

Wave 3

5 – TOPICAL MODULES

Part A – EDUCATION AND WORK HISTORY

CHECK ITEM T1	Refer to Control Card item 24. Is . . . 16 years of age or over?	8000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 1, page 53																															
1a. These next questions are about education, health and work experience.																																		
CHECK ITEM T2	Refer to Control Card item 31a. Was . . . 's highest grade attended at least four years of high school? (Codes 12–26 in cc item 31a.)	8002	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1e																															
1b. In high school what kind of program did . . . follow — was it (Read categories) — Mark (X) only one.	8004	1 <input type="checkbox"/> Academic or college preparatory? 2 <input type="checkbox"/> Vocational? 3 <input type="checkbox"/> Business or commerical? 4 <input type="checkbox"/> General? 5 <input type="checkbox"/> Some other type — Specify _____ x1 <input type="checkbox"/> DK																																
C. Did . . . complete courses in any of the following subjects in high school?		<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>(1) Algebra</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> <tr> <td>(2) Trigonometry or geometry</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> <tr> <td>(3) Chemistry or physics</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> <tr> <td>(4) 3 or more years of English composition or literature</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> <tr> <td>(5) 2 or more years of a foreign language</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> <tr> <td>(6) 2 or more years of industrial arts, shop, or home economics</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> <tr> <td>(7) 2 or more years of business courses, such as bookkeeping, shorthand, or secretarial typing</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>x1 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	DK	(1) Algebra	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>	(2) Trigonometry or geometry	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>	(3) Chemistry or physics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>	(4) 3 or more years of English composition or literature	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>	(5) 2 or more years of a foreign language	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>	(6) 2 or more years of industrial arts, shop, or home economics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>	(7) 2 or more years of business courses, such as bookkeeping, shorthand, or secretarial typing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>
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(7) 2 or more years of business courses, such as bookkeeping, shorthand, or secretarial typing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	x1 <input type="checkbox"/>																															
d. Was the high school that . . . attended a public school or a private school?	8020	1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private x1 <input type="checkbox"/> DK																																
CHECK ITEM T3	Refer to Control Card item 31a. Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31a.)	8022	1 <input type="checkbox"/> Yes — SKIP to 2a 2 <input type="checkbox"/> No																															
1e. Has . . . received a high school diploma? Include the program known as GED.	8024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T5																																
2a. In what year did . . . first attend college or university?	8026	<table border="0"> <tr> <td>1</td> <td>9</td> <td></td> <td></td> </tr> </table> x1 <input type="checkbox"/> DK		1	9																													
1	9																																	
b. What is the highest degree beyond a high school diploma that . . . has earned?	8028	1 <input type="checkbox"/> PhD or equivalent 2 <input type="checkbox"/> Professional degree such as Dentistry, Medicine, Law or Theology 3 <input type="checkbox"/> Master's Degree 4 <input type="checkbox"/> Bachelor's Degree 5 <input type="checkbox"/> Associate Degree 6 <input type="checkbox"/> Vocational Certificate or diploma 7 <input type="checkbox"/> Has not earned a degree } SKIP to 2f x1 <input type="checkbox"/> DK																																
C. In what calendar year did . . . receive his/her highest degree?	8030	<table border="0"> <tr> <td>1</td> <td>9</td> <td></td> <td></td> </tr> </table> x1 <input type="checkbox"/> DK		1	9																													
1	9																																	
d. (SHOW FLASHCARD V) In what field of study did . . . receive that degree?	8032	<table border="0"> <tr> <td>Code</td> <td>Field of study</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> x1 <input type="checkbox"/> DK		Code	Field of study	<input type="text"/>	<input type="text"/>																											
Code	Field of study																																	
<input type="text"/>	<input type="text"/>																																	
CHECK ITEM T4	Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 2b.)	8034	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T5																															
2e. In what calendar year did . . . receive his/her Bachelor's degree?	8036	<table border="0"> <tr> <td>1</td> <td>9</td> <td></td> <td></td> </tr> </table> x1 <input type="checkbox"/> DK } SKIP to Check Item T5		1	9																													
1	9																																	

TOPICAL MODULES

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

		Code	Field of study
(SHOW FLASHCARD V) 2f. In what field of study were the courses that . . . took at college or university?	8038	<input type="text"/> <input type="text"/>	
g. When was the last calendar year in which . . . was a student at a college or university?	8040	<input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/>	
		OR	
		1 <input type="checkbox"/> Is still a student	
		x1 <input type="checkbox"/> DK	
CHECK ITEM T5 Refer to Control Card item 24. Is . . . 65 years of age or over?	8042	1 <input type="checkbox"/> Yes – SKIP to Check Item T9	
		2 <input type="checkbox"/> No	
3a. Has . . . ever received training designed to help people find a job, improve job skills or learn a new job?	8044	1 <input type="checkbox"/> Yes	} SKIP to Check Item T9
		2 <input type="checkbox"/> No	
		x1 <input type="checkbox"/> DK	
b. Does . . . use this training on . . . 's (most recent) job?	8046	1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No	
c. Where did . . . receive this training? Mark (X) all that apply.	8048	1 <input type="checkbox"/> Apprenticeship program	
	8050	2 <input type="checkbox"/> Business, commercial, or vocational school	
	8052	3 <input type="checkbox"/> Junior or community college	
	8054	4 <input type="checkbox"/> Program completed at a 4 year college or graduate school	
	8056	5 <input type="checkbox"/> High school vocational program	
	8058	6 <input type="checkbox"/> Training program at work	
	8060	7 <input type="checkbox"/> Military (exclude basic training)	
	8062	8 <input type="checkbox"/> Correspondence course	
	8064	9 <input type="checkbox"/> Training or experience received on previous job	
	8066	10 <input type="checkbox"/> Sheltered workshop	
	8068	11 <input type="checkbox"/> Vocational rehabilitation centers	
	8070	12 <input type="checkbox"/> Other	
CHECK ITEM T6 Are 2 or more categories marked in item 3c above?	8072	1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No – SKIP to 3e	
3d. Where did . . . receive . . . 's latest training?	8074	<input type="text"/> <input type="text"/> Enter code from 3c	
e. When did . . . receive . . . 's (most recent) training?	8076	1 <input type="checkbox"/> Now attending	} SKIP to Check Item T9
		2 <input type="checkbox"/> 1984	
		3 <input type="checkbox"/> 1983	
		4 <input type="checkbox"/> 1982	
		5 <input type="checkbox"/> 1981	
		6 <input type="checkbox"/> 1980	
		7 <input type="checkbox"/> 1979 or before	
		x1 <input type="checkbox"/> DK	
f. For how many weeks did . . . attend this (most recent) program?	8078	<input type="text"/> <input type="text"/> Weeks	
		OR	
	8080	1 <input type="checkbox"/> Less than one week	
		x1 <input type="checkbox"/> DK	
g. Who paid for this (most recent) program?	8082	1 <input type="checkbox"/> Self or family	
		2 <input type="checkbox"/> Employer	
		3 <input type="checkbox"/> Federal, State, or local government	
		4 <input type="checkbox"/> Someone else	
CHECK ITEM T7 Is "1982," "1983," "1984," or "Now attending" marked in item 3e above?	8084	1 <input type="checkbox"/> Yes	
		2 <input type="checkbox"/> No – SKIP to Check Item T9	

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

3h. Since January 1, 1982, has . . . received training that was sponsored by any of the following programs –

- | | | |
|---|--------------------|--|
| <p>(1) The Job Training Partnership Act or the Comprehensive Employment Training Act (JTPA or CETA)?</p> | <p>8086</p> | <p>1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK</p> |
| <p>(2) The Work Incentive Program (WIN)?</p> | <p>8088</p> | <p>1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK</p> |
| <p>(3) The Job Corps Program?</p> | <p>8090</p> | <p>1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK</p> |
| <p>(4) The Trade Adjustment Assistance Act?</p> | <p>8092</p> | <p>1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No
x1 <input type="checkbox"/> DK</p> |

CHECK ITEM T8

Is "Yes" marked for one or more of the programs in item 3h?

