

NSAF

Methodology Reports

1997 NSAF Questionnaire

Report No. 12

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Assessing
the New
Federalism

An Urban Institute
Program to Assess
Changing Social Policies

PREFACE

1997 NSAF Questionnaire is the twelfth report in a series describing the methodology of the 1997 National Survey of America's Families (NSAF). The NSAF is part of the *Assessing the New Federalism Project* at the Urban Institute, in partnership with Child Trends. Data collection for the NSAF was conducted by Westat.

The NSAF is a major new survey focusing on the economic, health, and social characteristics of children, adults under the age of 65, and their families. During the first round of the survey in 1997, interviews were conducted in over 44,000 households, yielding information on over 100,000 people. The NSAF sample is representative of the nation as a whole and of 13 states, and therefore has an unprecedented ability to measure differences between states.

About the Methodology Series

This series of reports has been developed to provide readers with a detailed description of the methods employed to conduct the 1997 NSAF. The early reports focus on:

- No. 1: An overview of the NSAF sample design, data collection techniques, and estimation methods
- No. 2: A detailed description of the NSAF sample design for both telephone and in-person interviews
- No. 3: Methods employed to produce estimation weights and the procedures used to make state and national estimates for *Snapshots of America's Families*
- No. 4: Methods used to compute and results of computing sampling errors
- No. 5: Processes used to complete the in-person component of the NSAF
- No. 6: An assessment of several measures of child and family well-being
- No. 7: Studies conducted to understand the reasons for nonresponse and the impacts of missing data
- No. 8: Response rates obtained (taking the estimation weights into account) and methods used to compute these rates
- No. 9: Methods employed to complete the telephone component
- No. 10: Data editing techniques and imputation techniques for missing variables
- No. 11: Documentation to accompany the Child Public Use File
- No. 12: 1997 NSAF questionnaire
- No. 13: Most Knowledgeable Adult Public Use File codebook
- No. 14: Impact of census undercount-adjusted weights on survey estimates
- No. 15: National benchmarking measures

About this Report

This twelfth report in the Methodology Series focuses on the 1997 NSAF questionnaire. The introductory chapter describes the household screener, household verification and extended interview. In addition, the chapter covers respondent selection, types of NSAF interviews and the

NSAF family definition so that the reader may gain a better understanding of the NSAF questionnaire. The remainder of the report provides the full text of the questionnaire.

For More Information

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1 Introduction

The 1997 National Survey of America's Families (NSAF) is a survey of the economic, health, and social characteristics of children, adults under the age of 65, and their families. Interviews were conducted in over 44,000 households, yielding information on over 100,000 people. The data collection was conducted for the Urban Institute and Child Trends by Westat, a nationally renowned survey research firm.

The NSAF sample is representative of the civilian, noninstitutionalized population under age 65. Data were obtained from February to November 1997. As with virtually all household surveys, some important segments of the population (e.g., the homeless) could not be sampled because of their living arrangements and hence are not included in the survey results.

Oversize samples were drawn in 13 states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin) to allow the production of reliable estimates at the state level. The oversize state samples are supplemented with a balance of the U.S. sample to allow the creation of estimates at the national level as well. The sampling frame consisted of a list-assisted, random digit dialing (RDD) sample of telephone numbers supplemented by an area probability sample of nontelephone households.

The goal of producing reliable estimates at the state level for measures of child and family well-being stems from the NSAF's role in *Assessing the New Federalism*, an Urban Institute project launched at the onset of policy changes that call for the devolution of responsibility for social programs, especially those affecting low-income families, from the federal government to state and local governments. The project focuses on programs in the areas of health care, income security, employment, training, and social services. In addition to the NSAF, the data collection component of the project includes intensive site visits to the 13 states in 1997 to gather information on the development and implementation of policies in the states and a 50-state database with state-level data on income security, health, well-being, fiscal and political conditions, demographic characteristics, and social services.

While the site visits and the 50-state database provide researchers and policymakers with information on how states differ in both the policies selected and how these policies are implemented, the NSAF is tasked to provide reliable estimates of outcome measures that are not available from other data sources, such as administrative data or other household surveys. The NSAF provides information on a broad range of measures of child, adult, and family well-being.

This report provides the text of the 1997 NSAF questionnaire. The introductory chapter describes the household screener, household verification, and extended interview of the 1997 NSAF. In addition, the chapter covers respondent selection, types of NSAF interviews, and the NSAF family definition so that the reader may gain a better understanding of the NSAF questionnaire.

1.1 Screener Content

A short screening interview was used to identify and sample households on the basis of age composition and household income. There were three main steps in determining household eligibility.

1. Question SC1 asked if there is anyone in the household under age 65. If no one under 65 lives in the household, an ineligible result code was assigned and the screener ended.
2. Question SC2 asked if there are any children 17 or under in the household. The response to this question determined whether the household had any eligible children.
3. Question SC5 asks whether household income was below 200 percent of poverty. This was a single item that asked if the total family income was above or below a particular income level (e.g., \$15,000). The level was calculated based on the size of the household and whether or not there were children in the household.

The content of the screener varied depending on whether the telephone number was allocated to either the “Option A” or “Option A and B” path. In the “Option A” path, only households with children were eligible for interviewing. In the “Option A and B” path, households with persons under the age of 65 were eligible for interviewing.

Households were also sampled with respect to household income reported on the screener. Eligible households with household incomes below 200 percent poverty were retained for extended interviewing. All others were subsampled at rates that varied by study area.

Once household eligibility was determined, and the household was sampled, subsequent questions were asked to identify the children (ages 0 to 17) or adults (ages 18 to 64) in the household. Once this list was compiled, the computer-assisted telephone interviewing (CATI) program sampled up to two children or up to two adults for subjects on the extended interview. If children were sampled, a series of questions was asked to determine the name and relationship of the person most knowledgeable about the selected child or children (the most knowledgeable adult, or MKA).

1.2 Respondent Selection in the NSAF

For sampled households with children, up to two children were randomly selected during the household screener. One child under the age of 6 was selected and one child between the ages of 6 and 17 was selected. Regardless of the number of children in the household and the number of children within each age group, only one child could be selected from each age group. The child under the age of 6 is referred to throughout the questionnaire as focal child 1 (FC1 or CHILD1). The child between the ages of 6 and 17 is referred to as focal child 2 (FC2 or CHILD2). These children are referred to as focal children because they are the subjects of the NSAF’s questions on child well-being.

Once focal children are selected, question SC7 asks for the name of the parent or guardian who knows the most about the selected child's health and education. The person named is referred to as the most knowledgeable adult or MKA. The MKA is the selected respondent who answers questions about his or her focal child(ren), his or her spouse/partner (if there is one), and the family and household. In almost all cases, the MKA is a parent of the selected child. When there are two focal children in the household, the MKA of one child is often the MKA of the other child. In some cases, the focal children will have different MKAs. The term "MKA" appears frequently in the NSAF questionnaire. In some cases, we refer to the MKA of FC2 as MKA2 and the MKA of FC1 as MKA1.

In rare cases, the sampled child did not have an MKA. For example, a sampled child of 16 or 17 years of age might be living independently or with a spouse/partner. Generally, these children fall outside of the universe for many of the NSAF's child well-being questions. Nevertheless, since these individuals were sampled as children, they were retained as part of the NSAF sample of children and child weights were created for them. We refer to these individuals as emancipated minors and they were administered a childless adult interview.

For sampled households without children, up to two adults between the ages of 18 and 64 were selected as respondents in the household screener. One or two adults were selected as respondents depending upon the number of age-eligible adults in the household. Adults selected as respondents in households without children could not be spouse/partners of each other.

Furthermore, in order to produce estimates generalizable to all adults between the ages of 18 and 64, it was necessary to conduct interviews with childless adults living in households with children. For example, there may be adult siblings of focal children without children of their own in the household. These adult "stragglers" were selected from among adults who were not the spouse/partner of an MKA or an emancipated minor and not the parent of, nor the spouse/partner of a parent of, any child under 18 in the household. Again, up to two adult "stragglers" could be selected for interviewing. The selection of stragglers does not take place in the screener. Instead, they are selected after the household roster (Section D) is completed in the first interview with an MKA, provided that the household was predesignated as eligible for both child and adult interviews.

1.3 Household Verification

For screener interviews completed prior to February 15, 1997, it was necessary to administer a series of household verification questions prior to administering the extended interview. The purpose of asking these questions was to determine if there had been changes in the composition of the household since the completion of the screener interview. If there were changes in household composition that could affect the selection of focal children or sampled adults or the identity of the MKA, the screener was essentially readministered with reselection of sample persons (focal children and their MKAs and childless adult respondents). For example, if a child moved into the household between the time of screening and household verification, focal children would have to be resampled. Another example would be if a childless adult between the ages of 18 and 64 moved out of the household between the completion of the screener interview and

household verification. In this case, adults between 18 and 64 would be enumerated again and respondents selected again.

Report No. 9—*1997 NSAF Telephone Survey Methods* (section 2.1) and Report No. 8—*1997 NSAF Response Rates and Methods Evaluation* (section 6.3) contain detailed discussions of the relationship between household verification and the screener interview.

1.4 NSAF Extended Interview Types

The NSAF has two types of respondents: MKAs and childless adults. MKAs were given Option A interviews while childless adults were given Option B interviews. Emancipated minors were also given the Option B interview. The Option B survey is a subset of questions asked in the Option A survey. The Option A survey consists of questions about child, adult, and family well-being, while the Option B survey consists of questions about adult and family well-being. Sometimes, we will refer to MKAs as Option A respondents and childless adults (and emancipated minors) as Option B respondents.

The flow of extended interviews within a household was based on rules that determined the order and types of interviews administered. Multiple extended interviews could be conducted in a household after the screener was completed. For details about who was included and excluded in the sample design, see the Sample Design Report (No. 2 in this series).

In each household that had multiple interviews, there were two different versions of the questionnaire—a full and an abbreviated version. The full version was always conducted first, followed by one of two types of abbreviated versions. One version was for cases in which the respondent for the abbreviated questionnaire was in the same family as a prior respondent and the other version was for cases in which the respondent was in a different family from any previous respondent. If the respondent was in the same family as the respondent to the full questionnaire, many questions about the household and family did not need to be asked again. If the respondent to the second questionnaire was not in the same family, questions about the household did not have to be asked again, but some family questions were re-asked.

For MKA interviews, there was also an order rule based on the age of the focal child. If there were two selected children and two persons named as the MKAs, the MKA for the older child was interviewed first because it was believed that the MKA for the older child would usually be older and better able to provide some of the income, health care, and household-level information than the younger MKA. Also, in cases in which we were speaking to a mother and her young daughter as MKAs (the mother as the MKA for her daughter, and the daughter as the MKA for a younger child), it was agreed that it was more appropriate to interview the mother prior to talking to her daughter.

In addition, there were also order rules across types of interviews. Option B interviews could follow Option A interviews. In adult-only households, an Option B interview could also follow another Option B interview. However, Option A interviews could never follow Option B interviews.

Because of the many types of interviews that could be administered, interview types were numbered within Option A and Option B interviews. Overall, 48,331 interviews were conducted in the 1997 NSAF. Table 1-1 provides a definition of each type along with the distribution of these interviews in the 1997 NSAF.

Table 1-1
Definitions of Extended Interview Types — 1997 NSAF

Interview Type	Number of Completions
A1: Option A interview with the first MKA	27,783
A2: Option A interview with a second MKA; both MKAs are in the same family	369
A3: Option A interview with a second MKA; MKAs are in different families	11
B1: Option B interview with the first childless adult respondent	16,653
B2: Option B interview with a childless adult respondent in the same family as another respondent	3,180
B3: Option B interview with a childless adult not in the same family as any other respondent	308
B4: Option B interview with an emancipated minor	26
B5: Option B interview with an emancipated minor not in the same family as any other respondent	1

It was possible to have up to four extended interviews within a single household (two interviews with MKAs and two interviews with childless adults), although this only occurred in two households. In most cases, only one extended interview was conducted in the household, as shown in table 1-2.¹

Table 1-2
Extended Interviews per Household in the 1997 NSAF

Number of Extended Interviews in the Household	No.	%
One	40,737	91.6
Two	3,580	8.1
Three	142	0.3
Four	2	0.0

¹ A2 and A3 interviews must occur in the same household as an A1 interview. B2 and B3 interviews can occur in the same household as either an A1 interview or a B1 interview. Finally, A1 and B1 interviews cannot occur within the same household. An option B interview in the same household as an option A interview is always a type B2, B3, B4 or B5 interview.

1.5 NSAF Family Definition

In the NSAF, the family is built around persons who are sampled, such as childless adult respondents and focal children (in households with children). The family construction box on page D-16 of the questionnaire contains a full description of how families are defined for interviewing purposes in the NSAF. The family construction box can be viewed in four steps:

1. We begin with anyone in the household who is related by blood, adoption, or marriage to the sampled person (including the sampled person).
2. MKAs and their respective focal children are considered to be members of the same family, even if they are not related. Also, anyone related to the MKA is also included as a family member in this step.
3. Any unmarried partners (living in the household) of anyone in the family, at this point, are included in the family.
4. Finally, anyone in the household who is related to these unmarried partners is also added to the family.

As an example, suppose that we are interviewing a household with persons A, B, C, and D, with A, B, and C all between the ages of 18 and 64 and therefore eligible as Option B respondents, while person D is 65 or older.

- A and B are siblings.
- C is the unmarried partner of B and unrelated to A but is related to D.
- D is not related to A or B.

A is sampled for interviewing. According to step 1, B is in A's family since B is related to the sampled person, A. Step 2 is irrelevant in this case since there are no focal children. In step 3, C is included as a member of A's family since C is an unmarried partner of B. In step 4, D is added as a member of A's family since D is related to C. Note that if there were another person in the household, E, an unmarried partner of D (and not related to A, B, or C), this person would not be included in the family of A.

Thus, the definition of family in the NSAF interview is based on relationships and is broader than the definition of family used in other surveys, such as the Current Population Survey (CPS). The main difference is that the NSAF includes unmarried partners as family members, whereas surveys such as the CPS exclude these persons as family members. Another difference is that all members of the extended family are considered to be in the same family. A final difference is that the CPS family is built around a reference person, defined as the person who owns or rents the home,

while the NSAF family is built around sampled persons (focal children and Option B respondents).¹

Understanding the definition of family in the NSAF interview is crucial to understanding what information is available at the person level for different types of persons within NSAF households. In other words, not all items are collected for all household members. Some items in sections E (current health insurance coverage), I (earnings in 1996), and J (unearned income sources and amounts in 1996) contain questions where information is recorded at the person level for family members of respondents. In most other parts of the questionnaire, information is only recorded for specific types of persons, such as focal children, respondents, and their spouse/partners. In a few cases, information is recorded at the person level for all household members (e.g., when asking about country of origin in section O).

1.6 Extended Interview Content

As noted earlier, the NSAF collected information on the economic, health, and social dimensions of the well-being of children, adults under the age of 65, and their families in 13 states and in the balance of the nation. The richness of this data can be seen in figure 1.1, which provides a summary, by topic, of the breadth of well-being measures covered by the 1997 NSAF questionnaire.

Figure 1.1 shows the item or construct being asked about in the survey, as well as for whom the item or construct was asked, although this mapping should not be taken as exhaustive. For a given item, the measure may be meaningfully applied to a person about whom the item is not directly asked. For example, while questions about parent aggravation are asked of primary caregivers (or most knowledgeable adults), one could produce estimates based on the child as the unit of analysis, such as the percentage of children with a primary caregiver who scores high or low on parental aggravation.

We deemed it necessary to collect a wide range of well-being measures due to the multifaceted nature of policy changes associated with the New Federalism. Bell (1999: 9–10) writes, “From ANF’s site visits over the past three years, it is clear that states are rethinking and, in some cases, redesigning social policies in a variety of areas at once, including low-income medical and cash assistance, child welfare services, employment and training programs, child care, and child support enforcement.” He goes on to note that due to the comprehensive nature of recent policy changes at the state level, “...moving to more topically diverse data collection methods—including wide-ranging household surveys—has become essential.”

In assembling the content of the NSAF, we found that state-representative surveys either focused on narrow aspects of well-being or did not include variables that related to the anticipated policy changes. For example, the CPS focuses mainly on employment, and at the time of the 1997

¹ This discussion only pertains to the definition of family used to conduct the survey. Using the detailed relationship information gathered in the household roster section (D), Urban Institute staff have created families using the CPS definition of family in the NSAF data in analytic data files.

NSAF it did not include information on health services use or access to care. The National Health Interview Survey (NHIS) has the needed health questions, but lacks both information on receipt of AFDC and food stamps, and detailed income information. In addition, neither the CPS nor the NHIS contains information on the need for and use of social services or child care.

Nevertheless, we did rely on questions from existing surveys such as the National Health Interview Survey, the Current Population Survey, the Survey of Income and Program Participation (SIPP), and the National Household Education Survey (NHES), as much as possible in order to maintain comparability with these and other surveys. We also sought out and obtained extensive input and review of the instrument by survey methodologists and subject matter experts.

