

Section 5 — TOPICAL MODULES

Part A — RECIPIENCY HISTORY

CHECK ITEM T1 Was an interview obtained for . . . in Wave 1? **8000** 1 Yes
2 No — SKIP to Check Item T3

INTERVIEWER INSTRUCTION

Review the "Income Roster" on page 5 to determine if any changes were reported in the reciprocity of ISS Codes 1—10, 20—35, 40, and 41 during the previous reference period. Make any necessary changes in the "Reciprocity History Roster" below.

CHECK ITEM T2 Are any income types or special indicators listed in the Reciprocity History Roster below? **8002** 1 Yes
2 No — SKIP to Check Item T3

1. During our last visit we recorded that . . . received (Read all sources listed below) sometime during the period (8 months ago) through (5 months ago). When did . . . first begin to receive (Read each source)? (In column d, record beginning date of reciprocity that was occurring sometime in the period 5 to 8 months ago.)

RECIPIENCY HISTORY ROSTER (ISS Codes 1—10, 20—35, 40, 41, 172, 176)						
Line No. (a)	Source (b)	ISS code (c)	Date reciprocity began (d)			
			Month OR DK	Year	OR	DK
1		8004 [][]	8006 [][]	x1 <input type="checkbox"/>	8008 1 9 [][]	x1 <input type="checkbox"/>
2		8010 [][]	8012 [][]	x1 <input type="checkbox"/>	8014 1 9 [][]	x1 <input type="checkbox"/>
3		8016 [][]	8018 [][]	x1 <input type="checkbox"/>	8020 1 9 [][]	x1 <input type="checkbox"/>
4		8022 [][]	8024 [][]	x1 <input type="checkbox"/>	8026 1 9 [][]	x1 <input type="checkbox"/>
5		8028 [][]	8030 [][]	x1 <input type="checkbox"/>	8032 1 9 [][]	x1 <input type="checkbox"/>
6		8034 [][]	8036 [][]	x1 <input type="checkbox"/>	8038 1 9 [][]	x1 <input type="checkbox"/>
7		8040 [][]	8042 [][]	x1 <input type="checkbox"/>	8044 1 9 [][]	x1 <input type="checkbox"/>
8		8046 [][]	8048 [][]	x1 <input type="checkbox"/>	8050 1 9 [][]	x1 <input type="checkbox"/>

CHECK ITEM T3 Is . . . 18 years of age or over? **8052** 1 Yes
2 No — SKIP to Check Item T10

CHECK ITEM T4 Is "Food stamps" (code 27) listed in the Reciprocity History Roster? **8054** 1 Yes
2 No — SKIP to 2b

2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps? **8056** 1 Yes — SKIP to 2d
2 No — SKIP to Check Item T5

b. Has . . . ever applied for the Federal Government's Food Stamp Program? **8058** 1 Yes
2 No — SKIP to Check Item T5

c. Has . . . ever been authorized to receive food stamps? **8060** 1 Yes
2 No — SKIP to Check Item T5

d. When did . . . first start receiving food stamps?
8062 [][] Month x1 Don't know
8064 1 9 [][] Year x1 Don't know

e. For how long did . . . receive food stamps that time?
8066 [][] Years
OR
8068 [][] Months
8070 x1 Don't know

f. How many times in all have there been when . . . was authorized to receive food stamps? **8072** [][] Times
x1 Don't know

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – RECIPIENCY HISTORY (Continued)