8094

- 1 Yes – Ask 3i–3k for each program marked
2 No – SKIP to Check Item T9

Enter code from 3h and name of training program. →

3i. In what year did . . . start his/her (Read name of program) training?

If more than one training episode, ask about most recent one first.

j. For how many weeks did . . . attend this training program?

k. What type of training program is (was) this?

Mark (X) all that apply.

	PROGRAM 1	PROGRAM 2
	Code Name of program	Code Name of program
	8096 <input type="text"/>	8116 <input type="text"/>
<p>8098</p> <p>1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982</p>		<p>8118</p> <p>1 <input type="checkbox"/> 1984 2 <input type="checkbox"/> 1983 3 <input type="checkbox"/> 1982</p>
<p>8100 <input type="text"/> Weeks</p> <p>OR</p> <p>8102</p> <p>1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK</p>		<p>8120 <input type="text"/> Weeks</p> <p>OR</p> <p>8122</p> <p>1 <input type="checkbox"/> Less than 1 week x1 <input type="checkbox"/> DK</p>
<p>8104</p> <p>1 <input type="checkbox"/> Classroom training-job skills</p> <p>8106</p> <p>2 <input type="checkbox"/> Classroom training-basic education</p> <p>8108</p> <p>3 <input type="checkbox"/> On-the-job training</p> <p>8110</p> <p>4 <input type="checkbox"/> Job search assistance</p> <p>8112</p> <p>5 <input type="checkbox"/> Work experience</p> <p>8114</p> <p>6 <input type="checkbox"/> Other</p>		<p>8124</p> <p>1 <input type="checkbox"/> Classroom training-job skills</p> <p>8126</p> <p>2 <input type="checkbox"/> Classroom training-basic education</p> <p>8128</p> <p>3 <input type="checkbox"/> On-the-job training</p> <p>8130</p> <p>4 <input type="checkbox"/> Job search assistance</p> <p>8132</p> <p>5 <input type="checkbox"/> Work experience</p> <p>8134</p> <p>6 <input type="checkbox"/> Other</p>

CHECK ITEM T9

Is "Worked" marked on the ISS?

8136

- 1 Yes
2 No – SKIP to 4b

4a. These next questions are about the main job that . . . was working during the 4-month period.

CHECK ITEM T10

Refer to Check Item E3, page 14 or Check Item S1, page 18.

On . . . 's main job, did . . . work for an employer or is . . . self-employed?

8138

- 1 Worked for an employer – SKIP to 5a
2 Self-employed – SKIP to 5f

4b. In what year did . . . last work at a paid job lasting 2 consecutive weeks or more?

8140

1 9 SKIP to 4d

OR

- x3 Never worked for 2 consecutive weeks or more

c. What is the main reason . . . never worked 2 consecutive weeks or longer at a job or business?

8142

- 1 Taking care of home or family
2 Ill or disabled
3 Going to school
4 Couldn't find work
5 Didn't want to work
7 Other
x1 DK

} SKIP to item 1, page 53

d. At the time . . . last worked 2 consecutive weeks or longer, what was the name of . . . 's employer or business?

PGM 8

Name of employer or business

8150

Section 5 — TOPICAL MODULES — Continued

Part A — EDUCATION AND WORK HISTORY — Continued

<p>ASK OR VERIFY —</p> <p>5h. How many hours per week does (did) . . . usually work at this job?</p>	8192	<input type="text"/> <input type="text"/>	Hours
			x1 <input type="checkbox"/> DK
<p>i. For how many years has (had) . . . done the kind of work that . . . does (did) on this job?</p>	8194	<input type="text"/> <input type="text"/>	Years
			OR
	8196	<input type="text"/> <input type="text"/>	Months
	8198		x1 <input type="checkbox"/> DK
CHECK ITEM T13	8200		1 <input type="checkbox"/> Yes — SKIP to Check Item T14 2 <input type="checkbox"/> No
<p>5j. What was the main reason . . . stopped working for (Name of employer or business)?</p> <p><i>Mark (X) only one.</i></p>	8202		1 <input type="checkbox"/> Layoff, plant closed 2 <input type="checkbox"/> Discharged 3 <input type="checkbox"/> Found a better job 4 <input type="checkbox"/> Retirement 5 <input type="checkbox"/> Did not like working conditions 6 <input type="checkbox"/> Dissatisfied with earnings 7 <input type="checkbox"/> Family or personal reasons 8 <input type="checkbox"/> Did not like location 9 <input type="checkbox"/> Other — <i>Specify</i> ↓
CHECK ITEM T14	8204		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 1, page 53
CHECK ITEM T15	8206		1 <input type="checkbox"/> Yes — SKIP to 7a 2 <input type="checkbox"/> No
<p>ASK OR VERIFY —</p> <p><i>Exclude part-time jobs held at the same time as job entered in 5a through 5i.</i></p> <p>6a. Did . . . hold a job before the one we have just talked about?</p>	8208		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a
<p>b. What was the name of the employer or business . . . worked for at that earlier job?</p>	PGM 8		Name of employer or business
	8250		_____
<p>c. What kind of company, business, or industry was (Name of employer or business)?</p>	8252		_____
<p>d. Was that business mainly (Read categories) —</p>	8254		1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?
<p>e. What kind of work was . . . doing on that job?</p>	8256		_____
<p>f. What were . . . 's main activities or duties?</p>	8258		_____
<p>g. Did . . . work for an employer on that job or was . . . self-employed?</p>	8260		1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed
<p>h. In what year did . . . START working for (Name of employer or business)?</p>	PGM 7		
	8262	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	
			x1 <input type="checkbox"/> DK
<p>i. In what year did . . . STOP working for (Name of employer or business)?</p>	8264	<input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>	
			x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

6j. How many hours per week did . . . usually work at this job?

8266 Hours

x1 DK

k. What was . . . 's approximate rate of pay before deductions at the time . . . stopped working on that job?

Mark (X) only one.

8268 \$ Per hour

OR

8270 \$ 00 Per week

OR

8272 \$ 00 Per month

OR

8274 \$ 00 Per year

8276 x1 DK

l. How much time was there between the time . . . stopped working for (Name of employer or business) and the time . . . started working at . . . 's current (most recent) main job?

Mark (X) only one.

8278 Weeks

OR

8280 Months

OR

8282 Years

8284 x3 None

x1 DK

m. What was the main reason . . . stopped working for (Name of employer or business)?

Mark (X) only one.

- 8286**
- 1 Layoff, plant closed
 - 2 Discharged
 - 3 Found a better job
 - 4 Retirement
 - 5 Did not like working conditions
 - 6 Dissatisfied with earnings
 - 7 Family or personal reasons
 - 8 Did not like location
 - 9 Other – Specify

7a. In what year did . . . first work six straight months or longer at a job or business?

8288

x3 Never worked 6 straight months at a job or business } SKIP to Check Item T16
 x1 DK

b. Since (Year entered in 7a) how many years have there been when . . . worked at least 6 months during the year?

8290 x5 All years

OR

Years

x1 DK

c. During the time that . . . has worked, has . . . generally worked full-time or part-time?

8292 1 Full-time
 2 Part-time

CHECK ITEM T16

Refer to Control Card item 24.

Is . . . 65 years of age or older?

8294 1 Yes – SKIP to item 1, page 53
 2 No

8a. People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school or other reasons. Since . . . was 21 years of age, have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?

8296 1 Yes
 2 No – SKIP to item 1, page 53

b. From the time . . . was 21 years old, when was the first time that . . . went 6 months or longer without working at a job or business?

8298 FROM **8300** TO

8302 x1 DK

Section 5 – TOPICAL MODULES – Continued

Part A – EDUCATION AND WORK HISTORY – Continued

8c. What was the reason . . . did not work at a job or business during that time?

Mark (X) only one.

8304

- 1 Took care of family or home
- 2 Own illness or disability
- 3 Could not find work
- 4 Going to school
- 5 Other

d. After this first time were there any other periods of 6 months or longer when . . . did not work at a job or business?

8306

- 1 Yes
- 2 No – SKIP to 1, page 53

e. How many other times did this happen?

8308

- 1 One time
- 2 Two times
- 3 Three or more times

Ask 8f and 8g for each "Other" time: Maximum of three.

f. When was the (second/third/fourth) time that . . . went 6 months or longer without working at a job or business?

