Items Booklet Table of Contents for

Items Booklet for

Enter Text   **CS03**

```
Earlier we recorded that **READ ABOVE FOR NAMES OF ALL CHILDREN**
did not have [FILL TEMP] other parent staying in the household.

ENTER (P) TO PROCEED

@
```

Mark One Only   **CS04**

```
Does [fill CHILDNAMET] have a parent living elsewhere?

     (1)  Yes
     (2)  No

      @
```

Multiple Entry   **CS05**

```
[fill TEMP1]
[fill TEMP2]
Why doesn't [fill CHILDNAMET] have a biological or adoptive parent
living outside the household?

     (1)  Other parent has died
     (2)  Both parents live in the household
     (3)  Parents are separated/divorced
     (4)  Don't want contact with child's other parent
     (5)  Don't know where child's other parent is
     (6)  Other parent lives elsewhere
     (7)  Other parent legally terminated their parental rights
     (8)  Other parent is no longer recognized as a parent by
          this household
     (9)  Child was adopted by a single parent
     (10) Other

       @
```

Mark One Only   **CS08**

```
[fill TEMP1]
Child support payments can be specified in
written or verbal child support agreements.
Have child support payments ever been
agreed to or awarded for **READ NAME(S)**?

     (1)  Yes
     (2)  No

      @
```

Multiple Entry   **CS10**

Which children are covered by a written or verbal child support
agreement?

ENTER LINE NUMBER OF EACH CHILD
ENTER (N) FOR NO MORE

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10

@11 @12 @13 @14 @15 @16 @17 @18 @19 @20

@21 @22 @23 @24 @25 @26 @27 @28 @29 @30

Mark One Only   **CS13**

Were any of these children covered by different child support
agreements? By that we mean separate agreements involving different
absent parents.

    (1) Yes
    (2) No

     @

Enter Number   **CS14**

How many different child support agreements cover these children?

@ (number of agreements)

Multiple Entry   **CS15**

Which of these children were covered by the MOST RECENT child
support agreement?

ENTER LINE NUMBERS OF EACH CHILD COVERED BY THE MOST RECENT
AGREEMENT
ENTER (N) FOR NO MORE

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10

@11 @12 @13 @14 @15 @16 @17 @18 @19 @20

@21 @22 @23 @24 @25 @26 @27 @28 @29 @30

Mark One Only   **CS17**

The following questions refer to the MOST
RECENT CHILD SUPPORT AGREEMENT. This is
the agreement covering **READ NAME(S) OF
CHILD(REN)**.

Was this a voluntary written agreement
ratified by the court, a court-ordered
agreement, some other type of written
agreement, or a non-written verbal
agreement?

    (1) Voluntary written agreement
         ratified by the court
    (2) Court-ordered agreement
    (3) Other type of written agreement
    (4) A non-written verbal agreement

     @

Enter Number

CS18

In what year was this agreement FIRST reached?

@

Multiple Entry

CS19

What was the dollar amount of that agreement? You may report this
as a weekly, biweekly, monthly, or an annual amount.

    $@AMT per

(1) Per week
(2) Biweekly
(3) Per month
(4) Per year

 @1

Mark One Only

CS21

THE AMOUNT YOU HAVE ENTERED [fill CS19@AMT] IS UNUSUALLY LARGE.

(1) BACK UP AND CORRECT
(P) Proceed

 @

Mark One Only

CS22

Has the dollar amount ever changed?

(1) Yes
(2) No

 @

Enter Number

CS23

In what year was the amount LAST changed?

@

Multiple Entry

CS24

What was the dollar amount for the agreement after the last change?

    $@AMT per

(1) Per week
(2) Biweekly
(3) Per month
(4) Per year

 @1

Mark One Only **CS26**

THE AMOUNT YOU HAVE ENTERED [fill CS24@AMT] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

     @

Mark One Only **CS27**

Was that change made or agreed to by a government agency such as a
court or child support agency?

    (1) Yes
    (2) No

     @

Mark One Only **CS28**

These next few questions are asking information about the past
12 months.

Were any payments due from [fill MONTH4] [fill TINTYR] to
[fill MONTH4] [fill INTYR]?

    (1) Yes
    (2) No

     @

Mark One Only **CS29**

Why weren't any payments due during that period?

    (1) Child(ren) over the age limit
    (2) Other parent not working
    (3) Other parent in jail or institution
    (4) Payment suspended by court or child support agency
    (5) Other reason

     @

Multiple Entry **CS30**

What is the total amount of child support payments [fill TEMPNAME]
[fill WASWERE] supposed to receive during that period from the
most recent agreement?

    $ @AMT

Mark One Only **CS32**

  THE AMOUNT YOU HAVE ENTERED [fill CS30@AMT] [fill LGSMFIL].

    (1) BACK UP AND CORRECT
    (P) Proceed

     @

Mark One Only   **CS33**

```
How are these payments supposed to be received?
Are they received...
READ RESPONSES

     (1)  Directly from the other parent
     (2)  Through the court
     (3)  Through the welfare or child support agency
     (4)  Some other method

      @
```

Multiple Entry   **CS34**

```
What is the total amount that [fill HESHE] ACTUALLY RECEIVED in
child support payments under that agreement during that period?

[if INDEX eq <1>]
Please include any child support passed through the welfare agency,
Excluding your regular A.F.D.C[if TEMP2 eq <> and TEMP3 eq <>] or[else],[endif]
[fill TEMP1] [fill TEMP2] [fill TEMP3][endif]

ENTER (N) FOR NONE

     $  @AMT
```

Mark One Only   **CS36**

```
THE AMOUNT YOU HAVE ENTERED [fill CS34@AMT] IS UNUSUALLY LARGE.

     (1)  BACK UP AND CORRECT
     (P)  Proceed

      @
```

Mark One Only   **CS37A**

```
From [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], did
[fill TEMPNAME] receive EVERY SINGLE ONE of the child support payments
[fill HESHE] [fill WASWERE] supposed to receive?

     (1)  Yes
     (2)  No

      @
```

Mark One Only   **CS37B**

```
Of the child support payments [fill TEMPNAME] received from
[fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], how many
were received ON TIME?  Would you say all of them were on time,
most of them, some of them, or none of them?

     (1)  All
     (2)  Most
     (3)  Some
     (4)  None

      @
```

Mark One Only

CS37C

For the child support payments [fill TEMPNAME] received, how many of
them were for the FULL amount [fill HESHE] [fill WASWERE] supposed to
receive? Would you say all of them, most of them, some of them, or
none of them?

    (1) All
    (2) Most
    (3) Some
    (4) None

     @

Mark One Only

CS38

Sometimes child support that was not paid in previous years is added
to the amount of support owed today. This is sometimes called back
support, back payments, or arrearages.

Did [fill PTEMPNAME] most recent agreement for the past 12 months
include payment for back support?

    (1) Yes
    (2) No

     @

Enter Number

CS39

How much of the child support owed the last 12 months was considered
back payment?

    $@

Mark One Only

CS39B

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT OWED IN THE AGREEMENT
[fill CS39@] IS GREATER THAN THE TOTAL AMOUNT THE RESPONDENT STATED
WAS OWED IN THE AGREEMENT, [fill CS30@AMT].

    (1) BACK UP AND CORRECT
    (P) Proceed

     @

Mark One Only

CS39C

[fill C_AREIS] [fill TEMPNAME] owed any back payments?

    (1) Yes
    (2) No

     @

Enter Number

CS39D

To date, what is the amount of back payments OWED to [fill TEMPNAME]?

    $@

Mark One Only **CS39F**

THE AMOUNT YOU HAVE ENTERED [fill CS39D@] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

     @

Enter Number **CS39G**

How much back payment did [FILL TEMPNAME] actually RECEIVE the
last 12 months?

ENTER (N) FOR NONE

     $@

Mark One Only **CS39I**

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT RECEIVED [fill CS39G]
IS GREATER THAN THE TOTAL AMOUNT OF CHILD SUPPORT
RECEIVED, [fill CS34@AMT].

    (1) BACK UP AND CORRECT
    (P) PROCEED

     @

Multiple Entry **CS40**

What kinds of provisions for health care costs are included in
the child support agreement?

READ ALL RESPONSES
ENTER ALL YES RESPONSES
ENTER (N) FOR NO MORE

    (1) Non-custodial parent to provide health insurance
    (2) Custodial parent to provide health insurance
    (3) Non-custodial parent to pay actual medical costs directly
    (4) Child support payments to include cash medical support
    (5) No provisions for health insurance were included in agreement
    (6) Other provisions

    @1   @2   @3   @4   @5   @6

Mark One Only **CS41**

What child custody arrangements does the
child support agreement for **READ NAME(S)
OF CHILD(REN)** specify?

   (1) Joint legal and physical custody
   (2) Joint legal with mother physical
      custody
   (3) Joint legal with father physical
      custody
   (4) Mother legal and physical custody
   (5) Father legal and physical custody
   (6) Split custody
   (7) Other custody arrangement

    @

Mark One Only **CS42**

Does the child support agreement specify the amount of time that
the [fill TEMP1] will spend with the other parent?

    (1) Yes
    (2) No

      @

Mark One Only **CS44**

Did all the children spend about the same number of days with the
other parent in the last 12 months?

    (1) Yes
    (2) No

      @

Multiple Entry **CS45**

```
        [roster begin CHGRD]
          [if CHSFLAG eq <1> and CSKEEP eq <1> and CS44 eq <1>]
CHILD'S NAME: [fill CHILDNAMET]   LN: [fill GRDX2]
          [endif]
        [roster end CHGRD]
        [if CS44 eq <2>]
CHILD'S NAME: [fill OLDNAME]  LN: [fill TMP1] [endif]
        What is the total amount of time **READ NAMES OF CHILDREN ABOVE** spent
        with the other parent from [fill MONTH4] [fill TINTYR] to
        [fill MONTH4] [fill INTYR]?

        ENTER ONE RESPONSE
        ENTER (N) FOR NO TIME

        Number of days   @DAYS
        Number of weeks  @WEEKS
        Number of Months @MONTHS
```

Mark One Only **CS46**

Where does the other parent of **READ
NAME(S) OF CHILDREN** now live?

    (1) Same county or city
    (2) Same state (different county or
        city)
    (3) Different state
    (4) Other parent now deceased
    (5) Other
    (6) Unknown

      @

Mark One Only **CS47**

Do you and the other parent still live in the same state or states
where the initial child support agreement was reached?

    (1) Yes
    (2) No

      @

Mark One Only **CS48**

Who moved?

 (1) Subject person
 (2) Other parent
 (3) Both subject person and other parent

 @

Multiple Entry **CS49**

Now I would like to ask a few questions specifically about the
MOST RECENT NON-WRITTEN CHILD SUPPORT AGREEMENT OR UNDERSTANDING.

In what year was this agreement first reached?

 @YEAR

Multiple Entry **CS50**

What was the dollar amount of that agreement? You may report this
as a weekly, biweekly, monthly, or an annual amount.

 $ @AMT per

 (1) Per week
 (2) Biweekly
 (3) Per month
 (4) Per year

 @1

Mark One Only **CS52**

THE AMOUNT YOU HAVE ENTERED [fill CS50@AMT] IS UNUSUALLY LARGE.

 (1) BACK UP AND CORRECT
 (P) Proceed

 @

Mark One Only **CS53**

Has the dollar amount ever changed?

 (1) Yes
 (2) No

 @

Multiple Entry **CS54**

In what year was the amount LAST changed?

 @YEAR

Multiple Entry **CS55**

What was the dollar amount for the agreement after the last change?

$ @AMT per

(1) Per week
(2) Biweekly
(3) Per month
(4) Per year

@1

Mark One Only **CS57**

THE AMOUNT YOU HAVE ENTERED [fill CS55@AMT] IS UNUSUALLY LARGE.

(1) BACK UP AND CORRECT
(P) Proceed

@

Mark One Only **CS58**

These next few questions are asking information about the past
12 months.

Were any payments to be received from [fill MONTH4] [fill TINTYR] to
[fill MONTH4] [fill INTYR]?

(1) Yes
(2) No

@

Mark One Only **CS59**

Why weren't any payments due during that period?

(1) Child(ren) over the age limit
(2) Other parent not working
(3) Other parent in jail or institution
(4) Other reason

@

Multiple Entry **CS60**

What is the total amount of child support payments [fill TEMPNAME]
[fill WASWERE] supposed to receive during that period from the most
recent agreement?

$ @AMT

Mark One Only **CS62**

THE AMOUNT YOU HAVE ENTERED [fill CS60@AMT] IS UNUSUALLY LARGE

(1) BACK UP AND CORRECT
(P) Proceed

@

Multiple Entry

CS63

What is the total amount that [fill HESHE] ACTUALLY RECEIVED in child
support payments under that agreement during that period?