Figure 1.1
Summary of Well-Being Measures in the National Survey of America's Families

Well-Being Construct/ Items To Be Measured	Person/Unit for Whom Measured		
	Child	Parent/ Adult	Family/ Household
<i>Economic Security</i>			
Poverty/family income			X
Parent/adult employment/earnings/work stability		X	
Health insurance coverage (includes Medicaid)	X	X	
Parent/adult use of education and training		X	X
Child support	X	X	X
Use of public assistance (includes AFDC, SSI)	X	X	X
Use of food assistance (includes food stamps, WIC, school lunch, school breakfast)	X	X	X
Economic hardship			X
Food security			X
Use of housing security			X
Housing adequacy/stability/crowding	X	X	X
<i>Health and Health Care</i>			
Health status/limitations	X	X	
Hospital stays and physician visits	X	X	
Health care access, use, and satisfaction	X	X	
Health care monitoring (includes dental visits, preventive care)	X	X	
Inability to afford medical/dental care, medicine	X	X	
<i>Child's Education/Cognitive Development</i>			
Grade for age	X		
Problem doing well in school, with school work	X		
Whether parents read or tell stories to child	X		
Whether parents take child on outings	X		
Child care use (includes amount, type, quality, stability)	X		X
<i>Child's Social Development and Positive Development</i>			
Employment and participation in training programs	X		
Participation in recreational activities (teams, clubs, scouts, religious groups)	X		
<i>Child's Behavior Problems</i>			
Behavior problems index	X		
Cut classes/suspended/expelled from school	X		
<i>Family Environment</i>			
<i>(A) Family Structure</i>			
Whether two-parent family, biological parents present	X	X	
Visitation with noncustodial parent (if applicable)	X		
Stability/turbulence (includes changes in family composition, housing, child care)	X	X	X
<i>(B) Parent/Adult Psychological Well-Being</i>			
Depression		X	
Parent aggravation		X	
Participation in volunteer/religious activities		X	
<i>(C) Family Stress</i>			
Problems in family (includes mental health, family conflict)	X	X	X
<i>(D) Immigration Status</i>			
	X	X	X
<i>Community Environment</i>			
Knowledge of community services available		X	

The 1997 NSAF extended interview was divided into 16 sections, labeled sections A through P. Listed below is a brief description of the content areas of each section.

- A. *Student Status.* This section is not shown in the content of the 1997 NSAF questionnaire. It contains two questions—one that asked whether the respondent was a student and one that asked whether this was the respondent's usual residence. These questions were asked of respondents who were 16 to 24 years old. If the respondent answered that this household was not their usual residence, the CATI system would determine that the respondent was ineligible to continue at this point.
- B. *Health Status and Satisfaction.* In section B, questions were asked about the respondent's satisfaction with health care, access to health care, the health status of focal children, and, in Option B interviews, the health status of the respondent.
- C. *Parent/Child/Family Interaction and Education.* This series of questions asked about education for focal children. Questions included the focal child's current grade (or the last grade completed), the child's attitudes toward school and schoolwork, skipping school, suspensions, and changing schools. For children over 11 years old, there were also questions about working for pay during the last four weeks. A summer version of this section was administered between June 13 and September 8. In the summer version, several items were added to determine whether the child was in summer school.

Section C was skipped in Option B interviews.

- D. *Household Roster.* In this section, the name, age, and sex of all persons living in the household were recorded. Questions were asked to identify the relationships between all household members.
- E. *Health Care Coverage.* Information was gathered about current health insurance coverage for the respondent, the respondent's spouse/partner (if applicable), and focal children. Questions were also asked about coverage for the past 12 months and periods in which family members had no insurance. For family members with particular types of coverage, questions were asked about the characteristics of their health plans.
- F. *Health Care Use and Access.* This section gathered information about health status, health care services received, and necessary health care services that were postponed during the last 12 months. This section included questions on routine care, overnight stays in hospitals, dental care, mental health care, women's health care, well-child care, and prescription medicines. Questions were asked about the focal children and either the respondent or his/her spouse/partner in the child interview. In the adult interview the questions were asked about the adult and his/her spouse/partner.
- G. *Child Care.* In this section, we asked about child care arrangements of focal children who were under 13 years old. Child care arrangements included Head Start, child care centers, before- or after-school care, and babysitters. Questions asked about the total number of

hours per week in each care situation, the typical number of children cared for, the typical number of adult child care providers, and child care costs. A summer version of this section was administered between June 13 and September 26, 1997.

Section G was skipped in all Option B interviews.

- H. *Nonresidential Parent/Father.* These questions determined whether a focal child had a nonresident parent, how often the child saw his/her nonresident parent, whether the nonresident parent provided financial support, and whether nonresident parents were required by child support orders to provide financial support.

Section H was skipped in all Option B interviews.

- I. *Employment and Earnings.* This section contained a series of questions about the employment and earnings of the respondent and the spouse/partner this year and last year. Questions included those about current employment status, occupation, industry, employer-provided health insurance, hours worked, and earnings. Some questions were also asked about the earnings of other family members.

- J. *Family Income.* Family income from a wide variety of other sources (not including earnings from employment) was identified. These sources included public assistance (Aid to Families with Dependent Children, General Assistance, Emergency Assistance, vouchers), Food Stamps, child support, foster care payments, financial assistance from friends or relatives, unemployment compensation, workers' compensation or veteran's payments, Supplemental Security Income, Social Security, pension or annuity income, interest or dividend income, income from rental property, and any other source.

- K. *Welfare Program Participation.* This section gathered detailed information about Aid to Families with Dependent Children (AFDC) and Food Stamp benefits that the respondent might have received in the past 2 years. For both types of assistance, periods in which the respondent's benefits were reduced or eliminated were identified and strategies for coping during such times. Current AFDC or Food Stamp recipients were asked about any requirements they had to fulfill (job search, training, etc.) in order to receive these benefits. For respondents with children, questions were asked about benefits received in the previous year through WIC (supplemental food program for Women, Infants, and Children) and the free or reduced-cost school breakfast and lunch programs.

For section K, only questions about the Food Stamp program were asked in Option B interviews.

- L. *Education and Training.* This series of questions was asked for the respondent and his/her spouse or partner and focal children over age 14. Questions included those about the highest grade completed, highest degree earned, participation in job training programs during the past year, and classes taken for credit during the past year.

- M. *Housing and Economic Hardship.* Questions covered the respondent's living arrangement, the name(s) of the lease- or mortgage-holder(s) in the household, and the amount of rent or mortgage paid monthly. Information was collected about financial contributions by the respondent or his/her spouse or partner to children under 18 living outside the household. The effect of economic hardship on the family's food consumption and ability to pay for housing costs was also assessed. The last questions in this section covered household telephone service over the past year.
- N. *Issues, Problems, Social Services.* Questions in this section covered the respondent's state of mind, feelings about his or her child(ren), constructive activities the child(ren) might have been involved with, the availability of social services in their community, problems the child(ren) might have had in the past year and efforts to obtain help for those problems, and the respondent's involvement in volunteer and religious activities.
- Most questions in section N were skipped in Option B interviews.*
- O. *Race, Ethnicity, and Nativity.* Race and ethnicity were asked for the respondent, the spouse/partner, and the focal children. For household members who were born outside the United States, country of origin and citizenship questions were asked.
- P. *Closing.* A short series of questions elicited the respondent's opinions about welfare and working and about raising children. Closing questions asked for ZIP code and, in households with foreign-born individuals, tracing information for use in a follow-up survey.

The questionnaire shown in this report is the Option A interview, or more specifically, the type A1 interview. Appendixes B and C at the end of this report provide detail on which questions are asked in the other types of interviews.

Note that not all skip patterns in the questionnaire are shown in this report. For example, a response of "don't know" or "refused" is possible for almost every survey item, yet these options are not shown in this report. Given low overall levels of item nonresponse, this should not pose any difficulty for most data users. Users requiring an exact understanding of the skip patterns in the NSAF should contact Urban Institute staff through email at nsaf@ui.urban.org.

All components of the NSAF questionnaire were also translated into Spanish and programmed into Westat's computer-assisted telephone interviewing (CATI) system. A hard copy of the Spanish language interview is not available. Those interested in the translations for individual questions should contact Urban Institute staff at the email address mentioned above.

For more details on the topics covered in this introduction, see 1997 NSAF Methodology Reports 1, 2, and 9. Report No. 1, *Survey Methods and Data Reliability*, is a concise introduction to the entire survey. Report No. 2, *Sample Design*, provides a full description of respondent selection and sampling procedures. Report No. 9, *Telephone Survey Methods*, in addition to describing the content of the 1997 NSAF questionnaire, details the operational aspects of interviewing different types of respondents.

References

Bell, S. H. 1999. "New Federalism and Research: Rearranging Old Methods to Study New Social Policies in the States." Washington, D.C.: Urban Institute.

**1997 NATIONAL SURVEY
OF AMERICA'S FAMILIES (NSAF)**

HOUSEHOLD SCREENER

(VERSION 1 - PRIOR TO 2/15/97)

SINTRO_1.

Hello, this is (INTERVIEWER NAME) and we are preparing to do a study for private foundations interested in education, health care, and other services in (STATE). The study has been endorsed by state governments concerned with how recent changes in policies affect people's lives. I am not asking for money — I'd only like to ask you a few brief questions.

First, are you a member of this household at least 18 years old?

YES..... 1
NO 2 (ASK FOR SOMEONE WHO IS 18)

SINTRO_3. Is this phone number for....

Home use,..... 1
Business and home use, or 2
Business use only? 3 (Thank you very much, but we are only interviewing at residences.)

SC1. Is there anyone in your household who is under 65 years of age?

YES 1 (GO TO SC2)
NO, EVERYONE 65 OR OLDER 2

SC1a. Within the next two months do you expect anyone who is less than 65 years old to move into the household?

YES 1 (Thank you. Those are all the questions I have at this time. END)
NO 2 (Thank you. Those are all the questions I have at this time. END)

SC2. One important focus of this study is the health care, child care, and education of children. Including everyone who usually lives there, such as family, relatives, friends, or boarders, are there any children or teens in the household who are less than 18 years old?

[INCLUDE EVERYONE UNDER 18 REGARDLESS OF RELATIONSHIP TO OTHERS IN HOUSEHOLD (HH)]

YES..... 1
NO 2

SC3. Including yourself {and any babies and small children} how many people live in this household?

NUMBER..... _____

[HOUSEHOLD (HH) MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR USUAL PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR AWAY AT SCHOOL.]

SC3OV. Did you include everyone who usually lives here, even those who may be temporarily away on business, vacation, in a hospital, or away at school?

YES..... 1
NO 2 [CHANGE AND VERIFY TOTAL AS APPROPRIATE]

SC4. Now, I would like your opinion about ways to improve education in this country. Which of the following do you feel would be effective in improving public education? How about...

YES NO

- a. Enforcing stricter discipline in schools.
Would you say that would be effective in improving public education? 1 2
- c. Evaluating teachers according to performance? 1 2
- d. Making the school year longer?..... 1 2

SC5. It is important for the study to include households in a wide variety of economic situations in (STATE). For 1996, was the total income for everyone in this household, before taxes, below [2X POVERTY LINE FOR HH] or above [2X POVERTY LINE FOR HH]? ¹

BELOW OR AT 1
ABOVE..... 2

¹ 200 percent poverty thresholds are determined by the number of household members (SC3) and whether or not there are children under 18 years old in the household (SC2).

S6. [FOR HOUSEHOLDS WITH CHILDREN: Now I'd like to ask about the children in your household who are under 18 years old.]

[FOR HOUSEHOLDS WITHOUT CHILDREN: To find out who is eligible for the study, I'd like to ask about the people who usually live in your household who are under 65.]

Please tell me just their first name and age.

[FOR EACH CHILD/PERSON, ASK: Is this (child/person) (a boy or a girl/male or female)?]

	[FIRST NAME]	[AGE]	[M/F]
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

S6VERF2.

FOR HOUSEHOLDS WITH CHILDREN: I have recorded there are (NUMBER) children under 18 in the household. Have we missed any children under 18 who usually live there who are temporarily away from home (or living away at school/or any babies or small children)?

FOR HOUSEHOLDS WITHOUT CHILDREN: I have recorded that there are (NUMBER) people under 65 in the household. Have we missed any people under 65 who usually live there who are temporarily away from home, on business, vacation, in a hospital, or away at school?

NUMBER IN MATRIX IS CORRECT 1
RETURN TO MATRIX..... 2

SAMPLE CHILD BOX

IF THERE IS AT LEAST ONE CHILD CLASSIFIED AS A CHILD1 (AGES 0 - 5) IN THE HH, SELECT ONE.

IF THERE IS AT LEAST ONE CHILD CLASSIFIED AS A CHILD2 (AGES 6 - 17) IN THE HH, SELECT ONE.

THEN GO TO SC7.

SAMPLE ADULT BOX

SAMPLE 0, 1, OR 2 ADULTS ACCORDING TO A SAMPLING ALGORITHM WHICH VARIES BY STATE.

IF 1 OR 2 ADULTS ARE SAMPLED, GO TO SC13.

IF 0 ADULTS ARE SAMPLED, GO TO SCTHANK3.

SC7. What is the first name of the parent or guardian in this household who knows the most about (CHILD)'s education and health care?

FIRST NAME _____

SC8. How is (NAME FROM SC7/the parent or guardian who knows about CHILD) related to (CHILD)?

- MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER)..... 1
- FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
- BROTHER, INCLUDING STEP, ADOPTED
OR FOSTER..... 3
- SISTER, INCLUDING STEP, ADOPTED,
OR FOSTER..... 4
- GRANDMOTHER..... 5
- GRANDFATHER..... 6
- AUNT 7
- UNCLE 8
- COUSIN..... 9
- OTHER RELATIVE..... 10
- GUARDIAN: NONRELATIVE..... 11
- {ROOMMATE, HUSBAND/WIFE/
BOYFRIEND/GIRLFRIEND} 12
- {SELF} 13

SC9. Is (NAME FROM SC7/the parent or guardian who knows about CHILD) at least 16 years old?

YES..... 1 (GO TO SC7 FOR CHILD2 IF
(NEEDED. ELSE, GO TO SC11.)

NO 2

SC10. Is there someone else in this household who is at least 16 years old and knows about (CHILD's) education and health care?

YES..... 1

NO 2 (GO TO END)

SC10a. What is the first name of this person?

FIRST NAME _____

SC11. [ASK ONLY IF BOTH A CHILD1 AND CHILD2 HAVE BEEN SAMPLED; IF NOT, GO TO SC13]

ARE (NAME OF CHILD1 MKA) AND (NAME OF CHILD2 MKA) THE SAME PERSON?

YES..... 1 (GO TO SRESPMKA)

NO 2 (GO TO SRESPMKA)

SC12. Is (CHILD2) the (brother/sister) of (CHILD1)?

YES..... 1 (GO TO 15)

NO 2 (CONTINUE)

SRESPMKA.

[ASK IF NOT OBVIOUS]

Are you...

{NAME OF CHILD1 MKA} 1

{NAME OF CHILD2 MKA} 2

or someone else?..... 3

SC13. As I said at the beginning of the interview, we are preparing for a study that we will be doing in the near future and at that time we would like to talk more with (NAMES OF SELECTED RESPONDENTS).

Would you like us to send (NAME/NAME AND NAME) more information about the study?

YES..... 1
NO 2 (Thank you. Those are all the questions I have at this time.)

SC14. Could I get [your/(his/her/their)] full name and address so that we can mail a description of the project?

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

Refused..... 8

END. Thank you. Those are all the questions I have at this time.

HOUSEHOLD VERIFICATION

INTRODUCTION.

Hello, may I speak to (NAME)?

{This is (NAME) with the National Survey of America's Families. Recently we (mailed a letter describing/spoke with someone in your household about) this study on education, health care, and other services in (STATE).}

The study has been endorsed by state governments concerned with how recent changes in policies affect people's lives. We are calling back now to ask you some questions concerning your family's health care, education, and use of other services.

S6. IF CHILDREN/ADULTS HAVE ALREADY BEEN ROSTERED:

Earlier when we spoke to (you/someone in your household), we were told there were (NUMBER) (children under the age of 18/people under the age of 65) in the household. This included...[READ NAME, AGE, SEX OF EACH PERSON AND CORRECT AS NEEDED.] Is there anyone else under (18/65) who usually lives there?

IF THERE ARE CHILDREN IN THE HOUSEHOLD AND THEY HAVE NOT YET BEEN ROSTERED:

Because an important focus of this study is the health care, child care and education of children, I'd like to ask about the children in your household who are under 18 years old. Please tell me just their first name and age. [Is this child a boy or a girl?]

IF THERE ARE NO CHILDREN IN THE HOUSEHOLD AND ADULTS HAVE NOT YET BEEN ROSTERED:

To find out who is eligible for the study, I'd like to ask about the people who usually live in your household who are under 65. Please tell me just their first name and age. [Is this person male or female?]

ENTER/CORRECT NAME, AGE, SEX ON ROSTER

IF ADULT HOUSEHOLD, SELECT ADULT(S) AND GO TO INTRO1.

IF CHILD HOUSEHOLD, SELECT ONE OR TWO FOCAL CHILDREN.

IF NAME AND RELATIONSHIP OF MKA(S) HAVE ALREADY BEEN COLLECTED, GO TO SC7VERF. IF NAME AND RELATIONSHIP HAVE NOT BEEN COLLECTED, GO TO SC7. IF THE FOCAL CHILDREN ARE SIBLINGS, ASK SC7/SC7VERF ONCE, OTHERWISE ASK FOR EACH FOCAL CHILD.

SC7VERF. Is (MKA NAME) the parent or guardian in this household who knows the most about (CHILD'S) education and health care?

- YES 1 (GO TO SC8VERF)
- NO 2 (GO TO SC7)

SC8VERF. And (MKA NAME)'s relationship to (CHILD) is (RELATIONSHIP). Is that correct?

- YES..... 1 (GO TO INTRO1)
- NO 2 (GO TO SC8)

SC7. What is the first name of the parent or guardian in this household who knows the most about (CHILD'S) education and health care?

RECORD NAME OF MKA

SC8. How is (MKA's NAME) related to (CHILD)?

- MOTHER(BIRTH/ADOPTIVE/STEP/FOSTER) 1
- FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) 2
- BROTHER, INCLUDING STEP, ADOPTED,
OR FOSTER 3
- SISTER, INCLUDING STEP, ADOPTED,
OR FOSTER 4
- GRANDMOTHER 5
- GRANDFATHER 6
- AUNT 7
- UNCLE 8
- COUSIN 9
- OTHER RELATIVE 10
- GUARDIAN: NONRELATIVE 11
- ROOMMATE, HUSBAND/WIFE,
BOYFRIEND/GIRLFRIEND 12

IF RELATIONSHIP TO CHILD2 IS OTHER THAN MOTHER, FATHER, OR GRANDPARENT, OR RELATIONSHIP TO CHILD1 IS OTHER THAN GRANDPARENT, ASK:

SC9. Is (MKA NAME) at least 16 years old?

YES..... 1 (GO TO INTRO1)
NO 2

SC10. Is there someone else in this household who is at least 16 years old and knows about (CHILD'S) education and health care?