SECOND TIME

8310

FROM

1	9		
---	---	--	--

TO

8312

1	9		
---	---	--	--

OR

8314

x1 DK

THIRD TIME

8318

FROM

1	9		
---	---	--	--

TO

8320

1	9		
---	---	--	--

OR

8322

x1 DK

FOURTH TIME

8326

FROM

1	9		
---	---	--	--

TO

8328

1	9		
---	---	--	--

OR

8330

x1 DK

8g. What was the main reason . . . did not work at a job or business during that time?

8316

- 1 Took care of family or home
- 2 Own illness or disability
- 3 Could not find work
- 4 Going to school
- 5 Other

8324

- 1 Took care of family or home
- 2 Own illness or disability
- 3 Could not find work
- 4 Going to school
- 5 Other

8332

- 1 Took care of family or home
- 2 Own illness or disability
- 3 Could not find work
- 4 Going to school
- 5 Other

NOTES

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY

<p>These next few questions are about . . . 's health.</p>		<p>8334</p>	<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p>1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>			
<p>2a. Does . . . have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?</p>		<p>8336</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T17</p>
<p>b. Is . . . able to do this at all?</p>		<p>8338</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T17 Is . . . a self-respondent?</p>		<p>8340</p>	<p>1 <input type="checkbox"/> Yes – Mark 2c through 2e by observation 2 <input type="checkbox"/> No – ASK 2c through 2e</p>
<p>2c. Does . . . have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if . . . usually wears one.)</p>		<p>8342</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2e</p>
<p>d. Is . . . able to do this at all?</p>		<p>8344</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Does . . . have any trouble having his/her speech understood?</p>		<p>8346</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>MARK BY OBSERVATION IF APPARENT.</i></p>		<p>8348</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>3. Does . . . generally use an aid to help . . . get around such as crutches, a cane, or a wheelchair?</p>			
<p>4 a. These next questions ask whether . . . 's health or condition affects . . . 's ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.) Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</p>		<p>8350</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>
<p>b. Is . . . able to do this at all?</p>		<p>8352</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Does . . . have any difficulty walking for a quarter of a mile – about 3 city blocks?</p>		<p>8354</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4e</p>
<p>d. Is . . . able to do this at all?</p>		<p>8356</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Does . . . have any difficulty walking up a flight of stairs without resting?</p>		<p>8358</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4g</p>
<p>f. Is . . . able to walk up a flight of stairs without the help of another person?</p>		<p>8360</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>g. Does . . . have any difficulty getting around outside the house by . . . 's self?</p>		<p>8362</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>
<p>h. Does . . . need the help of another person in order to get around outside the house?</p>		<p>8364</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>i. Does . . . have any difficulty getting around inside the house by . . . 's self?</p>		<p>8366</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4k</p>
<p>j. Does . . . need the help of another person in order to get around inside the house?</p>		<p>8368</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>k. Does . . . have any difficulty getting into and out of bed by . . . 's self?</p>		<p>8370</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18</p>
<p>l. Does . . . need the help of another person in order to get in and out of bed?</p>		<p>8372</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T18 Refer to items 4h, 4j and 4l above. Does . . . need the help of another person in order to get around or get in and out of bed?</p>		<p>8374</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

<p>5a. You mentioned that . . . needed help (getting around/getting in and out of bed.)</p> <p>Who usually helps . . . (get around/get in and out of bed)?</p> <p><i>Mark (X) all that apply.</i></p>	<p>SOMEONE FROM OUTSIDE THE HOUSEHOLD</p> <p>8376 1 <input type="checkbox"/> Relative</p> <p>8378 2 <input type="checkbox"/> Friend/neighbor</p> <p>8380 3 <input type="checkbox"/> Paid employee</p> <p>8382 4 <input type="checkbox"/> Someone from a nonprofit organization or agency</p> <p>HOUSEHOLD MEMBER</p> <p>8384 5 <input type="checkbox"/> Relative</p> <p>8386 6 <input type="checkbox"/> Paid employee</p> <p>8388 7 <input type="checkbox"/> Other nonrelative</p> <p>8390 8 <input type="checkbox"/> Does not receive help — <i>SKIP to 5c</i></p>
<p><i>ASK OR VERIFY —</i></p> <p>b. Does . . . (or . . . 's family) pay for any of the help that . . . receives?</p>	<p>8392 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><i>(SHOW FLASHCARD W)</i></p> <p>c. What health condition is the main reason . . . has trouble getting around?</p>	<p>8394 Code Name of health condition</p> <p>_____</p>
<p>6a. Because of . . . 's health, does . . . need help to do light housework such as washing dishes, straightening up, or light cleaning?</p>	<p>8396 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>b. Does . . . need help to prepare meals for . . . 's self?</p>	<p>8398 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T19 Does . . . need help to do housework or prepare meals (is "Yes" marked in either 6a or 6b)?</p>	<p>8400 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to 8a</i></p>
<p>7a. Who generally helps . . . with (housework/meal preparation)?</p> <p><i>Mark (X) all that apply.</i></p>	<p>SOMEONE FROM OUTSIDE THE HOUSEHOLD</p> <p>8402 1 <input type="checkbox"/> Relative</p> <p>8404 2 <input type="checkbox"/> Friend/neighbor</p> <p>8406 3 <input type="checkbox"/> Paid employee</p> <p>8408 4 <input type="checkbox"/> Someone from a nonprofit organization or agency</p> <p>HOUSEHOLD MEMBER</p> <p>8410 5 <input type="checkbox"/> Relative</p> <p>8412 6 <input type="checkbox"/> Paid employee</p> <p>8414 7 <input type="checkbox"/> Other nonrelative</p> <p>8416 8 <input type="checkbox"/> Does not receive help — <i>SKIP to 7c</i></p>
<p><i>ASK OR VERIFY —</i></p> <p>b. Does . . . (or . . . 's family) pay for any of the help that . . . receives with (housework/meal preparation)?</p>	<p>8418 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>c. During the past 4 months has . . . received any meals provided by a community service either delivered to home or served in a group setting?</p>	<p>8420 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><i>ASK OR VERIFY — (SHOW FLASHCARD W)</i></p> <p>d. What health condition is the main reason . . . is unable to (do housework/prepare meals)?</p>	<p>8422 Code Name of health condition</p> <p>_____</p>
<p>8a. Does . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?</p>	<p>8424 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item T20</i></p>
<p>b. Who generally helps . . . with such things?</p> <p><i>Mark (X) all that apply.</i></p>	<p>SOMEONE FROM OUTSIDE THE HOUSEHOLD</p> <p>8426 1 <input type="checkbox"/> Relative</p> <p>8428 2 <input type="checkbox"/> Friend/neighbor</p> <p>8430 3 <input type="checkbox"/> Paid employee</p> <p>8432 4 <input type="checkbox"/> Someone from a nonprofit organization or agency</p> <p>HOUSEHOLD MEMBER</p> <p>8434 5 <input type="checkbox"/> Relative</p> <p>8436 6 <input type="checkbox"/> Paid employee</p> <p>8438 7 <input type="checkbox"/> Other nonrelative</p> <p>8440 8 <input type="checkbox"/> Does not receive help — <i>SKIP to Check Item T20</i></p>
<p><i>ASK OR VERIFY —</i></p> <p>c. Does . . . (or . . . 's family) pay for any of the help that . . . receives in looking after his/her personal needs?</p>	<p>8442 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T20 Refer to Control Card item 24. What is . . . 's age?</p>	<p>8444 1 <input type="checkbox"/> 15 years — <i>SKIP to 13a</i></p> <p>2 <input type="checkbox"/> 16 to 72 years</p> <p>3 <input type="checkbox"/> 73 years or over — <i>SKIP to 13a</i></p>