[if INDEX eq <1>]
Please include any child support passed through the welfare agency,
Excluding your regular A.F.D.C[if TEMP2 ne <> and TEMP3 ne <>] or[else],[endif]
[fill TEMP1] [fill TEMP2] [fill TEMP3][endif]

 ENTER (N) FOR NONE

      $ @AMT

Mark One Only

CS65

THE AMOUNT YOU HAVE ENTERED [fill CS63@AMT] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

      @

Mark One Only

CS66A

From [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], did
[fill TEMPNAME] receive EVERY SINGLE ONE of the child support payments
[fill HESHE] [fill WASWERE] supposed to receive?

    (1) Yes
    (2) No

      @

Mark One Only

CS66B

Of the child support payments [fill TEMPNAME] received from
[fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], how many
were received ON TIME?
Would you say all of them were on time, most of them, some of them,
or none of them?

    (1) All
    (2) Most
    (3) Some
    (4) None

      @

Mark One Only

CS66C

For the child support payments [fill TEMPNAME] received, how many of
them were for the FULL amount [fill HESHE] [fill WASWERE] supposed
to receive? Would you say all of them, most of them, some of them,
or none of them?

    (1) All
    (2) Most
    (3) Some
    (4) None

      @

Mark One Only **CS67**

Sometimes child support that was not paid in previous years is added
to the amount of support owed today. This is sometimes called back
support, back payments, or arrearages.

Did [fill PTEMPNAME] most recent agreement for the past 12 months
include payment for back support?

    (1) Yes
    (2) No

      @

Multiple Entry **CS68**

How much of the child support owed the last 12 months was considered
back payment?

      $ @AMT

Mark One Only **CS68B**

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT OWED IN THE AGREEMENT
[fill CS68@AMT] IS GREATER THAN THE TOTAL AMOUNT THE RESPONDENT
STATED WAS OWED IN THE AGREEMENT, [fill CS60@AMT].

    (1) BACK UP AND CORRECT
    (P) PROCEED

      @

Mark One Only **CS68C**

[fill C_AREIS] [fill TEMPNAME] owed any back payments?

    (1) Yes
    (2) No

      @

Enter Number **CS68D**

To date, what is the amount of back payments OWED to [fill TEMPNAME]?

      $@

Mark One Only **CS68F**

THE AMOUNT YOU HAVE ENTERED [fill CS68D] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

      @

Enter Number **CS68G**

How much back payment did [fill TEMPNAME] actually RECEIVE the last
12 months?

ENTER (N) FOR NONE

      $@

Mark One Only   **CS68I**

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT RECEIVED [fill CS68G]
IS GREATER THAN THE TOTAL AMOUNT OF CHILD SUPPORT
OWED. [fill CS63@AMT].

    (1) BACK UP AND CORRECT
    (P) PROCEED

     @

Multiple Entry   **CS69**

What kinds of provisions for health care costs are included in the
child support agreement?

READ ALL RESPONSES
ENTER ALL YES RESPONSES
ENTER (N) FOR NO MORE

    (1) Non-custodial parent to provide health insurance
    (2) Custodial parent to provide health insurance
    (3) Non-custodial parent to pay actual medical costs directly
    (4) Child support payments include cash medical support
    (5) No provisions for health insurance were included in agreement
    (6) Other provisions

   @1 @2 @3 @4   @5 @6

Mark One Only   **CS70**

What child custody arrangements does the
child support agreement for **READ NAME(S)
OF CHILDREN** specify?

    (1) Child(ren) live with mother
    (2) Child(ren) live with father
    (3) Child(ren) live with mother and
        with father
    (4) None
    (5) Other

    @

Mark One Only   **CS71**

Does the child support agreement specify the amount of time that
the [fill TEMP1] will spend with the other parent?

    (1) Yes
    (2) No

     @

Mark One Only   **CS73**

Did all the children spend about the same number of days with the
other parent in the last 12 months?

    (1) Yes
    (2) No

     @

Multiple Entry

CS74

```
-CS74-
        [roster begin CHGRD]
            [if CHSFLAG eq <1> and CSKEEP eq <1> and (CS73 eq <1> or CS73 eq <>)]
CHILD'S NAME: [fill CHILDNAMET]   LN: [fill GRDX2]
            [endif]
        [roster end CHGRD]
        [if CS73 eq <2>]
CHILD'S NAME: [fill OLDNAME]  LN: [fill TMP1] [endif]
        What is the total amount of time **READ NAMES OF CHILDREN ABOVE** spent
        with the other parent from [fill MONTH4] [fill TINTYR] to
        [fill MONTH4] [fill INTYR]?

        ENTER ONE RESPONSE
        ENTER (N) FOR NO TIME

        Number of days   @DAYS
        Number of weeks  @WEEKS
        Number of months @MONTHS
```

Mark One Only

CS77

```
        [if TMP1 gt <1>]
        [else]
        One reason a parent might not have a written agreement about child
        support payments is because the child's father was never
        LEGALLY IDENTIFIED.
        [endif]
        Was [fill CHILDNAMET]'s father ever legally identified by a
        court ruling?

                (1)  Yes
                (2)  No

                 @
```

Mark One Only

CS78

```
        Was [fill CHILDNAMET]'s father ever legally identified by a
        blood test or other genetic test?

                (1)  Yes
                (2)  No

                 @
```

Mark One Only

CS79

```
        Did [fill CHILDNAMET]'s father ever write his OWN signature on
        the application for [fill CHILDNAMET]'s birth certificate?

                (1)  Yes
                (2)  No

                 @
```

Mark One Only

CS80

Other than the application for a birth certificate, did
[fill CHILDNAMET]'s father ever sign a statement or affidavit
that legally specifies that he is [fill CHILDNAMET]'s father?

    (1) Yes
    (2) No

    @

Mark One Only

CS81

Did [fill CHILDNAMET]'s father ever sign any other papers,
such as insurance forms, a personal letter, or a card, that could
identify him as [fill CHILDNAMET]'s father?

    (1) Yes
    (2) No

    @

Multiple Entry

CS83

One reason a parent might not have a written agreement about
child support payments is because the child's father was never
LEGALLY IDENTIFIED. One way to legally identify the child's
father is through marriage.

[fill C_WASWERE] [fill HESHE] ever married to [fill CHILDNAMET]'s
father?

    (1) Yes
    (2) No

    @

Mark One Only

CS84

Was [fill CHILDNAMET]'s father ever legally identified by a
court ruling?

    (1) Yes
    (2) No

    @

Mark One Only

CS85

Was [fill CHILDNAMET]'s father ever legally identified by a
blood test or other genetic test?

    (1) Yes
    (2) No

    @

Mark One Only
CS86

Did [fill CHILDNAMET]'s father ever write his OWN signature
on the application for [fill CHILDNAMET]'s birth certificate?

(1) Yes
(2) No

@

Mark One Only
CS87

Other than the application for a birth certificate, did
[fill CHILDNAMET]'s father ever sign a statement or affidavit
that legally specifies that he is [fill CHILDNAMET]'s father?

(1) Yes
(2) No

@

Mark One Only
CS88

Did [fill CHILDNAMET]'s father ever sign any other papers, such
as insurance forms, a personal, letter or a card, that could identify
him as [fill CHILDNAMET]'s father?

(1) Yes
(2) No

@

Multiple Entry
CS89

Why was this agreement for **READ NAME(S)
OF CHILDREN** never put in writing?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

(1) Legal paternity was not
     established
(2) Unable to locate parent
(3) Other parent unable to pay
(4) Final agreement pending
(5) Accepted property settlement in
     lieu of child support
(6) Do not want a legal child
     support award
(7) Did not try to get child support
(8) Other reason

@1 @2 @3 @4 @5 @6 @7 @8

Mark One Only
CS90

Where does the other parent for this agreement now live?

(1) Same county or city
(2) Same state (different county or city)
(3) Different state
(4) Other parent now deceased
(5) Other
(6) Unknown

@

Mark One Only   **CS91**

[fill C_DODOES] [fill HESHE] and the other parent still live in the
same states(s) where the initial child support agreement was reached?

    (1) Yes
    (2) No

      @

Mark One Only   **CS92**

Who moved?

    (1) Subject person
    (2) Other parent
    (3) Both subject person and other parent

      @

Multiple Entry   **CS94**

Now I would like to ask a few questions
about the OTHER CHILD SUPPORT AGREEMENTS
[fill HESHE] had for **READ NAME(S) OF
CHILDREN**. What was the dollar amount
of [fill TEMP1] You may report this as a
weekly, biweekly, monthly, or an annual
amount.

    $ @AMT per

  (1) Per week
  (2) Biweekly
  (3) Per month
  (4) Per year

   @1

Mark One Only   **CS96**

THE AMOUNT YOU HAVE ENTERED [fill CS94@AMT] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

      @

Multiple Entry   **CS97**

What is the total amount that [fill HESHE] actually received in
child support payments under [fill TEMP1] during that period?

ENTER (N) IF NOTHING RECEIVED

    $ @AMT

Mark One Only   **CS99**

THE AMOUNT YOU HAVE ENTERED [fill CS97@AMT] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

      @

Mark One Only

CS100

```
        ROSTER CS02
        [roster begin CHGRD]
           [if CSKEEP eq <1>]
CHILD'S NAME: [fill CHILDNAMET]   LN: [fill GRDX2]
           [endif]
        [roster end CHGRD]

        For [fill TEMP1], (READ NAMES ABOVE), [fill HAVHAS] [fill HESHE]
        ever asked a public agency, such as the child support enforcement
        office or welfare agency, for help in obtaining child support?

              (1)  Yes
              (2)  No

                @
```

Multiple Entry

CS101

```
        In what year did [fill HESHE] LAST ASK for help?

              @YEAR
```

Multiple Entry

CS102

```
        What type of help did [fill HESHE] ask for in [fill HISHER]
        last contact?

        ENTER ALL YES RESPONSES
        ENTER (N) AFTER LAST REPLY

              (1)  Locate the other parent
              (2)  Establish paternity
              (3)  Establish support obligation
              (4)  Establish medical support
              (5)  Enforce support order
              (6)  Modify an order
              (7)  Other

               @1   @2   @3   @4    @5   @6    @7
```

Mark One Only

CS103

```
        Did [fill HESHE] receive any help from the agency as a result of
        [fill HISHER] last contact?

              (1)  Yes
              (2)  No

                @
```

Multiple Entry
CS104

```
        What kind of help did [fill HESHE] receive as a result of
        [fill HISHER] last contact or referral from the welfare office?

        ENTER ALL YES RESPONSES
        ENTER (N) AFTER LAST REPLY

            (1)  Locate the other parent
            (2)  Establish paternity
            (3)  Establish support obligation
            (4)  Establish medical support
            (5)  Enforce support order
            (6)  Modify an order
            (7)  Other

          @1   @2   @3   @4    @5   @6    @7
```

Mark One Only
CS107

```
        [if CSTMP gt <1>]
        [else]
        One reason a parent might not have a written agreement about child
        support payments is because the child's father was never LEGALLY
        IDENTIFIED.
        [endif]
        Was [fill CHILDNAMET]'s father ever legally identified by a court
        ruling?

            (1)  Yes
            (2)  No

             @
```

Mark One Only
CS108

```
        Was [fill CHILDNAMET]'s father ever legally identified by a
        blood test or other genetic test?

            (1)  Yes
            (2)  No

             @
```

Mark One Only
CS109

```
        Did [fill CHILDNAMET]'s father ever write his OWN signature
        on the application for [fill CHILDNAMET]'s birth certificate?

            (1)  Yes
            (2)  No

             @
```

Mark One Only
CS110

```
        Other than the application for a birth certificate, did
        [fill CHILDNAMET]'s father ever sign a statement that legally
        or affidavit specifies that he is [fill CHILDNAMET]'s father?

            (1)  Yes
            (2)  No

             @
```

Mark One Only   **CS111**

Did [fill CHILDNAMET]'s father ever sign any other papers,
such as insurance forms, a personal letter, or a card, that could
identify him as [fill CHILDNAMET]'s father?

       (1) Yes
       (2) No

         @

Mark One Only   **CS113**

[if TMP1 gt <1>]
[else]
One reason a parent might not have a written agreement about child
support payments is because the child's father was never LEGALLY
IDENTIFIED. One way to legally identify the child's father is
through marriage.
[endif]

[fill C_WASWERE] [fill HESHE] ever married to [fill CHILDNAMET]'s
father?

       (1) Yes
       (2) No

         @

Mark One Only   **CS115**

Do **READ NAME(S)** all have the same
father?