YES 1
NO 2 (CODE CASE A PROBLEM)

COLLECT NAME, RELATIONSHIP, AND AGE OF THIS PERSON AND THEN GO TO INTRO1.

INTRO1. May I speak to (MKA OR ADULT)?

AVAILABLE 1 (GO TO B1)
NOT AVAILABLE 2 (SCHEDULE CALLBACK)

EXTENDED INTERVIEW

SECTION B: HEALTH STATUS AND SATISFACTION

B1. The (next/first) two questions are about the medical care you and your family receive from doctors and hospitals. How satisfied are you with the quality of medical care your family has received during the last 12 months? Would you say...

- Very satisfied,..... 1
- Somewhat satisfied, 2
- Somewhat dissatisfied, or..... 3
- Very dissatisfied 4
- DK/CAN'T RECALL/
- NO HEALTH CARE -8

B2. How confident are you that your family members can get care if they need it? Are you...

- Extremely confident..... 1
- Very confident 2
- Somewhat confident 3
- Not too confident, or..... 4
- Not confident at all 5
- DK/CAN'T RECALL..... -8

IS THERE A CHILD1 (0-5 YEARS OLD)?		
<input type="checkbox"/>	YES → ASK B3 THROUGH B5 FOR	CHILD1
<input type="checkbox"/>	NO → ASK B3 THROUGH B5 FOR	CHILD2

B3. Now, I'd like to talk about (CHILD's) health status. In general, would you say (CHILD's) health is ...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5

B4. How is your (CHILD's) health in general compared to 12 months ago? Is it:

- Much better, 1
- Somewhat better, 2
- About the same, 3
- Somewhat worse, or 4
- Much worse? 5

B5. Does (CHILD) have a physical, learning, or mental health condition that [limits (his/her) participation in the usual kinds of activities done by most children (his/her) age/limits (his/her) ability to do regular school work]?

- YES 1
- NO 2

IS THERE A CHILD2 (6-17 YEARS OLD) AND HAVE QUESTIONS NOT YET BEEN ASKED ABOUT HIM OR HER?	
YES	1 (GO BACK TO B3 FOR CHILD2)
NO	2 (GO TO SECTION C)

IS IT JUNE 13 – SEPTEMBER 8?	
<input type="checkbox"/>	YES → GO TO SUMMER VERSION OF SECTION C (PAGE C-6)
<input type="checkbox"/>	NO → CONTINUE

IS THERE A CHILD1 WHO IS 5 YEARS OLD?	
<input type="checkbox"/>	YES → GO TO C1
<input type="checkbox"/>	NO → CONTINUE

IS THERE A CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO SECTION D

SECTION C: CHILD EDUCATION (MAIN VERSION)

C1. What grade in school is (CHILD) attending?

- NURSERY/PRESCHOOL/PRE-KINDERGARTEN/
HEAD START TRANSITIONAL KINDERGARTEN
(BEFORE K) N
- KINDERGARTEN K
- PREFIRST GRADE..... P
- FIRST - EIGHTH GRADE 1-8
- {NINTH GRADE/FRESHMAN..... 9}
- {TENTH GRADE/SOPHOMORE 10}
- {ELEVENTH GRADE/JUNIOR..... 11}
- {TWELFTH GRADE/SENIOR..... 12}
- {ABOVE TWELFTH GRADE 13}
- UNGRADED..... U
- SPECIAL EDUCATION S
- NOT ATTENDING 90
- CHILD IS HOME SCHOOLED..... H

IF THERE IS NO CHILD2, GO TO SECTION D.

IF THERE IS A CHILD2 AND C1 HAS NOT YET BEEN ASKED FOR HIM OR HER, GO BACK TO C1 FOR CHILD2.

IF THIS IS A CHILD2 AND CHILD2 IS ATTENDING SCHOOL (C1 NOT EQUAL TO 90), GO TO C3.

IF THIS IS A CHILD2 AND CHILD2 IS NOT ATTENDING SCHOOL (C1 = 90), GO TO C2.

C2. What was the last grade of school, if any, that (CHILD2) completed?

NURSERY/PRESCHOOL/PRE-KINDERGARTEN/
 HEAD START TRANSITIONAL KINDERGARTEN
 (BEFORE K) N
 KINDERGARTEN K
 PREFIRST GRADE..... P
 FIRST - EIGHTH GRADE 1-8
 {NINTH GRADE/FRESHMAN..... 9}
 {TENTH GRADE/SOPHOMORE 10}
 {ELEVENTH GRADE/JUNIOR..... 11}
 {TWELFTH GRADE/SENIOR..... 12}
 {ABOVE TWELFTH GRADE 13}
 UNGRADED..... U
 SPECIAL EDUCATION S
 NOT ATTENDING 90
 CHILD IS HOME SCHOOLED..... H

GO TO C4.

C3. For each of the following statements, please tell me if you think it describes (CHILD2) all of the time, most of the time, some of the time, or none of the time.

[READ IF NECESSARY: Would you say all of the time, most of the time, some of the time, or none of the time?]

	<u>ALL</u>	<u>MOST</u>	<u>SOME</u>	<u>NONE</u>
a. Cares about doing well in school?.....	1	2	3	4
b. Only works on schoolwork when forced to?	1	2	3	4
c. Does just enough schoolwork to get by?	1	2	3	4

<p>IS CHILD2 SCHOOLED AT HOME (C1 = H)?</p> <p style="margin-left: 40px;">YES 1 (GO TO NEXT BOX)</p> <p style="margin-left: 40px;">NO 2 (CONTINUE WITH C3d)</p>

<p>IS CHILD2 11 YEARS OLD OR YOUNGER?</p> <p style="margin-left: 40px;">YES 1 (GO TO SECTION D)</p> <p style="margin-left: 40px;">NO 2 (GO TO C8)</p>

d. Always does homework?.....	1	2	3	4
-------------------------------	---	---	---	---

<p>IF CHILD2 IS 12 YEARS-OLD OR OLDER, ALL RESPONSES GO TO C5. ELSE, IF CHILD2 IS 11 YEARS-OLD OR YOUNGER, GO TO C7.</p>
--

C4. Since (CURRENT MONTH) of last year, has (CHILD2) ever attended school?

YES.....	1
NO	2

BOX C5-1	
WAS CHILD2 11 YEARS OLD OR YOUNGER?	
YES	1 (GO TO BOX C5-2)
NO	2 (GO TO BOX C5-3)

BOX C5-2	
WAS CHILD2 HOME SCHOOLED (C2=H)?	
YES	1 (GO TO SECTION D)
NO	2 (IF C4 = YES, GO TO C7. ELSE, GO TO SECTION D)

BOX C5-3	
WAS CHILD2 HOME SCHOOLED (C2=H)?	
YES	1 (GO TO C8)
NO	2 (IF C4 = YES, GO TO C5. ELSE, GO TO C8)

C5. During this past 12 months, how many times has (CHILD2) skipped school, cut classes without your permission, or refused to go to school? Was it ...

never	0
once.....	1
2 or more times.....	2

C6. During the past 12 months, has (CHILD2) been suspended or expelled from school? This includes both in-school and out-of-school suspensions.

YES.....	1
NO	2

C7. How many times did (CHILD2) change schools in the past 12 months? Was it ...

never	0
once.....	1
two times or more	2

IS CHILD2 11 YEARS OLD OR YOUNGER?	
YES	1 (GO TO SECTION D)
NO	2 (CONTINUE)

C8. Did (CHILD2) work for pay during the past 4 weeks?

YES..... 1
NO 2 (GO TO SECTION D)

C9. How many hours per week did (CHILD2) usually work for pay during the past 4 weeks?

HOURS _____

GO TO SECTION D

IS IT JUNE 13 – SEPTEMBER 8?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → USE MAIN VERSION OF SECTION C (PAGE C-1)

IS THERE A CHILD1 WHO IS 5 YEARS OLD?	
<input type="checkbox"/>	YES → GO TO C01
<input type="checkbox"/>	NO → CONTINUE

IS THERE A CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO SECTION D

SECTION C: CHILD EDUCATION (SUMMER VERSION)

C01. {Some children are not attending school at this time of year.} Is (CHILD) attending school?

YES..... 1
 NO 2 (GO TO C03)

C02. Is (CHILD) attending summer school?

YES..... 1
 NO 2 (GO TO C1)

C03. What grade did (CHILD) attend at the end of the 1996/1997 school year {before summer school started}?

NURSERY/PRESCHOOL/PRE-KINDERGARTEN/HEAD
START TRANSITIONAL KINDERGARTEN(BEFORE K)..... N
KINDERGARTEN K
PREFIRST GRADE..... P
FIRST - EIGHTH GRADE1-8
{NINTH GRADE/FRESHMAN.....9}
{TENTH GRADE/SOPHOMORE10}
{ELEVENTH GRADE/JUNIOR.....11}
{TWELFTH GRADE/SENIOR.....12}
{ABOVE TWELFTH GRADE13}
UNGRADED..... U
SPECIAL EDUCATION S
NOT ATTENDING90
CHILD IS HOME SCHOOLED..... H

IF THERE IS NO CHILD2, GO TO SECTION D.

IF THERE IS A CHILD2 AND C01 HAS NOT YET BEEN ASKED FOR HIM OR HER, GO BACK TO C01 FOR CHILD2.

IF THIS IS A CHILD2 AND CHILD2 WAS ATTENDING SCHOOL AT THE END OF 1996/1997 SCHOOL YEAR (C03 NOT EQUAL TO 90), GO TO C3.

IF THIS IS A CHILD2 AND CHILD2 WAS NOT ATTENDING SCHOOL AT THE END OF THE 1996/1997 SCHOOL YEAR (C03 = 90), GO TO C2.

C1. What grade in school is (CHILD) attending?

NURSERY/PRESCHOOL/PRE-KINDERGARTEN/HEAD
START TRANSITIONAL KINDERGARTEN(BEFORE K)..... N
KINDERGARTEN K
PREFIRST GRADE..... P
FIRST - EIGHTH GRADE1-8
{NINTH GRADE/FRESHMAN.....9}
{TENTH GRADE/SOPHOMORE10}
{ELEVENTH GRADE/JUNIOR.....11}
{TWELFTH GRADE/SENIOR.....12}
{ABOVE TWELFTH GRADE13}
UNGRADED..... U
SPECIAL EDUCATION S
NOT ATTENDING90
CHILD IS HOME SCHOOLED..... H

IF THERE IS NO CHILD2, GO TO SECTION D.

IF THERE IS A CHILD2 AND C01 HAS NOT YET BEEN ASKED FOR HIM OR HER, GO BACK TO C01 FOR CHILD2.

IF THIS IS A CHILD2 AND CHILD2 IS ATTENDING SCHOOL (C1 NOT EQUAL TO 90), GO TO C3.

IF THIS IS A CHILD2 AND CHILD2 IS NOT ATTENDING SCHOOL (C1 = 90), GO TO C2.

C2. What was the last grade of school, if any, that (CHILD) completed?¹

NURSERY/PRESCHOOL/PRE-KINDERGARTEN/
 HEAD START TRANSITIONAL
 KINDERGARTEN (BEFORE K) N
 KINDERGARTEN K
 PREFIRST GRADE..... P
 FIRST - EIGHTH GRADE 1-8
 {NINTH GRADE/FRESHMAN..... 9}
 {TENTH GRADE/SOPHOMORE 10}
 {ELEVENTH GRADE/JUNIOR..... 11}
 {TWELFTH GRADE/SENIOR..... 12}
 {ABOVE TWELFTH GRADE 13}
 UNGRADED..... U
 SPECIAL EDUCATION S
 NOT ATTENDING 90
 CHILD WAS HOME SCHOOLED..... H

GO TO C4.

¹ In the main version of section C, only MKA's of older focal children (CHILD2's) will receive question C2. However, during June 13 – September 8, MKA's of younger focal children (CHILD1's) also receive C2 if the answer to C02 is “refused” or “don't know.” If a MKA of a CHILD1 receives C2 and there is a CHILD2, the program will return to C01 for CHILD2. Otherwise, the program will go on to section D.

C3. For each of the following statements, please tell me if you think it describes (CHILD2) all of the time, most of the time, some of the time, or none of the time.

[READ IF NECESSARY: Would you say all of the time, most of the time, some of the time, or none of the time?]

	<u>ALL</u>	<u>MOST</u>	<u>SOME</u>	<u>NONE</u>
a. (CHILD2) cares about doing well in school?	1	2	3	4
b. (CHILD2) only works on schoolwork when forced to?	1	2	3	4
c. (CHILD2) does just enough schoolwork to get by?	1	2	3	4

<p>IS CHILD2 SCHOOLED AT HOME (C1 = H)?</p> <p style="text-align: right;">YES 1 (GO TO NEXT BOX)</p> <p style="text-align: right;">NO 2 (CONTINUE WITH C3d)</p>

<p>IS CHILD2 11 YEARS OLD OR YOUNGER?</p> <p style="text-align: right;">YES 1 (GO TO SECTION D)</p> <p style="text-align: right;">NO 2 (GO TO C8)</p>

d. (CHILD2) always does homework?.....	1	2	3	4
--	---	---	---	---

<p>IF CHILD2 IS 12 OR OLDER, GO TO C5. ELSE, IF CHILD2 IS 11 OR YOUNGER, GO TO C7.</p>
--

C4. Since (CURRENT MONTH) of last year, has (CHILD2) ever attended school?

YES..... 1

NO 2

BOX C5-1

WAS CHILD2 11 YEARS OLD OR YOUNGER?

YES 1 (GO TO BOX C5-2)
 NO 2 (GO TO BOX C5-3)

BOX C5-2

WAS CHILD2 HOME SCHOOLED (C2 = H)?

YES 1 (GO TO SECTION D)
 NO 2 (IF C4 = YES, GO TO
 C7. ELSE, GO TO
 SECTION D)

BOX C5-3

WAS CHILD2 HOME SCHOOLED (C2 = H)?

YES 1 (GO TO C8)
 NO 2 (IF C4 = YES, GO TO
 C5. ELSE, GO TO C8)

C5. During this past 12 months, how many times has (CHILD2) skipped school, cut classes without your permission, or refused to go to school? Was it ...

- never 0
- once, or..... 1
- two or more times? 2

C6. During the past 12 months has (CHILD2) been suspended or expelled from school? This includes both in-school and out-of-school suspensions.

- YES..... 1
- NO 2

C7. How many times did (CHILD2) change schools in the past 12 months? Was it ...

never, 0
once, or..... 1
two or more times? 2

IS CHILD2 11 YEARS OLD OR YOUNGER?	
YES	1 (GO TO SECTION D)
NO	2 (CONTINUE)

C8. Did (CHILD2) work for pay during the past 4 weeks?

YES..... 1
NO 2 (GO TO SECTION D)

C9. How many hours per week did (CHILD2) usually work for pay during the past 4 weeks?

HOURS _____

GO TO SECTION D.

SECTION D: HOUSEHOLD ROSTER

We are interested in the health care situation of (CHILD1) and (CHILD2) and those persons that live with (him/her/them/you). To do this, I need to ask you some questions about who lives and stays {with the children/there}.

D1. I have already listed (LIST ALL PERSONS ALREADY ON ROSTER) as people in the household. In addition, what is the first name, nickname or initials of any other person that stayed at this address last night? Please tell me just their first name and age. [Is this person male or female?]

[ENTER 0 IF AGE IS LESS THAN ONE YEAR.]

D2. Is there anyone who usually lives here but didn't stay here last night? Please include anyone traveling for work or business, on vacation, at school, or in a hospital.

- YES..... 1 (ASK FOR FIRST NAME/AGE/SEX)
- NO 2 (GO TO D3)

FOR EACH PERSON ADDED ON THE ROSTER, ASK:

How old is (PERSON)? (RECORD ON ROSTER)

[IF NECESSARY] Is (PERSON) male or female?

D3. Since last (TODAY'S DAY), is there anyone else who lived or stayed here for one or more nights?

- YES..... 1 (ASK FOR FIRST NAME/AGE/SEX)
- NO 2 (GO TO D4)

ASK D4 (AND D5, IF RELEVANT) FOR EACH PERSON INCLUDING CHILDREN.

D4. Is this (NAME)'s usual residence, (where (NAME) lives most of the time)?

- YES..... 1 (REPEAT FOR EACH PERSON - IF
LAST PERSON, GO TO BOX
D6YOU)
- NO 2 (GO TO D5)

D5. Does (NAME) live somewhere else most of the time?

- YES..... 1 (DELETE FROM ROSTER. THIS
CAN ONLY BE DONE IF THE
PERSON IS NOT SELECTED FOR
AN EXTENDED INTERVIEW)
- NO 2

GO BACK TO D4 FOR NEXT PERSON IN THE HOUSEHOLD.
IF LAST PERSON, GO TO NEXT BOX.

BOX D6YOU

REPEAT D6YOU BELOW FOR EACH PERSON LISTED ON THE ROSTER
*(NOTE: THE CATI PROGRAM CARRIES FORWARD RELATIONSHIPS
THAT ARE ALREADY KNOWN FROM THE SCREENER. THE CATI ALSO
CODES INVERSES OF ALL KNOWN RELATIONSHIPS.)*

D6YOU. What is (PERSON's) relationship to you? Is (he/she) your....

Spouse	1
Unmarried partner, boyfriend/girlfriend.....	2
Child	3
Grandchild	4
Mother.....	5
Father.....	6
Brother/sister	7
Grandfather/grandmother	8
Other relative.....	9
Foster child.....	10
Housemate/roommate	11
Roomer/boarder	12
Other nonrelative	13

IF CHILD1 OR CHILD2 IS THE CHILD OF THE MKA (D6YOU = 3), THEN GO TO D6AM (IF MKA IS FEMALE) OR D6AF (IF MKA IS MALE) FOR CHILD1 AND CHILD2 (IN SEQUENCE WITH INITIAL QUESTION). ELSE, IF ANSWER TO D6YOU IS "OTHER RELATIVE" (D6YOU = 9), GO TO D6A. ELSE, REPEAT D6YOU FOR NEXT PERSON FOR WHOM THE RELATIONSHIP TO THE RESPONDENT IS UNKNOWN. ELSE, GO TO BOX D6FC1.