CHECK ITEM T5	Is . . . a designated parent or guardian of children under 18 who live in this household?	8074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
CHECK ITEM T6	Is "AFDC" (code 20) listed in the Recipency History Roster?	8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
3a. Besides this period of time, have there been any other times when . . . received AFDC (ADC)?		8078 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T7
b. Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?		8080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
c. Has . . . ever received AFDC (ADC) benefits?		8082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
d. When did . . . first start receiving AFDC (ADC) benefits?		8084 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8086 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
e. For how long did . . . receive AFDC (ADC) that time?		8088 <input type="text"/> <input type="text"/> Years OR 8090 <input type="text"/> <input type="text"/> Months 8092 x1 <input type="checkbox"/> DK
f. How many times in all have there been when . . . received AFDC (ADC)?		8094 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
CHECK ITEM T7	Is "SSI" (codes 3 or 4) listed in the Recipency History Roster?	8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4b
4a. Besides this period of time, have there been any other times when . . . received SSI benefits?		8098 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to Check Item T8
b. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?		8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
c. Has . . . ever received SSI benefits?		8102 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
d. When did . . . first start receiving SSI?		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
e. For how long did . . . receive SSI that time?		8108 <input type="text"/> <input type="text"/> Years OR 8110 <input type="text"/> <input type="text"/> Months 8112 x1 <input type="checkbox"/> DK
CHECK ITEM T8	Is "Medicaid" (code 173) marked in cc item 47 for Wave 1?	8114 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10
CHECK ITEM T9	Is "SSI" or "AFDC" (codes 3, 4, or 20) marked in cc item 45 for Wave 1?	8116 1 <input type="checkbox"/> Yes – SKIP to Check Item T10 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – RECIPIENCY HISTORY (Continued)

5. During our last visit we recorded that . . . was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?

8118 Month x1 Don't know

8120 **1** **9** Year x1 Don't know

8122 x3 Never covered by Medicaid

CHECK ITEM T10 Was . . . covered by a health insurance plan? (Is item 27a or 27b, page 10 marked "Yes"?)

8124 1 Yes
2 No — SKIP to item 7

6. We have recorded that . . . is covered by a private health insurance plan. For how long has . . . been covered by health insurance without interruption?

8126 Months

OR

8128 Years

8130 x3 Have always had insurance
x1 DK

} SKIP to Check Item T11

7. We have recorded that . . . is not currently covered by a private health insurance plan. When was the last time . . . was covered by private health insurance?

8132 Month x1 Don't know

8134 **1** **9** Year x1 Don't know

8136 x3 Has never been covered

CHECK ITEM T11 Is . . . the reference person?

8138 1 Yes
2 No — SKIP to Check Item T14, page 49

CHECK ITEM T12 Refer to cc item 16a. Is this housing unit public or subsidized?

8140 1 Yes
2 No — SKIP to Check Item T13

8. For how long has . . . been living in public or subsidized housing?

8142 Months

OR

8144 Years

8146 x3 Have always lived in public housing
x1 DK

} SKIP to Check Item T14, page 49

CHECK ITEM T13 Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?

8148 1 Yes
2 No — SKIP to Check Item T14, page 49

9. Is . . . on a waiting list for public or subsidized housing?

8150 1 Yes
2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY

CHECK ITEM T14	Is . . . 18 to 64 years old?	8200	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T21, page 52</i>
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STATEMENT A → **Now I would like to ask some questions about some of the jobs . . . has held.**

CHECK ITEM T15	Is there an employer or business listed in cc item 42 or 43?	8202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T17</i>
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ASK OR VERIFY –		PGM 8	Name of employer or business
1. What was the name of . . . 's MAIN employer or business during the period (8 months ago) through (5 months ago)?		8204	_____

	(If more than one, enter name of latest employer)		

CHECK ITEM T16	Refer to cc item 42 or 43. What is the ID number of this employer or business?	PGM 7	
		8206	<input type="checkbox"/> Employer number
			OR
		8208	<input type="checkbox"/> Business number
			} <i>SKIP to 3</i>

CHECK ITEM T17	Is "Worked" (code 170) marked on the ISS?	8210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
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ASK OR VERIFY –		PGM 8	Name of employer or business
2. What was the name of . . . 's MAIN employer or business during the past 4 months?		8212	_____

CHECK ITEM T18	Refer to Check Item E3, page 14 or Check Item S1, page 18. What is the ID number of this employer or business?	PGM 7	
		8214	<input type="checkbox"/> Employer number
			OR
		8216	<input type="checkbox"/> Business number

3. When did . . . start working for (Read name of employer or business)?		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	} <i>SKIP to 5</i>

4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?		8222	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know	
		8224	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know	} <i>SKIP to Check Item T19</i>
		8226	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more } <i>ASK 4b</i>		

b. What is the main reason . . . never worked 2 consecutive weeks or more at a job or business?		8228	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
				} <i>SKIP to Check Item T21, page 52</i>

5. Before this job when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?		8230	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know	
		8232	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know	
		8234	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – <i>SKIP to 8a, page 51</i>		