     (1) Yes
     (2) No

       @

Mark One Only   **CS116**

Was [fill CHILDNAMET]'s father ever legally identified by a
court ruling?

       (1) Yes
       (2) No

         @

Mark One Only   **CS117**

Was [fill CHILDNAMET]'s father ever legally identified by a
blood test or other genetic test?

       (1) Yes
       (2) No

         @

Mark One Only   **CS118**

Did [fill CHILDNAMET]'s father ever write his OWN signature
on the application for [fill CHILDNAMET]'s birth certificate?

        (1)   Yes
        (2)   No

          @

Mark One Only   **CS119**

Other than the application for a birth certificate, did
[fill CHILDNAMET]'s father ever sign a statement that legally
or affidavit specifies that he is [fill CHILDNAMET]'s father?

        (1)   Yes
        (2)   No

          @

Mark One Only   **CS120**

Did [fill CHILDNAMET]'s father ever sign any other papers,
such as insurance forms, a personal letter, or a card, that could
identify him as [fill CHILDNAMET]'s father?

        (1)   Yes
        (2)   No

          @

Mark One Only   **CS123**

        [roster begin CHGRD]
          [if CHSFLAG eq <3> and CSKEEP eq <1>]
CHILD'S NAME: [fill CHILDNAMET]   LN: [fill GRDX2]
          [endif]
        [roster end CHGRD]
        Do **READ NAMES ABOVE** all have the same [fill TEMP1]?

          (1)   Yes
          (2)   No

            @

Multiple Entry   **CS124**

        Why were child support payments not agreed to or awarded for
        [fill OLDNAME]?

        ENTER ALL YES RESPONSES
        ENTER (N) AFTER LAST REPLY

          (1)   Legal paternity was not established
          (2)   Unable to locate parent
          (3)   Other parent unable to pay
          (4)   Final agreement pending
          (5)   Accepted property or cash settlement in lieu of child support
          (6)   Do not want a legal child support award
          (7)   Did not try to get child support
          (8)   Other reason

            @1   @2   @3   @4   @5   @6   @7   @8

Mark One Only

CS125

Where does the other parent for [fill OLDNAME]
now live?

```
(1)  Same county or city
(2)  Same state (different county or city)
(3)  Different state
(4)  Other parent now deceased
(5)  Other
(6)  Unknown

   @
```

Mark One Only

CS125A

Was there ever an agreement by a court order or other government
agency about the amount of time the [if NUMKIDZ1 gt <1>]children[else]child[endif]
would spend with the other parent?

```
(1)  Yes
(2)  No

   @
```

Multiple Entry

CS126

What is the total amount of time [fill OLDNAME] spent with the
other parent from [fill MONTH4] [fill TINTYR] to [fill MONTH4]
[fill INTYR]?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

```
Number of :    days   @DAYS
                or
              weeks  @WEEKS
                or
             months @MONTHS
```

Multiple Entry

CS128

Why were child support agreements not agreed to or awarded for
[fill OLDNAME]?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

```
(1)  Legal paternity was not established
(2)  Unable to locate parent
(3)  Other parent unable to pay
(4)  Final agreement pending
(5)  Accepted property or cash settlement in lieu of child support
(6)  Do not want a legal child support award
(7)  Did not try to get child support
(8)  Other reason

 @1   @2   @3   @4    @5   @6    @7    @8
```

Mark One Only

CS129

Where does the other parent for [fill OLDNAME]
now live?

    (1) Same county or city
    (2) Same state (different county or city)
    (3) Different state
    (4) Other parent now deceased
    (5) Other
    (6) Unknown

    @

Mark One Only

CS129A

Was there ever an agreement by a court order or other government
agency about the amount of time the [if NUMKIDZ1 gt <1>]children[else]child[endif]
would spend with the other parent?

    (1) Yes
    (2) No

    @

Multiple Entry

CS130

What is the total amount of time [fill OLDNAME] spent with the other
parent from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR]?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

Number of: days   @DAYS
            or
          weeks @WEEKS
            or
          months @MONTHS

Mark One Only

CS131

Were any payments received from the other
[fill TEMP1] in the last 12 months for
READ NAME(S)?

    (1) Yes
    (2) No

    @

Multiple Entry

CS132

What is the total amount that [fill HESHE] received from the
other [fill TEMP1] in the past 12 months?

    $ @AMT

Mark One Only

CS134

THE AMOUNT YOU HAVE ENTERED [fill CS132@AMT] IS UNUSUALLY LARGE.

    (1) BACK UP AND CORRECT
    (P) Proceed

    @

Mark One Only
CS135

```
        For ANY of the children we have discussed, did the child's other
        parent or parents provide any non-cash items during the last 12
        months?  Such items would include things like diapers, clothing,
        or services such as child care.

            (1)  Yes
            (2)  No

              @
```

Mark One Only
CS135A

```
        [if CS28 eq <1> or CS58 eq <1>]
        Earlier you said you were supposed to receive child support payments
        during the last 12 months from your most recent agreement.
        [endif]
        Did any government or public agency collect any child support from
        [if CS28 gt <0> or CS58 gt <0>][fill TEMP2]'s [endif]other parent on [fill PTEMPNAME] behalf
from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR]?

            (1)  Yes
            (2)  No

              @
```

Mark One Only
CS135B

```
        Did the agency collect ALL or SOME of the child support due the last
        12 months from [fill TEMP2]'s other parent?

            (1)  All
            (2)  Some

              @
```

Enter Number
CS135C

```
        How much child support income did the public or government agency
        collect on [fill PTEMPNAME] behalf?

              $@
```

Mark One Only **SUP01**

During the past 12 months, did [fill TEMPNAME] make payments
for the support of [fill PTEMPNAME] child or children under 21
years of age who live outside the household?

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.

    (1) Yes
    (2) No

     @

Multiple Entry **SUP02**

Did [fill TEMPNAME] make regular payments, lump-sum payments,
or some other kind of payment?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

    (1) Regular payments
    (2) Lump sum payments
    (3) Other

    @1   @2   @3

Enter Number **SUP03**

For how many children did [fill HESHE] make support
payments?

Number of Children: @

Mark One Only **SUP04**

[fill TEMP1] under 18 years of age?

IF RESPONSE IS YES ENTER (1)
IF RESPONSE IS NO ENTER (0)

Number of Child(ren): @

Mark One Only **SUP05**

Were any of these payments the result of a court order or
some other kind of agreement?

    (1) Yes
    (2) No

     @

Enter Number **SUP06**

The next few questions concern the most recent child support
agreement for [fill PTEMPNAME] children.

How many children were covered by that agreement?

Number of Children: @

Mark One Only   **SUP07**

```
Was this agreement a:
READ ALL CATEGORIES

    (1)  Voluntary written agreement ratified by the court
    (2)  Court-ordered agreement
    (3)  Other type of written agreement
    (4)  Non-written agreement

      @
```

Enter Number   **SUP08**

```
In what year was this agreement FIRST reached?

    Year:  @
```

Mark One Only   **SUP09**

```
Has the dollar amount agreed to originally ever been changed?

    (1)  Yes
    (2)  No

      @
```

Enter Number   **SUP10**

```
In what year was the amount last changed?

    Year:  @
```

Mark One Only   **SUP11**

```
Was this change made or agreed to by a court or child support
agency?

    (1)  Yes
    (2)  No

      @
```

Mark One Only   **SUP12**

```
[fill C_AREIS] [fill TEMPNAME] still supposed to pay child
support?

    (1)  Yes
    (2)  No

      @
```

Enter Number   **SUP13**

```
How much did [fill TEMPNAME] pay in child support under this
agreement during the past 12 months?

ENTER (N) FOR NONE

Amount: $@
```

Mark One Only **SUP14**

```
Were these payments made:

READ ALL CATEGORIES

     (1)  Through employment related wage withholding?
     (2)  Directly to the other parent?
     (3)  Directly to the court?
     (4)  Directly to a child support agency?
     (5)  By some other method?

      @
```

Multiple Entry **SUP15**

```
What kinds of provisions for health care costs were included
in the child support agreement?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

     (1)  Non-custodial parent to provide health insurance
     (2)  Custodial parent to provide health insurance
     (3)  Non-custodial parent to pay medical costs directly
     (4)  Child support payments to include cash medical support
     (5)  Other provision
     (6)  No provisions for health insurance or expenses

      @1  @2  @3  @4  @5  @6
```

Mark One Only **SUP16**

```
What child support custody arrangement does the child support
agreement specify?

     (1)  Joint legal and physical custody
     (2)  Joint legal with mother physical custody
     (3)  Joint legal with father physical custody
     (4)  Mother legal and physical custody
     (5)  Father legal and physical custody
     (6)  Split custody
     (7)  Other-Specify

      @
```

Mark One Only **SUP17**

```
Does the child support agreement specify the amount of time
[fill TEMPNAME] may spend with [fill hisher] [fill TEMP1]?

     (1)  Yes
     (2)  No

      @
```

SUP18

Multiple Entry

What is the total amount of time [fill TEMPNAME] spent with
[fill TEMP] under age 21 during the last 12
months?

ALLOW ONE RESPONSE IN ONE CATEGORY ONLY
ENTER (N) FOR NONE

        Days: @1
        Weeks: @2
        Months: @3

SUP19

Mark One Only

We talked about the most recent support agreement. Was there
any other agreement that covered [fill PTEMPNAME] other
[fill TEMP] under age 21 living outside of this household?

        (1) Yes
        (2) No

          @

SUP20

Enter Number

How much did [fill TEMPNAME][fill
TEMP] during the past 12 months?

ENTER (N) FOR NONE

Amount:$@

SUP21

Mark One Only

Did [fill TEMPNAME] make any payments for any other of
[fill PTEMPNAME] children under age 21 living outside the
household without any kind of child support agreement in place?

        (1) Yes
        (2) No

          @

SUP22

Enter Number

What is the total amount of the payments [fill TEMPNAME] made
on behalf of [fill PTEMPNAME] children under age 21 in the last
12 months?

Amount: $@

SUP23

Multiple Entry

What is the total amount of time [fill TEMPNAME] spent with
[fill TEMP] under age 21 during the past 12 months?

ALLOW ONE RESPONSE IN ONE CATEGORY ONLY
ENTER (N) FOR NONE

        Days: @1
        Weeks: @2
        Months: @3

Mark One Only **SUP24**

During the past 12 months, did [fill TEMPNAME] make regular
or lump sum payments for the support of any other person not
living in [fill PTEMPNAME] household?

    (1) Yes
    (2) No

    @

Enter Number **SUP25**

For how may other people did/do [fill TEMPNAME] make support
payments?

People: @

Mark One Only **SUP26**

How is [fill TEMP1] [fill TEMPNAME] make support payments
for related to [fill TEMPNAME]?

    (1) Parent
    (2) Spouse
    (3) Ex-spouse
    (4) Child under 21
    (5) Child over 21
    (6) Other relative
    (7) Not related

    @

Mark One Only **SUP27**

Where was this person most often living during the past 12 months?

READ ALL CATEGORIES

    (1) Private home or apartment
    (2) Nursing home
    (3) Someplace else

    @

Enter Number **SUP28**

How much did [fill TEMPNAME] pay for the support of this
person during the past 12 months?

Amount: $@

Mark One Only **SUP30**

How is [fill TEMP1] [fill TEMPNAME] make/makes support
payments for related to [fill TEMPNAME]?

    (1) Parent
    (2) Spouse
    (3) Ex-spouse
    (4) Child under 21
    (5) Child over 21
    (6) Other relative
    (7) Not related

     @

Mark One Only **SUP31**

Where was this person most often living during the past 12
months?

READ ALL CATEGORIES

    (1) Private home or apartment
    (2) Nursing home
    (3) Someplace else

     @

Enter Number **SUP32**

How much did [fill TEMPNAME] pay for the support of this
person during the past 12 months?

Amount: $@

Enter Number **SUP34**

How much did [fill TEMPNAME] pay for the support of other
people that we have not talked about during the past 12 months?