D6A. Which relative?

MOTHER/FATHER-IN-LAW	14
SISTER/BROTHER-IN-LAW	15
DAUGHTER/SON-IN-LAW	16
STEPMOTHER/FATHER	17
STEPDAUGHTER/SON.....	18
AUNT/UNCLE.....	19
NIECE/NEPHEW	20
COUSIN.....	21
GREAT GRANDMOTHER/FATHER	22
GREAT AUNT/UNCLE	23
GREAT GRANDCHILD	24
OTHER	25

GO BACK TO D6YOU FOR NEXT PERSON IN HOUSEHOLD. IF LAST PERSON, GO TO BOX D6FC1.

BOX D6FC1	
IS THERE A CHILD1 IN THE HOUSEHOLD?	
YES	1 (GO TO D6 FOR CHILD1)
NO	2 (GO TO BOX D6FC2)

BOX D6FC2	
IS THERE A CHILD2 IN THE HOUSEHOLD?	
YES	1 (GO TO D6 FOR CHILD2)
NO	2 (GO TO BOX D7)

D6. What is (PERSON)'s relationship to (CHILD)?¹

- Spouse 1
- Unmarried partner, boyfriend/girlfriend..... 2
- Child 3
- Grandchild 4
- Mother..... 5
- Father 6
- Brother/sister 7
- Grandfather/grandmother 8
- Other relative..... 9
- Foster child..... 10
- Housemate/roommate 11
- Roomer/boarder..... 12
- Other nonrelative..... 13

¹ D6 is asked for each person for whom the relationship to the child is not known. For each focal child, the entire relationship sequence is comprised of D6, D6AM, D6AF, D6YOU1, D61, and D6D through D6FOS. The entire sequence (as appropriate) is completed before CATI cycles back here for the next focal child.

IF PERSON IS THE MOTHER OR FATHER OF CHILD (D6 = 5 OR 6), THEN GO TO D6AM (IF MKA IS FEMALE) AND D6AF (IF MKA IS MALE).

IF RELATIONSHIP IS "OTHER RELATIVE" (D6 = 9), GO TO D6A. ELSE, REPEAT D6 FOR NEXT PERSON WITH UNKNOWN RELATIONSHIP TO FOCAL CHILD. ELSE, IF LAST PERSON, GO TO BOX D6D.

D6A. Which relative?

MOTHER/FATHER-IN-LAW	14
SISTER/BROTHER-IN-LAW	15
DAUGHTER/SON-IN-LAW	16
STEPMOTHER/FATHER	17
STEPDAUGHTER/SON.....	18
AUNT/UNCLE.....	19
NIECE/NEPHEW	20
COUSIN.....	21
GREAT GRANDMOTHER/FATHER	22
GREAT AUNT/UNCLE	23
GREAT GRANDCHILD	24
OTHER	25

REPEAT D6 ABOVE FOR NEXT PERSON WITH UNKNOWN RELATIONSHIP TO FOCAL CHILD. ELSE, IF LAST PERSON, GO TO BOX D6D.

D6AM. [Are you/Is (PERSON)] (CHILD)'s biological, step, adoptive or foster mother?

BIOLOGICAL MOTHER.....	1
STEP MOTHER (MARRIED TO FC'S BIOLOGICAL FATHER).....	2
ADOPTIVE MOTHER (HAS FORMALLY ADOPTED FC)	3
FOSTER MOTHER (FORMAL, OFFICIAL, ASSIGNED BY AN AGENCY)	4 (GO TO D61)
PARTNER/GIRLFRIEND OF FC'S BIOLOGICAL FATHER	5
OTHER (SPECIFY) _____	6

GO BACK TO EITHER D6YOU OR D6, DEPENDING ON WHICH QUESTION WAS ASKED BEFORE D6AM AND IF THERE ARE OTHER PERSONS ABOUT WHOM TO ASK EITHER D6YOU OR D6. IF THERE ARE NO OTHER PERSONS FOR EITHER QUESTION, GO TO BOX D6D FOR THIS FOCAL CHILD.

D6AF. [Are you/Is (PERSON)] (CHILD)'s biological, step, adoptive or foster father?

- BIOLOGICAL FATHER 1
- STEP FATHER (MARRIED TO FC'S
BIOLOGICAL MOTHER)..... 2
- ADOPTIVE FATHER (HAS FORMALLY
ADOPTED FC) 3
- FOSTER FATHER (FORMAL, OFFICIAL,
ASSIGNED BY AN AGENCY) 4 (GO TO D6I)
- PARTNER/BOYFRIEND OF FC'S
BIOLOGICAL MOTHER..... 5
- OTHER (SPECIFY) _____ 6

GO BACK TO EITHER D6YOU OR D6, DEPENDING ON WHICH QUESTION WAS ASKED BEFORE D6AF AND IF THERE ARE OTHER PERSONS ABOUT WHOM TO ASK EITHER D6YOU OR D6. IF THERE ARE NO OTHER PERSONS FOR EITHER QUESTION, GO TO BOX D6D FOR THIS FOCAL CHILD.

D6I. [Are you/Is (PERSON)] related to (CHILD)?

- YES..... 1
- NO 2

GO BACK TO D6 FOR RELATIONSHIP OF NEXT PERSON ON ROSTER TO THIS FOCAL CHILD. ELSE, IF LAST PERSON, GO TO BOX D6D FOR THIS FOCAL CHILD.

BOX D6D

IF ASKING ABOUT CHILD1:

- IF CHILD1 IS A FOSTER OR ADOPTED CHILD, GO BACK TO BOX D6FC2 FOR CHILD2 SEQUENCE
- IF CHILD1 IS NOT A FOSTER OR ADOPTED CHILD, GO TO D6D

IF ASKING ABOUT CHILD2:

- IF CHILD2 IS A FOSTER OR ADOPTED CHILD, GO TO BOX D7
- IF CHILD2 IS NOT A FOSTER OR ADOPTED CHILD, GO TO D6D

D6D. Does (CHILD) have any brothers or sisters under 18 who currently do not live here?

- YES..... 1 (GO TO D6E)
NO 2 (IF CHILD 1, GO TO D6FC2 FOR CHILD2. IF CHILD2, GO TO BOX D7.)

D6E. How many brothers and sisters?

NUMBER

ASK D6F SERIES FOR EACH SIBLING LIVING ELSEWHERE (NOTE: D6F1 - D6F5 ARE ASKED UNTIL THE NUMBER OF SIBLINGS LIVING ELSEWHERE GIVEN AT D6E HAS BEEN ACCOUNTED FOR.)

D6F1. How many brothers and sisters are staying with a biological parent?

NUMBER

D6F2. How many brothers and sisters are staying with other relatives?

NUMBER

D6F3. How many brothers and sisters are in a foster home, group home or residential care?

NUMBER

D6F4. How many brothers and sisters are in a detention home or juvenile correction facility?

NUMBER _____

D6F5/D6FOS. How many brothers and sisters are staying someplace else?

NUMBER _____

IS THERE A CHILD2 IN THE HOUSEHOLD WHOM HAS NOT YET BEEN ASKED ABOUT IN D6?	
YES	1 (GO BACK TO D6 FOR CHILD2)
NO	2 (GO TO BOX D7A)

BOX D7	
ARE THERE ANY NONFOCAL CHILDREN?	
YES	1
NO	2 (GO TO BOX D6SPOUSE)

ASK D7A THROUGH D7B FOR EACH NONFOCAL CHILD FOR WHOM NO PERSON IN THE HOUSEHOLD HAS YET BEEN IDENTIFIED AS MOTHER. ELSE, GO TO BOX D7C.

D7A. Does (NAME)'s mother live in the household?

[VERIFY IF ALREADY KNOWN]

YES..... 1 (GO TO D7B)
NO 2 (GO TO BOX D7c)

D7B. Who is (NAME)'s mother?

BOX D7C

ASK D7C AND D7D FOR EACH NONFOCAL CHILD FOR WHOM NO PERSON IN THE HOUSEHOLD HAS YET BEEN IDENTIFIED AS FATHER. ELSE, GO TO BOX D6SPOUSE.

D7C. Does (NAME)'s father live in the household?

[VERIFY IF ALREADY KNOWN]

YES..... 1 (GO TO D7D)
NO 2 (GO BACK TO D7A FOR NEXT NONFOCAL CHILD. IF LAST ONE, GO TO BOX D6SPOUSE)

D7D. Who is (NAME)'s father?

BOX D6SPOUSE

IS THERE A SPOUSE/PARTNER OF THE MKA?

YES 1
NO 2 (GO TO BOX D6OTHER)

ASK VERSION OF D6 BELOW FOR EACH PERSON FOR WHOM THE RELATIONSHIP TO THE SPOUSE/PARTNER IS NOT KNOWN. ELSE, GO TO BOX D6OTHER.

D6. What is (PERSON)'s relationship to (SPOUSE/PARTNER)?

SPOUSE.....	1
UNMARRIED PARTNER, BOYFRIEND/GIRLFRIEND.....	2
CHILD	3
GRANDCHILD	4
MOTHER.....	5
FATHER.....	6
BROTHER/SISTER.....	7
GRANDFATHER/GRANDMOTHER	8
OTHER RELATIVE.....	9
FOSTER CHILD	10
HOUSEMATE/ROOMMATE	11
ROOMER/BOARDER, OR.....	12
OTHER NONRELATIVE.....	13

IF RELATIONSHIP IS "OTHER RELATIVE" (D6 = 9), GO TO D6A. ELSE, REPEAT VERSION OF D6 ABOVE FOR NEXT PERSON WITH UNKNOWN RELATIONSHIP TO SPOUSE/PARTNER. ELSE, IF LAST PERSON, GO TO BOX D6OTHER.

D6A. Which relative?

MOTHER/FATHER-IN-LAW	14
SISTER/BROTHER-IN-LAW	15
DAUGHTER/SON-IN-LAW	16
STEPMOTHER/FATHER	17
STEPDAUGHTER/SON.....	18
AUNT/UNCLE.....	19
NIECE/NEPHEW	20
COUSIN.....	21
GREAT GRANDMOTHER/FATHER	22
GREAT AUNT/UNCLE	23
GREAT GRANDCHILD	24
OTHER	25

REPEAT VERSION OF D6 ABOVE FOR NEXT PERSON WITH UNKNOWN RELATIONSHIP TO SPOUSE/PARTNER. ELSE, IF LAST PERSON, GO TO BOX D6OTHER.

BOX D6OTHER

ARE THERE ANY RELATIONSHIPS THAT ARE NOT KNOWN?

YES 1
NO 2 (GO TO BOX
D8B)

ASK VERSION OF D6 THAT IS BELOW FOR EACH PAIR OF PERSONS
FOR WHOM THE RELATIONSHIP IS NOT KNOWN.

D6. What is (PERSON)'s relationship to (PERSON)?

SPOUSE..... 1
UNMARRIED PARTNER,
BOYFRIEND/GIRLFRIEND..... 2
CHILD 3
GRANDCHILD..... 4
MOTHER..... 5
FATHER 6
BROTHER/SISTER..... 7
GRANDFATHER/GRANDMOTHER 8
OTHER RELATIVE..... 9
FOSTER CHILD 10
HOUSEMATE/ROOMMATE 11
ROOMER/BOARDER, OR..... 12
OTHER NONRELATIVE..... 13

IF RELATIONSHIP IS "OTHER RELATIVE" (D6 = 9), GO TO D6A
BELOW. ELSE, REPEAT VERSION OF D6 ABOVE FOR
RELATIONSHIPS BETWEEN OTHER PAIRS OF PERSONS WITH
UNKNOWN RELATIONSHIP TO EACH OTHER. ELSE, IF LAST
PERSON, GO TO BOX D8B.

D6A. Which relative?

MOTHER/FATHER-IN-LAW	14
SISTER/BROTHER-IN-LAW.....	15
DAUGHTER/SON-IN-LAW	16
STEPMOTHER/FATHER	17
STEPDAUGHTER/SON.....	18
AUNT/UNCLE.....	19
NIECE/NEPHEW	20
COUSIN.....	21
GREAT GRANDMOTHER/FATHER	22
GREAT AUNT/UNCLE	23
GREAT GRANDCHILD	24
OTHER	25

REPEAT VERSION OF D6 ABOVE FOR NEXT PAIR OF PERSONS WITH UNKNOWN RELATIONSHIP TO EACH OTHER. ELSE, IF LAST PAIR OF PERSONS, GO TO BOX D8B.

BOX D8B

IS MKA MALE OR DOES MKA HAVE A MALE SPOUSE/PARTNER IN THE HOUSEHOLD?

YES	1
NO	2 (GO TO BOX D8C)

D8B. Does (SPOUSE NAME) have any children under 18 years of age living outside of the household?

YES.....	1
NO	2

BOX D8C

ARE THERE ANY FEMALE HOUSEHOLD MEMBERS BETWEEN THE AGES OF 10 AND 49?

YES	1
NO	2 (GO TO BOX D9A)

D8C. We are also interested in expected changes in your household over the next year. Is any member of the household currently expecting or pregnant?

YES..... 1
NO 2 (GO TO BOX D9A)

D8D. Who?

BOX D9A	
IS THE RELATIONSHIP OF ANY HOUSEHOLD MEMBER TO THE MKA "SPOUSE" (D6YOU = 1)?	
YES	1 (CODE D9A = 1 AND GO TO BOX D6YOU2)
NO	2

D9A. Are you married, widowed, divorced, separated or never married?

MARRIED 1
WIDOWED 2
DIVORCED 3
SEPARATED 4
NEVER MARRIED 5

BOX D6YOU2	
IS FOCAL CHILD RELATED TO, BUT NOT THE CHILD (BIRTH/STEP/ADOPTIVE/FOSTER CHILD) OF THIS MKA?	
YES	1 (GO TO D6YOU2)
NO	2 (GO TO NEXT BOX)

HAS FOCAL CHILD BEEN IDENTIFIED AS A FOSTER CHILD AND IS NOT RELATED TO HIS/HER MKA, BUT IS RELATED TO ANOTHER ADULT IN THE HOUSEHOLD (BUT IS NOT THIS ADULT'S BIRTH/STEP/ADOPTIVE/FOSTER CHILD)?

YES 1 (GO TO D62)

NO 2 (GO BACK TO BOX D6YOU2 AND ASK THE QUESTION IN THE BOX FOR CHILD2, IF THERE IS A CHILD2 WHOM HAS NOT BEEN ASKED ABOUT IN BOX D6YOU2. ELSE, IF THIS IS CHILD2, GO TO "STRAGGLER" B SELECTION BOX.)

D6YOU2. Is (CHILD) your foster child?

YES..... 1 (GO BACK TO BOX D6YOU2 IF THERE IS A CHILD2 WHOM HAS NOT YET BEEN ASKED ABOUT IN BOX D6YOU2. ELSE, GO TO "STRAGGLER" B SELECTION BOX)

NO 2 (GO TO D10)

D62. Is (CHILD) the foster child of (PERSON)?

YES..... 1 (GO BACK TO BOX D6YOU2 IF THERE IS A CHILD2 WHOM HAS NOT YET BEEN ASKED ABOUT IN BOX D6YOU2. ELSE, GO TO "STRAGGLER" B SELECTION BOX)

NO 2 (GO TO D10)

D10. Did anyone from social services help arrange for (MKA) to care for (CHILD)?

YES..... 1

NO 2

IF D10 WAS REACHED FROM D62, ALL RESPONSES GO:

- BACK TO D62 IF ARRIVED HERE FROM D62 AND THERE ARE OTHER ADULTS (RELATED TO, BUT NOT A PARENT OF, THIS FOCAL CHILD) IN THE HOUSEHOLD TO ASK D62 ABOUT.
- BACK TO BOX D6YOU2 IF THERE ARE NO MORE ADULTS TO ASK D62 ABOUT, AND THERE IS A CHILD2 WHOM HAS NOT YET BEEN ASKED ABOUT IN BOX D6YOU2.
- TO "STRAGGLER" B SELECTION BOX IF HAVE JUST ASKED ABOUT CHILD2 (OR NO CHILD2 IN HH)

IF D10 WAS REACHED FROM D6YOU2, ALL RESPONSES GO:

- BACK TO BOX D6YOU2 IF THERE IS A CHILD2 WHOM HAS NOT YET BEEN ASKED ABOUT IN BOX D6YOU2.
- TO "STRAGGLER" B SELECTION BOX IF HAVE JUST ASKED ABOUT CHILD2 (OR NO CHILD2 IN HH)

STRAGGLER'B SELECTION BOX

IN CHILD INTERVIEW HOUSEHOLDS, SELECTION OF STRAGGLER B INTERVIEW RESPONDENTS (OPTION "B" ADULT INTERVIEWS IN HOUSEHOLDS THAT ALSO ARE GETTING AT LEAST ONE OPTION "A" CHILD INTERVIEW) OCCURS AT THIS POINT.

- CATI REVIEWS ROSTER AND CONSIDERS ONLY THOSE (AGE 18–64) ADULTS WHO HAVE NOT ALREADY BEEN SELECTED AS RESPONDENTS, ARE NOT THE SPOUSE/PARTNER OF ALREADY SELECTED RESPONDENTS, ARE NOT THE SPOUSE/PARTNER OF A PARENT OF ANY CHILD IN THE HOUSEHOLD, AND NO CHILDREN IN THE HOUSEHOLD (0 TO 17) TO BE ELIGIBLE FOR THIS SELECTION
- IF THERE ARE NO SUCH INDIVIDUALS, NO SELECTION IS MADE
- OTHERWISE, CATI SAMPLES STRAGGLER B RESPONDENTS BASED ON THE NUMBER OF SUCH INDIVIDUALS IN THE HOUSEHOLD.
- INTERVIEW TYPE (B2-SAME FAMILY, B3-DIFFERENT FAMILY) IS NOT "STAMPED" ON SELECTED STRAGGLER B RESPONDENTS' RECORDS UNTIL CATI HAS COMPLETED THE FAMILY CONSTRUCTION BOX.

