

TOPICAL MODULES

HOUSEHOLD MEMBERS/WORK-RELATED EXPENSES

**CH
ITEM T1**

Refer to item 27.
Is ... 15-17 years of age?

8000 1 Yes — SKIP to Check Item T3
2 No

(These next few questions concern any payments ... may have made for the living expenses of someone not living in this household.)

1 a. 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.

8002 1 Yes
2 No — SKIP to Check Item T3

b. Were any of these payments for the support of ...'s child or children under 18 years of age?

8004 1 Yes
2 No — SKIP to item 1f

c. For how many children did ... make support payments?

8006 Children

d. How much did ... pay in child support during the past 12 months?

8008 \$ 00
x1 DK

e. During the past 12 months, did ... make regular payments for the support of any other person not living in ...'s household?

8010 1 Yes
2 No — SKIP to Check Item T3

f. For how many (other) persons did ... make support payments?

8012 Persons

g. How is this person (are these persons) related to ...?

(Complete 1g-1i for first two persons mentioned.)

FIRST PERSON
8014 1 Parent
2 Spouse
3 Ex-spouse
4 Child 18 or older
5 Other relative
6 Nonrelated

SECOND PERSON
8016 1 Parent
2 Spouse
3 Ex-spouse
4 Child 18 or older
5 Other relative
6 Nonrelated

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?

8018 1 Private home or apartment
2 Nursing home
3 Someplace else

8020 1 Private home or apartment
2 Nursing home
3 Someplace else

i. How much did ... pay for the support of this person during the past 12 months?

8022 \$ 00
x1 DK

8024 \$ 00
x1 DK

**CHECK
ITEM T2**

Is the entry in 1f "3" or more?

8026 1 Yes
2 No — SKIP to Check Item T3

1j. How much did ... pay during the past 12 months for support of the other persons that we have not talked about already?

8028 \$ 00
x1 DK
x2 Ref.

NOTES

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

CHECK ITEM T3	Refer to item 1b, page 13. Number of employers . . . worked for during the reference period	8030	1 <input type="checkbox"/> None — SKIP to part B, page 48 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two or more
If two or more jobs, ask 2a—2f for first job, then repeat for second job. (Now I have a few questions about . . . 's work-related expenses.)		JOB IN SECTION 2, PART A1	
2a. 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?		8032	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 2c
b. How much were . . . 's annual expenses for such items?		8036	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
c. During a typical week, does . . . do some driving in order to get to work? (Mark "Yes" if . . . is driven to work by a household member.)		8040	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to item 2e
d. How many miles does . . . usually drive to and from work in a typical week? (If . . . is driven by a household member, count these miles.)		8044	<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.)		8048	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T4
f. How much are these (other) expenses in a typical week?		8052	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM T4	Is "Two or more" marked in Check Item T3?	8056	1 <input type="checkbox"/> Yes — Ask items 2a—2f for second employer 2 <input type="checkbox"/> No
Go to Check Item T5			
CHECK ITEM T5	Refer to cc item 27. Is . . . the designated parent or guardian of any children under 15 years of age?	8058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part B, page 48
2g. Did . . . have any work-related child care expenses during the past 4 months?		8060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part B, page 48
h. How much were . . . 's child care expenses during a typical week?		8062	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK

GO to part B, page 48

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – MARITAL HISTORY

CHECK ITEM T6	Refer to cc item 26a. What is . . . 's current marital status?	8064	<input type="checkbox"/> 1 Married, spouse present <input type="checkbox"/> 2 Married, spouse absent <input type="checkbox"/> 3 Widowed <input type="checkbox"/> 4 Divorced <input type="checkbox"/> 5 Separated <input type="checkbox"/> 6 Never married – SKIP to part C, page 50	} Go to Statement A or item 3
----------------------	---	-------------	--	-------------------------------

READ ONCE PER HOUSEHOLD

STATEMENT A → These next questions will ask for some information about marital history, changes in residence, and about children born to members of this household. The information will help us understand how these events affect our nation's economic situation.

Now I have a few questions about . . . 's marital history.		8066	<input type="checkbox"/> 1 – SKIP to Check Item T10 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 +	
3. How many times has . . . been married?				