Amount: $@

Mark One Only   **ADQ1**

```
These next few questions are about
[fill PTEMPNAME] health. Would you say
[fill PTEMPNAME] health in general is
excellent, very good, good, fair, or poor?

     (1)   Excellent
     (2)   Very Good
     (3)   Good
     (4)   Fair
     (5)   Poor

       @
```

Multiple Entry   **ADQ2**

```
MARK BY OBSERVATION IF APPARENT

[fill C_DODOES] [fill TEMPNAME] use any of the
following aids?

a. A cane, crutches, or a        (1) Yes (2) No
   walker?                           @1

b. A wheelchair,electric scooter, (1) Yes (2) No
   or similar aid for getting        @2
   around?

c. A hearing aid?                 (1) Yes (2) No
                                     @3
```

Mark One Only   **ADQ3**

```
[fill C_HAVHAS] [fill TEMPNAME] used a cane, crutches, or
a walker for six months or longer?

     (1)   Yes
     (2)   No

       @
```

Mark One Only   **ADQ4**

```
[fill C_DODOES] [fill TEMPNAME] have difficulty seeing the
words and letters in ordinary newspaper print even when wearing
glasses or contact lenses if [fill HESHE] usually wear(s) them?

     (1)   Yes
     (2)   No
     (3)   Person is blind

       @
```

Mark One Only   **ADQ5**

```
[fill C_AREIS] [fill TEMPNAME] able to see the words
and letters in ordinary newspaper print at all?

     (1)   Yes
     (2)   No

       @
```

Mark One Only   **ADQ6**

```
[if ADQ2@3 eq <1>]
   [fill C_DODOES] [fill TEMPNAME] have difficulty hearing
   what is said in a normal conversation with another person
   even when wearing [fill hisher] hearing aid?
[else]
   [if ADQ2@3 ne <1>]
   [fill C_DODOES] [fill TEMPNAME] have difficulty hearing
   what is said in a normal conversation with another person?
[endif][endif]

    (1)  Yes
    (2)  No
    (3)  Person is deaf

      @
```

Mark One Only   **ADQ7**

```
[fill C_AREIS] [fill TEMPNAME] able to hear what is said
in a normal conversation at all?

    (1)  Yes
    (2)  No

      @
```

Mark One Only   **ADQ8**

```
[fill C_DODOES] [fill TEMPNAME] have difficulty having
[fill HISHER] speech understood?

DO NOT ENTER (1) FOR YES IF THE PERSON HAS TROUBLE SIMPLY
BECAUSE THEY SPEAK A LANGUAGE OTHER THAN ENGLISH

    (1)  Yes
    (2)  No

      @
```

Mark One Only   **ADQ9**

```
In general, are people able to understand
[fill PTEMPNAME] speech at all?

    (1)  Yes
    (2)  No

      @
```

Mark One Only   **ADQ10**

```
[fill C_DODOES] [fill TEMPNAME] have any difficulty lifting
and carrying something as heavy as 10 pounds -
such as a bag of groceries?

    (1)  Yes
    (2)  No

      @
```

Mark One Only

ADQ11

[fill C_AREIS] [fill TEMPNAME] able to lift and carry
a 10 pound bag of groceries at all?

    (1)   Yes
    (2)   No

     @

Mark One Only

ADQ12

Would [fill TEMPNAME] have any difficulty lifting and carrying a
25 pound bag of pet food?

    (1)   Yes
    (2)   No

     @

Mark One Only

ADQ13

[if ADQ11 eq <1>]
We have recorded that [fill TEMPNAME] would have diffculty lifting
10 pounds but would be able to do it.
[endif]

Would [fill TEMPNAME] be able to lift and
carry a 25 pound bag of pet food[if ADQ12 eq <1>] at all?[else]?[endif]

    (1)   Yes
    (2)   No

     @

Mark One Only

ADQ14

[fill C_DODOES] [fill TEMPNAME] have any difficulty
pushing or pulling large objects such as
a living room chair?

    (1)   Yes
    (2)   No

     @

Mark One Only

ADQ15

[fill C_AREIS] [fill TEMPNAME] able to push or
pull such large objects at all?

    (1)   Yes
    (2)   No

     @

Multiple Entry **ADQ16**

```
[fill C_DODOES] [fill TEMPNAME] have any difficulty -

     (1)  Yes     (2)  No
a. Standing or being on
   [fill HISHER] feet for one
   hour?                            @1

b. Sitting for one hour?           @2

c. Stooping, crouching, or
   kneeling?                       @3

d. Reaching over [fill HISHER]
   head?                           @4
```

Mark One Only **ADQ17**

```
[fill C_DODOES] [fill TEMPNAME] have difficulty using
[fill HISHER] hands and fingers to do things
such as picking up a glass or grasping a pencil?

     (1)  Yes
     (2)  No

      @
```

Mark One Only **ADQ18**

```
[fill C_AREIS] [fill TEMPNAME] able to use [fill HISHER]
hands and fingers to grasp and handle at all?

     (1)  Yes
     (2)  No

      @
```

Mark One Only **ADQ19**

```
[fill C_DODOES] [fill TEMPNAME] have any difficulty
walking up a flight of 10 stairs?

     (1)  Yes
     (2)  No

      @
```

Mark One Only **ADQ20**

```
[fill C_AREIS] [fill TEMPNAME] able to walk up a flight of
10 stairs at all?

     (1)  Yes
     (2)  No

      @
```

Mark One Only **ADQ21**

[fill C_DODOES] [fill TEMPNAME] have any difficulty walking a
quarter of a mile - about 3 city blocks?

    (1) Yes
    (2) No

    @

Mark One Only **ADQ22**

[fill C_AREIS] [fill TEMPNAME] able to walk a quarter
of a mile at all?

    (1) Yes
    (2) No

    @

Mark One Only **ADQ23**

[fill C_DODOES] [fill TEMPNAME] have any difficulty
using an ordinary telephone?

    (1) Yes
    (2) No

    @

Mark One Only **ADQ24**

[fill C_AREIS] [fill TEMPNAME] able to use an ordinary
telephone at all?

    (1) Yes
    (2) No

    @

Multiple Entry | **ADQ25**

Because of a physical or mental health condition,
[fill DODOES] [fill TEMPNAME] have difficulty doing any of
the following by [fill SELF]?

EXCLUDE THE EFFECTS OF TEMPORARY CONDITIONS -
IF AN AID IS USED, ASK WHETHER THE PERSON HAS DIFFICULTY
WHEN USING THE AID.

    (1) Yes   (2) No

a. Getting around INSIDE
   the home?   @1

b. Going OUTSIDE the home,
   for example, to shop or
   visit a doctor's office?   @2

c. Getting in and out of bed
   or a chair?   @3

d. Taking a bath or shower   @4

e. Dressing?   @5

f. Walking?   @6

g. Eating?   @7

h. Using or getting to the
   toilet?   @8

i. Keeping track of money
   or bills?   @9

j. Preparing meals?   @10

k. Doing light housework such
   as washing dishes or sweeping
   a floor?   @11

l. Taking the right amount of
   prescribed medicine at the
   right time?   @12

Multiple Entry   **ADQ26**

```
    [fill C_DODOES] [fill TEMPNAME] need the help of
    another person with :

    READ ACTIVITY LISTED

         (1)  Yes     (2)  No
[if ADQ25@1 eq <1>]
a. Getting around INSIDE
   the home?                      @1
[endif]

[if ADQ25@2 eq <1>]

b. Going OUTSIDE the home,
   for example, to shop or
   visit a doctor's office?       @2
[endif]
    [if ADQ25@3 eq <1>]

c. Getting in and out of bed
   or a chair?                    @3
[endif]

[if ADQ25@4 eq <1>]

d. Taking a bath or shower?       @4
[endif]
    [if ADQ25@5 eq <1>]

e. Dressing?                      @5
[endif]

[if ADQ25@6 eq <1>]

f. Walking?                       @6
[endif]
    [if ADQ25@7 eq <1>]

g. Eating?                        @7
[endif]

[if ADQ25@8 eq <1>]

h. Using or getting to the        @8
   toilet?
[endif]
    [if ADQ25@9 eq <1>]

i. Keeping track of money and bills?@9
[endif]

[if ADQ25@10 eq <1>]

j. Preparing meals?               @10
[endif]

[if ADQ25@11 eq <1>]

k. Doing light housework
   such as washing dishes
   or sweeping a floor?           @11
[endif]
[if ADQ25@12 eq <1>]
l. Taking the right amount
   of prescribed medicine
   at the right time?             @12
     [endif]
```

Mark One Only   **AD27A**

```
    You have said [fill TEMPNAME] need(s) the help of
    another person with one or more activities. Who
    generally helps [fill TEMPNAME] with these activities?

    MARK ONLY ONE

    First Helper
    ------------

    RELATIVE                        NONRELATIVE

        (1) Son                         (6) Friend or Neighbor
        (2) Daughter                    (7) Paid help
        (3) Spouse                      (8) Other nonrelative
        (4) Parent
        (5) Other relative          Did not receive help

                                        (9) Did not receive help

         @
```

Enter Number   **AD27B**

```
    ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

    Is the person who generally helps [fill TEMPNAME] with
    these activities a member of this household?

    ENTER LINE NUMBER OF PERSON OR (N) IF NOT A HOUSEHOLD MEMBER

        @
```

Mark One Only   **AD27C**

```
    Does anyone else help [fill TEMPNAME] with these
    activities?

    MARK ONLY ONE

    NO ONE ELSE HELPED

        (1) No one else helped

    RELATIVE                        NONRELATIVE

        (2) Son                         (7) Friend or Neighbor
        (3) Daughter                    (8) Paid help
        (4) Spouse                      (9) Other nonrelative
        (5) Parent
        (6) Other relative

         @
```

Enter Number   **AD27D**

```
    ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

    Is this person a member of this household?

    ENTER LINE NUMBER OF PERSON OR (N) IF NOT A HOUSEHOLD MEMBER

        @
```

Mark One Only **ADQ29**

For how long [fill HAVHAS] [fill TEMPNAME] needed help of
another person?

        (1) Less than 6 months
        (2) 6 to 11 month
        (3) 1 to 2 years
        (4) 3 to 5 years
        (5) More than 5 years

          @

Mark One Only **ADQ30**

During the past month, did [fill TEMPNAME] or
([fill PTEMPNAME] family) pay for any of the help
that [fill TEMPNAME] received?

        (1) Yes
        (2) No

          @

Enter Number **ADQ31**

How much was paid for such help in [fill TEMP5]?

            ENTER ($1-$999999)

    $@

Multiple Entry **ADQ32**

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that [fill TEMPNAME] [fill HAVHAS] difficulty
with certain activities. Which condition or conditions
cause these difficulties?

Any Others?

ENTER (N) FOR NONE OR NO MORE
ENTER (H) FOR LIST OF HEALTH CONDITIONS

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE
APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT
IDENTIFIED.

      @1   @2   @3

Enter Text **ADQ32A**

Specify the exact "Other" condition that causes this difficulty.

    @

Multiple Entry

ADQ33

```
SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS

I have recorded that [fill PTEMPNAME] health
is [fill TEMPQ33]. Which condition or conditions
cause [fill PTEMPNAME] health problems?

Any Others?

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE
APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT
IDENTIFIED

MARK ALL THAT APPLY
ENTER (H) FOR LIST OF HEALTH CONDITIONS
ENTER (N) FOR NONE OR NO MORE

     @1  @2  @3
```

Enter Text

ADQ33A

```
Specify the exact "Other" condition that causes your health problem.

@
```

Mark One Only

ADQ34

```
[if ADQ32@2 eq <N> or ADQ33@2 eq <N>]
   Is this condition the result of a motor vehicle accident?
[else]
   Are any of these conditions the result of a motor vehicle
   accident?
[endif]

    (1)  Yes
    (2)  No

      @
```

Enter Number

ADQ35

```
Which of the conditions that you mentioned do you
consider to be the main reason for [fill PTEMPNAME]
difficulties?

[fill BIGTEMP]
[fill BIGTEMP2]
[fill BIGTEMP3]

     @ Main condition
```

Multiple Entry

ADQ36

```
When did [fill BIGTEMP4]
first begin to bother [fill TEMPNAME]?

    ENTER (S) FOR SINCE BIRTH
    ENTER 4 DIGIT YEAR

     @yr
```

Multiple Entry

ADQ36B

```
  Do you know what month?

    @mn
```

Mark One Only

ADQ37

```
[fill C_HAVHAS] [fill TEMPNAME] had this condition for at
least 5 months?

    (1)  Yes
    (2)  No

      @
```

Mark One Only

ADQ38

```
Is this condition expected to last for at least
12 more months?

    (1)  Yes
    (2)  No

      @
```

Multiple Entry

ADQ39

```
[fill C_DODOES] [fill TEMPNAME] have -

    (1)  Yes     (2)  No
a. A learning disability       @1
   such as dyslexia?

b. Mental retardation?         @2

c. A developmental disability  @3
   such as autism or
   cerebral palsy?

d. Alzheimer's disease or      @4
   any other serious
   problem with confusion
   or forgetfulness?

e. Any other mental or         @5
   emotional condition?
```

Mark One Only

ADQ40

```
[fill C_AREIS] [fill TEMPNAME] frequently depressed
or anxious?

    (1)  Yes
    (2)  No

      @
```

Multiple Entry   **ADQ41**

```
[fill C_DODOES] [fill TEMPNAME] have -

     (1)  Yes     (2)  No

a. A lot of trouble         @1
   getting along with
   other people and
   making and keeping
   friendships

b. A lot of trouble         @2
   concentrating long
   enough to finish
   everyday tasks

c. A lot of trouble         @3
   coping with day-to-day
   stresses?
```

Mark One Only   **ADQ42**

```
During the past 12 months, did the problems just
mentioned seriously interfere with [fill PTEMPNAME]
ability to manage everyday activities?

     (1)  Yes
     (2)  No

      @
```

Mark One Only   **ADQ43**

```
[fill C_DODOES] [fill TEMPNAME] have a long-lasting physical or
mental condition that has made it difficult to remain
employed or to find a job?

     (1)  Yes
     (2)  No

      @
```

Mark One Only   **ADQ44**

```
Does [fill PTEMPNAME] health or condition prevent
[fill TEMPNAME] from working at a job or business?

     (1)  Yes
     (2)  No

      @
```

Mark One Only   **ADQ45**

```
[fill C_DODOES] [fill TEMPNAME] have a physical, mental, or
other health condition that limits the kind or
amount of work [fill TEMPNAME] can do around the house?

     (1)  Yes
     (2)  No

      @
```

Mark One Only   **ADQ46**

Does [fill PTEMPNAME] health or condition completely
prevent [fill TEMPNAME] from doing work around the
house?