FAMILY CONSTRUCTION BOX

STEP 1: AFTER LAST QUESTION IN SECTION D HAS BEEN ASKED

- CREATE FAMILY FOR THIS INTERVIEW
- CREATE FAMILY FOR ADDITIONAL INTERVIEWS IN HOUSEHOLD

Steps to construct the family for a given target person (target may be FC1, FC2, ADULT1, ADULT2, EM):

Create A interview families by starting with the FCs as target persons. Create B interview families by starting with selected adults as target persons.

1. Include everyone in the household who is related to the target person, defined as RELATION = 1,3,4,5,6,7,8,9,10.
2. Include the target person.
3. If the family is for an A interview, always include the MKA for the target FC. If 2 FCs have the same MKA, always include the other (non-target) FC.
4. Include the unmarried partners of everyone already included.
5. Include everyone related to everyone already included, defined as RELATION = 1,3,4,5,6,7,8,9,10.
6. Include any children who are not related to anyone in the household in the "first" A interview.
7. Include anyone for whom no relationships are known into 1 and only 1 family. If there are multiple families defined in the household, include them in the "first" family defined, in the following priority order: FC1's family, FC2's family, adult1's family, adult2's family, straggler1's family, straggler2's family, emancipated minor's family.

Include anyone who has been "manually" flagged for inclusion in this family (in problem review). (This step allows an open-ended definition, so that individual problem cases that were stopped because of overlapping families and/or inconsistent relationship codes can be reviewed manually assigned into families.)

STEP 2: CHECK TO SEE IF ANY HH MEMBERS ARE INCLUDED IN TWO+ DIFFERENT FAMILIES

YES [GO TO DOVERLAP]

NO [STAMP INTERVIEW TYPE (A2, A3, B2, B3) FOR ADDITIONAL INTERVIEWS IN HOUSEHOLD AND PROCEED WITH FIRST INTERVIEW - GO TO NEXT SECTION (E1)]

DOVERLAP. I'm sorry, there seems to be a problem with my computer. We would like to continue this interview at a later date. We will call you back in a few weeks.

[CODE CASE AN "8" FOR PROBLEM. RECORD AS AN "OVERLAPPING FAMILY."]

SECTION E: HEALTH CARE COVERAGE ¹

SECTION E IS ASKED FOR EACH PERSON IN THE HOUSEHOLD WHO IS PART OF THE FAMILY OF THE MKA'S FOCAL CHILD(REN). THE CHILD'S FAMILY IS CONSIDERED ANY PERSON WHO IS RELATED TO THE CHILD BY BLOOD, MARRIAGE, ADOPTION OR LEGAL GUARDIANSHIP (E.G., FOSTER RELATIONSHIP). THIS INCLUDES ANY PERSON WHO IS RELATED TO EITHER OF THE BIOLOGICAL PARENTS OR LEGAL GUARDIANS OF THE FOCAL CHILD. IF THE BIOLOGICAL PARENT/GUARDIAN LIVES WITH AN UNMARRIED PARTNER WHO IS UNRELATED TO THE CHILD, THEN THE FAMILY ALSO INCLUDES THE PARTNER AS WELL AS ANY OF THE PARTNER'S CHILDREN OR RELATIVES LIVING IN THE HOUSEHOLD.

E1. Just to confirm, in addition to you, I have the following people listed as living in your household and part of your family {NAMES OF FAMILY MEMBERS}.

The next questions concern the types of health insurance people in your family have at this time. At this time, is anyone in your family covered by a health plan provided through a current or former employer or union? Please remember to include plans obtained through persons not living with the family, and do not include plans provided by military employers.

YES..... 1 (GO TO E2)
NO 2 (GO TO E7)

E2. Are members of your family enrolled in more than one health plan from a current or former employer or union?

YES, MORE THAN ONE 1 (GO TO E5)
NO, ONLY ONE 2 (GO TO E3)

E3. Who is the policyholder for this plan?

[PROBE: In other words, in whose name is the health plan held?]

E4. At this time, in addition to (you/POLICYHOLDER) who else in this family is covered by (your/POLICYHOLDER'S) plan?

[PROBE: Anyone else?]

GO TO BOX E7

¹ If there are two MKAs and two focal children, all in the same family, the first MKA will be asked about both focal children in this section and the section will be skipped for the 2nd MKA interview. If the MKAs and focal children are from different families, the section will be asked for each MKA.

E5. Who are the policyholders for these plans?

[PROBE: In other words, in whose names are these health plans held?]

[PROBE: Anyone else?]

E6. At this time, in addition to (you/POLICYHOLDER) who else in this family is covered by (your/POLICYHOLDER'S) plan?

[PROBE: Anyone else?]

REPEAT E6 FOR EACH POLICYHOLDER

BOX E7

IS THERE ANYONE IN THE FAMILY THAT IS NOT COVERED BY INSURANCE?

YES 1 (GO TO E7)
NO 2 (GO TO E18)

E7. At this time, is anyone in your family covered by a health plan that is purchased directly from an insurance company, that is, not related to a current or past employer? Please remember to include plans obtained through persons not living with the family.

YES..... 1 (GO TO E8)
NO 2 (GO TO E13)

E8. Are members of your family enrolled in more than one health plan that is purchased directly from an insurance company, that is, not related to a current or past employer?

YES, MORE THAN ONE 1 (GO TO E11)
NO, ONLY ONE 2 (GO TO E9)

E9. Who is the policyholder for this plan?

[PROBE: In other words, in whose name is the health plan held?]

SOMEONE OUTSIDE THE
HOUSEHOLD 90

E10. At this time, in addition to (you/POLICYHOLDER) who else in this family is covered by (your/POLICYHOLDER'S) plan?

GO TO BOX E13

E11. Who are the policyholders for these plans?

PROBE: In other words, in whose names are these health plans held?

SOMEONE OUTSIDE THE
HOUSEHOLD 90

E12. At this time, in addition to (you/POLICYHOLDER) who else in this family is covered by (your/POLICYHOLDER'S) plan?

REPEAT E12 FOR EACH POLICYHOLDER; IF LAST POLICYHOLDER,
GO TO BOX E13.

BOX E13

IS THERE ANYONE IN THE FAMILY THAT IS NOT COVERED BY
INSURANCE?

YES 1 (GO TO E13)
NO 2 (GO TO E18)

E13. Medicare is a health insurance program for people 65 years and older or persons with certain disabilities. At this time, is anyone in your family covered by Medicare?

YES..... 1
NO 2 (GO TO E15)

E14. Who is covered?

[PROBE: Anyone else?]

BOX E15	
IS THERE ANYONE IN THE FAMILY THAT IS NOT COVERED BY INSURANCE?	
YES	1 (GO TO E15)
NO	2 (GO TO E18)

E15. At this time, is anyone in your family covered by CHAMPUS or TRICARE, CHAMP-VA, VA, military health care, or the Indian Health Service?

YES..... 1 (GO TO E16)
NO 2 (GO TO E18)

E16. Who is covered?

[PROBE: Anyone else?]

E17. What type of coverage (do/does) (you/INSERT NAME) have?

CHAMPUS/TRICARE 1
CHAMP-VA..... 2
VA/OTHER MILITARY HEALTH
INSURANCE 3
INDIAN HEALTH SERVICE..... 4

REPEAT E13 FOR EACH PERSON NAMED IN E16

E18. Medicaid {or STATE NAME FOR MEDICAID} ²is a program that pays for health care for persons in need. It is different from Medicare, which is a health insurance program for persons 65 and older and certain disabled persons under 65. At this time, is anyone in your family covered by Medicaid {or STATE NAME FOR MEDICAID}?

YES..... 1 (GO TO E19)
NO 2 (GO TO BOX E20)

E19. Who is covered?

[PROBE: Anyone else?]

<p>BOX E20</p> <p>DOES RESPONDENT'S STATE HAVE STATE-SPECIFIC PROGRAMS?</p> <p>STATES WITH STATE-SPECIFIC PROGRAMS: AZ, CA, CO, CT, DE, FL, HI, IA, KS, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NY, OH, OR, PA, RI, TN, WA, WI</p> <p>YES 1 (GO TO E20XX) NO 2 (GO TO BOX E22)</p>
--

E20XX. At this time, is anyone in your family covered by the state program called (STATE-SPECIFIC PROGRAM)? ³

YES 1 (GO TO E21)
NO 2 (GO TO BOX E22)

E21. Who is covered?

[PROBE: Anyone else?]

² State-specific names for Medicaid appear in Appendix A.

³ State-specific program names appear in Appendix A.

BOX E22

REVIEW HEALTH INSURANCE WORKSHEET

IS THERE ANYONE (LESS THAN 65 YEARS OLD) IN THE FAMILY THAT DOES NOT HAVE INSURANCE?

- YES 1 (GO TO E22)
NO 2 (GO TO BOX E25)

E22. According to the information you have provided, (NAME OF UNCOVERED FAMILY MEMBER UNDER 65) currently does not have health care coverage. Is that correct?

- YES..... 1 (REPEAT E22 FOR NEXT UNCOVERED PERSON < 65; IF LAST PERSON, GO TO BOX E25)
NO 2 (GO TO E23 AND ASK FOR EACH PERSON IDENTIFIED AS HAVING INSURANCE IN E22)

E23XX. At this time, under which of the following plans or programs is (NAME) covered? Is it insurance from a current or former employer or union, insurance purchased directly from an insurance company, Medicare, CHAMPUS, CHAMP-VA, VA, other military insurance, Indian Health Service, Medicaid, {or STATE NAME FOR MEDICAID} or {the state program called (STATE-SPECIFIC PROGRAM)} or some other type of coverage?

[PROBE: Include private plans obtained through persons not living with the family.]

[CODE ALL THAT APPLY]

- | | | | |
|--|----|---|--|
| INSURANCE FROM A CURRENT/
FORMER EMPLOYER/UNION..... | 1 | } | (GO TO E24) |
| INSURANCE PURCHASED
DIRECTLY FROM INSURANCE
COMPANY..... | 2 | | |
| MEDICARE,..... | 3 | } | (ASK E22 FOR NEXT
UNCOVERED PERSON OR GO TO
BOX E25) |
| CHAMPUS, CHAMP-VA, VA, OTHER
MILITARY, INDIAN HEALTH
SERVICE,..... | 4 | | |
| MEDICAID, {STATE NAME
FOR MEDICAID}..... | 5 | | |
| STATE PROGRAM OR {STATE-
SPECIFIC PROGRAM} | 6 | | |
| OTHER (SPECIFY) | 91 | | |

E24. Who is the policyholder for this plan?

[PROBE: In other words, in whose name is the health plan held?]

IF POLICYHOLDER IS MEMBER OF HOUSEHOLD, VERIFY THIS INSURANCE IS MARKED FOR THEM.

REPEAT QUESTIONS E22, E23, E24 FOR EACH UNCOVERED FAMILY MEMBER.

BOX E25	
REVIEW HEALTH INSURANCE WORKSHEET	
ARE THERE ANY POLICYHOLDERS FOR AN "EMPLOYER" PLAN (E1=1 OR E23=1)?	
YES	1 (GO TO E25)
NO	2 (GO TO BOX E29)

ASK E25 - E28 FOR EACH POLICYHOLDER LISTED WITH "EMPLOYER" POLICY

E25. The next few questions I'm going to ask you are about characteristics of the plan that (you/POLICYHOLDER) get(s) through (your/his/her) current or former employer or union.

Is (your/POLICYHOLDER'S) plan an HMO, that is a Health Maintenance Organization?

[PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.]

YES..... 1 (GO TO E28)
 NO 2 (GO TO E26)

E26. Some plans provide a list of doctors available to people at lower cost than doctors who are not on the list. Does (your/POLICYHOLDER'S) plan have a directory or list like this?

YES..... 1 (GO TO E27)
 NO 2 (E25 FOR NEXT PERSON;
 IF LAST, GO TO BOX E29)

E27. Some plans require people to sign up with a specific primary care doctor or group of doctors to get all of their routine care. Does (your/POLICYHOLDER'S) plan require (you/him/her) to sign up with a specific doctor or group of doctors?

YES..... 1 } (GO TO E25 FOR NEXT PERSON;
 NO 2 } IF LAST, GO TO BOX E29)

E28. Some plans (HMOs) require people to have approval or a referral before they will pay for any of the costs of visits to doctors who are not in the plan (HMO). Does (your/POLICYHOLDER'S) plan require a referral before they will pay any of the cost?

YES..... 1 } (GO TO E25 FOR NEXT PERSON; IF
 NO 2 } LAST, GO TO BOX E29)

<p>BOX E29</p> <p>ARE THERE ANY POLICYHOLDERS FOR A "DIRECT" PLAN (E7=1, E23=2)?</p> <p style="text-align: center;">YES 1 (GO TO E29) NO 2 (GO TO BOX E33)</p>

<p>ASK E29 - E31 FOR EACH POLICYHOLDER LISTED WITH "DIRECT" COVERAGE</p>
--

E29. The next few questions ask about characteristics of the plan that (your/POLICYHOLDER) purchased directly from an insurance company, not related to current or past employer.

Is (your/POLICYHOLDER'S) plan an HMO, that is a Health Maintenance Organization?

PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

YES..... 1 (GO TO E32)
 NO 2 (GO TO E30)

E30. Some plans provide a list of doctors available to people at lower cost from doctors who are not on the list. Does (your/POLICYHOLDER'S) plan have a directory or list like this?

YES..... 1 (GO TO E31)
 NO 2 (E29 FOR NEXT PERSON;
 IF LAST, GO TO BOX E33)

E31. Some plans require people to sign up with a specific primary care doctor or group of doctors, to get all of their routine care. Does (your/POLICYHOLDER'S) plan require (you/him/her) to sign up with a specific doctor or group of doctors?

YES..... 1 } (GO TO E29 FOR NEXT PERSON;
 NO 2 } IF LAST, GO TO BOX E33)

E32. Some plans require people to have approval or a referral before they will pay for any of the costs of visits to doctors who are not in the plan (HMO). Does (your/POLICYHOLDER'S) plan require a referral before they will pay any of the cost?

YES..... 1 } (GO TO E29 FOR NEXT PERSON; IF LAST,
 NO 2 } GO TO BOX E33)

BOX E33	
IS ANYONE ENROLLED IN A "MEDICAID" PLAN (E18=1, E23=5)?	
YES	1 (GO TO E33)
NO	2 (GO TO BOX E37)

ASK E33 - E36 FOR FIRST PERSON COVERED BY MEDICAID
DEFINE "FIRST" IN PRIORITY ORDER AS:
1) MKA, 2) CHILD2 (IF NOT MKA), 3) CHILD1 (IF NOT CHILD2), 4) ANY OTHER FAMILY MEMBER)

E33. The next few questions ask about characteristics of (your/POLICYHOLDER'S) Medicaid coverage.

Under Medicaid (are you/is POLICYHOLDER) signed up with an HMO, that is a Health Maintenance Organization?

[PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.]

YES..... 1 (GO TO E36)
 NO 2 (GO TO E34)

E34. Can (you/POLICYHOLDER) go to any doctor or clinic who will accept Medicaid or must (you/he/she) choose from a directory, or list of doctors?

Any doctor or clinic..... 1 (GO TO SAMPLE BOX)
 Must choose from directory or list..... 2

E35. Some plans require people to sign up with a specific primary care doctor or group of doctors to get all of their routine care. Does Medicaid require (you/POLICYHOLDER) to sign up with a specific doctor or group of doctors?

YES..... 1
NO 2

ALL RESPONSES GO TO SAMPLE BOX BEFORE E37

E36. Some plans require people to have approval or a referral before they will pay for any of the costs of visits to doctors who are not in the plan (HMO). Does (your/POLICYHOLDER'S) plan require a referral before they will pay any of the cost?

YES..... 1
NO 2

SAMPLE BOX
IF THERE IS A SPOUSE/PARTNER OF THE RESPONDENT IN HOUSEHOLD, RANDOMLY SELECT RESPONDENT OR SPOUSE/PARTNER AS SAMPLED ADULT;
IF THERE IS NO SPOUSE/PARTNER OF THE RESPONDENT IN HOUSEHOLD, SELECT RESPONDENT AS SAMPLED ADULT

BOX E37
IF THERE IS ANYONE AMONG FC1, FC2, OR SAMPLED ADULT WHO IS NOT INSURED, GO TO E37. (REFER TO THIS GROUP AS UNINSURED ADULT+FCS)
IF THERE IS NO ONE AMONG FC1, FC2, OR SAMPLED ADULT WHO IS NOT INSURED, GO TO BOX E39.

E37. In addition to gathering information about your family's health care coverage at this time, we are interested in your family's health care coverage during the past year.

Earlier you said that (you have/NAME has) no health insurance at this time. (Were you/Was NAME) covered by health insurance at any time during the past 12 months?

YES..... 1 (GO TO E37A)
NO 2 (REPEAT FOR NEXT PERSON, IF LAST, GO TO BOX E39)

E37A. For how many of the past 12 months did (you/NAME) have health insurance?

NUMBER OF
MONTHS _____

E38. What kinds of health insurance coverage did (you/NAME) have during the time (you were/NAME was) insured? Was it insurance from a current or former employer or union, insurance purchased directly from an insurance company, Medicare, CHAMPUS, CHAMP-VA, VA, other military health insurance, Indian Health Service, Medicaid {or STATE NAME FOR MEDICAID} or {the state program called (STATE-SPECIFIC PROGRAM)} or some other type of coverage?

[PROBE: Remind respondent to include private plans obtained through persons not living with the family.]

[CODE ALL THAT APPLY.]

INSURANCE FROM CURRENT OR
FORMER EMPLOYER OR UNION..... 1
INSURANCE PURCHASED DIRECTLY
FROM AN INSURANCE COMPANY 2
MEDICARE 3
CHAMPUS, CHAMP-VA, VA, OTHER
MILITARY INSURANCE, OR INDIAN
HEALTH SERVICE 4
MEDICAID (STATE NAME
FOR MEDICAID) 5
STATE PROGRAM OR (STATE-
SPECIFIC PROGRAM)..... 6
OTHER (SPECIFY)..... 91

GO TO E37 FOR NEXT PERSON AMONG UNINSURED ADULT+ FCS; IF
LAST PERSON, GO TO BOX E39

BOX E39

IF THERE IS ANYONE AMONG 2 FCS AND SAMPLED ADULT WHO IS
COVERED BY INSURANCE (CALL THIS GROUP INSURED
ADULT+FCS), GO TO E39 AND ASK SERIES (E39-E43) FOR EACH
PERSON LISTED WITH COVERAGE.