CHECK ITEM T19	Is the year in item 4a or item 5 between 1975 and 1986?	8236	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8a, page 51</i>
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Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY (Continued)

6a. What was the name of . . . 's employer or business at that time?	PGM 8 8238	Name of employer or business _____ _____								
b. What kind of company, business, or industry was (Name of employer or business)?	PGM 8 8240	_____ _____								
c. Was that business mainly (Read categories) –	PGM 8 8242	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?								
d. What kind of work was . . . doing on that job?	PGM 8 8244	_____ _____								
e. What were . . . 's main activities or duties?	PGM 8 8246	_____ _____								
f. Did . . . work for an employer on that job or was . . . self-employed?	PGM 7 8248	1 <input type="checkbox"/> Worked for an employer 2 <input type="checkbox"/> Self-employed								
g. When did . . . START working for (Name of employer or business)?	8250 8252	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="padding: 0 5px;">Month</td> <td style="padding: 0 10px;">x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="padding: 0 5px;">Year</td> <td style="padding: 0 10px;">x1 <input type="checkbox"/> Don't know</td> </tr> </table>			Month	x1 <input type="checkbox"/> Don't know	1	9	Year	x1 <input type="checkbox"/> Don't know
		Month	x1 <input type="checkbox"/> Don't know							
1	9	Year	x1 <input type="checkbox"/> Don't know							
h. What was the main reason . . . stopped working for (Name of employer or business)?	8254	1 <input type="checkbox"/> Layoff, plant closed 2 <input type="checkbox"/> Discharged 3 <input type="checkbox"/> Job was temporary and ended 4 <input type="checkbox"/> Found a better job 5 <input type="checkbox"/> Retirement/old age 6 <input type="checkbox"/> Did not like working conditions 7 <input type="checkbox"/> Dissatisfied with earnings 8 <input type="checkbox"/> Did not like location 9 <input type="checkbox"/> Going to school 10 <input type="checkbox"/> Became pregnant/had child 11 <input type="checkbox"/> Health reasons 12 <input type="checkbox"/> Other family or personal reasons 13 <input type="checkbox"/> Other – Specify ↓ _____								
7a. In what year did . . . first work six straight months or longer at a regular job or business?	8256	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> </tr> </table> x3 <input type="checkbox"/> Never worked 6 straight months at a job or business – SKIP to Check Item T21, page 52 x1 <input type="checkbox"/> DK – SKIP to 8a	1	9						
1	9									
b. Since (Year in 7a) has . . . always worked at least six months during the year?	8258	1 <input type="checkbox"/> Yes – SKIP to 8a 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – SKIP to Check Item T20								
c. How many years were there when . . . worked at least 6 months?	8260	<table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="padding: 0 5px;">Years</td> </tr> </table> x1 <input type="checkbox"/> DK			Years					
		Years								
CHECK ITEM T20 Is the year in item 7a between 1975 and 1986?	8262	1 <input type="checkbox"/> Yes – SKIP to 8a 2 <input type="checkbox"/> No								
7d. Since 1975 how many years have there been when . . . worked at least 6 months during the year?	8264	x5 <input type="checkbox"/> All years OR <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; text-align: center;"> </td> <td style="padding: 0 5px;">Years</td> </tr> </table> OR x1 <input type="checkbox"/> DK			Years					
		Years								

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY (Continued)

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 (Year in 7a or 3), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?

- 8266** 1 Yes
 2 No – SKIP to Check Item T21

b. About how many times has . . . gone 6 months or longer without working at a job or business?

- 8268** Times
 x1 DK

c. When was the last time that . . . went 6 months or longer without working at a job or business?