Section 5 — TOPICAL MODULES — Continued

Part B — HEALTH AND DISABILITY — Continued

CHECK ITEM T21	Is "Disabled" marked on the ISS for ...?	8446	1 <input type="checkbox"/> Yes — SKIP to 9a 2 <input type="checkbox"/> No
CHECK ITEM T22	Is "Disabled" marked on the control card for ...?	8448	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9b
9a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8450	1 <input type="checkbox"/> Yes — SKIP to 9c 2 <input type="checkbox"/> No — SKIP to 13a
b.	Does ...'s health or condition limit the kind or amount of work ... can do?	8452	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to 13a
c.	In what year did ... become limited in the kind or amount of work that ... could do at a job?	8454	1 9 <input type="text"/> <input type="text"/> — If 1984 ask 9d, otherwise SKIP to 9e OR 1 <input type="checkbox"/> Person was limited before person became of working age — SKIP to 10a
d.	In what month did ... become limited? <i>Enter numeric code.</i>	8456	<input type="text"/> <input type="text"/> Month
e.	Was ... employed at the time ...'s work limitation began?	8458	1 <input type="checkbox"/> Yes — SKIP to 10a 2 <input type="checkbox"/> No
f.	When was the last time ... worked before ...'s work limitation began?	8460	1 9 <input type="text"/> <input type="text"/> OR 1 <input type="checkbox"/> Had never been employed before work limitation began
10a.	ASK OR VERIFY — (SHOW FLASHCARD W) What health condition is the main reason for ...'s work limitation?	8462	Code <input type="text"/> <input type="text"/> Name of health condition _____
b.	ASK OR VERIFY — Was this condition caused by an accident or injury?	8464	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T23
c.	Where did the accident or injury take place — was it (Read categories) — <i>Mark (X) only one.</i>	8466	1 <input type="checkbox"/> On your job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In your home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T23	Is "Worked" marked on the ISS?	8468	1 <input type="checkbox"/> Yes — SKIP to Check Item T24 2 <input type="checkbox"/> No
11a.	Does ...'s health or condition prevent ... from working at a job or business?	8470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12a
b.	In what year did ... become unable to work at a job?	8472	1 9 <input type="text"/> <input type="text"/> — If 1984 ask 11c, otherwise SKIP to 13a OR 1 <input type="checkbox"/> Has never been able to work at a job SKIP to 13a
c.	In what month did ... become unable to work? <i>Enter numeric code.</i>	8474	<input type="text"/> <input type="text"/> Month } SKIP to 13a
CHECK ITEM T24	Refer to item 8a, page 4. Did ... usually work 35 or more hours per week during the reference period?	8476	1 <input type="checkbox"/> Yes — SKIP to 12b 2 <input type="checkbox"/> No
12a.	Is ... now able to work at a full-time job or is ... only able to work part-time?	8478	1 <input type="checkbox"/> Full time 2 <input type="checkbox"/> Part time
b.	Is ... now able to work regularly or is ... only able to work occasionally or irregularly?	8480	1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Only occasionally or irregularly

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

12c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?	8482	1 <input type="checkbox"/> Yes, able to do same kind of work 2 <input type="checkbox"/> No, not able to do same kind of work 3 <input type="checkbox"/> Did not work before limitation began
13a. During the past 12 months, was . . . a patient in a hospital overnight or longer?	8484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 14</i>
b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	8486	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Times
c. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	8488	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. How many nights in all did . . . spend in a hospital during the past 12 months?	8490	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Nights
e. How many of these nights were in the past 4 months?	8492	x5 <input type="checkbox"/> All nights OR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Nights OR x3 <input type="checkbox"/> None
14. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	8496	x5 <input type="checkbox"/> All days OR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Days OR x3 <input type="checkbox"/> None
15a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	8498	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Times OR x3 <input type="checkbox"/> None – <i>SKIP to 16a</i>
b. How many of these visits or calls were in the past 4 months?	8500	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Times OR x3 <input type="checkbox"/> None
16a. Is there a particular clinic, health center, doctor's office or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?	8502	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T25</i>
b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i>	8504	1 <input type="checkbox"/> Doctor's office (private doctor) 2 <input type="checkbox"/> VA or military hospital 3 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 4 <input type="checkbox"/> Hospital emergency room 5 <input type="checkbox"/> Company or industry clinic 6 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 7 <input type="checkbox"/> Other – <i>Specify</i>
CHECK ITEM T25	<i>Refer to item 27a, page 10.</i>	8506
Is . . . covered by a private health insurance plan in . . . 's own name?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T27</i>
17a. We learned earlier that . . . had health insurance. What is the name of . . . 's health insurance plan?	8508	1 <input type="checkbox"/> Blue Cross/Blue Shield 2 <input type="checkbox"/> Other – <i>Specify</i> _____ x1 <input type="checkbox"/> DK
b. Does . . . 's health insurance pay for the complete cost of a doctor visit? <i>Mark "No" if policy requires a deductible.</i>	8510	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

CHECK ITEM T26	Is "Medicare" marked on the ISS?	8512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T29
18a. We learned that . . . was covered by both Medicare and by a private health insurance plan. Does . . .'s private health insurance plan help pay for hospital bills that are not fully covered by Medicare?	8514	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
b. Does . . .'s private health insurance help pay for doctor bills that are not fully covered by Medicare?	8516	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T29	
CHECK ITEM T27	Refer to item 27b, page 10. Is . . . covered by private health insurance in somebody else's name?	8518	1 <input type="checkbox"/> Yes – SKIP to Check Item T29 2 <input type="checkbox"/> No
CHECK ITEM T28	Is "Medicare" or "Medicaid" marked on the ISS?	8520	1 <input type="checkbox"/> Yes – SKIP to Check Item T29 2 <input type="checkbox"/> No
19. I have recorded that . . . is not covered by a health insurance plan. Is that correct?	8522	1 <input type="checkbox"/> Correct INCORRECT – COVERED BY 2 <input type="checkbox"/> CHAMPUS 3 <input type="checkbox"/> CHAMPVA 4 <input type="checkbox"/> Some other plan } SKIP to Check Item T29	
20. Which answer on this card best describes why . . . is not covered by health insurance? <i>(SHOW FLASHCARD X)</i> Mark (X) only one.	8524	1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Can't obtain insurance because of poor health, illness, or age 3 <input type="checkbox"/> Too expensive, can't afford health insurance 4 <input type="checkbox"/> Dissatisfied with previous insurance 5 <input type="checkbox"/> Don't believe in insurance 6 <input type="checkbox"/> Have been healthy, not much sickness in the family, haven't needed health insurance 7 <input type="checkbox"/> Able to go to VA or military hospital for medical care 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other – Specify _____	
21. Were there any periods of time in the past 3 years when . . . was covered by some type of private or government health insurance plan?	8526	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T29	
22. What type of health insurance was this – was it private health insurance or was it some type of government plan?	8528	1 <input type="checkbox"/> Private 2 <input type="checkbox"/> Medicaid 3 <input type="checkbox"/> CHAMPUS, CHAMPVA 4 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK	
23a. When was . . . last covered by health insurance?	8530	1 9 _____ – If 1984 ask 23b, otherwise SKIP to 24a	
b. Which month?	8532	____ Month	
24a. What was the reason . . . stopped being covered by health insurance?	8534	1 <input type="checkbox"/> Lost job or changed employers 2 <input type="checkbox"/> Spouse (parent) lost job or changed employers 3 <input type="checkbox"/> Death of spouse or parent 4 <input type="checkbox"/> Became divorced or separated 5 <input type="checkbox"/> Became ineligible because of age (i.e. no longer covered by parents' private plan or by Medicaid) 6 <input type="checkbox"/> Other – Specify _____	
b. At the time that . . . stopped being covered by health insurance, did . . . try to find some other type of health insurance?	8536	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T29	
c. What was the reason . . . was unable to find some other type of health insurance? Mark (X) only one.	8538	1 <input type="checkbox"/> Could not afford 2 <input type="checkbox"/> Was rejected 3 <input type="checkbox"/> Other – Specify _____	

Section 5 – TOPICAL MODULES – Continued

Part B – HEALTH AND DISABILITY – Continued

CHECK ITEM T29

Refer to control card, item 27.

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

8540

- 1 Yes
2 No — SKIP to Check Item C1, page 59

25a. Do any of . . . 's children (under 18) have a long lasting physical condition that limits their ability to walk, run, or play?

8542

- 1 Yes
2 No — SKIP to 26a

b. Which children?