IF NO ONE AMONG 2 FCS AND SAMPLED ADULT IS COVERED BY
INSURANCE, GO TO SECTION F.

E39. Earlier you said that (you/NAME) currently (have/has) (INSERT TYPE OF PLAN-E.G. EMPLOYER, MEDICARE, MEDICAID, ETC.). Did (you/NAME) have (this coverage/these types of coverage) for all of the past 12 months?

[IF MORE THAN ONE PLAN, RECORD WHETHER HAD ANY PLANS FOR PAST 12 MONTHS]

YES..... 1 (REPEAT FOR NEXT PERSON, IF LAST, GO TO NEXT SECTION)
 NO 2 (GO TO E39A)

E39A. For how many of the past 12 months did (you/NAME) have (INSERT TYPE OF PLAN - EMPLOYER, MEDICARE, MEDICAID, ETC)?

NUMBER OF MONTHS..... _____

E40. When (you were not/NAME was not) covered by (INSERT TYPE OF COVERAGE) did (you/NAME) have other health insurance coverage?

YES..... 1 (GO TO E41)
 NO 2 (GO TO E43)

E41. What other kinds of health insurance coverage did (you/NAME) have? Was it insurance from a current or former employer or union, insurance purchased directly from an insurance company, Medicare, CHAMPUS, CHAMP-VA, VA, other military health insurance, Indian Health Service, Medicaid {or STATE NAME FOR MEDICAID} or {the state program called (STATE-SPECIFIC PROGRAM)} or some other type of coverage?

[PROBE: Please include plans obtained through persons not living with the family.]

[CODE ALL THAT APPLY.]

INSURANCE FROM CURRENT OR FORMER EMPLOYER OR UNION..... 1
 INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY 2
 MEDICARE 3
 CHAMPUS, CHAMP-VA, VA, OTHER MILITARY INSURANCE, OR INDIAN HEALTH SERVICE 4
 MEDICAID (STATE NAME FOR MEDICAID) 5
 STATE PROGRAM OR (STATE-SPECIFIC PROGRAM)..... 6
 OTHER (SPECIFY)..... 91

E42. During the past 12 months, was there any time when (you/NAME) had no health insurance?

- YES..... 1 (GO TO E43)
- NO 2 (E39 FOR NEXT PERSON, IF
LAST PERSON, GO TO NEXT
SECTION)

E43. For how many of the past 12 months did (you/NAME) have no health insurance?

MONTHS..... _____

GO TO E39 FOR NEXT PERSON AMONG INSURED ADULT+ FCS; IF
LAST PERSON, GO TO SECTION F

IS THERE A (SPOUSE/PARTNER)?	
<input type="checkbox"/> YES	→ ACCORDING TO WHOM HAS BEEN RANDOMLY SELECTED IN SECTION E, USE R OR SPOUSE/PARTNER AS SUBJECT OF F1-F12 AND F15-F26.
<input type="checkbox"/> NO	→ USE R AS SUBJECT OF F1-F12 AND F15-F26.

SECTION F: HEALTH CARE USE AND ACCESS

F1. I'd like to talk about [your/(SPOUSE/PARTNER)'s] health status. In general, would you say [your/ (his/her)] health is . . .

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5

F2. How is [your/(SPOUSE/PARTNER)'s] health in general compared to 12 months ago? Is it:

- Much better, 1
- Somewhat better, 2
- About the same, 3
- Somewhat worse, or 4
- Much worse? 5

F3. [Do you/Does (SPOUSE/PARTNER)] have a physical, mental or other health condition that limits the kind or amount of work [you/(he/she)] can do?

- YES 1
- NO 2

<p>ASK THE NEXT QUESTIONS FIRST ABOUT THE SELECTED ADULT (F4-F12), NEXT ABOUT CHILD1 (F4-F10) (IF RELEVANT), AND NEXT ABOUT CHILD2 (F4-F10) (IF RELEVANT).</p>
--

F4. {Next, I'd like to talk to you about the use of medical care by your family in the past year.}

During the past 12 months, [were you/was (SPOUSE/PARTNER/CHILD)] a patient in a hospital overnight?

YES..... 1
NO 2

BOX F5	
IS THE SUBJECT THE SAMPLED ADULT (R OR SPOUSE/PARTNER)?	
YES	1 (CONTINUE)
NO	2 (REPEAT F4 FOR CHILD1 AND CHILD2, THEN GO TO F6).
IS SAMPLED ADULT (R OR SPOUSE/PARTNER) FEMALE AND LESS THAN 50?	
YES	1 (CONTINUE)
NO	2 (REPEAT F4 FOR CHILD1 AND CHILD2, THEN GO TO F6).

F5. [Were you/Was (SPOUSE/PARTNER)] in the hospital to deliver a baby?

YES..... 1
NO 2

ASK F6 ABOUT CHILD ONLY IF CHILD IS 3 YEARS OLD OR OLDER.
--

F6. During the past 12 months, how many times did [you/(SPOUSE/PARTNER/CHILD)] see a dentist or dental hygienist?

NUMBER OF VISITS _____

F7. During the past 12 months, how many times [have you/has (SPOUSE/PARTNER/CHILD)] received care in a hospital emergency room?

NUMBER OF VISITS

ASK F8 ABOUT CHILD ONLY IF CHILD IS 3 YEARS OLD OR OLDER

F8. During the past 12 months, how many times [have you/has (SPOUSE/PARTNER/CHILD)] received mental health services, including mental health services received from a doctor, mental health counselor, or therapist? {And do not include treatment for substance abuse or smoking cessation.}

NUMBER OF VISITS

F9. During the past 12 months, how many times [have you/has (SPOUSE/PARTNER/CHILD)] seen a nurse practitioner, physician's assistant or midwife? (Do not include the dental, emergency, or mental health visits you just told me about. Also, do not include nurse practitioners, physician assistants or midwives seen while an overnight patient in the hospital).

NUMBER OF VISITS

F10. During the past 12 months, how many times [have you/has (SPOUSE/PARTNER/CHILD)] seen a doctor? (Do not include the dental, emergency, or mental health visits, or the visits to other health professionals you just told me about. Also, do not include doctors seen while an overnight patient in the hospital).

NUMBER OF VISITS

BOX F11
IS SAMPLED ADULT (R OR SPOUSE/PARTNER) FEMALE?
YES 1 (GO TO F11)
NO..... 2 (GO TO BOX F13A)

F11. During the past 12 months, [have you/has (SPOUSE/PARTNER)] received a breast physical exam? Do not include breast self-exams performed by women on themselves.

[PROBE: A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant.]

YES..... 1
NO 2

F12. During the past 12 months, [have you/has (SPOUSE/PARTNER)] received a Pap smear?

[PROBE: A Pap smear is a routine gynecological test in which the doctor examines the cervix and sends a sample to the lab.]

YES..... 1
NO 2

BOX F13A	
IS THERE A CHILD1 OR CHILD2?	
YES	1 (CONTINUE AND FOLLOW SKIPS THROUGH F15 FOR CHILD1 AND THEN CHILD2, IF THERE ARE BOTH A CHILD1 AND CHILD2
NO	2 (GO TO F16)

BOX F13B	
ARE BOTH F9 AND F10 = 0 FOR CHILD?	
YES.....	(GO TO F13)
NO	(GO TO F15)

F13. During the past 12 months, did (CHILD) see a doctor, nurse practitioner, physician assistant or midwife for well-child care, such as a check-up.

- YES..... 1 (F14)
- NO 2 (IF THERE IS A CHILD2 AND F13 OR F15 HAS NOT BEEN ASKED ABOUT HIM OR HER, GO BACK TO BOX F13B FOR CHILD2. ELSE, GO TO F16)

F14. During the past 12 months, about how many times did (CHILD) receive well-child care?

NUMBER OF VISITS _____

GO TO F16

F15. About how many of (his/her) visits to a doctor or other medical professionals that you just told me about were for well-child care, such as check-ups?

NUMBER OF VISITS _____

F16. Next, I'd like to ask where your family gets health care. Is there a place where [you go/(SPOUSE/PARTNER/CHILD) goes] when [you are/(he/she) is] sick or {when you} need advice about [your/(his/her)] health?

- YES..... 1
- NO 2 (GO TO F18)

F17. What kind of place is it that [you usually go/(SPOUSE/PARTNER/CHILD) usually goes] to? Is it . . .

- A doctor's office (including an HMO), or 1
- A hospital emergency room, or 2
- A clinic or a hospital outpatient department, or..... 3
- Some other place? (SPECIFY) _____ 91

F18 THROUGH F29 ARE ASKED ABOUT THE SAMPLED ADULT AND CHILD1 AND CHILD2 (IF RELEVANT).

F18. Now, I'd like to ask you some questions about experiences [you/(SPOUSE/PARTNER)] or (insert names of FCs) may have had getting care in the past 12 months.

During the past 12 months, did [you/(SPOUSE/PARTNER)] or (insert names of FCs) not get or postpone getting medical care or surgery when [you/(he/she/they)] needed it?

- YES..... 1
 NO 2 (GO TO F21)

<p>F19.</p> <p>Who was that? [PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]</p>	<p>F20.</p> <p>What was the main reason that (you/insert name) did not get care?</p>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>

F21. During the past 12 months, did [you/(SPOUSE/PARTNER)] or (insert names of FCs) not get or postpone getting dental care when [you/(he/she/they)] needed it?

YES..... 1
 NO 2 (GO TO F24)

<p style="text-align: center;">F22.</p> <p>Who was that? [PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]</p>	<p style="text-align: center;">F23.</p> <p>What was the main reason that (you/insert name) did not get dental care?</p>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>

F24. During the past 12 months, did [you/(SPOUSE/PARTNER)] or (insert names of FCs) not get or postpone getting mental health care when [you/(he/she/they)] needed it?

YES..... 1
 NO 2 (GO TO F27)

<p style="text-align: center;">F25.</p> <p>Who was that? [PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]</p>	<p style="text-align: center;">F26.</p> <p>What was the main reason that (you/insert name) did not get mental health care?</p>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>

F27. During the past 12 months, did [you/(SPOUSE/PARTNER)] or (insert names of FCs) not fill or postpone filling a prescription for drugs when [you/(he/she/they)] needed them?

- YES..... 1
 NO 2 [GO TO SECTION G]

<p style="text-align: center;">F28.</p> <p>Who was that? [PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]</p>	<p style="text-align: center;">F29.</p> <p>What was the main reason that (you/insert name) did not get prescription drugs?</p>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>
<hr/>	<hr/> <hr/> <hr/>

SECTION G: CHILD CARE (MAIN VERSION)

IS IT JUNE13 – SEPTEMBER 26?	
<input type="checkbox"/>	YES → GO TO SUMMER VERSION OF SECTION G (PAGE G-15)
<input type="checkbox"/>	NO → CONTINUE

IS THERE A CHILD1?	
<input type="checkbox"/>	YES → GO TO G1
<input type="checkbox"/>	NO → GO TO BOX G30

SECTION G: CHILD CARE (YOUNGER CHILD 0-5 YEARS OLD)

G1. We'd like to know how (CHILD1) spent (his/her) time when (he/she) was not with you during the last month. I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you used for (CHILD1), at least once a week during the last month. First, did (CHILD1) attend...

	<u>YES</u>	<u>NO</u>
G1a. Head Start?.....	1	2
G1b. What about a day or group care center, a nursery, a preschool, or a pre-kindergarten?.....	1	2
G1c. [ASK IF CHILD1 IS 2 YEARS OLD OR OLDER] A before- or after-school care program outside your home?.....	1	2
G1d. Did (CHILD1) have child care or babysitting in your home {by someone other than your (spouse/partner)}?.....	1	2
G1e. What about child care or babysitting in someone else's home?.....	1	2

BOX G1f	
ARE ANY ANSWERS TO G1a-G1e="YES"?	
YES	1 (GO TO BOX G2)
NO	2 (CONTINUE)

G1f. In any of the last 12 months, has {CHILD1} been in a school, center, or babysitting arrangement on a regular basis, at least once a week, while you worked, looked for a job, or were in school?

YES..... 1
 NO 2

ALL RESPONSES GO TO BOX G23

BOX G2	
IS CHILD1 IN HEAD START (G1a = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G4)

G2. In the last month, about how many hours was (CHILD1) usually cared for in a Head Start Center?

HOURS PER WEEK _____

G3. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
 NO 2

Day/Group Care Center, Nursery, Preschool, or Pre-Kindergarten

<p>BOX G4</p> <p>IS CHILD1 IN A DAY/GROUP CARE CENTER, NURSERY, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM (G1b = 1)?</p> <p>YES 1 (CONTINUE) NO 2 (GO TO BOX G8)</p>

G4. In the last month, about how many hours per week was (CHILD1) usually cared for in a day care center, nursery, preschool or pre-kindergarten?

[IF MORE THAN ONE PROGRAM, INCLUDE HOURS PER WEEK ACROSS PROGRAMS]

HOURS PER WEEK _____

G5. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

G6. About how many children are usually in (CHILD1's) room or group at this center or program?

[IF MORE THAN ONE PROGRAM, RECORD NUMBER OF CHILDREN IN PROGRAM USED MOST. PROGRAMS SHOULD NOT INCLUDE HEAD START OR BEFORE- OR AFTER-SCHOOL CARE.]

NUMBER OF CHILDREN _____

G7. {For the program you use most}, About how many adults usually supervise the children in (CHILD1's) room or group?

[IF MORE THAN ONE PROGRAM, RECORD NUMBER OF CHILDREN IN PROGRAM USED MOST. PROGRAMS SHOULD NOT INCLUDE HEAD START OR BEFORE- OR AFTER-SCHOOL CARE.]

NUMBER OF ADULTS _____

Before- or after-school care program

BOX G8	
IS CHILD1 IN BEFORE- OR AFTER-SCHOOL CARE (G1c = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G10)

G8. In the last month, about how many hours per week was (CHILD1) usually in a before- or after-school care program?

HOURS PER WEEK _____

G9. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Child care or babysitting by someone in MKA's home

BOX G10	
DOES CHILD1 GET CHILD CARE OR BABYSITTING FROM SOMEONE IN MKA'S HOME (G1d = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G16)

G10. In the last month, about how many hours per week was (CHILD1) usually cared for by someone {other than your (spouse/partner)} in your home?

HOURS PER WEEK _____

G11. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

G12. Is the person usually caring for (CHILD1) in your home 18 years of age or older?

YES..... 1
NO 2

G13. Is this person related to (CHILD1)?

YES..... 1
NO 2

G14. Does this person live with you?

YES..... 1
NO 2

G15. Not counting (CHILD1), how many other children under age 13 does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER UNDER AGE 13.]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

Child care or babysitting in someone else's home

BOX G16	
DOES CHILD1 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G1e = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G23)

G16. In the last month, about how many hours per week was (CHILD1) usually cared for in someone else's home?

HOURS PER WEEK _____

G17. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

G18. Is the person usually caring for (CHILD1) 18 years of age or older?

YES..... 1
NO 2

G19. Is this person related to (CHILD1)?

YES..... 1
NO 2

G20. Not counting (CHILD1) how many other children does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE BABYSITTER]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

G21. Does this person have any other adults helping to care for (your child/the children) on a regular basis?

YES..... 1
NO 2 (GO TO BOX G23)

G22. How many adults, not counting this person?

(0 MEANS NO OTHER ADULTS)
NUMBER OF ADULTS _____

Kindergarten or Elementary School

BOX G23	
IS CHILD1 IN SCHOOL (C1 = IS NOT EQUAL TO "90" OR "N")	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G25)
C1 NOT ASKED.....	3 (GO TO BOX G25)

G23. In the last month, about how many hours per week was (CHILD1) typically in school?

HOURS PER WEEK _____

G24. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Self care

BOX G25
IS CHLD1 3-5 YEARS OLD?
YES 1 (CONTINUE)
NO 2 (GO TO BOX G28)

G25. Sometimes it is difficult to make arrangements to look after children all the time. During the last month did (CHLD1) take care of (himself/herself) {or stay alone with (his/her) brother or sister who is under 13 years old} on a regular basis even for a small amount of time?

YES..... 1
NO 2 (GO TO BOX G28)

G26. How many hours per week does (CHLD1) take care of (himself/herself) {or stay alone with (his/her) brother or sister who is under 13 years old}?

HOURS PER WEEK _____

G27. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Changes in Child Care Arrangements

BOX G28
ASK G28 IF ANY CHILD CARE ARRANGEMENTS ARE USED (IF ANY G1a-G1f=1); ELSE, GO TO BOX G30.

G28. During the last twelve months, how many child care providers have cared for (CHILD1) on a regular basis while you worked, looked for a job, or were in school? This includes different babysitters who cared for (CHILD1) or different places or programs (he/she) attended.

NUMBER..... _____

BOX G30	
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX G52
IS CHILD2 12 YEARS OLD OR YOUNGER?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX G52

SECTION G: CHILD CARE (OLDER CHILD 6-12 YEARS OLD)

G30. {We'd like to know how (CHILD2) spent (his/her) day when (he/she) was not with you during the last month.}

I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you used for (CHILD2), at least once a week during the last month. First, did (CHILD2) attend...

	<u>YES</u>	<u>NO</u>
G30a. A before- or after-school care program outside your home?	1	2
G30b. Did (CHILD2) have child care or babysitting in your home {by someone other than your spouse/by someone other than your partner}?	1	2
G30c. What about child care or babysitting in someone else's home?	1	2

BOX G1d	
ARE ANY ANSWERS TO G30a - G30c = "YES"?	
YES	1 (GO TO BOX G31)
NO	2 (CONTINUE)

G30d. In any of the last 12 months, has (CHILD2) been in a before- or after-school care program, or a babysitting arrangement on a regular basis, at least once a week, while you worked, looked for a job, or were in school?

YES..... 1 (GO TO BOX G46)
 NO 2 (GO TO BOX G47)

Before- or after-school care program

BOX G31	
IS CHILD2 IN BEFORE- OR AFTER-SCHOOL CARE (G30a = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G33)

G31. In the last month, about how many hours per week was (CHILD2) usually in before- or after-school care?