- FROM
- 8270**
- x1 DK
- TO
- 8272**
- x1 DK

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

- 8274** 1 Took care of family or home
 2 Own illness or disability
 3 Could not find work
 4 Going to school
 5 Became pregnant/had child
 6 Other – Specify

NOTES

Section 5 – TOPICAL MODULES – Continued

Part C – WORK DISABILITY HISTORY

CHECK ITEM T21	Refer to cc item 24. What is ...'s age?	8300	1 <input type="checkbox"/> 15 years — SKIP to Statement C, page 54 2 <input type="checkbox"/> 16 to 67 years 3 <input type="checkbox"/> 68 years or over — SKIP to Statement C, page 54
STATEMENT B → Now I want to talk about any health or physical condition ... may have that affected ...'s ability to work.			
CHECK ITEM T22	Is "Disabled" (code 171) marked on the ISS for ...?	8302	1 <input type="checkbox"/> Yes — SKIP to 1a 2 <input type="checkbox"/> No
CHECK ITEM T23	Is "Disabled" (code 171) marked on the control card for ...?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1b
1 a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8306	1 <input type="checkbox"/> Yes — SKIP to 1c 2 <input type="checkbox"/> No — SKIP to Statement C, page 54
b.	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	8308	1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Statement C, page 54
c.	When did ... become limited in the kind or amount of work that ... could do at a job?	8310	[] [] Month x1 <input type="checkbox"/> Don't know
		8312	1 9 [] [] Year x1 <input type="checkbox"/> Don't know
		8314	x3 <input type="checkbox"/> Person was limited before person became of working age — SKIP to 2a x5 <input type="checkbox"/> Person became limited after retiring — SKIP to Statement C, page 54
d.	Was ... employed at the time ...'s work limitation began?	8316	1 <input type="checkbox"/> Yes — SKIP to 2a 2 <input type="checkbox"/> No
e.	When was the last time ... worked before ...'s work limitation began?	8318	[] [] Month x1 <input type="checkbox"/> Don't know
		8320	1 9 [] [] Year x1 <input type="checkbox"/> Don't know
		8322	x3 <input type="checkbox"/> Had never been employed before work limitation began
2 a.	ASK OR VERIFY — (SHOW FLASHCARD DD) What health condition is the main reason for ...'s work limitation?	8324	Code Name of health condition [] [] _____ _____
b.	ASK OR VERIFY — Was this condition caused by an accident or injury?	8326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T24
c.	Where did the accident or injury take place — was it (Read categories) — Mark (X) only one.	8328	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T24	Is "Worked" (code 170) marked on the ISS?	8330	1 <input type="checkbox"/> Yes — SKIP to Check Item T25 2 <input type="checkbox"/> No
3 a.	Does ...'s health or condition prevent ... from working at a job or business?	8332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4a
b.	When did ... become unable to work at a job?	8334	[] [] Month x1 <input type="checkbox"/> Don't know
		8336	1 9 [] [] Year x1 <input type="checkbox"/> Don't know
		8338	x3 <input type="checkbox"/> Has never been able to work at a job — SKIP to Statement C, page 54

Section 5 – TOPICAL MODULES (Continued)

Part C – WORK DISABILITY HISTORY (Continued)

**CHECK
ITEM T25**

Refer to item 8a, page 4.

Did . . . usually work 35 or more hours per week during the reference period?

- 8340** 1 Yes — SKIP to 4b
2 No

4a. Is . . . now able to work at a full-time job or is . . . only able to work part-time?

- 8342** 1 Full-time
2 Part-time

b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?

- 8344** 1 Regularly
2 Only occasionally or irregularly

c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?

- 8346** 1 Yes, able to do same kind of work
2 No, not able to do same kind of work
3 Did not work before limitation began

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – EDUCATION AND TRAINING HISTORY

STATEMENT C

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T26	Refer to cc item 31b. Was . . . 's highest grade attended grade 12 or less? (Codes 00–12 in cc item 31b)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 3a
1.	When did . . . last attend elementary or high school?	8402 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8404 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know 8406 1 <input type="checkbox"/> Currently attending – SKIP to Check Item T30, page 56 2 <input type="checkbox"/> Never attended
2.	Has . . . received a high school diploma? (Include GED's.)	8408 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T29
3a.	When did . . . receive a high school diploma?	8410 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8412 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
b.	Was the high school that . . . attended public; private, church-related; or private, not church-related?	8414 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private, church-related 3 <input type="checkbox"/> Private, not church-related 4 <input type="checkbox"/> Did not attend high school x1 <input type="checkbox"/> DK
CHECK ITEM T27	Refer to cc item 31b. Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b.)	8416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T29
4a.	When did . . . first attend college or a university?	8418 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8420 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
b.	What is the highest degree beyond a high school diploma that . . . has earned?	8422 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 4f x1 <input type="checkbox"/> DK
c.	When did . . . receive that degree?	8424 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8426 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
	(SHOW FLASHCARD EE)	Code Field of study
d.	In what field of study did . . . receive that degree?	8428 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> Don't know
CHECK ITEM T28	Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)	8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T29
4e.	When did . . . receive his/her Bachelor's degree?	8432 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8434 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know } SKIP to Check Item T29
	(SHOW FLASHCARD EE)	Code Field of study
f.	In what field of study were the courses that . . . took at college or university?	8436 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> Don't know
g.	When was the last time that . . . was a student at a college or university?	8438 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8440 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know OR 8442 1 <input type="checkbox"/> Is still a student