4a. In what month and year did . . . get married for the first time?		8068	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8070	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

b. Did . . . 's first marriage end in widowhood or in divorce?		8072	<input type="checkbox"/> 1 Widowhood <input type="checkbox"/> 2 Divorce	
---	--	-------------	--	--

c. In what month and year was . . . (widowed/divorced)?		8074	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8076	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T7	Is "Widowhood" marked in item 4b?	8078	<input type="checkbox"/> 1 Yes – SKIP to Check Item T8 <input type="checkbox"/> 2 No	
----------------------	-----------------------------------	-------------	---	--

4d. In what month and year did . . . actually stop living with his/her spouse?		8080	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8082	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T8	Refer to item 3. How many times has . . . been married?	8084	<input type="checkbox"/> 2 – SKIP to Check Item T10 <input type="checkbox"/> 3 +	
----------------------	--	-------------	---	--

5a. In what month and year did . . . get married for the second time?		8086	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8088	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

b. Did . . . 's second marriage end in widowhood or in divorce?		8090	<input type="checkbox"/> 1 Widowhood <input type="checkbox"/> 2 Divorce	
--	--	-------------	--	--

c. In what month and year was . . . (widowed/divorced)?		8092	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8094	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T9	Is "Widowhood" marked in item 5b?	8096	<input type="checkbox"/> 1 Yes – SKIP to Check Item T10 <input type="checkbox"/> 2 No	
----------------------	-----------------------------------	-------------	--	--

5d. In what month and year did . . . actually stop living with his/her second spouse?		8098	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8100	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – MARITAL HISTORY (Continued)

CHECK ITEM T10	Has a Wave 8 interview been obtained for . . . 's spouse?	8102	<input type="checkbox"/> Yes – SKIP to part C, page 50 <input type="checkbox"/> No <input type="checkbox"/> No, no spouse in household
6a.	In what month and year did . . . get married (most recently)?	8104	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8106 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T11	Refer to Check Item T6. What is . . . 's current marital status?	8108	<input type="checkbox"/> Married, spouse present } SKIP to part C, <input type="checkbox"/> Married, spouse absent } page 50 <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated – SKIP to item 6c
6b.	In what month and year was . . . (widowed/divorced)?	8110	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8112 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T12	Is "Widowed" marked in Check Item T11?	8114	<input type="checkbox"/> Yes – SKIP to part C, page 50 <input type="checkbox"/> No
6c.	When did . . . actually stop living with his/her (most recent) spouse?	8116	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8118 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know

GO to part C, page 50

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – MIGRATION HISTORY

<p>7. In what month and year did . . . move into this house/apartment/mobile home? <i>(If . . . lived here more than once, record the last month and year . . . moved.)</i></p>	<p>8120 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8122 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8124 x7 <input type="checkbox"/> Always lived here/born here – SKIP to Check Item T15</p>
<p>8a. In what state or foreign country did . . . last live before moving here? <i>(Include transfers due to service in the Armed Forces. Exclude vacations or temporary travels where no usual residence was mentioned.)</i> <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8126 <input type="text"/> <input type="text"/> Code x1 <input type="checkbox"/> Don't know</p>
<p>b. During what period of time did . . . last live in (place in 8a)?</p>	<p>8128 FROM <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8130 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8132 TO <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8134 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8136 x8 <input type="checkbox"/> Lived there since birth</p> <p>8138 x1 <input type="checkbox"/> Don't know</p>
<p><i>(SHOW FLASHCARD Z)</i></p> <p>9a. What categories on this card best describe the reasons for . . .'s (most recent) move to this current residence? <i>(Enter codes for all reasons mentioned.)</i></p>	<p>8140 <input type="text"/> <input type="text"/> 8142 <input type="text"/> <input type="text"/></p> <p>8144 <input type="text"/> <input type="text"/> 8146 <input type="text"/> <input type="text"/></p> <p>8148 <input type="text"/> <input type="text"/> 8150 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM T13 Are two or more codes entered in item 9a?</p>	<p>8152 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T14</p>
<p>9b. Of the reasons just mentioned, which one is the MAIN reason for . . .'s (most recent) move? <i>(Enter code from item 9a.)</i></p>	<p>8154 <input type="text"/> <input type="text"/> Code</p>
<p>CHECK ITEM T14 Are any of the codes listed in item 9a equal to 01–08?</p>	<p>8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T16</p>
<p>10a. Did . . . or someone in . . .'s household pay for all of that move, or did a relative, an employer, or someone else not living in the household help pay? <i>(If paid by other than a HH member, ask who primarily paid.)</i></p>	<p>8158 1 <input type="checkbox"/> Paid all by self or other HH member – SKIP to Check Item T16 2 <input type="checkbox"/> Relative 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Someone else</p>
<p>b. What proportion of the moving expenses were paid by this (other person/employer)?</p>	<p>8160 1 <input type="checkbox"/> All of the costs 2 <input type="checkbox"/> Half or more but not all 3 <input type="checkbox"/> Less than half } SKIP to Check Item T16</p>
<p>CHECK ITEM T15 Is "Always lived here" box marked in item 7?</p>	<p>8162 1 <input type="checkbox"/> Yes – Enter state code for current residence into item 11a 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T16 Is "Lived there since birth" box marked in item 8b?</p>	<p>8164 1 <input type="checkbox"/> Yes – Enter code from item 8a into item 11a 2 <input type="checkbox"/> No</p>
<p><i>ASK OR VERIFY –</i></p> <p>11a. In what state or foreign country was . . .'s mother living when . . . was born? <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8166 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>
<p><i>ASK OR VERIFY –</i></p> <p>b. In what state or foreign country was . . .'s mother born? <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8168 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>
<p><i>ASK OR VERIFY –</i></p> <p>c. In what state or foreign country was . . .'s father born? <i>(Enter code from Flashcard Y)</i></p>	<p>_____ Name</p> <p>8170 <input type="text"/> <input type="text"/> Place of birth code x1 <input type="checkbox"/> Don't know</p>