    (1) Yes
    (2) No

     @

Multiple Entry   **ADQ47**

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that [fill TEMPNAME] [fill HAVHAS] a limitation
in working [fill TEMPQ47]. Which condition or conditions
cause this limitation?

ENTER (H) FOR LIST OF HEALTH CONDITIONS
ENTER (N) FOR NONE OR NO MORE

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE
APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT
IDENTIFIED.

Any Others?

   @1 @2 @3

Enter Text   **ADQ47A**

Specify the exact "Other" condition that causes your work limitation.

@

Multiple Entry   **ADQ48**

Which of the conditions that you mentioned do you
consider to be the main reason for [fill PTEMPNAME]
limitation?

[fill BIGTEMP]
[fill BIGTEMP2]
[fill BIGTEMP3]

    @1

Enter Text   **ADQ48A**

Specify the exact "Other" condition you consider to be the main reason
for your limitation.

@

Mark One Only   **ADQ49**

In the last 12 months, [fill HAVHAS] [fill TEMPNAME] applied
for social security disability benefits for
[fill self]?

    (1) Yes
    (2) No

      @

Mark One Only   **ADQ50**

These next few questions are about computer usage. Is there a
computer or laptop in this household?

    (1) Yes
    (2) No

      @

Mark One Only   **ADQ51**

[fill C_DODOES] [fill TEMPNAME] use a computer at home?

    (1) Yes
    (2) No

      @

Mark One Only   **ADQ52**

[fill C_DODOES] [fill TEMPNAME] use a computer as part of
[fill HISHER] main job?

    (1) Yes
    (2) No

      @

Mark One Only   **ADQ53**

[fill C_DODOES] [fill TEMPNAME] use a computer at school?

    (1) Yes
    (2) No

      @

Mark One Only   **ADQ54**

[fill C_DODOES] [fill TEMPNAME] use the Internet from any location?

    (1) Yes
    (2) No

      @

Mark One Only

ADQ55

[fill C_DODOES] [fill TEMPNAME] connect to the Internet at home?

    (1) Yes
    (2) No

     @

Mark One Only

ADQ56

[fill C_DODOES] [fill TEMPNAME] connect to the Internet at work?

    (1) Yes
    (2) No

     @

Mark One Only

ADQ57

[fill C_DoDoes] [fill TEMPNAME] use the Internet at school?

    (1) Yes
    (2) No

     @

Multiple Entry

ADQ58

[fill C_DoDoes] [fill TEMPNAME] use the Internet at

a. a public library   (1) Yes (2) No
                              @1
b. a community center   (1) Yes (2) No
                              @2
c. someone else's house   (1) Yes (2) No
                              @3
d. Other, specify   (1) Yes (2) No
                              @4

Enter Text

ADQ58OTH

Please specify the other place that you use the Internet:

@

Mark One Only

ADQ59

Now we're going to talk about how [fill TEMPNAME] may have used the
Internet this year.

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to take
a course online?

    (1) Yes
    (2) No

     @

Mark One Only **ADQ60**

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to search for
information about health services or practices?

(1) Yes
(2) No

@

Mark One Only **ADQ61**

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to search
for information about government services or agencies?

(1) Yes
(2) No

@

Mark One Only **ADQ62**

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to search
for a job?

(1) Yes
(2) No

@

Mark One Only **ONLINE**

Would [fill HESHE] be willing to respond to future SIPP interviews
over the Internet?

(1) Yes
(2) No

@

Mark One Only **INTSTILL**

If the SIPP questionnaire was available through the Internet, we
expect it would work like this:

- you could answer the questionnaire at your convenience;
- an interviewer would not directly administer the
  questionnaire;
- it might take longer to complete the questionnaire than
  the current practice;
- everyone in the household would be asked to fill in parts
  of the questionnaire for themselves.

Under these conditions, would your household be willing to respond
to future SIPP interviews over the Internet?

(1) Yes
(2) No

@

Mark One Only

CDQ1A

```
      Does [fill CDNAME] have a serious physical or mental condition
or a developmental delay that limits ordinary activities?
                                                            [r]H[n]
      (1)   Yes
      (2)   No

        @
```

Mark One Only

CDQ1B

```
      Does [fill CDNAME] have a long-lasting condition that limits
[fill HISHERG] ability to move [fill HISHERG] arms or legs?

      (1)   Yes
      (2)   No

        @
```

Mark One Only

CDQ1C

```
      Does [fill CDNAME] have a long-lasting condition that limits
[fill HISHERG] ability to walk, run, or play?
                                                            [r]H[n]
      (1)   Yes
      (2)   No

        @
```

Mark One Only

CDQ3

```
      Because of a physical, learning, or mental condition, does
[fill CDNAME] have any limitations in [fill HISHERG] ability
to do regular school work?
                                                            [r]H[n]
      (1)   Yes
      (2)   No

        @
```

Mark One Only

CDQ4

```
      Has [fill CDNAME] ever received special education services?
                                                            [r]H[n]
      (1)   Yes
      (2)   No

        @
```

Mark One Only

CDQ5

```
      Is [fill CDNAME] currently receiving special education
services?

      (1)   Yes
      (2)   No

        @
```

Multiple Entry   **CDQ6**

```
Does [fill CDNAME] have:
                                                    [r]H[n]
    (1)  Yes    (2)  No

a. A learning disability
   such as dyslexia?              @1

b. Mental retardation?           @2

c. A developmental
   disability such as
   autism or cerebral palsy?     @3

d. Attention Deficit Hyperactivity
   Disorder (ADHD)               @4

e. Any other developmental condition
   for which [fill HESHEG] has received
   therapy or diagnostic services?  @5
```

Mark One Only   **CDQ6A**

```
Does [fill CDNAME] take medication or receive treatment for
ADHD?

    (1) Yes
    (2) No

     @
```

Multiple Entry   **CDQ7**

```
MARK BY OBSERVATION IF APPARENT:

Does [fill CDNAME] use any of the following aids?

        (1)  Yes    (2)  No

a. A cane, crutches, or a walker?   @1



b. A wheelchair or an electric
   scooter?                      @2


c. A hearing aid?                @3
```

Mark One Only   **CDQ8**

```
Has [fill CDNAME] used a cane, crutches, or a walker
for six months or longer?

    (1)  Yes
    (2)  No

     @
```

Mark One Only

CDQ9

```
Does [fill CDNAME] have difficulty seeing the words and
letters in ordinary newspaper print, even when wearing
glasses or contact lenses if [fill HESHEG] usually wears them?

    (1)  Yes
    (2)  No
    (3)  Person is blind

     @
```

Mark One Only

CDQ10

```
Is [fill CDNAME] able to see the words and letters in
ordinary newspaper print at all?

    (1)  Yes
    (2)  No

     @
```

Mark One Only

CDQ11

```
        [if CDQ7@3 eq <1>]
Does [fill CDNAME] have difficulty hearing
what is said in a normal conversation with another person
even when wearing [fill hisherg] hearing aid?
[else]
   [if CDQ7@3 ne <1>]
Does [fill CDNAME] have difficulty hearing
what is said in a normal conversation with another person?
[endif][endif]

    (1)  Yes
    (2)  No
    (3)  Person is deaf

     @
```

Mark One Only

CDQ12

```
Is [fill CDNAME] able to hear what is said in a normal
conversation at all?

    (1)  Yes
    (2)  No

     @
```

Mark One Only

CDQ13

```
Does [fill CDNAME] have any difficulty having
[fill HISHERG] speech understood?
                                              [r]H[n]
    (1)  Yes
    (2)  No

     @
```

Mark One Only **CDQ14**

In general, are people able to understand [fill CDNAME]'s
speech at all?

    (1) Yes
    (2) No

    @

Mark One Only **CDQ15**

Does [fill CDNAME] have a long-lasting condition that limits
[fill HISHERG] ability to walk, run, or take part in sports
and games?

    (1) Yes
    (2) No

    @

Mark One Only **CDQ16**

Because of a long-lasting physical or mental condition does
[fill CDNAME] have any difficulty getting around INSIDE the
home by [fill SELFG]?

    (1) Yes
    (2) No

    @

Mark One Only **CDQ17**

Does [fill CDNAME] need the help of another person with
getting around inside the home?

    (1) Yes
    (2) No

    @

Mark One Only **CDQ18**

Does [fill CDNAME] have any difficulty getting in and out
of bed or a chair by [fill SELFG]?

    (1) Yes
    (2) No

    @

Mark One Only **CDQ19**

Does [fill CDNAME] need the help of another person with
getting in and out of bed or a chair?

    (1) Yes
    (2) No

    @

Mark One Only

CDQ20

Does [fill CDNAME] have any difficulty taking a bath
or shower by [fill SELFG]?

```
(1)  Yes
(2)  No

   @
```

Mark One Only

CDQ21

Does [fill CDNAME] need the help of another person with
taking a bath or shower?

```
(1)  Yes
(2)  No

   @
```

Mark One Only

CDQ22

Because of a long-lasting condition does [fill CDNAME] have
any difficulty putting on [fill HISHERG] clothing by [fill SELFG]?

```
(1)  Yes
(2)  No

   @
```

Mark One Only

CDQ23

Does [fill CDNAME] need the help of another person with putting
on [fill HISHERG] clothing?

```
(1)  Yes
(2)  No

   @
```

Mark One Only

CDQ24

Does [fill CDNAME] have any difficulty eating food
by [fill SELFG]?

```
(1)  Yes
(2)  No

   @
```

Mark One Only

CDQ25

Does [fill CDNAME] need the help of another person
with eating food?

```
(1)  Yes
(2)  No

   @
```

Mark One Only
CDQ26

Does [fill CDNAME] have any difficulty using or getting
to the toilet by [fill SELFG]?

    (1) Yes
    (2) No

     @

Mark One Only
CDQ27

Does [fill CDNAME] need the help of another person with
using or getting to the toilet?

    (1) Yes
    (2) No

     @

Mark One Only
CDQ28

Does [fill CDNAME] have an emotional or mental condition that
makes it difficult to play with or get along with other
children of the same age?

    (1) Yes
    (2) No

     @

Multiple Entry
CDQ29

SHOW FLASHCARD DD FOR PERSONAL VISIT INTERVIEWS.

I have recorded that [fill CDNAME] has difficulty with certain
activities. Which condition or conditions cause this difficulty?

Any others?
Enter (N) for None or No More.
Enter (H) for list of health conditions.

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS
ENTER THE APPROPRIATE CODE FOR THE FIRST THREE
CONDITIONS THE RESPONDENT IDENTIFIED.

@1   @2   @3

Enter Text
CDQ29A

Specify the exact "Other" condition that causes this difficulty.

@

Mark One Only
CDQ30

```
[if CDQ29@2 eq <N>]
Is this condition the result of a motor vehicle accident?
[else]
Are any of these conditions the result of a motor
vehicle accident?
        [endif]

    (1)  Yes
    (2)  No

      @
```

Mark One Only   **HB04**

Does [fill PTEMPNAME] employer offer a health insurance plan to
ANY of its employees?

    (1) Yes
    (2) No

     @

Mark One Only   **HB05**

Why [fill AREIS] [fill TEMPNAME] NOT covered by this plan?

READ EACH CATEGORY

    (1) Ineligible
    (2) Denied coverage
    (3) Chose not to be covered
    (4) Other

     @

Multiple Entry   **HB06**

Specify the exact "OTHER" reason [fill TEMPNAME] [fill WASWERE] not
covered by this plan.