Section 5 – TOPICAL MODULES (Continued)

Part D – EDUCATION AND TRAINING HISTORY (Continued)

**CHECK
ITEM T29**

Refer to cc item 24.
Is . . . 65 years of age or over?

- 8444** 1 Yes – *SKIP to Check Item T30*
2 No

5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?

- 8446** 1 Yes
2 No
x1 DK } *SKIP to Check Item T30*

b. Was any of this training sponsored by any of the following programs (Read categories)?

Mark (X) all that apply.

- 8448** 1 **Job Training Partnership Act (JTPA)**
8450 2 **Comprehensive Employment Training Act (CETA)**
8452 3 **Work Incentive Program (WIN)**
8454 4 **Trade Adjustment Assistance Act**
8456 5 **Veterans' Training Programs**
8458 6 No – *SKIP to 5d*

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

Mark (X) all that apply.

- 8460** 1 Classroom training—job skills
8462 2 Classroom training—basic education
8464 3 On-the-job training
8466 4 Job search assistance
8468 5 Work experience
8470 6 Other
- } *SKIP to 5e*

d. Where did . . . receive this training?

Mark (X) all that apply.

- 8472** 1 Apprenticeship program
8474 2 Business, commercial, or vocational school
8476 3 Junior or community college
8478 4 Program completed at a 4 year college or graduate school
8480 5 High school vocational program
8482 6 Training program at work
8484 7 Military (exclude basic training)
8486 8 Correspondence course
8488 9 Training or experience received on previous job
8490 10 Sheltered workshop
8492 11 Vocational rehabilitation centers
8494 12 Other

e. Does . . . use this training on . . . 's (most recent) job?

- 8496** 1 Yes
2 No

f. When did . . . start this (most recent) training?

(If more than one training occurred, ask about the most recent one)

- 8498** Month x1 Don't know
8500 1 9 Year x1 Don't know

g. For how many weeks did . . . attend this (most recent) training program?

- 8502** Weeks
8504 x3 Currently attending
x4 Less than 1 week
x1 Don't know

h. Who paid for this (most recent) program?

Mark (X) all that apply.

- 8506** 1 Self or family
8508 2 Employer
8510 3 Federal, State, or local government
8512 4 Someone else

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FAMILY BACKGROUND

**CHECK
ITEM T30**

Refer to cc item 24.
What is . . . 's age?

- 8550** 1 24 or younger } *SKIP to Check Item T32*
 2 65 or older }
 3 25 to 64 years old

STATEMENT D

Now I would like to ask some questions about the family . . . grew up in, around the time of . . . 's 16th birthday.

1. When . . . was 16 years old, how many brothers and sisters did . . . have? Include stepbrothers and stepsisters, and adopted children.

(Probe for the number of older and younger siblings)

- 8552** Older Brothers x1 Don't know
8554 Younger brothers x1 Don't know
8556 Older sisters x1 Don't know
8558 Younger sisters x1 Don't know
8560 Total x1 Don't know

2a. When . . . was 16 was . . . living with:

(Interviewer: Read only as many categories to respondent as are necessary to determine who guardians were. Mark only one box.)

- 8562** 1 Both natural parents } *SKIP to 3a*
 2 Natural mother and stepfather . . . }
 3 Natural father and stepmother . . . }
 4 Natural mother only parent present
 5 Natural father only parent present
 6 Other

b. When . . . was 16, who was . . . living with that was the head of the family?