Enter children by age, oldest first.

8544

Person No.
[][][]
Name

8546

Person No.
[][][]
Name

8548

Person No.
[][][]
Name

(SHOW FLASHCARD W)

c. What health condition is the main reason (Name of child) has this difficulty?

8550

Code
[][]
Name of condition

8552

Code
[][]
Name of condition

8554

Code
[][]
Name of condition

26a. Do any of . . . 's children (under 18) have a long lasting mental or emotional problem that limits their ability to learn (or do regular schoolwork)?

8556

- 1 Yes
2 No — SKIP to Check Item T30

b. Which children?

Enter children by age, oldest first.

8558

Person No.
[][][]
Name

8560

Person No.
[][][]
Name

8562

Person No.
[][][]
Name

CHECK ITEM T30

Are any children 5–17 years old listed in 25b or 26b?

8564

- 1 Yes — Ask 27 for each child 5–17 years old listed in 25b or 26b
2 No — SKIP to Check Item C1, page 59

27. Is (Name of child) able to attend a regular school?

Enter children by age, oldest first.

8566

Person No.
[][][]
Name

8568

Person No.
[][][]
Name

8570

Person No.
[][][]
Name

8572

- 1 Yes
2 No

8574

- 1 Yes
2 No

8576

- 1 Yes
2 No

NOTES



Wave 5

- TOPICAL MODULES

Part A - CHILD CARE

CHECK ITEM T1

Is . . . the designated parent or guardian of children under 15 years of age who live in this household?

8000

- 1 Yes
2 No - SKIP to Check Item T5

CHECK ITEM T2

Is "Worked" marked on the ISS for . . . ?

8002

- 1 Yes
2 No - SKIP to Check Item T5

CHECK ITEM T3

Enter names, ages and person numbers of children under 15, beginning with the youngest.

Ask 1a-1f for youngest child and then repeat for second and third youngest child.

YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Person No. 8004 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8006 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8008 <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Name _____	Name _____
Age _____	Age _____	Age _____

1 a. Now we have a few questions about how the children are cared for while . . . works.

During (Last month) what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked?

Mark the arrangement in which the child spent the most hours in a typical week.

Mark (X) only one box.

<p>8010</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister 15+</p> <p>3 <input type="checkbox"/> Child's brother/sister under 15</p> <p>4 <input type="checkbox"/> Child's grandparent</p> <p>5 <input type="checkbox"/> Other relative of child</p> <p>6 <input type="checkbox"/> Nonrelative of child</p> <p>7 <input type="checkbox"/> Child in day/group care center</p> <p>8 <input type="checkbox"/> Child in nursery/preschool</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work</p> <p>13 <input type="checkbox"/> Child not born as of last month</p> <p>14 <input type="checkbox"/> . . . did not work last month</p> <p>SKIP to 1c</p> <p>SKIP to next child or Check Item T5</p> <p>SKIP to Check Item T5</p>	<p>8012</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister 15+</p> <p>3 <input type="checkbox"/> Child's brother/sister under 15</p> <p>4 <input type="checkbox"/> Child's grandparent</p> <p>5 <input type="checkbox"/> Other relative of child</p> <p>6 <input type="checkbox"/> Nonrelative of child</p> <p>7 <input type="checkbox"/> Child in day/group care center</p> <p>8 <input type="checkbox"/> Child in nursery/preschool</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work</p> <p>13 <input type="checkbox"/> Child not born as of last month</p> <p>SKIP to 1c</p> <p>SKIP to next child or Check Item T5</p>	<p>8014</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister 15+</p> <p>3 <input type="checkbox"/> Child's brother/sister under 15</p> <p>4 <input type="checkbox"/> Child's grandparent</p> <p>5 <input type="checkbox"/> Other relative of child</p> <p>6 <input type="checkbox"/> Nonrelative of child</p> <p>7 <input type="checkbox"/> Child in day/group care center</p> <p>8 <input type="checkbox"/> Child in nursery/preschool</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work</p> <p>13 <input type="checkbox"/> Child not born as of last month</p> <p>SKIP to 1c</p> <p>SKIP to next child or Check Item T5</p>
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b. Where was (Name of child) usually cared for under this arrangement?

<p>8016</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place - Specify</p>	<p>8018</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place - Specify</p>	<p>8020</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place - Specify</p>
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c. Was (Name of child) usually cared for this way during all of the hours that . . . worked?

<p>8022</p> <p>1 <input type="checkbox"/> Yes - SKIP to next child or Check Item T4</p> <p>2 <input type="checkbox"/> No</p>	<p>8024</p> <p>1 <input type="checkbox"/> Yes - SKIP to next child or Check Item T4</p> <p>2 <input type="checkbox"/> No</p>	<p>8026</p> <p>1 <input type="checkbox"/> Yes - SKIP to Check Item T4</p> <p>2 <input type="checkbox"/> No</p>
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d. About how many hours per week was (Name of child) usually cared for under this arrangement while . . . was at work?

<p>8028</p> <p><input type="text"/> <input type="text"/> Hours</p>	<p>8030</p> <p><input type="text"/> <input type="text"/> Hours</p>	<p>8032</p> <p><input type="text"/> <input type="text"/> Hours</p>
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TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p>1e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked?</p> <p><i>Mark the arrangement in which the child spent the second most hours in a typical week.</i></p> <p><i>Mark (X) only one box.</i></p>	<p align="center">8034</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister 15+</p> <p>3 <input type="checkbox"/> Child's brother/sister under 15</p> <p>4 <input type="checkbox"/> Child's grandparent</p> <p>5 <input type="checkbox"/> Other relative of child</p> <p>6 <input type="checkbox"/> Nonrelative of child</p> <p>7 <input type="checkbox"/> Child in day/group care center</p> <p>8 <input type="checkbox"/> Child in nursery/preschool</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> ... works at home</p> <p>12 <input type="checkbox"/> ... cares for child at work</p> <p style="text-align: right;"><i>SKIP to next child or Check Item T4</i></p>	<p align="center">8036</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister 15+</p> <p>3 <input type="checkbox"/> Child's brother/sister under 15</p> <p>4 <input type="checkbox"/> Child's grandparent</p> <p>5 <input type="checkbox"/> Other relative of child</p> <p>6 <input type="checkbox"/> Nonrelative of child</p> <p>7 <input type="checkbox"/> Child in day/group care center</p> <p>8 <input type="checkbox"/> Child in nursery/preschool</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> ... works at home</p> <p>12 <input type="checkbox"/> ... cares for child at work</p> <p style="text-align: right;"><i>SKIP to next child or Check Item T4</i></p>	<p align="center">8038</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister 15+</p> <p>3 <input type="checkbox"/> Child's brother/sister under 15</p> <p>4 <input type="checkbox"/> Child's grandparent</p> <p>5 <input type="checkbox"/> Other relative of child</p> <p>6 <input type="checkbox"/> Nonrelative of child</p> <p>7 <input type="checkbox"/> Child in day/group care center</p> <p>8 <input type="checkbox"/> Child in nursery/preschool</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> ... works at home</p> <p>12 <input type="checkbox"/> ... cares for child at work</p> <p style="text-align: right;"><i>SKIP to Check Item T4</i></p>

<p>f. Where was (Name of child) usually cared for under this other arrangement?</p>	<p align="center">8040</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place – <i>Specify</i></p> <p>_____</p>	<p align="center">8042</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place – <i>Specify</i></p> <p>_____</p>	<p align="center">8044</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place – <i>Specify</i></p> <p>_____</p>
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<p>CHECK ITEM T4 Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group Care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e)</p>	<p align="center">8046</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
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<p>2a. Did ... (or ...'s family) usually pay (cash) for any of the child care that ...'s children received?</p> <p><i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i></p>	<p align="center">8048</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 2c</i></p>
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<p>b. In a typical week, how much did ... (or ...'s family) pay for child care (for all children receiving child care)?</p>	<p align="center">8050</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 Per week</p>
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<p>C. (Besides any cash payment) Did ... pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services?</p>	<p align="center">8052</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
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<p>3. During the month of (last month) did ... (or ...'s spouse) lose any time from work because the person who usually took care of the child (children) was not available?</p>	<p align="center">8054</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
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NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – WELFARE HISTORY AND CHILD SUPPORT

