

Section 5 — TOPICAL MODULES

Part A — CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS

<p>CHECK ITEM T1</p>	<p>Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years of age who live in this household?</p>	<p>8000 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T6, page 48</p>	
<p>CHECK ITEM T2</p>	<p>Is "Worked" marked on the ISS for . . . ?</p>	<p>8002 1 <input type="checkbox"/> Yes — SKIP to Check Item T4 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM T3</p>	<p>Refer to section 1, item 30a, page 12. Was . . . enrolled in school during the reference period?</p>	<p>8003 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T6, page 48</p>	
<p>CHECK ITEM T4</p> <p>Refer to cc items 18, 19a, and 24. Enter person numbers, names, and ages of children under 15, who are household members, beginning with the youngest. Ask 1a—1f for youngest child and then repeat for second and third youngest child.</p>	<p style="text-align: center;">YOUNGEST</p> <p>Person No. 8004 <input type="text"/></p> <p>Name _____</p> <p>Age _____</p>	<p style="text-align: center;">SECOND YOUNGEST</p> <p>Person No. 8006 <input type="text"/></p> <p>Name _____</p> <p>Age _____</p>	<p style="text-align: center;">THIRD YOUNGEST</p> <p>Person No. 8008 <input type="text"/></p> <p>Name _____</p> <p>Age _____</p>
<p>1a. Now we have a few questions about how the children are cared for while . . . works (is in school).</p> <p>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 (was enrolled in school)?</p> <p>Mark the arrangement in which the child spent the most hours in a typical week.</p> <p>Mark (X) only one box.</p>	<p>8010</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48 14 <input type="checkbox"/> . . . did not work (not enrolled in school) last month } SKIP to Check Item T6, page 48</p>	<p>8012</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48</p>	<p>8014</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48</p>
<p>b. Where was (Name of child) usually cared for under this arrangement?</p>	<p>8016</p> <p>1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify _____</p>	<p>8018</p> <p>1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify _____</p>	<p>8020</p> <p>1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify _____</p>
<p>c. Was (Name of child) usually cared for this way during all of the hours that . . . worked (was in school)?</p>	<p>8022</p> <p>1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No</p>	<p>8024</p> <p>1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No</p>	<p>8026</p> <p>1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No</p>

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
1d. About how many hours per week was (Name of child) usually cared for under this arrangement while . . . was at work (in school)?	8028 <input type="text"/> <input type="text"/> Hours	8030 <input type="text"/> <input type="text"/> Hours	8032 <input type="text"/> <input type="text"/> Hours
e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school)? <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i> <i>Mark (X) only one box.</i>	8034 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to next child or Check Item T5</i> </div>	8036 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to next child or Check Item T5</i> </div>	8038 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to Check Item T5</i> </div>
f. Where was (Name of child) usually cared for under this other arrangement?	8040 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____ 	8042 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____ 	8044 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____
CHECK ITEM T5	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)		8046 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6, page 48</i>
2a. Did . . . (or . . . 's family) usually pay (cash) for any of the child care that . . . 's children received? <i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i>			8048 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2c</i>
b. In a typical week, how much did . . . (or . . . 's family) pay for child care (for all children receiving child care)?			8050 <div style="text-align: right; margin-top: 10px;"> <input type="text"/> \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per week </div> x1 <input type="checkbox"/> DK
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?			8052 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3. During the month of (last month) did . . . (or . . . 's spouse) lose any time from work (school) because the person who usually took care of the child (children) was not available?			8054 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T6	Is . . . the female parent of children under 21 years of age who live in this household?	8056	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
CHECK ITEM T7	Is "Child Support Payments" (code 28) marked on the ISS?	8058	<input type="checkbox"/> Yes – <i>SKIP to 6a</i> <input type="checkbox"/> No
CHECK ITEM T8	Refer to cc item 26a. What is . . . 's marital status?	8060	<input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Widowed – <i>SKIP to part B, page 50</i> <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married } <i>SKIP to 5</i>
ASK OR VERIFY –		8062	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
4a. Has . . . ever been divorced?			
b. Does . . . have any children living here from a marriage that ended in divorce?		8064	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
5. These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?		8066	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 7a</i>
6a. Was . . . 's (most recent) child support agreement a voluntary written agreement, a court-ordered agreement, or something else?		8068	<input type="checkbox"/> Voluntary written agreement <input type="checkbox"/> Court-ordered agreement <input type="checkbox"/> Other – <i>Specify</i> _____
b. How were the payments to be received? Were they – (Read categories)?		8070	<input type="checkbox"/> Directly from the father? <input type="checkbox"/> Through a court? <input type="checkbox"/> Through the welfare agency? <input type="checkbox"/> Some other method?
c. Which children living here were covered by that agreement?		8072	<input type="checkbox"/> All OR Person No. Name 8074 <input type="text"/> <input type="text"/> <input type="text"/> _____ 8076 <input type="text"/> <input type="text"/> <input type="text"/> _____ 8078 <input type="text"/> <input type="text"/> <input type="text"/> _____
d. Did the agreement specify joint custody of the children?		8080	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does . . . know the current address of the father?		8082	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 6h</i> <input type="checkbox"/> Father deceased – <i>SKIP to 6j</i>
f. Does the father now live in this state?		8084	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 6h</i>
g. Does the father now live in this city or county?		8086	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASK OR VERIFY –		8088	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 7a</i>
h. Is . . . still supposed to receive child support payments?			
i. How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?		8090	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