HOURS PER WEEK _____

G32. Were you working, looking for a job or in school during any of these hours?

YES..... 1
 NO 2

Child care or babysitting by someone in MKA's home

<p>BOX G33</p> <p>DOES CHILD2 GET CHILD CARE OR BABYSITTING FROM SOMEONE IN MKA's HOME (G30b = 1)?</p> <p>YES 1 (CONTINUE) NO 2 (GO TO BOX G39)</p>

G33. In the last month, about how many hours per week was (CHILD2) usually cared for by someone {other than your (spouse/partner)} in your home?

HOURS PER WEEK _____

G34. Were you working, looking for a job or in school during any of these hours?

YES..... 1
NO 2

G35. Is the person usually caring for (CHILD2) in your home 18 years of age or older?

YES..... 1
NO 2

G36. Is this person related to (CHILD2)?

YES..... 1
NO 2

G37. Does this person live with you?

YES..... 1
NO 2

G38. Not counting (CHILD2) how many other children under age 13 does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER WHO ARE UNDER AGE 13.]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

Child care or babysitting in someone else's home

BOX G39	
DOES CHILD2 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G30c =1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G46)

G39. In the last month, about how many hours per week was (CHILD2) usually cared for in someone else's home?

HOURS PER WEEK _____

G40. Were you working, looking for a job or in school during any of these hours?

YES..... 1
NO 2

G41. Is the person usually caring for (CHILD2) 18 years of age or older?

YES..... 1
NO 2

G42. Is this person related to (CHILD2)?

YES..... 1
NO 2

G43. Not counting (CHILD2) how many other children under age 13 does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER WHO ARE UNDER AGE 13.]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

G44. Does this person have any other adults helping to care for (your child/the children) on a regular basis?

YES..... 1
NO 2 (GO TO BOX G46)

G45. How many adults, not counting this person?

(0 MEANS NO OTHER ADULTS)

NUMBER OF ADULTS

BOX G46	
IS CHIL2 IN ANY KIND OF CARE (ANY G30a THROUGH G30d = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G47)
IS CHIL2 6, 7, OR 8 YEARS OLD?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G47)

G46. During the last twelve months, how many child care providers have cared for (CHIL2) on a regular basis while you worked, looked for a job, or were in school? This includes different babysitters who cared for (CHIL2) or different places or programs (he/she) attended.

NUMBER OF PROVIDERS

Kindergarten, Elementary or Jr. High School

BOX G47	
IS CHIL2 IN SCHOOL (C1 IS NOT EQUAL TO "90")?	
YES	1 (CONTINUE)
NO	2 (GO TO G49)

G47. In the last month, about how many hours per week was (CHIL2) typically in school?

HOURS PER WEEK

G48. Were you working, looking for a job or in school during any of these hours?

YES..... 1
NO 2

Self care

G49. Sometimes it is difficult to make arrangements to look after children all the time. During the last month did (CHILD2) take care of (himself/herself) {or stay alone with (his/her) brother or sister who is under 13 years old} on a regular basis, even for a small amount of time?

YES..... 1
 NO 2 (GO TO BOX G52)

G50. How many hours per week does (CHILD2) take care of (himself/herself) {or stay alone with (his/her) brother or sister who is under 13 years old)?

HOURS PER WEEK _____

G51. Were you working, looking for a job or in school during any of these hours?

YES..... 1
 NO 2

BOX G52	
WAS MKA WORKING, LOOKING FOR A JOB, OR IN SCHOOL WHILE CHILD1 OR CHILD2 WAS IN CARE (G3 = 1 OR G5 = 1 OR G9 = 1 OR G11 = 1 OR G17 = 1 OR G24 = 1 OR G32 = 1 OR G34 = 1 OR G40 = 1 OR G48 = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO SECTION H)

G52. Now think about all the child care arrangements and programs you use regularly for [(CHILD1)/(CHILD2)/all your children under age 13] while you worked, were in school or looked for work. How much did you pay for all child care arrangements and programs used in the last month? ¹

[IF NECESSARY, SAY: it is easier for you, you can tell us what you paid, in a typical week of the last month?]

AMOUNT LAST MONTH\$ _____
 AMOUNT IN TYPICAL WEEK\$ _____
 NO PAYMENT IN LAST MONTH OR WEEK 2 (GO TO G56)

¹ In the CATI instrument, Items G53 and G54 are fields used to collect amounts for G52.

G55. Is the amount of money you are charged for the child care of [(CHILD1)/(CHILD2)/any of your children under age 13] determined by how much money you earn?

[IF NECESSARY, PROBE: Do you pay a sliding fee amount for any of these arrangements?]

YES 1
NO 2

G56. Does anyone else pay for all or part of the cost of the care for [(CHILD1)/(CHILD2)/any of your children under age 13]? By this I mean a government agency, your employer or someone outside your household?

YES 1
NO 2 (GO TO SECTION H)

G57. Who or what agency helps to pay for child care?

[CODE ALL THAT APPLY]

WELFARE OR SOCIAL SERVICES 1
EMPLOYER 2
ONE OF THE CHILDREN'S NON-CUSTODIAL PARENTS
..... 3
OTHER (SPECIFY)..... 91

GO TO SECTION H.

SECTION G: CHILD CARE (SUMMER VERSION)

IS IT JUNE 13 – SEPTEMBER 26?

YES → CONTINUE

NO → MAIN VERSION OF SECTION G (PAGE G-1) SHOULD HAVE ALREADY BEEN ASKED. GO TO SECTION H.

IS THERE ONLY A CHILD2 IN THIS INTERVIEW?

YES → IF CHILD IS 6-12 YEARS OLD, GO TO G01 AND ASK ABOUT CHILD2. ELSE, GO TO SECTION H

NO → CONTINUE

IS THERE ONLY A CHILD1 IN THIS INTERVIEW?

YES → GO TO G01, ASK ABOUT CHILD1

NO → CONTINUE

G01. Has (CHILD) been at home for each of the last four weeks?

YES..... 1 (GO TO BOX G05-2)

NO 2

G02. In the last four weeks, how many weeks has (CHILD) been away from home?

[ENTER 0 FOR LESS THAN 1 WEEK. ENTER 4 FOR MORE THAN 3 WEEKS.]

NUMBER OF WEEKS..... _____

IF G02 = 0, GO TO G05.

G03. Where was (CHILD) when (he/she) was away from home during the last four weeks?

[CODE ALL THAT APPLY]

WITH A PARENT..... 1
WITH ANOTHER RELATIVE 2
AT A CAMP 3
SOME OTHER PLACE
SPECIFY _____ 91

G04. Were you working, looking for a job, or in school during (any of those weeks/the week) that (CHILD) was away?

YES..... 1
NO 2

BOX G05-1	
WAS CHILD AWAY FROM HOME FOR ALL OF THE LAST FOUR WEEKS (G02=4)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G05-2)
IS THIS A CHILD1 OR A CHILD2?	
CHILD1	1 (GO TO G1f)
CHILD2	2 (GO TO G30)

BOX G05-2	
IS CHILD 5-12 YEARS OLD?	
YES	1 (CONTINUE)
NO	2 (GO TO G1)
IS CHILD CURRENTLY ATTENDING PRESCHOOL (C1=N)?	
YES	1 (GO TO BOX G1)
NO	2 (GO TO G05))

G05. [(In the (#) (weeks/week) during the last month that (CHILD) was at home) / (In the last four weeks)], was (CHILD) ever in (kindergarten or a higher grade/school)?

[PRESCHOOL, NURSERY SCHOOL, AND PREKINDERGARTEN SHOULD BE CODED "NO"]

YES..... 1 (GO TO BOX G06)
NO 2 (GO TO G1)

BOX G06	
WAS CHILD AWAY FROM HOME FOR 3 WEEKS AND IN SCHOOL DURING THE ONE WEEK THAT HE/SHE WAS HOME (G02=3 AND G05=1)?	
YES	1 (CODE G06=1 AND GO TO G07)
NO	2 (GO TO G06)

G06. [(In the (#) (weeks/week) during the last month that (CHILD) was at home) / (In the last four weeks)], how many weeks was (CHILD) in school?

[ENTER 0 FOR LESS THAN 1 WEEK. ENTER 4 FOR MORE THAN 3 WEEKS.]

NUMBER OF WEEKS.....
LESS THAN 1 WEEK OR ZERO..... 0 (GO TO BOX G1)

G07. In the last month, about how many hours per week was (CHILD) typically in school?

HOURS PER WEEK

G08. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

BOX G1	
IS THIS A CHILD1 OR A CHILD2?	
CHILD1	1 (GO TO G1)
CHILD2	2 (GO TO G30)

G1. We'd like to know how (CHILD1) spent (his/her) time when (he/she) was not with you {DISPLAYS SHOWN BELOW}.

DISPLAY VERSION	DISPLAY TEXT
1	...during the last month.
2	...during the last month. We'd like to focus on the (# weeks) during the last month when (he/she) was at home but not in school.
3	...during the (# WEEKS AT HOME) over the last month that (he/she) was at home.
4	...during the (# WEEKS IN SCHOOL) over the last month that (he/she) was in school.
5	...during the (# WEEKS OUT OF SCHOOL) over the last month that (he/she) was out of school.

WEEKS AT HOME	WEEKS IN SCHOOL	DISPLAY VERSION
4	0	1
4	1	5
4	2	4 OR 5 (RANDOM)
4	3	4
4	4	1
3	0	3
3	1	2
3	2	4
3	3	4
2	0	3
2	1	2 OR 4 (RANDOM)
2	2	4
1	0	3
1	1	4

I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you used for (CHILD1), [(at least once a week)/in the (# WEEKS) that (he/she) was (in school/out of school/at home/at home and not in school)] during the last month. First, did (CHILD1) attend...

	<u>YES</u>	<u>NO</u>
G1a. Head Start?.....	1	2
G1b. What about a day or group care center, a nursery, a preschool, or a pre-kindergarten?.....	1	2
G1c. [ASK IF CHILD1 IS 2 YEARS OLD OR OLDER] A before- or after-school care program outside your home?.....	1	2

	<u>YES</u>	<u>NO</u>
G1d. Did (CHILD1) have child care or babysitting in your home {by someone other than your spouse/partner}?	1	2
G1e. What about child care or babysitting in someone else's home?.....	1	2
G1f0.What about an organized summer program outside your home, such as a recreation program or summer day camp?	1	2

BOX G1f	
ARE ANY ANSWERS TO G1a-G1f0="YES"?	
YES	1 (GO TO BOX G2)
NO	2 (CONTINUE)

G1f. In any of the last 12 months, has (CHILD1) been in a school, center, or babysitting arrangement on a regular basis, at least once a week, while you worked, looked for a job, or were in school?

YES..... 1
NO 2

ALL RESPONSES GO TO BOX G25

BOX G2	
IS CHILD1 IN HEAD START (G1a = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G4)

G2. In the last month², about how many hours was (CHILD1) usually cared for in a Head Start Center?

HOURS PER WEEK _____

² Questions G2, G4, G10, G16, G0231, G31, G33, AND G39 have displays for time references that are used, when necessary, to replace "in the last month." The additional time references are used if the child has spent his or her time in different ways over the last month (e.g., some time in school and some time not in school). The displays are similar to those shown in G1. Because the displays are complex and would make the hard copy questionnaire difficult to read, we have not included the wording for these displays in each question.

G3. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Day/Group Care Center, Nursery, Preschool, or Pre Kindergarten

BOX G4	
IS CHILD1 IN A DAY/GROUP CARE CENTER, NURSERY, PRESCHOOL, OR PREKINDERGARTEN PROGRAM (G1b = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G8)

G4. In the last month, about how many hours per week was (CHILD1) usually cared for in a day care center, nursery, preschool or pre-kindergarten?

[IF MORE THAN ONE PROGRAM, INCLUDE HOURS PER WEEK ACROSS PROGRAMS]

HOURS PER WEEK _____

G5. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

G6. About how many children are usually in (CHILD1's) room or group at this center or program?

[IF MORE THAN ONE PROGRAM, RECORD NUMBER OF CHILDREN IN PROGRAM USED MOST. PROGRAMS SHOULD NOT INCLUDE HEAD START OR BEFORE- OR AFTER-SCHOOL CARE.]

NUMBER OF CHILDREN _____

G7. {For the program you use most}, About how many adults usually supervise the children in (CHILD1's) room or group?

[IF MORE THAN ONE PROGRAM, RECORD NUMBER OF CHILDREN IN PROGRAM USED MOST. PROGRAMS SHOULD NOT INCLUDE HEAD START OR BEFORE- OR AFTER-SCHOOL CARE.]

NUMBER OF ADULTS _____

Before- or after-school care program

BOX G8	
IS CHILD1 IN BEFORE- OR AFTER-SCHOOL CARE (G1c = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G10)

G8. In the last month, about how many hours per week was (CHILD1) usually in a before- or after-school care program?

HOURS PER WEEK _____

G9. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Child care or babysitting by someone in MKA's home

BOX G10	
DOES CHILD1 GET CHILD CARE OR BABYSITTING FROM SOMEONE IN MKA'S HOME (G1d = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G16)

G10. In the last month, about how many hours per week was (CHILD1) usually cared for by someone (other than your spouse/partner) in your home?

HOURS PER WEEK _____

G11. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

G12. Is the person usually caring for (CHILD1) in your home 18 years of age or older?

YES..... 1
NO 2

G13. Is this person related to (CHILD1)?

YES..... 1
NO 2

G14. Does this person live with you?

YES..... 1
NO 2

G15. Not counting (CHILD1), how many other children under age 13 does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER UNDER AGE 13.]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

Child care or babysitting in someone else's home

BOX G16	
DOES CHILD1 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G1e = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G23-1)

G16. In the last month, about how many hours per week was (CHILD1) usually cared for in someone else's home?

HOURS PER WEEK _____

G17. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

G18. Is the person usually caring for (CHILD1) 18 years of age or older?

YES..... 1
NO 2

G19. Is this person related to (CHILD1)?

YES..... 1
NO 2

G20. Not counting (CHILD1) how many other children does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER WHO ARE UNDER AGE 13]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

G21. Does this person have any other adults helping to care for (your child/the children) on a regular basis?

YES..... 1
NO 2 (GO TO BOX G23-1)

G22. How many adults, not counting this person?

(0 MEANS NO OTHER ADULTS)
NUMBER OF ADULTS _____

Summer program

BOX G23-1	
IS CHILD1 IN SUMMER PROGRAM (G1f0=1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G25)

G0231. In the last month, about how many hours per week was (CHILD1) usually in an organized summer program outside your home?

HOURS PER WEEK _____

G0232. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Self care

BOX G25	
IS CHILD1 3-5 YEARS OLD?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G28)
WAS CHILD1 AWAY FROM HOME ALL FOUR WEEKS (G02=4)?	
YES	1 (GO TO BOX G28)
NO	2 (CONTINUE)

G25. Sometimes it is difficult to make arrangements to look after children all the time. During the last month did (CHILD1) take care of (himself/herself) or stay alone with (his/her) brother or sister who is under 13 years old on a regular basis even for a small amount of time?

YES..... 1 (GO TO G26)
NO 2 (GO TO BOX G28)

G26. How many hours per week does (CHILD1) take care of (himself/herself) (or stay alone with his/her brother or sister who is under 13 years old)?

HOURS PER WEEK _____

G27. Were you working, looking for a job, or in school during any of these hours?

YES..... 1
NO 2

Changes in Child Care Arrangements

BOX G28

ASK G28 IF ANY CHILD CARE ARRANGEMENTS ARE USED (IF ANY G1a-G1f0=1); ELSE, GO TO BOX G30.

G28. During the last twelve months, how many child care providers have cared for (CHILD1) on a regular basis while you worked, looked for a job, or were in school? This includes different babysitters who cared for (CHILD1) or different places or programs (he/she) attended.

NUMBER..... _____

BOX G30

IS THERE A CHILD2?

YES → CONTINUE
 NO → GO TO BOX G52

IS CHILD2 12 YEARS OLD OR YOUNGER?

YES → GO TO G01 FOR CHILD2
 NO → GO TO BOX G52

SECTION G: CHILD CARE (SUMMER VERSION FOR OLDER CHILD 6-12 YEARS OLD)

G30. We'd like to know how (CHILD2) spent (his/her) time when (he/she) was not with you {DISPLAYS SHOWN BELOW}.

DISPLAY VERSION	DISPLAY TEXT
1	...during the last month.
2	...during the last month. We'd like to focus on the (# weeks) during the last month when (he/she) was at home but not in school.
3	...during the (# WEEKS AT HOME) over the last month that (he/she) was at home.
4	...during the (# WEEKS IN SCHOOL) over the last month that (he/she) was in school.
5	...during the (# WEEKS OUT OF SCHOOL) over the last month that (he/she) was out of school.

WEEKS AT HOME	WEEKS IN SCHOOL	DISPLAY VERSION
4	0	1
4	1	5
4	2	4 OR 5 (RANDOM)
4	3	4
4	4	1
3	0	3
3	1	2
3	2	4
3	3	4
2	0	3
2	1	2 OR 4 (RANDOM)
2	2	4
1	0	3
1	1	4

I'm going to read a list of different kinds of programs children attend and of people who care for children. I'd like you to tell me which ones you used for (CHILD1), [(at least once a week)/in the (# WEEKS) that (he/she) was (in school/out of school/at home/at home and not in school)] during the last month. First, did (CHILD1) attend...

	<u>YES</u>	<u>NO</u>
G30a. A before- or after-school care program outside your home?	1	2
G30b. Did (CHILD2) have child care or babysitting in your home {by someone other than your spouse/by someone other than your partner}?	1	2
G30c. What about child care or babysitting in someone else's home?	1	2
G30d. What about an organized summer program outside your home, such as a recreation program or summer day camp?	1	2

BOX G1d	
ARE ANY ANSWERS TO G30a - G30d0 = "YES"?	
YES	1 (GO TO BOX G31)
NO	2 (CONTINUE)

G30d. In any of the last 12 months, has (CHILD2) been in a before- or after-school care program, or a babysitting arrangement on a regular basis, at least once a week, while you worked, looked for a job, or were in school?