CHECK ITEM T5	Is ... 18 years of age or over?	8056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12
4a. These next questions are about certain government programs.		
CHECK ITEM T6	Is "Food stamps" (code 27) marked on the ISS?	8058 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
b. For how long has ... been authorized to receive food stamps?		8060 <input type="text"/> <input type="text"/> Years OR 8062 <input type="text"/> <input type="text"/> Months 8064 x1 <input type="checkbox"/> DK
c. Besides this period of time, have there been any other times when ... was authorized to receive food stamps?		8066 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No – SKIP to Check Item T7
5a. Has ... ever applied for the Federal Government's Food Stamp Program?		8068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
b. Has ... ever been authorized to receive food stamps?		8070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
6a. When did ... first start receiving food stamps?		8072 1 9 <input type="text"/> <input type="text"/> 8074 x1 <input type="checkbox"/> DK
b. For how long did ... receive food stamps that first time?		8076 <input type="text"/> <input type="text"/> Years OR 8078 <input type="text"/> <input type="text"/> Months 8080 x1 <input type="checkbox"/> DK
c. How many times in all have there been when ... was authorized to receive food stamps?		8082 <input type="text"/> <input type="text"/> Times 8084 x1 <input type="checkbox"/> DK
CHECK ITEM T7	Is ... a designated parent or guardian of children under 18 who live in this household?	8086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9
CHECK ITEM T8	Is "AFDC" (code 20) marked on the ISS?	8088 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8a
7a. For how long has ... been receiving AFDC (ADC)?		8090 <input type="text"/> <input type="text"/> Years OR 8092 <input type="text"/> <input type="text"/> Months 8094 x1 <input type="checkbox"/> DK
b. Besides this period of time, have there been any other times when ... received AFDC (ADC)?		8096 1 <input type="checkbox"/> Yes – SKIP to 9a 2 <input type="checkbox"/> No – SKIP to Check Item T9
8a. Has ... ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?		8098 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9
b. Has ... ever received AFDC (ADC) benefits?		8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9
9a. When did ... first start receiving AFDC (ADC) benefits?		8102 1 9 <input type="text"/> <input type="text"/> 8104 x1 <input type="checkbox"/> DK
b. For how long did ... receive AFDC (ADC)?		8106 <input type="text"/> <input type="text"/> Years OR 8108 <input type="text"/> <input type="text"/> Months 8110 x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES (Continued)

Part B – WELFARE HISTORY AND CHILD SUPPORT (Continued)

9c. How many times in all have there been when . . . received AFDC (ADC)?

8112 Times
 8114 x1 DK

CHECK ITEM T9 Is . . . 65 years of age or over?

8116 1 Yes – SKIP to Check Item T11
 2 No

CHECK ITEM T10 Is "Disabled" (code 171) marked on the control card or ISS?

8118 1 Yes
 2 No – SKIP to Check Item T12

CHECK ITEM T11 Is "SSI" (codes 3 or 4) marked on the ISS?

8120 1 Yes
 2 No – SKIP to 11a

10. For how long has . . . been receiving SSI benefits?

8122 Years
 OR
 8124 Months
 8126 x1 DK
 } SKIP to Check Item T12

11a. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?

8128 1 Yes
 2 No – SKIP to Check Item T12

b. Has . . . ever received SSI benefits?

8130 1 Yes
 2 No – SKIP to Check Item T12

c. When did . . . first start receiving SSI?

8132 1 9
 8134 x1 DK

d. For how long did . . . receive SSI?

8136 Years
 OR
 8138 Months
 8140 x1 DK

CHECK ITEM T12 Is . . . the female parent of children under 21 years of age who live in this household?

8142 1 Yes
 2 No – SKIP to Check Item T16

CHECK ITEM T13 Is "Child Support Payments" (code 28) marked on the ISS?

8144 1 Yes – SKIP to 13b
 2 No

CHECK ITEM T14 What is . . . 's marital status?

8146 1 Married
 2 Widowed – SKIP to Check Item T16
 3 Divorced
 4 Separated
 5 Never married
 } SKIP to 13a

12a. ASK OR VERIFY – Has . . . ever been divorced?

8148 1 Yes
 2 No – SKIP to Check Item T16

b. Does . . . have any children living here from a marriage that ended in divorce?

8150 1 Yes
 2 No – SKIP to Check Item T16

13a. This next question concerns child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?

8152 1 Yes
 2 No – SKIP to Check Item T15

b. This next question is about . . . 's (most recent) child support agreement. Was . . . 's child support agreement a voluntary written agreement, a court-ordered agreement, or something else?

8154 1 Voluntary written agreement
 2 Court-ordered agreement
 3 Other – Specify

c. How were the payments to be received – were they (Read categories)?

8156 1 Directly from the father?
 2 Through a court?
 3 Through the welfare agency?
 4 Some other method?

d. Did the agreement specify joint custody of the children?

8158 1 Yes
 2 No

e. ASK OR VERIFY – Is . . . still supposed to receive child support payments?

8160 1 Yes
 2 No – SKIP to Check Item T15

Section 5 – TOPICAL MODULES (Continued)

Part B – WELFARE HISTORY AND CHILD SUPPORT (Continued)

13f. How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> 8162 <div style="margin-left: 10px;"> <input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never </div> </div> </div>
g. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months?	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> 8164 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 80px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px; text-align: center;" type="text" value="00"/> </div> <p align="center">OR</p> <div style="display: flex; align-items: center;"> 8166 <input checked="" type="checkbox"/> DK – SKIP to Check Item T15 </div> </div> </div> </div>
h. What is the total amount that . . . actually received in child support payments during the past 12 months?	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> 8168 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 80px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px; text-align: center;" type="text" value="00"/> </div> <p align="center">OR</p> <div style="display: flex; align-items: center;"> 8170 <input checked="" type="checkbox"/> None </div> <p align="center">OR</p> <div style="display: flex; align-items: center;"> 8172 <input checked="" type="checkbox"/> DK </div> </div> </div> </div>
<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; font-size: small;">CHECK ITEM T15</div> <div style="margin-left: 10px;"> Is "AFDC" (code 20) marked on the ISS for . . . ? </div> </div>	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> 8174 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes – SKIP to Check Item T16 <input type="checkbox"/> No </div> </div> </div>
13i. Has . . . ever contacted a child support enforcement office for aid in obtaining child support?	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> 8176 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T16 </div> </div> </div>
j. Did . . . receive any help from that office?	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> 8178 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T16 </div> </div> </div>
k. What type of help did the office provide? <i>Mark (X) all that apply.</i>	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> 8180 <input type="checkbox"/> Locate the father </div> <div style="display: flex; align-items: center;"> 8182 <input type="checkbox"/> Establish paternity </div> <div style="display: flex; align-items: center;"> 8184 <input type="checkbox"/> Establish support obligation </div> <div style="display: flex; align-items: center;"> 8186 <input type="checkbox"/> Enforce support order </div> <div style="display: flex; align-items: center;"> 8188 <input type="checkbox"/> Obtain collection </div> <div style="display: flex; align-items: center;"> 8190 <input type="checkbox"/> Other – Specify ↓ </div> </div> </div>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – REASONS FOR NOT WORKING/RESERVATION WAGE