- 8564** 1 Father
 2 Grandfather
 3 Some other male
 4 Mother } *SKIP to 5a*
 5 Grandmother }
 6 Some other female . . . }
 7 Not applicable — *SKIP to Check Item T32*

3a. When . . . was 16, what was . . . 's (father's/stepfather's or person marked in item 2b) occupation?

- 8566** x1 Did not have a paying job or business — *SKIP to 4*
PGM 8 Write in occupation

b. What kind of business or industry was he working for?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

- PGM 8**
8570 _____

4. What is the highest grade of school . . . 's (father/stepfather or the person marked in item 2b) ever completed?

- PGM 7**
8572 1 Never attended
 2 Elementary 1–8
 3 High school 1–3
 4 High school graduate
 5 College 1–3
 6 College 4
 7 College 5 or more
 x1 DK

**CHECK
ITEM T31**

Refer to item 2a.
Is box 1, 2, or 3 marked in item 2a?

- 8574** 1 Yes
 2 No — *SKIP to Check Item T32*

5a. When . . . was 16, what was . . . 's (mother's/stepmother's or person marked in item 2b) occupation?

- 8576** x1 Did not have a paying job or business — *SKIP to 6*
PGM 8 Write in occupation

b. What kind of business or industry was she working for?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

- PGM 8**
8580 _____

6. What is the highest grade of school . . . 's (mother/stepmother or the person marked in item 2b) ever completed?

- PGM 7**
8582 1 Never attended
 2 Elementary 1–8
 3 High school 1–3
 4 High school graduate
 5 College 1–3
 6 College 4
 7 College 5 or more
 x1 DK

Section 5 – TOPICAL MODULES (Continued)

Part F – MARITAL HISTORY

**CHECK
ITEM T32**

Refer to cc item 26a.

What is . . . 's current marital status?

8600

- 1 Married, spouse present
- 2 Married, spouse absent
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married — SKIP to Statement F, page 59

STATEMENT E

Now I have a few questions about . . . 's marital history.

1. How many times has . . . been married?

8602

- 1 1 — SKIP to Check Item T36
- 2 2
- 3 3
- 4 4 +

2a. In what month and year did . . . get married for the first time?

8604

Month x1 Don't know

8606

Year x1 Don't know

b. Did . . . 's first marriage end in widowhood or in divorce?

8608

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8610

Month x1 Don't know

8612

Year x1 Don't know

**CHECK
ITEM T33**

Is "Widowhood" marked in item 2b?

8614

- 1 Yes — SKIP to Check Item T34
- 2 No

2d. In what month and year did . . . actually stop living with . . . 's spouse?

8616

Month x1 Don't know

8618

Year x1 Don't know

**CHECK
ITEM T34**

Refer to item 1.

How many times has . . . been married?

8620

- 1 2 — SKIP to Check Item T36
- 2 3 +

3a. In what month and year did . . . get married for the second time?

8622

Month x1 Don't know

8624

Year x1 Don't know

b. Did . . . 's second marriage end in widowhood or in divorce?

8626

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8628

Month x1 Don't know

8630

Year x1 Don't know

**CHECK
ITEM T35**

Is "Widowhood" marked in item 3b?

8632

- 1 Yes — SKIP to Check Item T36
- 2 No

3d. In what month and year did . . . actually stop living with . . . 's second spouse?

8634

Month x1 Don't know

8636

Year x1 Don't know

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – MARITAL HISTORY (Continued)

CHECK ITEM T36	Has a Wave 2 interview been obtained for ...'s spouse?	8638	<input type="checkbox"/> Yes — <i>SKIP to Statement F, page 59</i> <input type="checkbox"/> No <input type="checkbox"/> No, no spouse in household
4a. In what month and year did ... get married (most recently)?		8640	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8642 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T37	Refer to Check Item T32. What is ...'s current marital status?	8644	<input type="checkbox"/> Married, spouse present } <i>SKIP to Statement F, page 59</i> <input type="checkbox"/> Married, spouse absent } <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated — <i>SKIP to item 4c</i>
4b. In what month and year was ... (widowed/divorced)?		8646	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8648 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T38	Is "Widowed" marked in Check Item T37?	8650	<input type="checkbox"/> Yes — <i>SKIP to Statement F, page 59</i> <input type="checkbox"/> No
4c. When did ... actually stop living with ...'s (most recent) spouse?		8652	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8654 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know