@1

Multiple Entry   **HB07**

Why [fill WASWERE] [fill TEMPNAME] ineligible?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

    (1) Probationary period not completed
    (2) Contract or temporary employee
    (3) Part-time employee
    (4) Other

   @1   @2   @3   @4

Multiple Entry   **HB08**

Specify the exact "OTHER" reason [fill TEMPNAME] [fill WASWERE]
ineligible for health insurance.

@1

Mark One Only   **HB09**

Why [fill WASWERE] [fill TEMPNAME] denied coverage?

    (1) Turned down based on pre-existing condition
    (2) Turned down based on age
    (3) Other

     @

Multiple Entry   **HB10**

```
Specify the exact "OTHER" reason [fill TEMPNAME] [fill WASWERE]
denied coverage.

@1
```

Multiple Entry   **HB11**

```
SHOW FLASHCARD EE

Why did [fill TEMPNAME] choose not to be covered?

READ EACH CATEGORY
MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

    (01)  Covered by other health insurance
    (02)  [fill C_HAVHAS] medical savings account
    (03)  Plan had no family coverage
    (04)  Plan too costly
    (05)  Plan did not cover pre-existing conditions
    (06)  Plan had too many limitations on coverage
    (07)  [fill DOESDID] not need or want coverage
    (08)  [fill DOESDID] not believe in health insurance
    (09)  Had insurance but canceled it because of
          dissatisfaction
    (10)  Other

    @1    @2    @3    @4    @5    @6    @7    @8    @9    @10
```

Multiple Entry   **HB12**

```
Specify the reason [fill TEMPNAME] chose not to be covered.

@1
```

Multiple Entry   **HB13**

```
SHOW FLASHCARD FF

In offering health insurance, did [fill PTEMPNAME] employer offer
[fill HIMHER] the opportunity to choose:

READ EACH CATEGORY
MARK ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

    (1)  Cash deposited in a 401(k) plan instead of health benefits?
    (2)  Cash or a salary bonus instead of health benefits?
    (3)  A high deductible health insurance plan combined with a
         Medical Savings Account (MSA)
    (4)  Tax-free employee contributions to a Flexible Spending
         Account (FSA)
    (5)  Other benefits (e.g. life insurance, day care, vacation) in
         place of health benefits

    @1    @2    @3    @4    @5
```

Mark One Only   **HB17**

Was [fill PTEMPNAME] health insurance coverage obtained through:

READ EACH CATEGORY

    (1) Spouse's group/employer plan
    (2) Other private group plan
    (3) An individually purchased policy
    (4) Other health insurance

    @

Multiple Entry   **HB18**

Specify the "OTHER" health insurance policy.

@1

Mark One Only   **HB20**

Can [fill TEMPNAME] obtain coverage under this plan for [fill HISHER]
spouse and other family or non-family members?

    (1) Yes
    (2) No

    @

Multiple Entry   **HB22**

Who may obtain coverage under this plan?

MARK ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

    (1) Spouse
    (2) Children
    (3) Grandchildren
    (4) Other family members
    (5) Non-family members

    @1   @2   @3   @4   @5

Mark One Only   **HB24**

Why did [fill TEMPNAME] choose NOT to obtain coverage for
[fill CHNAME1]?

MARK THE MAIN REASON

    (1) Child is covered by Medicaid
    (2) Child is covered by Medicare
    (3) Child is covered by other private policy
    (4) Child is covered by the group policy of someone not
        living in this household
    (5) Too costly to obtain coverage for child
    (6) Plan did not cover pre-existing conditions of child
    (7) Child is in good health
    (8) Child is covered by the group policy of someone else
         living in this household
    (9) Other reason

    @

Enter Text

HB25

Specify the exact "OTHER" reason [fill TEMPNAME] chose not to obtain
coverage for [fill HISHER] children who are eligible under this plan.

@

Multiple Entry

HB27

How much [fill DODOES] [fill TEMPNAME] pay for [fill HISHER] health
plan?

$ @AMT

Mark One Only

HB28

THE AMOUNT ENTERED [FILL HB27@AMT] IS UNUSUALLY LARGE.

(1) BACK UP AND CORRECT
(P) PROCEED

@

Mark One Only

HB29

How often [fill DODOES] [fill TEMPNAME] pay this amount?

(1) Weekly
(2) Every two weeks
(3) Twice monthly
(4) Monthly
(5) Semi-annually
(6) Annually
(7) Other

@

Enter Text

HB30

Specify the exact "OTHER" amount of time that [fill TEMPNAME] pay.

@

Mark One Only

HB32

[fill C_DODOES] [fill PTEMPNAME] contributions for [fill HISHER]
health plan receive special tax treatment? For example, are
[fill HISHER] contributions made through a premium reimbursement
account, often called a premium conversion plan?

(1) Yes
(2) No

@

Mark One Only

HB34

When [fill TEMPNAME] left that employer did [fill HISHER] share of
the premium increase?

(1) Yes
(2) No

@

Mark One Only   **HB36**

How long after [fill TEMPNAME] left that employer can this health
plan continue to be in effect?

    (1) Until age 65 or Medicare eligibility
    (2) Less than 1 month
    (3) 1 to 18 months
    (4) 19 to 36 months
    (5) More than 36 months
    (6) For life

    @

Mark One Only   **HB38**

Does [fill PTEMPNAME] health plan cover Medicare coinsurance and
deductibles?

    (1) Yes
    (2) No

    @

Multiple Entry   **HB39**

In offering health insurance, did [fill PTEMPNAME] employer offer
[fill HIMHER] the opportunity to choose:

READ EACH CATEGORY
MARK ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

    (1) Cash deposited in a 401(k) plan instead of health benefits?
    (2) Cash or a salary bonus instead of health benefits?
    (3) A high deductible health insurance plan combined with a
         Medical Savings Account (MSA)
    (4) Tax-free employee contributions to a Flexible Spending
         Account (FSA)
    (5) Other benefits (e.g. life insurance, day care, vacation) in
         place of health benefits

   @1   @2   @3   @4   @5

Enter Text   **HB40**

The next few questions are about the characteristics of
[fill PTEMPNAME] health insurance. We are interested in
knowing if [fill PTEMPNAME] current plan is an HMO, that is,
a Health Maintenance Organization.

                                            [r]H[n]
    (P) Proceed

    @

Mark One Only   **HB42**

Is [fill PTEMPNAME] plan an HMO?

    (1) Yes
    (2) No

    @

Mark One Only **HB43**

Does [fill PTEMPNAME] insurance plan require [fill HIMHER] to sign
up with a certain primary care doctor, group of doctors, or with a
certain clinic to which [fill HESHE] must go for all of
[fill HISHER] routine care?

    (1) Yes
    (2) No

    @

Multiple Entry **HB44**

Is there a book or list of doctors associated with the plan?

    (1) Yes
    (2) No

    @

Multiple Entry **HB45**

If [fill TEMPNAME] [fill DODOES] NOT have a referral, will
[fill PTEMPNAME] plan pay for any of the costs of visits to
doctors who are NOT associated with [fill PTEMPNAME] plan?

    (1) Yes
    (2) No

    @

Mark One Only **HB47**

Did [fill PTEMPNAME] [fill TEMP1] employer offer more than one health
insurance plan from which to choose, or was [fill HISHER] plan the
only choice?

    (1) Employer offers more than one plan to choose from
    (2) Respondent's plan is the only one

    @

Mark One Only **HB49**

In addition to the kind of plan [fill TEMPNAME] chose, did
[fill HISHER] [fill TEMP1] employer offer any traditional health
insurance plans that let [fill HIMHER] choose [fill HISHER] own
doctor and that reimburse [fill HIMHER] or pay the doctor directly
following submission of medical bills?

    (1) Yes
    (2) No

    @

Mark One Only   **HB50**

In addition to the kind of plan [fill TEMPNAME] chose, did
[fill HISHER] [fill TEMP1] employer offer any health insurance
plans through Health Maintenance Organizations, HMOs?

                                                    [r]H[n]

    (1)   Yes
    (2)   No

      @

Mark One Only   **HB51**

Does [fill PTEMPNAME] employer provide any educational
materials to help [fill HIMHER] make [fill HISHER] choice?

    (1)   Yes
    (2)   No

      @

Mark One Only   **HB52**

Did the educational materials provide an easy way to compare the
costs, benefits, quality or any differences between the plans?

    (1)   Yes
    (2)   No

      @

Mark One Only   **HB53**

[fill C_DODOES] [fill TEMPNAME] or a family member have a pre-existing
medical condition that is not covered by this plan?

    (1)   Yes
    (2)   No

      @

Mark One Only   **HB56**

Does [fill PTEMPNAME] employer offer a plan to any of its employees
that provides nursing home or home care coverage for long-term care
needs to employees or family members?

    (1)   Yes
    (2)   No

      @

Mark One Only   **HB57**

[fill C_AREIS] [fill TEMPNAME] covered under this long term care plan?

    (1)   Yes
    (2)   No

      @

Mark One Only   **HB58**

```
    Does [fill PTEMPNAME] employer pay for all, part, or none of the costs
    of the plan?

        (1)  All
        (2)  Part
        (3)  None

          @
```

Multiple Entry   **HB59**

```
    How much [fill DODOES] [fill TEMPNAME] pay for [fill HISHER] long
    term care plan?

        $ @AMT
```

Mark One Only   **HB60**

```
    THE AMOUNT ENTERED [FILL HB59@AMT] IS UNUSUALLY LARGE.

        (1)  BACK UP AND CORRECT
        (P)  PROCEED

          @
```

Mark One Only   **HB61**

```
    How often [fill DODOES] [fill TEMPNAME] pay this amount?

        (1)  Weekly
        (2)  Every two weeks
        (3)  Twice monthly
        (4)  Monthly
        (5)  Semi-annually
        (6)  Annually
        (7)  Other

          @
```

Multiple Entry   **HB62**

```
    Specify the exact "OTHER" amount of time that [fill TEMPNAME] pay.

    @1
```

Mark One Only   **HB65**

```
    If [fill TEMPNAME] [fill WASWERE] to retire from this job, would
    [fill HESHE] be able to obtain health insurance from
    [fill HISHER] current employer at [fill HISHER] employer's group
    rate throughout [fill HISHER] retirement years?

        (1)  Yes
        (2)  No

          @
```

Mark One Only **HB66**

If [fill TEMPNAME] were to retire, could [fill HESHE] continue
the health insurance plan at [fill HISHER] employer's group rate
until age 65?

    (1) Yes
    (2) No

      @

Mark One Only **HB67**

[fill C_DODOES] [fill TEMPNAME] expect that [fill HISHER] employer
would pay for all, part, or none of the cost of this health plan
after [fill HISHER] retirement?

    (1) All
    (2) Part
    (3) None

      @

Mark One Only **HB68**

Can retirees obtain coverage under this plan for spouses and other
family or non-family members?

    (1) Yes
    (2) No

      @

Multiple Entry **HB69**

Who may obtain coverage under this plan?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

    (1) Spouse
    (2) Children
    (3) Grandchildren
    (4) Other family members
    (5) Non-family members

    @1   @2   @3   @4   @5

Mark One Only **HB73**

[fill C_HAVHAS] [fill TEMPNAME] ever worked at a paid job for one
year or more?

    (1) Yes
    (2) No

      @

Mark One Only **HB77**

These next few questions are about the availability of health
insurance from [fill PTEMPNAME] former employer.

Did [fill PTEMPNAME] former employer offer health insurance coverage
to its employees?

    (1) Yes
    (2) No

     @

Mark One Only **HB78**

[fill C_WASWERE] [fill TEMPNAME] covered by the employer health plan
on the last day [fill HESHE] worked for that employer?

    (1) Yes
    (2) No

     @

Mark One Only **HB79**

Did [fill TEMPNAME] continue this coverage after [fill HESHE]
left that employer?

    (1) Yes
    (2) No

     @

Mark One Only **HB80**

Did [fill TEMPNAME] continue [fill HISHER] coverage through COBRA
or as a retiree health benefit?