CHECK ITEM T16	Is "Worked" marked on the ISS?	8192	<input type="checkbox"/> Yes – SKIP to Check Item T18 <input type="checkbox"/> No
CHECK ITEM T17	Did . . . spend time looking for work or on layoff from a job? (See item 2a, page 2)	8194	<input type="checkbox"/> Yes – SKIP to 15a <input type="checkbox"/> No – SKIP to Check Item T20, page 53
CHECK ITEM T18	Did . . . work at a job or business either full or part time during EACH of the weeks in this period? (See item 5a, page 2)	8196	<input type="checkbox"/> Yes – SKIP to 18a, page 54 <input type="checkbox"/> No
14.	ASK OR VERIFY – Did . . . work at a job or business (or was . . . on paid leave) during the last week of (last month)?	8198	<input type="checkbox"/> Yes – SKIP to 18a, page 54 <input type="checkbox"/> No
15a.	This next question concerns the last week of (last month). Was . . . on layoff from a job during that week?	8200	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 16a
b.	For how many weeks had . . . been on layoff up until that time?	8202	<input type="text"/> <input type="text"/> Weeks x1 <input type="checkbox"/> DK
c.	ASK OR VERIFY – Does . . . now have a job or business?	8204	<input type="checkbox"/> Yes – SKIP to 15f <input type="checkbox"/> No
d.	Does . . . expect to be called back to that job?	8206	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 15f
e.	Does . . . have a specific date to return to work?	8208	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	What wage or salary was . . . receiving at the time . . . was laid off that job? <i>Mark only one.</i>	8210	<input type="text"/> \$ <input type="text"/> . <input type="text"/> Per hour OR <input type="text"/> \$ <input type="text"/> . <input type="text"/> 00 Per week OR <input type="text"/> \$ <input type="text"/> . <input type="text"/> 00 Per month OR <input type="text"/> \$ <input type="text"/> . <input type="text"/> 00 Per year x1 <input type="checkbox"/> DK
16a.	ASK OR VERIFY – Did . . . spend any time looking for work during the month of (last month)?	8220	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T20
b.	Was . . . looking for a full-time or part-time job?	8222	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either
c.	Did . . . contact any employers, during (last month) in person, by mail, or by telephone?	8224	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 16e
d.	How many different employers did . . . contact?	8226	<input type="text"/> <input type="text"/> Employers } SKIP to Check Item T19 x1 <input type="checkbox"/> DK
e.	What did . . . do during (last month) to find work – did . . . (Read categories) –		
	(1) Check with the unemployment office?	8228	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(2) Check with a private employment agency? . . .	8230	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(3) Ask friends or relatives?	8232	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(4) Anything else? <i>Specify</i> ↓	8234	<input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK ITEM T19	Is . . . a self-respondent?	8236	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 18a, page 54

Section 5 – TOPICAL MODULES (Continued)

Part C – REASONS FOR NOT WORKING/RESERVATION WAGE (Continued)

16f. Were you looking for a particular kind of job?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8238 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16k </div>														
g. What kind of job were you looking for?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Code</td> <td style="width:50%; border-bottom: 1px solid black;">Name of job</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8240 <input style="width: 100px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 100%; height: 1.2em;" type="text"/> </td> </tr> </table> </div>	Code	Name of job	8240 <input style="width: 100px;" type="text"/>	<input style="width: 100%; height: 1.2em;" type="text"/>										
Code	Name of job														
8240 <input style="width: 100px;" type="text"/>	<input style="width: 100%; height: 1.2em;" type="text"/>														
h. Had you done this kind of work before?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8242 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 16j </div>														
i. When did you last do this kind of work?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Month</td> <td style="width:50%; border-bottom: 1px solid black;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8246 <input style="width: 30px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> 8248 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> </td> </tr> </table> 8250 <input type="checkbox"/> DK </div>	Month	Year	8246 <input style="width: 30px;" type="text"/>	8248 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>										
Month	Year														
8246 <input style="width: 30px;" type="text"/>	8248 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>														
j. What wage or salary did you expect to receive for this kind of work?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> 8252 \$ <input style="width: 60px;" type="text"/> </td> <td style="width:50%; border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> Per hour </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8254 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per week </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8256 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per month </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8258 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per year </td> </tr> </table> 8260 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>	8252 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> Per hour	OR		8254 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per week	OR		8256 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per month	OR		8258 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per year
8252 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> Per hour														
OR															
8254 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per week														
OR															
8256 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per month														
OR															
8258 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per year														
k. What is the lowest wage or salary you would have accepted (for this kind of work)?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> 8262 \$ <input style="width: 60px;" type="text"/> </td> <td style="width:50%; border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> Per hour </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8264 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per week </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8266 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per month </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8268 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per year </td> </tr> </table> 8270 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div>	8262 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> Per hour	OR		8264 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per week	OR		8266 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per month	OR		8268 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per year
8262 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> Per hour														
OR															
8264 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per week														
OR															
8266 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per month														
OR															
8268 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per year														
l. During the time you have been looking for a job did you receive any job offers that you did not take?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8272 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18a, page 54 </div>														
m. What is the main reason you did not accept the (most recent) job offer?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> 8274 1 <input type="checkbox"/> Did not want that kind of work 2 <input type="checkbox"/> Pay too low 3 <input type="checkbox"/> Job too far away 4 <input type="checkbox"/> Lack transportation 5 <input type="checkbox"/> Job was only temporary 6 <input type="checkbox"/> Couldn't arrange child care 7 <input type="checkbox"/> Hours were not satisfactory 8 <input type="checkbox"/> Other job conditions were not satisfactory 9 <input type="checkbox"/> Inadequate benefits 10 <input type="checkbox"/> Other – Specify _____ </div>														
n. What wage or salary was offered?	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;"> 8276 \$ <input style="width: 60px;" type="text"/> </td> <td style="width:50%; border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> Per hour </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8278 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per week </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8280 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per month </td> </tr> <tr> <td align="center" colspan="2">OR</td> </tr> <tr> <td style="border-bottom: 1px solid black;"> 8282 \$ <input style="width: 60px;" type="text"/> </td> <td style="border-bottom: 1px solid black;"> <input style="width: 30px;" type="text"/> 00 Per year </td> </tr> </table> 8284 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </div> <div style="float: right; margin-top: 20px;"> } SKIP to 18a, page 54 </div>	8276 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> Per hour	OR		8278 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per week	OR		8280 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per month	OR		8282 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per year
8276 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> Per hour														
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8278 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per week														
OR															
8280 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per month														
OR															
8282 \$ <input style="width: 60px;" type="text"/>	<input style="width: 30px;" type="text"/> 00 Per year														

Section 5 – TOPICAL MODULES (Continued)

Part C – REASONS FOR NOT WORKING/RESERVATION WAGE (Continued)