GO to Statement F, page 59

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – MIGRATION HISTORY

STATEMENT F

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

<p>1. When did . . . move into this home/apartment/mobile home?</p>	<p>8700 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8702 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>x4 <input type="checkbox"/> Always lived here – SKIP to Check Item T40, page 60</p>
<p>2. Before living here, where did . . . live? <i>(Refer to Flashcard W for State or country code.)</i></p>	<p>8704 1 <input type="checkbox"/> Same state, same county 2 <input type="checkbox"/> Same state, different county <input type="checkbox"/> Different State – Specify code</p> <p>8706 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK } SKIP to item 6</p> <p><input type="checkbox"/> Different country – Specify code</p> <p>8708 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK</p>
<p>3. During what period of time did . . . live there?</p>	<p align="center">FROM</p> <p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8712 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p align="center">TO</p> <p>8714 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8716 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>4. Has . . . ever lived in another State or foreign country?</p>	<p>8718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 7</p>
<p>5. What State or foreign country was that? <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard W.)</i></p>	<p align="center">Specify code</p> <p>8720 <input type="text"/> <input type="text"/> _____</p> <p>x1 <input type="checkbox"/> Don't know</p>
<p>6. During what period of time did . . . live there?</p>	<p align="center">FROM</p> <p>8722 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8724 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p align="center">TO</p> <p>8726 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8728 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>7. In what State or foreign country was . . . born? <i>(Enter code from Flashcard W.)</i></p>	<p align="center">Specify code</p> <p>8730 <input type="text"/> <input type="text"/> _____</p>
<p>CHECK ITEM T39 Does the code in item 7 equal a foreign country code of 62–91 or 99?</p>	<p>8732 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T40, page 60</p>
<p>8. Is . . . a naturalized citizen of the United States?</p>	<p>8734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents – SKIP to Check Item T40, page 60</p>
<p>9. When did . . . come to the United States to stay?</p>	<p>8736 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x5 <input type="checkbox"/> Before 1901</p>

Section 5 – TOPICAL MODULES (Continued)

Part H – FERTILITY HISTORY

CHECK ITEM T40	Refer to cc items 24 and 28. What is . . . 's age and sex?	8750	<input type="checkbox"/> Female – Read Statement G and then SKIP to item 2a <input type="checkbox"/> Male, 18+ years old <input type="checkbox"/> Male, 15–17 years old – SKIP to Check Item T51, page 62
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STATEMENT G → Now I have a few questions about the number of children, if any, that have been born to . . .

1. 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>	8752	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know	} SKIP to Check Item T51, page 62
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2a. How many children, if any, has . . . ever had? <i>(Do not count stillbirths, adopted, foster, or stepchildren.)</i>	8754	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None – SKIP to Check Item T51, page 62	
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CHECK ITEM T41	Is . . . 65 years of age or over?	8756	<input type="checkbox"/> Yes – SKIP to Check Item T51, page 62 <input type="checkbox"/> No
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2b. Are all of . . . 's children currently living in this household?	8758	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to item 3a	
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CHECK ITEM T42	Refer to cc item 24. Verify the birth date of . . . 's first, second, and last child (if more than one child ever born) and enter the person number of the child(ren).	8760	Month	Year	Person number	} SKIP to Check Item T51, page 62
	First child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Second child	<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"/>	

CHECK ITEM T43	Refer to item 2a. How many children has . . . ever had?	8778	<input type="checkbox"/> One child – SKIP to item 5a <input type="checkbox"/> 2+ children
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3a. When was . . . 's last child born?	8780	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know	
	8782	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know	

CHECK ITEM T44	Refer to item 3a. Was . . . 's last child born on or after January 1, 1960?	8784	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T46
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ASK OR VERIFY –		8786	<input type="checkbox"/> Resides in this household – Go to Check Item T45 Resides elsewhere <input type="checkbox"/> In his/her own household With relatives <input type="checkbox"/> With own father <input type="checkbox"/> With own grandparent(s) <input type="checkbox"/> With adoptive parents <input type="checkbox"/> With other relatives With nonrelatives <input type="checkbox"/> In foster care/foster family <input type="checkbox"/> In an institution (hospital) <input type="checkbox"/> In school <input type="checkbox"/> In correctional facility <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> DK	} SKIP to Check Item T46
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CHECK ITEM T45	Write the person number of the last child.	8788	<input type="text"/> <input type="text"/> <input type="text"/> Person number of last child
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CHECK ITEM T46	Refer to item 2a. How many children has . . . ever had?	8790	<input type="checkbox"/> 2 – SKIP to item 5a <input type="checkbox"/> 3+
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4a. When was . . . 's second child born?	8792	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know	
	8794	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know	