                                   [r]H[n]
    (1) COBRA
    (2) Retiree health benefit

     @

Multiple Entry   **HB81**

```
SHOW FLASHCARD GG

What [fill AREIS] the main reason(s) [fill TEMPNAME] [fill AREIS]
no longer covered by this plan?

IF RESPONDENT APPEARS TO HAVE DIFFICULTY READING THE FLASHCARD,
THEN READ CATEGORIES TO THE RESPONDENT

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

        (1)  Eligibility period expired
        (2)  Too expensive
        (3)  Covered by another plan
        (4)  Did not want or need coverage
        (5)  Medicare coverage
        (6)  Had to be eligible for a pension
        (7)  Retirement requirement not met
        (8)  Retirees not covered
        (9)  Age or service eligibility requirement not met
        (10) Became ineligible after employer amended plan
        (11) Employer dropped plan
        (12) Employer canceled plan for retirees
        (13) Other

        @1  @2  @3  @4  @5  @6  @7  @8  @9  @10   @11   @12   @13
```

Multiple Entry   **HB84**

```
In what year did [fill TEMPNAME] leave that job?

    @AMT
```

Multiple Entry   **HB85**

```
For how many years did [fill TEMPNAME] work for that employer?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

Number of Years    @YEARS
Number of Months   @MONTHS
```

Mark One Only   **HB87**

```
When [fill TEMPNAME] worked for that employer, [fill WASWERE]
[fill HESHE] covered under a union or employee association contract?

    (1)  Yes
    (2)  No

     @
```

Enter Text   **HB87a**

```
What is the name of that employer?

@
```

Enter Text

HB87b

```
EMPLOYER = [fill HB87a]

What kind of business or industry was that?
READ IF NECESSARY:  What did they make or do where [fill HESHE] worked?

@
```

Mark One Only

HB88

```
ASK OR VERIFY

Was [fill HB87a]:

    (1)  A Government organization (includes Armed Forces)
    (2)  A Private, For Profit, Company
    (3)  A Non-Profit Organization, including tax exempt
         and charitable organizations
    (4)  A family business or farm

     @
```

Mark One Only

HB89

```
Was that Federal Government, State Government, or Local Government
or active-duty Armed Forces?

    (1)  Federal (civilian only)
    (2)  State
    (3)  Local (County, City, Township)
    (4)  Armed Forces (active duty only)

     @
```

Mark One Only

HB90

```
EMPLOYER = [fill HB87a]

ASK OR VERIFY
Was it mainly --

    (1)  Manufacturing
    (2)  Wholesale Trade
    (3)  Retail Trade
    (4)  Service
    (5)  Or Something Else

     @
```

Multiple Entry

HB91

```
EMPLOYER = [fill HB87a]

What kind of work [fill WASWERE] [fill HESHE]
[fill TEMP4], that is, what was [fill HISHER]
occupation?
READ IF NECESSARY:  for example: bookkeeper, plumber, press operator

@1
```

Multiple Entry **HB92**

```
EMPLOYER = [fill HB87a]

What were [fill HISHER] usual activities or duties on this job?
READ IF NECESSARY:  For example: Keeping account books,
                    repairing pipes, operating printing press

@1
```

Multiple Entry **HB93**

```
When [fill TEMPNAME] left that job, how much did [fill HESHE]
usually earn per week before deductions?  Include any overtime
pay, commissions, or tips usually received.

    $ @AMT
```

Mark One Only **HB94**

```
THE AMOUNT ENTERED [FILL HB93@AMT] IS UNUSUALLY LARGE.

    (1)  BACK UP AND CORRECT
    (P)  PROCEED

      @
```

Mark One Only **HB95**

```
SHOW FLASHCARD HH

About how many people were employed at all locations?

IF RESPONDENT APPEARS TO HAVE DIFFICULTY READING THE FLASHCARD,
THEN READ THE CATEGORIES TO THE RESPONDENT.

    (1)  Less than 10
    (2)  10 - 24
    (3)  25 - 49
    (4)  50 - 99
    (5)  100 - 249
    (6)  250 - 499
    (7)  500 - 999
    (8)  1000+

      @
```

Mark One Only **HB96**

```
Would it be fewer than 20 people?

    (1)  Yes
    (2)  No

      @
```

Mark One Only **HB99**

```
[fill C_DODOES] [fill TEMPNAME] expect to be covered by Medicare
when [fill HESHE] [fill TEMP2] age 65?

    (1)  Yes
    (2)  No

      @
```

Mark One Only **HB100**

[fill C_AREIS] [fill TEMPNAME] postponing any medical care because
of costs until [fill HESHE] [fill TEMP3] eligible for Medicare?

    (1) Yes
    (2) No

     @

Mark One Only   **AW2_APT**

```
    ASK ONLY IF NECESSARY

    Is there more than one housing unit in this building?

         (1)  Yes
         (2)  No

           @
```

Multiple Entry   **AW5_CNDUR**

```
    SHOW FLASHCARD II
    READ ANSWER CATEGORIES IF NECESSARY

    Do you currently have the following items in your home, in
    working condition?

         (1)  Yes     (2) No

         @1  (01)Washing machine
         @2  (02)Clothes dryer
         @3  (03)Dishwasher
         @4  (04)Refrigerator
         @5  (05)Stand-alone food freezer (separate from refrigerator)
         @6  (06)Color television
         @7  (07)Gas or electric stove (with or without oven)
         @8  (08)Microwave oven
         @9  (09)VCR or DVD (or other video recorder-player such as TiVo)
         @10 (10)Air conditioner (central or room)
         @11 (11)Personal computer
         @12 (12)Cellular phone or mobile phone
         @13 (13)Regular telephone
```

Mark One Only   **AW6_CBLD1**

```
    You didn't list a washing machine in your home.  Is there a
    washing machine in your BUILDING provided for your use?

         (1)  Yes
         (2)  No

           @
```

Mark One Only   **AW7_CBLD2**

```
    You didn't list a dryer in your home.  Is there a dryer in your
    BUILDING provided for your use?

         (1)  Yes
         (2)  No

           @
```

Mark One Only   **AW8_CBLD13**

```
    You didn't list a telephone in your home.  Is there a way for
    people to reach you by telephone?

         (1)  Yes, neighbor's phone, common phone, pay phone
         (2)  Yes, cell phone
         (3)  Yes, other device
         (4)  No, cannot be reached by telephone

           @
```

Enter Number   **AW9_ROOMS**

```
The next set of questions are about the quality of your
neighborhood, crime in your neighborhood, and the type of services
available to you.  First, I will ask about your home.

How many rooms are there in your home?  Count the kitchen but do
not count the bathrooms.

ACCEPTABLE RANGE IS 1-20
ENTER (20) TO INDICATE 20 OR MORE ROOMS

      @ (Number of rooms)
```

Multiple Entry   **AW10_HOUSE1**

```
SHOW FLASHCARD JJ
READ ANSWER CATEGORIES IF NECESSARY

Are any of the following conditions present in your home?

ENTER ALL THAT APPLY/ENTER (N) FOR NO MORE
[fill AW10_1:b](1)  Problem with pests such as rats, mice, roaches,
      or other insects
[fill AW10_2:b](2)  A leaking roof or ceiling
[fill AW10_3:b](3)  Broken window glass or windows that can't shut
[fill AW10_4:b](4)  Exposed electrical wires in the finished areas
      of your home
[fill AW10_5:b](5)  A toilet, hot water heater, or other plumbing
      that doesn't work
[fill AW10_6:b](6)  Holes in the walls or ceiling, or cracks wider
      than the edge of a dime
[fill AW10_7:b](7)  Holes in the floor big enough for someone to
      catch their foot on
       @1
```

Enter Text   **AW10_ERR**

```
"Don't Know and/or Refused" response not permitted with other answers
      ENTER (B) TO BACK UP
@
```

Multiple Entry   **AW11_HOUSE2**

```
SHOW FLASHCARD KK

Now I'm going to ask you a few questions about your satisfaction
with certain aspects of your housing.

Are you very satisfied, somewhat satisfied, somewhat dissatisfied,
or very dissatisfied, with the following:

(1)  Very satisfied
(2)  Somewhat satisfied
(3)  Somewhat dissatisfied
(4)  Very dissatisfied
(5)  Haven't lived here long enough to know

      @1 (1) The general state of repair of your home
      @2 (2) The amount of room or space in your home
      @3 (3) The furnishings in your home
      @4 (4) The warmth of your home in winter
      @5 (5) The coolness of your home in summer
      @6 (6) The amount of privacy your home offers
```

Mark One Only   **AW12_SATLV1**

```
     SHOW FLASHCARD LL
     READ ANSWER CATEGORIES IF NECESSARY

     Overall, how satisfied are you with your home?

         (1)  Very satisfied
         (2)  Somewhat satisfied
         (3)  Somewhat dissatisfied
         (4)  Very dissatisfied

          @
```

Mark One Only   **AW13_SATLV2**

```
     Are conditions in your home undesirable enough that you would
     like to move?

         (1)  Yes
         (2)  No

          @
```

Mark One Only   **AW14_CRIME1**

```
     The next few questions are about crime and
     things you have done to protect yourself from crime.

     Is there any area right around your home --- that is, within a
     mile --- where you would be afraid to walk alone at night?

         (1)  Yes
         (2)  No

          @
```

Multiple Entry   **AW15_CRIME2**

```
     In the past month, have you done any of the following because you
     thought you might be unsafe?

         (1)  Yes     (2)  No

         @1  (1)  Have you stayed in your home at certain times?
         @2  (2)  Have you taken someone with you or traveled with other
                  people when going out into your neighborhood?
         @3  (3)  Have you carried anything to protect yourself?
```

Mark One Only   **AW16_CRIME3**

```
     Do you consider your neighborhood very safe from crime, somewhat
     safe, somewhat unsafe, or very unsafe?

         (1)  Very safe
         (2)  Somewhat safe
         (3)  Somewhat unsafe
         (4)  Very unsafe

          @
```

Mark One Only **AW17_CRIME4**

How about your home? Do you consider it very safe from crime,
somewhat safe, somewhat unsafe, or very unsafe?

    (1) Very safe
    (2) Somewhat safe
    (3) Somewhat unsafe
    (4) Very unsafe

      @

Mark One Only **AW18_CRIME5**

We are interested in finding out if people do anything in
particular to keep thieves or intruders out of their homes.

[fill TEMP2] [fill TEMP1] have a dog?

    (1) Yes
    (2) No

      @

Mark One Only **AW19_CRIME6**

When you got (this dog/these dogs), was it in part to keep your
home safe from thieves or intruders?

    (1) Yes
    (2) No

      @

Mark One Only **AW20_CRIME7**

[fill TEMP2] [fill TEMP1] have any special safety DEVICES such
as electric timers for lights, or an alarm system?

    (1) Yes
    (2) No

      @

Mark One Only **AW21_SATLV3**

Overall, is the threat of crime where you live undesirable enough
that you would like to move?

    (1) Yes
    (2) No

      @

Multiple Entry   **AW22_NBRHD1**

```
    Now I will ask some questions about general conditions in your
    neighborhood.

    SHOW FLASHCARD MM
    READ ANSWER CATEGORIES IF NECESSARY

    Do you think any of the following conditions are problems in
    your neighborhood?

    ENTER ALL THAT APPLY
    ENTER (N) FOR NO MORE

     [fill AW22_1:b](1)  Street noise or heavy street traffic
     [fill AW22_2:b](2)  Streets in need of repair
     [fill AW22_3:b](3)  Trash, litter, or garbage in the streets and lots
     [fill AW22_4:b](4)  Rundown or abandoned houses or buildings
     [fill AW22_5:b](5)  Industries, businesses, or other
            non-residential activities
     [fill AW22_6:b](6)  Odors, smoke, or gas fumes
              @1
```

Enter Text   **AW22_ERR**

```
    "Don't Know and/or Refused" response not permitted with other answers
            ENTER (B) TO BACK UP
    @
```

Mark One Only   **AW23_NBRHD2**

```
    SHOW FLASHCARD LL

    How satisfied are you with your relationship with your neighbors?

    Are you very satisfied, somewhat satisfied, somewhat dissatisfied,
    or very dissatisfied?

        (1)  Very satisfied
        (2)  Somewhat satisfied
        (3)  Somewhat dissatisfied
        (4)  Very dissatisfied

         @
```

Mark One Only   **AW24_SATLV4**

```
    SHOW FLASHCARD LL

    Overall, how satisfied are you with conditions in your neighborhood?

    READ IF NECESSARY

        (1)  Very satisfied
        (2)  Somewhat satisfied
        (3)  Somewhat dissatisfied
        (4)  Very dissatisfied

          @
```

Mark One Only

AW25_SATLV5

Is your neighborhood undesirable enough that you would like to move?

    (1) Yes
    (2) No

     @

Mark One Only

AW27_CS1

SHOW FLASHCARD LL

How satisfied are you with the local public schools in your
neighborhood?