6j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months?

8092 \$. 00

OR

x1 DK

k. What is the total amount that . . . actually received in child support payments during the past 12 months?

8094 \$. 00

OR

x3 None

OR

x1 DK

7a. Has . . . ever contacted a child support enforcement office for aid in obtaining child support?

8096 1 Yes
2 No – SKIP to part B, page 50

b. Did . . . receive any help from that office?

8098 1 Yes
2 No – SKIP to part B, page 50

c. What type of help did the office provide?
Mark (X) all that apply.

8100 1 Locate the father

8102 2 Establish paternity

8104 3 Establish support obligation

8106 4 Enforce support order

8108 5 Obtain collection

8110 6 Other – Specify _____

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS

<p>1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . .'s household?</p> <p><i>(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)</i></p>	<p align="center">8200</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i></p>				
<p>2. Did . . . make regular payments, lump-sum payments, or both?</p>	<p align="center">8202</p> <p>1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both</p>				
<p>3a. Were any of these payments for the support of . . .'s child or children under 21 years of age?</p>	<p align="center">8204</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4b</i> x1 <input type="checkbox"/> DK</p>				
<p>b. For how many children did . . . make support payments?</p>	<p align="center">8206</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Children x1 <input type="checkbox"/> DK</p>				
<p>C. How much did . . . pay in child support during the past 12 months?</p>	<p align="center">8208</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>				
<p>4a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . .'s household?</p>	<p align="center">8210</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i></p>				
<p>b. For how many (other) persons did . . . make support payments?</p>	<p align="center">8212</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Persons x1 <input type="checkbox"/> DK</p>				
<p><i>ASK 4c–4e FOR THE FIRST TWO PERSONS MENTIONED</i></p> <p>C. How is this person related to . . .</p> <p><i>Mark (X) only one box.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST PERSON</th> <th style="width:50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p align="center">8214</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p> </td> <td style="padding: 5px;"> <p align="center">8216</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p> </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<p align="center">8214</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p>	<p align="center">8216</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p>
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<p>d. 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>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST PERSON</th> <th style="width:50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> <td style="padding: 5px;"> <p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>
FIRST PERSON	SECOND PERSON				
<p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>				
<p>e. How much did . . . pay for the support of this person during the past 12 months?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:50%; padding: 5px;"> <p align="center">8222</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> </td> <td style="width:50%; padding: 5px;"> <p align="center">8224</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> </td> </tr> </tbody> </table>	<p align="center">8222</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>	<p align="center">8224</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>		
<p align="center">8222</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>	<p align="center">8224</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T9 Is the entry in 4b "03" or more?</p>	<p align="center">8226</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T10</i></p>				
<p>5. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?</p>	<p align="center">8228</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>				
<p>CHECK ITEM T10 Refer to section 1, item 27g, page 10. Did . . . have a family plan health insurance policy?</p>	<p align="center">8230</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part C, page 52</i></p>				

Section 5 – TOPICAL MODULES (Continued)

Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

6a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . .'s household?

8232

- 1 Yes
2 No – SKIP to part C, page 52

b. How many persons outside of . . .'s household were covered by . . .'s policy?

8234

- Number
x1 DK

c. How were these persons related to . . . ?

Mark (X) all that apply.

8236

1 Children

8238

2 Spouse

8240

3 Other

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – JOB OFFERS

**CHECK
ITEM T11**

Refer to section 1, item 2a (page 2) or 7a (page 3).
Did ... spend any time during the reference period looking for work or on layoff?