Section 5 – TOPICAL MODULES (Continued)

Part C – MIGRATION HISTORY (Continued)

<p>CHECK ITEM T17 Refer to item 11a, page 50. Is ...'s place of birth code equal to 62-99?</p>	<p align="center">8172</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 14</i></p>
<p>12. Is ... a citizen of the United States?</p>	<p align="center">8174</p> <p>1 <input type="checkbox"/> Yes, naturalized citizen 2 <input type="checkbox"/> Yes, born abroad of American parent or parents – <i>SKIP to item 14</i> 3 <input type="checkbox"/> No</p>
<p>13. In what year did ... come to the United States to stay?</p>	<p align="center">8176</p> <p align="center">1 9 <input type="text"/> <input type="text"/></p> <p>x6 <input type="checkbox"/> Before 1901</p>
<p>(Now I have a few questions about ...'s places of residence.)</p> <p>14. Aside from ...'s current residence, does ... regularly live at another residence for 30 or more days during the year? (Include time spent away at school, or at a vacation or second home whether owned or rented. The days need not be consecutive but must be at the same address.)</p>	<p align="center">8178</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part D, page 52</i></p>
<p>15. In what state or foreign country is the other residence located?</p> <p><i>(Enter code from Flashcard Y)</i></p>	<p align="center">8180</p> <p align="center"><input type="text"/> <input type="text"/> Code</p> <p align="right">Name _____</p> <p>x8 <input type="checkbox"/> Same state as current residence</p>
<p>16. Which residence does ... consider to be ...'s usual residence?</p>	<p align="center">8182</p> <p>1 <input type="checkbox"/> Current residence 2 <input type="checkbox"/> Other residence (listed in item 15)</p>
<p>17. How many days during a year does ... spend at the other residence?</p>	<p align="center">8184</p> <p>1 <input type="checkbox"/> 270 days or more 2 <input type="checkbox"/> 180 to 269 days 3 <input type="checkbox"/> 90 to 179 days 4 <input type="checkbox"/> 30 to 89 days</p>

GO to part D, page 52

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – FERTILITY HISTORY

CHECK ITEM T18	Refer to cc items 24 and 28. What is . . . 's age and sex?	8186	1 <input type="checkbox"/> Female, 15+ years old – SKIP to item 19a 2 <input type="checkbox"/> Male, 18+ years old – SKIP to item 18 3 <input type="checkbox"/> Male, 15–17 years old
-----------------------	---	------	---

CHECK ITEM T19	Refer to cc item 26a. What is . . . 's current marital status?	8187	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married – SKIP to part E
-----------------------	---	------	---

STATEMENT B → Now I have a few questions about the number of children, if any, that have been born to . . .

