OR DESTINATION	<input type="checkbox"/> 22
OTHER: ON VACATION/OUT OF TOWN, STATE, COUNTRY/AT CAMP	<input type="checkbox"/> 23
OTHER: HANGING OUT/OUT/DRIVING AROUND WITH FRIEND'S	<input type="checkbox"/> 24
OTHER: AT MALL/MOVIES/ARCADE/CARNIVAL	<input type="checkbox"/> 25
OTHER: AT BOYFRIEND/GIRLFRIEND/FIANCÉ'S HOUSE/WITH BOYFRIEND/GIRLFRIEND/FIANCÉ	<input type="checkbox"/> 26
OTHER: JOB HUNTING/JOB TRAINING/JOB CORPS	<input type="checkbox"/> 27
OTHER: ON PUBLIC TRANSPORTATION (GENERAL)	<input type="checkbox"/> 28
OTHER: BOARDING SCHOOL/RESIDENTIAL SCHOOL/DORMITORY/GROUP HOME	<input type="checkbox"/> 29
OTHER: PICKING UP OWN CHILD/ ACTIVITY WITH/CONCERNING CHILD/ AT HOME OF CHILD'S MOTHER OR FATHER (FROM YOUTH)	<input type="checkbox"/> 30
OTHER: INCARCERATED/IN JAIL/DETENTION CENTER	<input type="checkbox"/> 31
OTHER: DECEASED	<input type="checkbox"/> 32
OTHER: CHILD CARE	<input type="checkbox"/> 61
OTHER: SCHOOL (WOULD INCLUDE AFTER SCHOOL PROGRAM)	<input type="checkbox"/> 62
OTHER: SCHOOL BUS	<input type="checkbox"/> 63
OTHER: CHURCH/CLUB/COMMUNITY CENTER	<input type="checkbox"/> 64
OTHER: HOME	<input type="checkbox"/> 65
OTHER: AT A RELATIVE'S HOUSE (INCLUDES NON- CUSTODIAL PARENT)	<input type="checkbox"/> 66
OTHER: WORK	<input type="checkbox"/> 67
UNRETRIEVABLE/MISSING	<input type="checkbox"/> 99

- M15. <M15\_K1, M15\_K2> Is this provider paid to take care of [CHILD]?
- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

**(IF M14 = 1, SKIP TO M20; IF M14 = 6, SKIP TO M18)**

- M16. <M16\_K1, M16\_K2> Was [CHILD] playing on a sports team, participating in a club, serving detention, in class or tutoring, or doing something else at the school?
- SPORTS TEAM  1
- CLUB  2
- DETENTION  3
- IN CLASS OR TUTORING  4
- OTHER (SPECIFY): \_\_\_\_\_  95
- REFUSED  97
- DON'T KNOW  98

**POST CODES**

- OTHER: AFTER SCHOOL PROGRAM (GENERAL-UNSPECIFIED)  5
- OTHER: OTHER ORGANIZED PHYSICAL ACTIVITY (E.G., DANCE, BALLET, STEP)  6
- OTHER: AFTERCARE PROGRAM  7
- OTHER: DOING HOMEWORK  8
- OTHER: CHOIR  9
- OTHER: LEAVING SCHOOL  10
- OTHER: SPORTS  61
- OTHER: CLUB  62
- OTHER: DETENTION  63
- OTHER: IN CLASS OR TUTORING (WOULD OTHER [ORGANIZED] ACADEMIC ACTIVITY)  64
- MISSING/UNRETRIEVABLE  99

M17. <M17\_K1, M17\_K2> Was [CHILD] playing on an organized sports team, participating in some organized activity, in class or tutoring, or doing something else? **[INTERVIEWER, EXAMPLES OF ORGANIZED ACTIVITIES INCLUDE DANCE OR MUSIC LESSONS, SCOUTS, 4-H, AND BIBLE STUDY.]**

- SPORTS  1
  - ORGANIZED ACTIVITY  2
  - CLASS/TUTORING  3
  - CLUB  4
  - OTHER (SPECIFY):  95
- 
- REFUSED  97
  - DON'T KNOW  98

**POST CODES**

- OTHER: SPORTS  61
- OTHER: ORGANIZED ACTIVITY  62
- OTHER: CLASS/TUTORING  63
- OTHER: CLUB  64

M18. <M18\_K1, M18\_K2> At 7:30, was there an adult present, who could see or hear [CHILD]?

- YES  1
- NO (SKIP TO N1)  2
- VOLUNTEERED: "I WAS PRESENT" (SKIP TO INSTRUCTION AFTER M19)  3
- REFUSED  7
- DON'T KNOW  8

M19. <M19\_K1, M19\_K2> At 7:30, were you present where you could see or hear [CHILD]?

- YES  1
- NO  2
- REFUSED  7
- DON'T KNOW  8

M20. **[INTERVIEWER: IF ONE CHILD WAS SAMPLED CONTINUE TO N1. IF TWO CHILDREN WERE SAMPLED GO BACK TO J1 TO COMPLETE THE POCY MODULE FOR SECOND CHILD.]**