Section 5 – TOPICAL MODULES (Continued)

Part H – FERTILITY HISTORY (Continued)

CHECK ITEM T47	Refer to item 4a. Was . . . 's second child born on or after January 1, 1960?	8796	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 5a
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ASK OR VERIFY – 4b. With whom does the child live now?	8798	1 <input type="checkbox"/> Resides in this household – Go to Check Item T48	} SKIP to item 5a
		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	

CHECK ITEM T48	Write the person number of the second child.	8800	<input type="text"/> <input type="text"/> <input type="text"/> Person number of second child
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5a. When was . . . 's (first) child born?	8802	<input type="text"/> <input type="text"/> Month	x1 <input type="checkbox"/> Don't know
	8804	1 9 <input type="text"/> <input type="text"/> Year	x1 <input type="checkbox"/> Don't know

CHECK ITEM T49	Refer to item 5a. Was . . . 's (first) child born on or after January 1, 1960?	8806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T51, page 62
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ASK OR VERIFY – 5b. With whom does the child live now?	8808	1 <input type="checkbox"/> Resides in this household – Go to Check Item T50	} SKIP to Check Item T51, page 62
		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	

CHECK ITEM T50	Write the person number of the (first) child.	8810	<input type="text"/> <input type="text"/> <input type="text"/> Person number of first child
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NOTES	
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Section 5 – TOPICAL MODULES (Continued)

Part I – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T51	What is the composition of this household?	9266	1 <input type="checkbox"/> One person HH 2 <input type="checkbox"/> Two person HH consisting of husband and wife 3 <input type="checkbox"/> Two person HH consisting of non-relatives 4 <input type="checkbox"/> Other	} SKIP to Check Item C1, page 67
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CHECK ITEM T52	Is this the Reference Person's questionnaire?	9268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 67
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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 H → 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 1 and enter codes from Flashcard FF.

	Name	Name	Name	Name	Name	Name
ASK OR VERIFY – 1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?	9272 a.	9274 b.	9276 c.	9278 d.	9280 e.	9282 f.
	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
	[][][]	[][][]	[][][]	[][][]	[][][]	[][][]
9300 Name Person No. [][][]						
9330 Name Person No. [][][]	9332					
9360 Name Person No. [][][]	9362	9364				
9390 Name Person No. [][][]	9392	9394	9396			
9420 Name Person No. [][][]	9422	9424	9426	9428		
9450 Name Person No. [][][]	9452	9454	9456	9458	9460	
9480 Name Person No. [][][]	9482	9484	9486	9488	9490	9492
9510 Name Person No. [][][]	9512	9514	9516	9518	9520	9522
9540 Name Person No. [][][]	9542	9544	9546	9548	9550	9552
9570 Name Person No. [][][]	9572	9574	9576	9578	9580	9582
9600 Name Person No. [][][]	9602	9604	9606	9608	9610	9612
9630 Name Person No. [][][]	9632	9634	9636	9638	9640	9642
9660 Name Person No. [][][]	9662	9664	9666	9668	9670	9672
9690 Name Person No. [][][]	9692	9694	9696	9698	9700	9702

GO to Check Item C1, page 67

Section 5 – TOPICAL MODULES (Continued)

Part I – HOUSEHOLD RELATIONSHIPS (Continued)

NOTES

Name	Name	Name	Name	Name	Name	Name	Name
9284 g.	9286 h.	9288 i.	9290 j.	9292 k.	9294 l.	9296 m.	9298 n.
Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9524							
9554	9556						
9584	9586	9588					
9614	9616	9618	9620				
9644	9646	9648	9650	9652			
9674	9676	9678	9680	9682	9684		
9704	9706	9708	9710	9712	9714	9716	