18. How many children, IF ANY, is . . . the father of? <i>(If previously married, include all children born in previous and current marriages. Do not count adopted, foster or stepchildren.)</i>	8188	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know
---	------	--

} SKIP to part E, page 54

19a. How many children, if any, has . . . ever had? <i>(Do not count stillbirths, adopted, foster, or stepchildren.)</i>	8190	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None – SKIP to Check Item T27, page 53
---	------	--

b. Are all of . . . 's children currently living in this household?	8192	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T21
--	------	--

CHECK ITEM T20	Refer to cc item 24. Verify the birth date of . . . 's first and last child (if more than one child ever born) and enter the person number of the child(ren).	8194	Month	Year	Person number	} SKIP to Check Item T24
		First child	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
		Last child	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	

CHECK ITEM T21	Refer to item 19a. How many children has . . . ever had?	8206	1 <input type="checkbox"/> One child – SKIP to item 21a 2 <input type="checkbox"/> 2+ children
-----------------------	---	------	---

20a. In what month and year was . . . 's last child born?	8208	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know
	8210	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know

CHECK ITEM T22	Refer to item 20a. Was . . . 's last child born on or after January 1, 1960?	8212	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 21a
-----------------------	---	------	--

20b. With whom does the child live now? <i>ASK OR VERIFY –</i>	8214	1 <input type="checkbox"/> Resides in this household – Go to Check Item T23 Resides elsewhere 2 <input type="checkbox"/> In his/her own household With relatives 3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parents 6 <input type="checkbox"/> With other relatives With nonrelatives 7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK
--	------	--

} SKIP to item 21a

CHECK ITEM T23	Write the person number of the last child.	8216	<input type="text"/> <input type="text"/> <input type="text"/> Person number of last child
-----------------------	--	------	--

21a. In what month and year was . . . 's (first) child born?	8218	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know
	8220	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know

CHECK ITEM T24	Refer to item 21a or to Check Item T20. Was . . . 's (first) child born on or after January 1, 1960?	8222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T27, page 53
-----------------------	---	------	---

Section 5 – TOPICAL MODULES (Continued)

Part D – FERTILITY HISTORY (Continued)

<p>ASK OR VERIFY –</p> <p>21b. With whom does the child live now?</p>	<p>8224 1 <input type="checkbox"/> Resides in this household – Go to Check Item T25</p> <p align="center">Resides elsewhere</p> <p>2 <input type="checkbox"/> In his/her own household</p> <p align="center">With relatives</p> <p>3 <input type="checkbox"/> With own father</p> <p>4 <input type="checkbox"/> With own grandparent(s)</p> <p>5 <input type="checkbox"/> With adoptive parents</p> <p>6 <input type="checkbox"/> With other relatives</p> <p align="center">With nonrelatives</p> <p>7 <input type="checkbox"/> In foster care/foster family</p> <p>8 <input type="checkbox"/> In an institution (hospital)</p> <p>9 <input type="checkbox"/> In school</p> <p>10 <input type="checkbox"/> In correctional facility</p> <p>11 <input type="checkbox"/> Other</p> <p>12 <input type="checkbox"/> Deceased</p> <p>13 <input type="checkbox"/> DK</p> <p align="right">} SKIP to item 22a</p>
--	--

<p>CHECK ITEM T25 Write the person number of the (first) child.</p>	<p>8226 <input type="text"/> <input type="text"/> <input type="text"/> Person number of (first) child</p>
--	--

<p>22a. Before the birth of ...'s (first) child, did ... ever work for pay continuously for six months or more either part time or full time?</p>	<p>8228 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
--	--

<p>b. Did ... work for pay at a job at any time when ... was pregnant with ...'s (first) child?</p>	<p>8230 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to item 22g</p>
--	---

<p>c. Did ... work 35 hours or more per week at the last job ... held before the birth of ...'s (first) child?</p>	<p>8232 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
---	--

<p>d. How long before the birth of ...'s (first) child did ... stop working?</p>	<p>8234 <input type="text"/> <input type="text"/> Number of months</p> <p>x3 <input type="checkbox"/> Less than a month</p> <p>x4 <input type="checkbox"/> Never stopped/worked right up to delivery</p>
---	---