8300

- 1 Yes
2 No – SKIP to part D, page 53

1. We noted earlier that ... spent some time looking for work or on layoff during the past 4 months. During that time did ... receive any job offers that ... did not take?

8302

- 1 Yes
2 No – SKIP to part D, page 53

2. What is the main reason ... did not accept the (most recent) job offer?

Mark (X) only one box.

8304

- 1 Did not want that kind of work
2 Pay too low
3 Job too far away
4 Lack transportation
5 Job was only temporary
6 Couldn't arrange child care
7 Hours were not satisfactory
8 Other job conditions were not satisfactory
9 Inadequate benefits
10 Other – Specify _____

3. What wage or salary was offered?

8306

\$. Per hour

OR

8308

\$. 00 Per week

OR

8310

\$. 00 Per month

OR

8312

\$. 00 Per year

OR

8314

- x1 DK
x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES

<p>These next few questions are about . . . 's health.</p> <p>1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>8316</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>2a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</p>	<p>8318</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i></p>
<p>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</p>	<p>8320 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</p>	<p>8322</p> <p>1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No</p>
<p>d. How many nights in all did . . . spend in a hospital during the past 12 months?</p>	<p>8324 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>e. How many of these nights were in the past 4 months?</p>	<p>8326 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>3. 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.)</p>	<p>8328 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>4a. 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.)</p>	<p>8330 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK } <i>SKIP to 5a</i> x3 <input type="checkbox"/> None }</p>
<p>b. How many of these visits or calls were in the past 4 months?</p>	<p>8332 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>5a. 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?</p>	<p>8334</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12</i></p>
<p>b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i></p>	<p>8336</p> <p>1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Other – <i>Specify</i> _____</p>

Section 5 – TOPICAL MODULES (Continued)

Part D – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES (Continued)

CHECK ITEM T12	Refer to item 27a and 27b, page 10.	8338
	Is . . . covered by a private health insurance plan?	1 <input type="checkbox"/> Yes – SKIP to part E, page 55 2 <input type="checkbox"/> No
CHECK ITEM T13	Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?	8340
		1 <input type="checkbox"/> Yes – SKIP to part E, page 55 2 <input type="checkbox"/> No
6. I have recorded that . . . is not covered by a health insurance plan. Is that correct?		8342
		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 part E, page 55
7. Which answer on this card best describes why . . . is not covered by health insurance? Mark (X) only one.		8344
		1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Employer does not offer health insurance 3 <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age 4 <input type="checkbox"/> Too expensive; can't afford health insurance 5 <input type="checkbox"/> Dissatisfied with previous health insurance 6 <input type="checkbox"/> Don't believe in health insurance 7 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance 8 <input type="checkbox"/> Able to go to VA or military hospital for medical care 9 <input type="checkbox"/> Covered by some other health plan 10 <input type="checkbox"/> Other – Specify ↓ _____

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE

1. Were there times in the past month when . . . needed help with things like personal care, housework, preparing meals, or getting to the store or doctor because . . . had a health problem or condition?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8400</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a				
2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8402</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a				
3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8404</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a				
b. Who helped . . . with such things? Anyone else? (Mark up to two helpers; one in each column. If only one helper, mark first column.)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8406</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8408</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8406</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8408</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative
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ASK OR VERIFY – C. Is (Person mentioned above) a household member?	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:50%; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8410</div> 1 <input type="checkbox"/> Yes <div style="text-align: center; margin: 2px 0;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;">8414</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8418</div> 2 <input type="checkbox"/> No </td> <td style="width:50%; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8412</div> 1 <input type="checkbox"/> Yes <div style="text-align: center; margin: 2px 0;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;">8416</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8420</div> 2 <input type="checkbox"/> No </td> </tr> </tbody> </table>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8410</div> 1 <input type="checkbox"/> Yes <div style="text-align: center; margin: 2px 0;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;">8414</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8418</div> 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8412</div> 1 <input type="checkbox"/> Yes <div style="text-align: center; margin: 2px 0;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;">8416</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8420</div> 2 <input type="checkbox"/> No		
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4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8422</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a				
b. Who helped . . . with such things? Anyone else? (Mark up to two helpers; one in each column. If only one helper, mark first column.)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8424</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8426</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8424</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8426</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative
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NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE (Continued)