CHECK ITEM T20	Is . . . 65 years of age or over?	8286	<input type="checkbox"/> Yes – <i>SKIP to 18a</i> <input type="checkbox"/> No																												
CHECK ITEM T21	Is "Medicare" (code 172) or "SSI" (Codes 3 or 4) marked on the ISS for . . . ?	8288	<input type="checkbox"/> Yes – <i>SKIP to 18a</i> <input type="checkbox"/> No																												
17a.	What would you say is the main reason . . . did not look for work during (last month)?	8290	<input type="checkbox"/> Did not want to work <input type="checkbox"/> Ill or disabled <input type="checkbox"/> In school <input type="checkbox"/> Couldn't arrange child care <input type="checkbox"/> No work available in line or area <input type="checkbox"/> Retired <input type="checkbox"/> Family responsibilities <input type="checkbox"/> On layoff, expected to return to work <input type="checkbox"/> Already had a job or business <input type="checkbox"/> Other – <i>Specify</i> _____																												
CHECK ITEM T22	Is . . . a self-respondent?	8292	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 18a</i>																												
<i>ASK OR VERIFY –</i>		8294																													
17b.	Do you now have a job or business?		<input type="checkbox"/> Yes – <i>SKIP to 18a</i> <input type="checkbox"/> No																												
c.	This question concerns the likelihood that you will look for work sometime during the next 12 months. Is there a good chance you will look for work, some chance, or little or no chance?	8296	<input type="checkbox"/> Good chance <input type="checkbox"/> Some chance <input type="checkbox"/> Little or no chance – <i>SKIP to 18a</i>																												
d.	If you do look for work, would you look for a full-time or part-time job?	8298	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Either																												
e.	If you do look for work, will you look for a particular kind of job?	8300	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to 17h</i>																												
f.	What kind of job will you be looking for?		<table style="width:100%; border:none;"> <tr> <td style="width:50%;"></td> <td style="width:20%; text-align:center;">Code</td> <td style="width:30%; text-align:center;">Name of job</td> </tr> <tr> <td></td> <td align="center"> <table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table> </td> <td></td> </tr> </table>		Code	Name of job		<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>																							
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g.	What wage or salary do you expect to receive for this kind of work?	8304	<table style="width:100%; border:none;"> <tr> <td style="width:40%; border:1px solid black; padding:2px;">\$</td> <td style="width:10%; text-align:center;">.</td> <td style="width:10%; border:1px solid black; padding:2px;"></td> <td style="width:40%;">Per hour</td> </tr> <tr> <td align="center" colspan="4">OR</td> </tr> <tr> <td style="border:1px solid black; padding:2px;">\$</td> <td align="center">.</td> <td style="border:1px solid black; padding:2px;">00</td> <td>Per week</td> </tr> <tr> <td align="center" colspan="4">OR</td> </tr> <tr> <td style="border:1px solid black; padding:2px;">\$</td> <td align="center">.</td> <td style="border:1px solid black; padding:2px;">00</td> <td>Per month</td> </tr> <tr> <td align="center" colspan="4">OR</td> </tr> <tr> <td style="border:1px solid black; padding:2px;">\$</td> <td align="center">.</td> <td style="border:1px solid black; padding:2px;">00</td> <td>Per year</td> </tr> </table>	\$.		Per hour	OR				\$.	00	Per week	OR				\$.	00	Per month	OR				\$.	00	Per year
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OR																															
\$.	00	Per year																												
		8312	<input type="checkbox"/> DK <input type="checkbox"/> Ref.																												
h.	What is the lowest wage or salary you would accept (for this kind of work)?		<table style="width:100%; border:none;"> <tr> <td style="width:40%; border:1px solid black; padding:2px;">\$</td> <td style="width:10%; text-align:center;">.</td> <td style="width:10%; border:1px solid black; padding:2px;"></td> <td style="width:40%;">Per hour</td> </tr> <tr> <td align="center" colspan="4">OR</td> </tr> <tr> <td style="border:1px solid black; padding:2px;">\$</td> <td align="center">.</td> <td style="border:1px solid black; padding:2px;">00</td> <td>Per week</td> </tr> <tr> <td align="center" colspan="4">OR</td> </tr> <tr> <td style="border:1px solid black; padding:2px;">\$</td> <td align="center">.</td> <td style="border:1px solid black; padding:2px;">00</td> <td>Per month</td> </tr> <tr> <td align="center" colspan="4">OR</td> </tr> <tr> <td style="border:1px solid black; padding:2px;">\$</td> <td align="center">.</td> <td style="border:1px solid black; padding:2px;">00</td> <td>Per year</td> </tr> </table>	\$.		Per hour	OR				\$.	00	Per week	OR				\$.	00	Per month	OR				\$.	00	Per year
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		8322	<input type="checkbox"/> DK <input type="checkbox"/> Ref.																												

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES

<p>18a. During the past 12 months did . . . make any regular payments for the support of someone who was not living in . . . 's household? Exclude payments for children temporarily away at school. Include alimony or child support payments. Exclude joint payments already recorded.</p>	8324	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24</p>														
<p>b. Were any of these payments for the support of . . . 's child or children under 21 years of age?</p>	8326	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 18f</p>														
<p>c. For how many children did . . . make support payments?</p>	8328	<p><input type="text"/> <input type="text"/> Children</p>														
<p>d. How much did . . . pay in child support during the past 12 months?</p>	8330	<p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>														
<p>e. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?</p>	8332	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24</p>														
<p>f. For how many (other) persons did . . . make support payments?</p>	8334	<p><input type="text"/> <input type="text"/> Persons</p>														
<p>g. ASK 18g–18i FOR THE FIRST TWO PERSONS MENTIONED. How is this person related to . . . ?</p>	8336	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FIRST PERSON</th> <th style="width:50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/> Parent</td> <td>1 <input type="checkbox"/> Parent</td> </tr> <tr> <td>2 <input type="checkbox"/> Spouse</td> <td>2 <input type="checkbox"/> Spouse</td> </tr> <tr> <td>3 <input type="checkbox"/> Ex-spouse</td> <td>3 <input type="checkbox"/> Ex-spouse</td> </tr> <tr> <td>4 <input type="checkbox"/> Child 21 or older</td> <td>4 <input type="checkbox"/> Child 21 or older</td> </tr> <tr> <td>5 <input type="checkbox"/> Other relative</td> <td>5 <input type="checkbox"/> Other relative</td> </tr> <tr> <td>6 <input type="checkbox"/> Nonrelated</td> <td>6 <input type="checkbox"/> Nonrelated</td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	1 <input type="checkbox"/> Parent	1 <input type="checkbox"/> Parent	2 <input type="checkbox"/> Spouse	2 <input type="checkbox"/> Spouse	3 <input type="checkbox"/> Ex-spouse	3 <input type="checkbox"/> Ex-spouse	4 <input type="checkbox"/> Child 21 or older	4 <input type="checkbox"/> Child 21 or older	5 <input type="checkbox"/> Other relative	5 <input type="checkbox"/> Other relative	6 <input type="checkbox"/> Nonrelated	6 <input type="checkbox"/> Nonrelated
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5 <input type="checkbox"/> Other relative	5 <input type="checkbox"/> Other relative															
6 <input type="checkbox"/> Nonrelated	6 <input type="checkbox"/> Nonrelated															
<p>h. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?</p>	8340	<p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>														
<p>i. How much did . . . pay for the support of this person during the past 12 months?</p>	8344	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">FIRST PERSON</th> <th style="width:50%;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td>\$ <input type="text"/> . <input type="text"/> 00</td> <td>\$ <input type="text"/> . <input type="text"/> 00</td> </tr> <tr> <td>x1 <input type="checkbox"/> DK</td> <td>x1 <input type="checkbox"/> DK</td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	\$ <input type="text"/> . <input type="text"/> 00	\$ <input type="text"/> . <input type="text"/> 00	x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK								
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x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK															
<p>CHECK ITEM T23 Is the entry in 18f "3" or more?</p>	8352	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T24</p>														
<p>18j. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?</p>	8354	<p>\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>														
<p>CHECK ITEM T24 Did . . . work for an employer during the reference period? (Box 1 or 3 marked in item 1a, page 13)</p>	8358	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item M1, page 56</p>														
<p>19a. Not counting commuting costs or expenses an employer pays, did . . . have any work related expenses such as union dues, licenses, permits, special tools, or uniforms on this job?</p>	8360	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">JOB IN SECTION 2, PART A1</th> <th style="width:50%;">JOB IN SECTION 2, PART A2</th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19c</td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19c</td> </tr> </tbody> </table>	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19c	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19c										
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<p>b. How much were . . . 's annual expenses for such items?</p>	8364	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">JOB IN SECTION 2, PART A1</th> <th style="width:50%;">JOB IN SECTION 2, PART A2</th> </tr> </thead> <tbody> <tr> <td>\$ <input type="text"/> . <input type="text"/> 00</td> <td>\$ <input type="text"/> . <input type="text"/> 00</td> </tr> <tr> <td>x1 <input type="checkbox"/> DK</td> <td>x1 <input type="checkbox"/> DK</td> </tr> </tbody> </table>	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2	\$ <input type="text"/> . <input type="text"/> 00	\$ <input type="text"/> . <input type="text"/> 00	x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK								
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\$ <input type="text"/> . <input type="text"/> 00	\$ <input type="text"/> . <input type="text"/> 00															
x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK															

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

	JOB IN SECTION 2, PART A1	JOB IN SECTION 2, PART A2
19c. During a typical week, does . . . do some driving in order to get to work?	8368 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19e	8370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 19e
d. How many miles does . . . usually drive to and from work in a typical week?	8372 <input type="text"/> <input type="text"/> <input type="text"/> Miles	8374 <input type="text"/> <input type="text"/> <input type="text"/> Miles
e. Does . . . have any (other) expenses getting to and from work? Include parking expenses, tolls, bus fares, etc.	8376 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T25	8378 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item M1
f. How much are these (other) expenses in a typical week?	8380 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	8382 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM T25 Did . . . work for a second employer? (Box 2 or 3 marked in item 1b, page 13)	8384 1 <input type="checkbox"/> Yes – Go to 19a for second employer job 2 <input type="checkbox"/> No – Go to Check Item M1	

NOTES