<p>e. Did ... quit or was ... let go from this job, or did ... take maternity leave or unpaid leave of absence (either before the birth of the child or up to 6 weeks after the child's birth)?</p> <p><i>Mark all that apply</i></p>	<p>8236 1 <input type="checkbox"/> Quit</p> <p>8238 2 <input type="checkbox"/> Let go</p> <p>8240 3 <input type="checkbox"/> Maternity/sick/other paid leave</p> <p>8242 4 <input type="checkbox"/> Unpaid leave of absence</p> <p>8244 5 <input type="checkbox"/> Never stopped working – SKIP to Check Item T27</p>
--	--

<p>CHECK ITEM T26 Refer to item 22e. Is category 3, "Maternity/sick/other paid leave," marked in item 22e?</p>	<p>8246 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to item 22g</p>
---	---

<p>22f. Did ...'s employer pay for all or part of ...'s leave through maternity benefits or sick pay?</p>	<p>8248 1 <input type="checkbox"/> Yes, all</p> <p>2 <input type="checkbox"/> Yes, part</p> <p>3 <input type="checkbox"/> No</p>
--	---

<p>ASK OR VERIFY –</p> <p>g. Did ... work for pay at any time after the birth of ...'s (first) child?</p>	<p>8250 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T27</p>
--	---

<p>h. In what month and year did ... first begin working after the birth of ...'s (first) child?</p>	<p>8252 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8254 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
---	--

<p>i. When ... FIRST began working after the birth of ...'s (first) child, did ... work 35 hours or more per week?</p>	<p>8256 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
---	--

<p>CHECK ITEM T27 Refer to cc item 24. Is ... 18 to 44 years old and a self respondent?</p>	<p>8258 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – Skip to part E, page 54</p>
--	--

<p>23. Do you expect to have any (more) children?</p>	<p>8260 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to part E, page 54</p>
--	--

<p>24. How many (more) children do you expect to have?</p>	<p>8262 <input type="text"/> <input type="text"/> Number</p> <p>x1 <input type="checkbox"/> DK</p>
---	---

<p>25. When do you expect to have your next (first) child?</p>	<p>8264 1 <input type="checkbox"/> Within a year</p> <p>2 <input type="checkbox"/> 1 + but less than 2 years</p> <p>3 <input type="checkbox"/> 2 + but less than 3 years</p> <p>4 <input type="checkbox"/> 3 + but less than 5 years</p> <p>5 <input type="checkbox"/> 5 + years</p> <p>x1 <input type="checkbox"/> DK</p>
---	---

GO to part E, page 54

Section 5 – TOPICAL MODULES (Continued)

Part E – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T28

What is the composition of this household?

8266

- 1 One person HH
- 2 Two person HH consisting of husband and wife
- 3 Two person HH consisting of non-relatives
- 4 Other

} SKIP to section 6, page 56

CHECK ITEM T29

Is this the Reference Person's questionnaire?

8268

- 1 Yes
- 2 No – SKIP to section 6, page 56

Pretranscribe each person's name and person number into column headings a–n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT F

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.

For each person number listed on the left side of this page, ask question 26 and enter codes from Flashcard AA.

ASK OR VERIFY –		Name	Name	Name	Name	Name	Name
26. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?		8272	8274	8276	8278	8280	8282
		a.	b.	c.	d.	e.	f.
	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
ROSTER							
8300	Name						
	Person No.						
8330	Name	8332					
	Person No.						
8360	Name	8362	8364				
	Person No.						
8390	Name	8392	8394	8396			
	Person No.						
8420	Name	8422	8424	8426	8428		
	Person No.						
8450	Name	8452	8454	8456	8458	8460	
	Person No.						
8480	Name	8482	8484	8486	8488	8490	8492
	Person No.						
8510	Name	8512	8514	8516	8518	8520	8522
	Person No.						
8540	Name	8542	8544	8546	8548	8550	8552
	Person No.						
8570	Name	8572	8574	8576	8578	8580	8582
	Person No.						
8600	Name	8602	8604	8606	8608	8610	8612
	Person No.						
8630	Name	8632	8634	8636	8638	8640	8642
	Person No.						
8660	Name	8662	8664	8666	8668	8670	8672
	Person No.						
8690	Name	8692	8694	8696	8698	8700	8702
	Person No.						

GO to section 6, page 56