5a. Because of . . . 's health or condition, did . . . need help to prepare meals?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8440</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a				
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8442</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8444</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8442</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8444</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative
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d. During the past 4 months, did . . . receive any meals provided by a community service, either delivered to the home or served in a group setting?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8458</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a				
e. How many meals a week did . . . usually receive?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8460</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> x1 <input type="checkbox"/> DK				

6a. Did . . . need help from another person in order to get around outside the house?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8462</div> 1 <input type="checkbox"/> Unable to leave the house — SKIP to 7a 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No — SKIP to 7a				
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8464</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8466</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8464</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8466</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative NONRELATIVE 4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative
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NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE (Continued)

<p>7a. (Because of . . . 's health or condition) did . . . need the help of another person for keeping track of money and bills?</p>	<p align="center">8480</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8a</p>				
<p>b. Who helped . . . with such things? Anybody else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p align="center">RELATIVE</p> <p>8482 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> <td style="vertical-align: top;"> <p align="center">RELATIVE</p> <p>8484 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<p align="center">RELATIVE</p> <p>8482 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>	<p align="center">RELATIVE</p> <p>8484 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>
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<p>ASK OR VERIFY – 8a. During the past month did . . . (or . . . 's family) pay for any of the help that . . . received?</p>	<p align="center">8494</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T14</p>				
<p>b. How much was paid for such help during (Read last month)?</p>	<p>8496 \$ <input style="width:100px; height:20px;" type="text"/> . <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T14 Refer to 6a. Was . . . unable to leave the house or did . . . need help to get around outside the house?</p>	<p align="center">8498</p> <p>1 <input type="checkbox"/> Yes – SKIP to part F, page 59 2 <input type="checkbox"/> No</p>				
<p>These next few questions concern helping others with personal care, housework, meal preparation, shopping, or getting around outside the home.</p> <p>9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household?</p>	<p align="center">8500</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part F, page 59</p>				
<p>b. How many persons did . . . help in this way?</p>	<p align="center">8502</p> <p>1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more</p>				

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE (Continued)

9c. How was (were) this person (these people) related to . . . ?

8504 FIRST PERSON HELPED

- 1 Parent
- 2 Brother/sister
- 3 Child
- 4 Grandparent
- 5 Other relative
- 6 Not a relative

8506 SECOND PERSON HELPED

- 1 Parent
- 2 Brother/sister
- 3 Child
- 4 Grandparent
- 5 Other relative
- 6 Not a relative

8508 THIRD PERSON HELPED

- 1 Parent
- 2 Brother/sister
- 3 Child
- 4 Grandparent
- 5 Other relative
- 6 Not a relative

10. During the last month did . . . give any of the following kinds of help?

a. Help someone dress, eat, bathe, or get to the bathroom?

	YES	NO
8510	1 <input type="checkbox"/>	2 <input type="checkbox"/>

b. Help someone with housework such as washing dishes, straightening up, or light cleaning?

8512	1 <input type="checkbox"/>	2 <input type="checkbox"/>
-------------	----------------------------	----------------------------

c. Prepare a meal?

8514	1 <input type="checkbox"/>	2 <input type="checkbox"/>
-------------	----------------------------	----------------------------

d. Take someone shopping, to a doctor, or somewhere else outside the home?

8516	1 <input type="checkbox"/>	2 <input type="checkbox"/>
-------------	----------------------------	----------------------------

e. Help someone by keeping track of their money or bills?

8518	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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11. During the past month, about how many days were there when . . . gave personal care help to someone?

8520 Days
x1 DK

12. During the past month, about how many hours a week did . . . spend providing personal care help?

(Enter "99" if 100 or greater.)

8522 Hours
x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – DISABILITY STATUS OF CHILDREN

CHECK ITEM T15	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in the household?	8600	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item M1, page 60				
1 a.	Do any of . . . 's children (under 18) in this household, have a long lasting physical condition that limits their ability to walk, run, or play?	8602	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a				
b.	Which children? Enter children by age, oldest first.	8604	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8606	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8608	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____
2 a.	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)?	8610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T16				
b.	Which children? Enter children by age, oldest first.	8612	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8614	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8616	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____
CHECK ITEM T16	Are any children 5–17 years old listed in 1b or 2b?	8618	1 <input type="checkbox"/> Yes – Ask item 3 for each child 5–17 years old listed in 1b or 2b 2 <input type="checkbox"/> No – SKIP to Check Item M1, page 60				
3.	Is (Name of child) able to attend a regular school? Enter children by age, oldest first.	8620	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8622	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8624	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____
		8626	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8628	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8630	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NOTES