READ IF NECESSARY

    (1) Very satisfied
    (2) Somewhat satisfied
    (3) Somewhat dissatisfied
    (4) Very dissatisfied

     @

Multiple Entry

AW28_CS2

SHOW FLASHCARD NN
READ ANSWER CATEGORIES IF NECESSARY

We are interested in schools from kindergarten through 12th grade.
Do any of the children in your household attend:

    (1) Yes   (2) No

    @1 (1) Private school
    @2 (2) Magnet, charter, or other public school apart from the
              assigned school
    @3 (3) Assigned public school
    @4 (4) Home school
    @5 (5) Not in school or other arrangement

Mark One Only

AW29_CS3

Would [fill TEMP1] prefer a different school for any
child in this home?

    (1) Yes
    (2) No

     @

Multiple Entry **AW30_CS4**

```
    Are you very satisfied, somewhat satisfied, somewhat dissatisfied,
    or very dissatisfied with each of the following services in your
    neighborhood:

    (1)  Very satisfied
    (2)  Somewhat satisfied
    (3)  Somewhat dissatisfied
    (4)  Very dissatisfied
    (5)  Haven't lived here long enough to know

        @1 (1)  Hospitals, health clinics, and doctors
        @2 (2)  Police services
        @3 (3)  Fire department services
```

Mark One Only **AW31_CS5**

```
    Are the public transportation services available in your
    neighborhood adequate for you?

        (1)  Yes
        (2)  No
        (3)  Not sure because you do not use public transportation

         @
```

Mark One Only **AW32_SATLV6**

```
    SHOW FLASHCARD LL

    Overall, how satisfied are you with the public services
    in your neighborhood?

    READ IF NECESSARY

        (1)  Very satisfied
        (2)  Somewhat satisfied
        (3)  Somewhat dissatisfied
        (4)  Very dissatisfied

         @
```

Mark One Only **AW33_SATLV7**

```
    Are the public services undesirable enough that you would
    like to move?

        (1)  Yes
        (2)  No

         @
```

Mark One Only   **AW34_MEET**

Next are questions about difficulties people sometimes have in
meeting their essential household expenses for such things as
mortgage or rent payments, utility bills, or important medical
care.

During the past 12 months, has there been a time when
[fill TEMP1] did not meet all of your essential expenses?

     (1) Yes
     (2) No

        @

Mark One Only   **AW35_NEED1**

The following are some of the specific difficulties people
experience with household expenses.

Was there any time in the past 12 months when [fill TEMP1]
did not pay the full amount of the rent or mortgage?

     (1) Yes
     (2) No

        @

Mark One Only   **AW36_GETH1**

When [fill TEMP1] had this problem, did any person or
organization help?

     (1) Yes
     (2) No

        @

Multiple Entry   **AW37_WHOH1**

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

       [fill AW37_1:b](1) A family member or relative
       [fill AW37_2:b](2) A friend, neighbor or other non-relative
       [fill AW37_3:b](3) A department of social services
       [fill AW37_4:b](4) A church or nonprofit group
       [fill AW37_5:b](5) Other
       @1

Enter Text   **AW37_ERR**

"Don't Know and/or Refused" response not permitted with other answers
      ENTER (B) TO BACK UP
@

Mark One Only   **AW38_NEED2**

> In the past 12 months [fill TEMP1] [fill TEMP2]
> evicted from your home or apartment for not paying the rent or
> mortgage?
>
>   (1) Yes
>   (2) No
>
>   @

Mark One Only   **AW39_GETH2**

> When [fill TEMP1] had this problem, did any person or
> organization help?
>
>   (1) Yes
>   (2) No
>
>   @

Multiple Entry   **AW40_WHOH2**

> ENTER ALL THAT APPLY
> ENTER (N) FOR NO MORE
>
> Who was that?
>
>   [fill AW40_1:b](1) A family member or relative
>   [fill AW40_2:b](2) A friend, neighbor or other non-relative
>   [fill AW40_3:b](3) A department of social services
>   [fill AW40_4:b](4) A church or nonprofit group
>   [fill AW40_5:b](5) Other
>   @1

Enter Text   **AW40_ERR**

> "Don't Know and/or Refused" response not permitted with other answers
>   ENTER (B) TO BACK UP
> @

Mark One Only   **AW41_NEED3**

> How about not paying the full amount of the gas, oil, or
> electricity bills?
>
> Was there a time in the past 12 months when that happened to
> [fill TEMP1]?
>
>   (1) Yes
>   (2) No
>
>   @

Mark One Only   **AW42_GETH3**

> When [fill TEMP1] had this problem, did any person or
> organization help?
>
>   (1) Yes
>   (2) No
>
>   @

Multiple Entry
AW43_WHOH3

```
        ENTER ALL THAT APPLY
        ENTER (N) FOR NO MORE

        Who was that?

         [fill AW43_1:b](1)  A family member or relative
         [fill AW43_2:b](2)  A friend, neighbor or other non-relative
         [fill AW43_3:b](3)  A department of social services
         [fill AW43_4:b](4)  A church or nonprofit group
         [fill AW43_5:b](5)  Other

               @1
```

Enter Text
AW43_ERR

```
        "Don't Know and/or Refused" response not permitted with other answers
               ENTER (B) TO BACK UP
        @
```

Mark One Only
AW44_NEED4

```
        In the past 12 months did the gas or electric company turn off
        service, or the oil company not deliver oil?

            (1)  Yes
            (2)  No

             @
```

Mark One Only
AW45_GETH4

```
        When [fill TEMP1] had this problem, did any person or
        organization help?

            (1)  Yes
            (2)  No

             @
```

Multiple Entry
AW46_WHOH4

```
        ENTER ALL THAT APPLY
        ENTER (N) FOR NO MORE

        Who was that?

         [fill AW46_1:b](1)  A family member or relative
         [fill AW46_2:b](2)  A friend, neighbor or other non-relative
         [fill AW46_3:b](3)  A department of social services
         [fill AW46_4:b](4)  A church or nonprofit group
         [fill AW46_5:b](5)  Other
               @1
```

Enter Text
AW46_ERR

```
        "Don't Know and/or Refused" response not permitted with other answers
               ENTER (B) TO BACK UP
        @
```

Mark One Only   **AW47_NEED5**

How about the telephone company disconnecting service because
payments were not made?

Was there a time in the past 12 months when that happened to
[fill TEMP1]?

        (1) Yes
        (2) No

        @

Mark One Only   **AW48_GETH5**

When [fill TEMP1] had this problem, did any person or
organization help?

        (1) Yes
        (2) No

        @

Multiple Entry   **AW49_WHOH5**

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

 [fill AW49_1:b](1) A family member or relative
 [fill AW49_2:b](2) A friend, neighbor or other non-relative
 [fill AW49_3:b](3) A department of social services
 [fill AW49_4:b](4) A church or nonprofit group
 [fill AW49_5:b](5) Other
        @1

Enter Text   **AW49_ERR**

"Don't Know and/or Refused" response not permitted with other answers
        ENTER (B) TO BACK UP
    @

Mark One Only   **AW50_NEED6**

In the past 12 months was there a time [fill TEMP2] needed
to see a doctor or go to the hospital but did not go?

        (1) Yes
        (2) No

        @

Mark One Only   **AW51_GETH6**

When [fill TEMP1] had this problem, did any person or
organization help?

        (1) Yes
        (2) No

        @

Multiple Entry   **AW52_WHOH6**

```
    ENTER ALL THAT APPLY
    ENTER (N) FOR NO MORE

    Who was that?

    [fill AW52_1:b](1)  A family member or relative
    [fill AW52_2:b](2)  A friend, neighbor or other non-relative
    [fill AW52_3:b](3)  A department of social services
    [fill AW52_4:b](4)  A church or nonprofit group
    [fill AW52_5:b](5)  Other
        @1
```

Enter Text   **AW52_ERR**

```
    "Don't Know and/or Refused" response not permitted with other answers
        ENTER (B) TO BACK UP
    @
```

Mark One Only   **AW53_NEED7**

```
    In the past 12 months was there a time [fill TEMP2] needed
    to see a dentist but did not go?

        (1)  Yes
        (2)  No

        @
```

Mark One Only   **AW54_GETH7**

```
    When [fill TEMP1] had this problem, did any person or
    organization help?

        (1)  Yes
        (2)  No

        @
```

Multiple Entry   **AW55_WHOH7**

```
    ENTER ALL THAT APPLY
    ENTER (N) FOR NO MORE

    Who was that?

    [fill AW55_1:b](1)  A family member or relative
    [fill AW55_2:b](2)  A friend, neighbor or other non-relative
    [fill AW55_3:b](3)  A department of social services
    [fill AW55_4:b](4)  A church or nonprofit group
    [fill AW55_5:b](5)  Other
        @1
```

Enter Text   **AW55_ERR**

```
    "Don't Know and/or Refused" response not permitted with other answers
        ENTER (B) TO BACK UP
    @
```

Mark One Only

AW56_HELP1

```
    SHOW FLASHCARD OO
    READ ANSWER CATEGORIES IF NECESSARY

    If [fill TEMP1] had a problem with which you needed help
    (for example, sickness or moving), how much help would you expect
    to get from family living nearby?

        (1)  All of the help needed
        (2)  Most of the help needed
        (3)  Very little of the help needed
        (4)  No help

        @
```

Mark One Only

AW57_HELP2

```
    SHOW FLASHCARD OO
    READ ANSWER CATEGORIES IF NECESSARY

    If [fill TEMP1] had a problem with which you needed help

    How much help would you expect to get from friends?

        (1)  All of the help needed
        (2)  Most of the help needed
        (3)  Very little of the help needed
        (4)  No help

        @
```

Mark One Only

AW58_HELP3

```
    SHOW FLASHCARD OO
    READ ANSWER CATEGORIES IF NECESSARY

    If [fill TEMP1] had a problem with which you needed help

    How much help would you expect to get from other people in the
    community besides family and friends, such as a social agency
    or a church?

        (1)  All of the help needed
        (2)  Most of the help needed
        (3)  Very little of the help needed
        (4)  No help

        @
```

Mark One Only

AW59_FOOD1

```
    SHOW FLASHCARD PP

    Getting enough food can also be a problem for some people.  Which
    of these statements best describes the food eaten in your household
    in the last four months:

    READ ANSWER CATEGORIES IF NECESSARY

        (1)  Enough of the kinds of food we want
        (2)  Enough but not always the kinds of food we want to eat
        (3)  Sometimes not enough to eat
        (4)  Often not enough to eat

        @
```

Multiple Entry   AW60_FOOD2

```
     ENTER ALL THAT APPLY
     ENTER (N) FOR NO MORE
     In which of the last four months did [fill TEMP2]
     NOT have enough to eat?

     [fill AW60_1:b]  (1)  4 mos. ago [fill month1]
     [fill AW60_2:b]  (2)  3 mos. ago [fill month2]
     [fill AW60_3:b]  (3)  2 mos. ago [fill month3]
     [fill AW60_4:b]  (4)  last month [fill month4]
     [fill AW60_5:b]  (5)  current month [fill month5]
                      @1
```

Enter Text   AW60_ERR

```
     "Don't Know and/or Refused" response not permitted with other answers
           ENTER (B) TO BACK UP
     @
```

Mark One Only   AW61_FOOD3

```
     I'm going to read you some statements that people have made
     about their food situation.  For these statements, please
     tell me whether it was OFTEN TRUE, SOMETIMES TRUE, or NEVER
     TRUE for [fill TEMP2] in the last four months.

     "The food that [fill TEMP3] bought just didn't last and
      [fill TEMP3] didn't have money to get more."

     Was that often, sometimes or never true for [fill TEMP4]
     in the last four months?

          (1)  Often true
          (2)  Sometimes true
          (3)  Never true

           @
```

Mark One Only   AW62_FOOD4

```
     The next statement is: "[fill TEMP3] couldn't afford to eat
     balanced meals."

     Was that often, sometimes or never true for [fill TEMP4]
     in the last four months?

          (1)  Often true
          (2)  Sometimes true
          (3)  Never true

           @
```

Mark One Only   AW63_FOOD5

```
     The next statement is: "[fill TEMP1] not eating enough
     because [fill TEMP3] couldn't afford enough food."

     Was that often, sometimes or never true for [fill TEMP2] in
     the last four months?

          (1)  Often true
          (2)  Sometimes true
          (3)  Never true

           @
```

Mark One Only   **AW64_FOOD6**

The next questions refer to adults in the household.

In the past four months did [fill TEMP1]
ever cut the size of your meals or skip meals because there
wasn't enough money for food?

        (1) Yes
        (2) No

          @

Mark One Only   **AW65_FOOD7**

In the past four months, did [fill TEMP1] ever eat less than
you felt you should because there wasn't enough money to
buy food?

        (1) Yes
        (2) No

          @

Mark One Only   **AW66_FOOD8**

In the past four months, did [fill TEMP1] ever not eat for a
whole day because there wasn't enough money for food?

        (1) Yes
        (2) No

          @

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