YES..... 1 (GO TO BOX G46)
 NO 2 (GO TO G49)

Before- or after-school care program

BOX G31	
IS CHILD2 IN BEFORE- OR AFTER-SCHOOL CARE (G30a = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G33)

G31. In the last month, about how many hours per week was (CHILD2) usually in before- or after-school care?

HOURS PER WEEK

G32. Were you working, looking for a job or in school during any of these hours?

YES..... 1
NO 2

Child care or babysitting by someone in MKA's home

<p>BOX G33</p> <p>DOES CHILD2 GET CHILD CARE OR BABYSITTING FROM SOMEONE IN MKA's HOME (G30b = 1)?</p> <p>YES 1 (CONTINUE) NO 2 (GO TO BOX G39)</p>

G33. In the last month, about how many hours per week was (CHILD2) usually cared for by someone (other than your spouse/other than your partner) in your home?

HOURS PER WEEK _____

G34. Were you working, looking for a job or in school during any of these hours?

YES..... 1
NO 2

G35. Is the person usually caring for (CHILD2) in your home 18 years of age or older?

YES..... 1
NO 2

G36. Is this person related to (CHILD2)?

YES..... 1
NO 2

G37. Does this person live with you?

YES..... 1
NO 2

G38. Not counting (CHILD2) how many other children under age 13 does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER WHO ARE UNDER AGE 13.]

(0 MEANS NO OTHER CHILDREN)
NUMBER OF CHILDREN _____

Child care or babysitting in someone else's home

BOX G39	
DOES CHILD2 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G30c =1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G0461)

G39. In the last month, about how many hours per week was (CHILD2) usually cared for in someone else's home?

HOURS PER WEEK _____

G40. Were you working, looking for a job or in school during any of these hours?

YES..... 1
NO 2

G41. Is the person usually caring for (CHILD2) 18 years of age or older?

YES..... 1
NO 2

G42. Is this person related to (CHILD2)?

YES..... 1
NO 2

G43. Not counting (CHILD2) how many other children does this person regularly care for at the same time?

[INCLUDE CHILDREN OF THE CAREGIVER WHO ARE UNDER AGE 13.]

(0 MEANS NO OTHER CHILDREN)

NUMBER OF CHILDREN _____

G44. Does this person have any other adults helping her to care for (your child/the children) on a regular basis?

YES..... 1

NO 2 (GO TO BOX G0461)

G45. How many adults, not counting this person?

(0 MEANS NO OTHER ADULTS)

NUMBER OF ADULTS _____

Summer program

BOX G0461	
IS CHILD2 IN SUMMER PROGRAM (G30d0=1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX G46)

G0461. In the last month, about how many hours per week was (CHILD2) usually in an organized summer program outside your home?

HOURS PER WEEK _____

G0462. Were you working, looking for a job, or in school during any of these hours?

YES..... 1

NO 2

BOX G46

IS CHILD2 IN ANY KIND OF CARE (ANY G30a THROUGH G30d0) = 1)?

- YES 1 (CONTINUE)
- NO 2 (GO TO G49)

IS CHILD2 6, 7, OR 8 YEARS OLD?

- YES 1 (CONTINUE)
- NO 2 (GO TO G49)

G46. During the last twelve months, how many child care providers have cared for (CHILD2) on a regular basis while you worked, looked for a job, or were in school? This includes different babysitters who cared for (CHILD2) or different places or programs (he/she) attended.

NUMBER OF PROVIDERS _____

Self care

G49. Sometimes it is difficult to make arrangements to look after children all the time. During the last month did (CHILD2) take care of (himself/herself) or stay alone with (his/her) brothers or sisters who are under 13 years old on a regular basis, even for a small amount of time?

- YES..... 1 (GO TO G50)
- NO 2 (GO TO BOX G52)

G50. How many hours per week does (CHILD2) take care of (himself/herself) [or stay alone with (his/her) brother or sister who is under 13 years old]?

HOURS PER WEEK _____

G51. Were you working, looking for a job or in school during any of these hours?

- YES..... 1
- NO 2

BOX G52

WAS MKA WORKING, LOOKING FOR A JOB, OR IN SCHOOL WHILE CHILD1 OR CHILD2 WAS IN CARE (G3 = 1 OR G5 = 1 OR G9 = 1 OR G11 = 1 OR G17 = 1 OR G24 = 1 OR G32 = 1 OR G34 = 1 OR G40 = 1 OR G48 = 1 OR G0232 = 1 OR G0462 = 1 OR (G04 = 1 AND G03 NE 1)) OR WHILE CHILD1 OR CHILD2 WAS IN SCHOOL (G08 = 1 FOR CHILD1 OR CHILD2)?

YES 1 (CONTINUE)
NO 2 (GO TO SECTION H)

G52. Now think about all the child care arrangements and programs you use regularly for [(CHILD1)/(CHILD2)/all your children under age 13] while you worked, were in school or looked for work. How much did you pay for all child care arrangements and programs used in the last month?³

[IF NECESSARY, SAY: it is easier for you, you can tell us what you paid, in a typical week of the last month?]

AMOUNT LAST MONTH.....\$ _____ (GO TO G55)

AMOUNT IN TYPICAL WEEK\$ _____ (GO TO G55)

NO PAYMENT IN LAST MONTH OR WEEK..... 2 (GO TO G56)

G55. Is the amount of money you are charged for the child care of [(CHILD1)/(CHILD2)/any of your children under age 13] determined by how much money you earn?

[IF NECESSARY, PROBE: Do you pay a sliding fee amount for any of these arrangements?]

YES 1
NO 2

G56. Does anyone else pay for all or part of the cost of the care for [(CHILD1)/(CHILD2)/any of your children under age 13]? By this I mean a government agency, your employer or someone outside your household?

YES 1
NO 2 (GO TO SECTION H)

³ In the CATI instrument, items G53 and G54 are fields used to collect amounts for G52.

G57. Who or what agency helps to pay for child care?

[CODE ALL THAT APPLY]

WELFARE OR SOCIAL SERVICES	1
EMPLOYER	2
ONE OF THE CHILDREN'S	
NON-CUSTODIAL PARENTS	3
OTHER (SPECIFY)_____	91

GO TO SECTION H.

SECTION H: NONRESIDENTIAL PARENTS

BOX H1A

IF THERE ARE BOTH A CHILD1 AND A CHILD2, GO THROUGH ALL SECTION H QUESTIONS FIRST FOR CHILD1 (IF RELEVANT), AND THEN FOR CHILD2 (IF RELEVANT).

BOX H1B

IS CHILD A FOSTER CHILD?

- YES → IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, ANSWER THIS QUESTION FOR CHILD2. ELSE, GO TO SECTION I
- NO → CONTINUE

BOX H1C

IS CHILD'S BIOLOGICAL/ADOPTIVE FATHER IN THE HOUSEHOLD?

- YES → CONTINUE
- NO → GO TO H1

BOX H1D

DOES CHILD HAVE TWO ADOPTIVE PARENTS IN THE HOUSEHOLD?

- YES → IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1B. ELSE, GO TO SECTION I
- NO → CONTINUE

BOX H1E

ARE CHILD'S BIOLOGICAL/ADOPTIVE PARENTS MARRIED AND LIVING IN THE HOUSEHOLD?

- YES → IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1B. ELSE, GO TO SECTION I
- NO → GO TO BOX H7
- DK → GO TO BOX H7

Now I have some questions about (CHILD)'s (biological/adoptive/biological or adoptive) (father/parents).

H1. Does (CHILD) have (a biological/an adoptive/a biological or adoptive) father who lives somewhere else?

- YES..... 1 (GO TO H2)
- NO 2 (GO TO BOX H9)

H2. During the last 12 months how often has (CHILD) seen (his/her) father?

[IF CHILD LIVED WITH FATHER IN LAST 12 MONTHS, RECORD THE TIMES THE FATHER HAS SEEN THE CHILD SINCE CHILD AND FATHER NO LONGER LIVED TOGETHER.]

- NOT AT ALL..... 1
- MORE THAN ONCE A WEEK 2
- ABOUT ONCE A WEEK..... 3
- ONE TO THREE TIMES A MONTH..... 4
- ONE TO 11 TIMES A YEAR..... 5
- OTHER (SPECIFY)..... 91

H3. During the last 12 months did (CHILD)'s father make financial contributions in order to support (CHILD)?

- YES..... 1
- NO 2

H4. Is (CHILD) covered by a child support order?

YES..... 1
NO 2 (GO TO BOX H7)

DOES CHILD'S BIOLOGICAL FATHER MAKE FINANCIAL CONTRIBUTIONS (H3 = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX H7)

H5. During the last 12 months, how much of the child support order was actually paid? Would you say...

[IF CHILD SUPPORT ORDER WAS NOT FOR ALL OF THE LAST 12 MONTHS, RECORD THE ANSWER FOR MONTHS COVERED BY CHILD SUPPORT ORDER.]

The full amount, 1
A partial amount..... 2
Or none 3 (GO TO BOX H7)

H6. Does (CHILD)'s father make these payments directly to you or to the court or other public agency?

DIRECTLY TO CUSTODIAL PARENT/GUARDIAN..... 1
TO COURT, PUBLIC AGENCY 2
OTHER (SPECIFY)..... 91

BOX H7

DOES CHILD HAVE AN UNMARRIED, ADOPTIVE PARENT IN THE HOUSEHOLD?

YES 1 (GO TO BOX H9)
NO 2 (CONTINUE)

IS THE MKA CHILD'S BIOLOGICAL MOTHER OR FATHER?

YES 1 (CONTINUE)
NO 2 (GO TO H7)

HAS THE MKA EVER BEEN MARRIED?

YES 1 (GO TO H7)
NO 2 (GO TO H8)

H7. We're also interested in knowing who (CHILD)'s legal parents are. [Were you married to (CHILD)'s (father/mother)/Were (CHILD)'s mother and father married] when (he/she) was born?

YES 1 (GO TO BOX H9)
NO 2 (CONTINUE)

H8. [We're also interested in knowing who (CHILD)'s legal parents are.] [Are you/Is (CHILD)'s birth father] legally recognized as the father of (CHILD)?

[PROBE: Has paternity been legally established for this child?]

YES 1
NO 2

BOX H9

IF CHILD'S BIOLOGICAL/ADOPTIVE MOTHER IS NOT IN THE HOUSEHOLD, GO TO H9. ELSE, IF NO QUESTIONS IN SECTION H HAVE BEEN ASKED ABOUT CHILD2, AND THERE IS A CHILD2, GO BACK TO BOX H1B AND GO THROUGH SKIPS FOR CHILD2. ELSE, GO TO SECTION I.

H9. Now I have some questions about (CHILD)'s (biological/adoptive/biological or adoptive) mother. Does (CHILD) have a (a biological/an adoptive/a biological or adoptive) mother who lives somewhere else?

YES..... 1
NO 2 (IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1B. ELSE, GO TO SECTION I)

H10. During the last 12 months, how often has (CHILD) seen (his/her) mother?

[IF CHILD LIVED WITH MOTHER IN LAST 12 MONTHS, RECORD THE TIMES THE MOTHER HAS SEEN THE CHILD SINCE MOTHER AND CHILD NO LONGER LIVED TOGETHER.]

Not at all 1
More than once a week 2
Once a week 3
One to three times a month..... 4
One to 11 times a year 5
Other (SPECIFY) 91

H11. During the last 12 months, did (CHILD) mother make financial contributions in order to support (CHILD)?

YES..... 1
NO 2

H12. Is (CHILD) covered by a child support order?

YES..... 1
NO 2 (IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1B. ELSE GO TO SECTION I)

BOX H13

IF CHILD'S MOTHER MAKES FINANCIAL CONTRIBUTIONS (H11 = 1), GO TO H13. ELSE, IF NO QUESTIONS IN SECTION H HAVE BEEN ASKED ABOUT CHILD2 AND THERE IS A CHILD2, GO BACK TO BOX H1B AND GO THROUGH SKIPS FOR CHILD2. ELSE, GO TO SECTION I.

H13. During the last 12 months, how much of the child's support order was actually paid? Would you say...

[IF CHILD SUPPORT ORDER WAS NOT FOR ALL OF THE LAST 12 MONTHS, RECORD THE ANSWER FOR MONTHS COVERED BY CHILD SUPPORT ORDER.]

- The full amount, 1
- A partial amount, or 2
- None..... 3 (IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO BACK TO BOX H1B. ELSE, GO TO SECTION I)

H14. Does (CHILD)'s mother make these payments directly to you or to the court or other public agency?

- DIRECTLY TO CUSTODIAL PARENT/GUARDIAN..... 1
- TO COURT, PUBLIC AGENCY 2
- OTHER (SPECIFY) _____ 91

SECTION I: EMPLOYMENT AND EARNINGS

QUESTIONS IN SECTION I ARE ASKED FIRST ABOUT THE RESPONDENT AND THEN ABOUT THE SPOUSE OR PARTNER, IF RELEVANT.

ALL SKIP BOXES THAT REFER TO "R OR (SPOUSE/PARTNER)" APPLY TO THE R IF THE QUESTIONS ARE ABOUT THE RESPONDENT, AND REFER TO THE SPOUSE OR PARTNER IF THE QUESTIONS ARE ABOUT THE SPOUSE OR PARTNER.

I2. Now I would like to ask a few questions about [your/(SPOUSE/PARTNER)'s] employment.

[Are you/Is (SPOUSE/PARTNER)] now employed at a job or business? ¹

[IF SUBJECT HAS A JOB BUT IS NOT AT WORK (SICK, VACATION, STRIKE, BAD WEATHER) COUNT AS EMPLOYED.]

YES..... 1 (GO TO I5)
NO 2

I3. When is the last time [you/(SPOUSE/PARTNER)] worked at a job or business?

1997 _____ 1
1996 _____ 2
1995 _____ 3
1994 or earlier _____ 4 (GO TO I4)
Never worked _____ 5 (GO TO I4)

¹ Item I1 from the November 1996 version of the questionnaire ("Since the beginning of 1995 up to this week, have you ever worked at a job or business, either full time or part time, even for only a few days?") was deleted from the final version of the instrument.

I3OV1. Which month?

- January 1
- February 2
- March..... 3
- April..... 4
- May 5
- June..... 6
- July..... 7
- August..... 8
- September..... 9
- October..... 10
- November 11
- December 12

BOX I3OV2

DID R OR (SPOUSE/PARTNER) WORK IN THE LAST MONTH OR WORK THIS MONTH (I3 = 1 AND I3OV1 = CURRENT OR LAST MONTH)?

- YES 1 (CONTINUE)
- NO 2 (GO TO I4)

I3OV2. [Are you/Is (SPOUSE/PARTNER)] temporarily out of work because of sick leave, vacation, a strike, bad weather, comp-time, or a temporary lay-off?

- YES 1 (GO TO I5)
- NO 2

I4. What is the main reason [you are/(SPOUSE/PARTNER) is] not working?

- ILL OR DISABLED AND UNABLE TO WORK 1 (GO TO BOX I47)
- RETIRED..... 2 (GO TO BOX I47)
- TAKING CARE OF HOME OR FAMILY..... 3 (GO TO I46)
- GOING TO SCHOOL..... 4 (GO TO I46)
- CANNOT FIND WORK..... 5 (GO TO I46)
- OTHER (SPECIFY) _____ 6 (GO TO I46)

I5. [Are you/Is (SPOUSE/PARTNER)] working for an employer, self-employed, or both?

- WORKING FOR EMPLOYER(S) ONLY 1 (GO TO I8)
- SELF-EMPLOYED ONLY..... 2 (GO TO I28)
- BOTH WORKING FOR EMPLOYER AND SELF- EMPLOYED..... 3 (GO TO I7)
- NONE OF THE ABOVE 4

- I6. [Are you/Is (SPOUSE/PARTNER)] working as an . . .
- Unpaid worker in family business or farm only 1 (GO TO I27)
 - Unpaid worker in a non-family job, or 2 (GO TO I27)
 - [Do you/Does (SPOUSE/PARTNER)] not
have a regular employer or work only
occasionally 3 (GO TO I27)
- I7. Which [do you/does (SPOUSE/PARTNER)] consider to be [your/(his/her)] main job?
- WORKING FOR AN EMPLOYER..... 1 (GO TO I10)
 - SELF-EMPLOYMENT 2 (GO TO I27)
 - BOTH ARE EQUALLY IMPORTANT 3 (GO TO I10)
- I8. [Do you/Does (SPOUSE/PARTNER)] currently have more than one employer?
- YES..... 1
 - NO 2 (GO TO I10)
- I9. How many employers [do you/does (SPOUSE/PARTNER)] have?
- NUMBER _____
- I10. {Let's talk about [your/(SPOUSE/PARTNER)'s] main job -- the job at which [you work/(he/she) works] the most hours.}
- Is [your/(SPOUSE/PARTNER)'s] employer the government, a private company, a non-profit organization, or something else?
- THE GOVERNMENT 1
 - A PRIVATE COMPANY 2
 - OTHER INDIVIDUAL OR FAMILY
BESIDES OWN 3
 - MAINLY SELF-EMPLOYED 4 (GO TO I27)
 - UNPAID WORKER IN OWN FAMILY'S
BUSINESS OR FARM 5 (GO TO I27)
 - DOES NOT HAVE A REGULAR EMPLOYER
OR WORK ONLY OCCASIONALLY 6 (GO TO I27)
 - NON-PROFIT ORGANIZATION..... 7
- I11. What kind of industry is this?
- [IF QUESTION IS NOT UNDERSTOOD, ASK: What do they make or do where [you work/ (SPOUSE/PARTNER) works]?]

IS R OR (SPOUSE/PARTNER) WORKING FOR A PRIVATE COMPANY (I10=2)?	
YES	1 (CONTINUE)
NO	2 (GO TO I12)

I11b. Is this business or organization mainly manufacturing or something else?

MANUFACTURING.....	1
SOMETHING ELSE	2

I12. What kind of work [do you/does (SPOUSE/PARTNER)] do; that is, what is [your/(his/her)] occupation?

I13/14. How long [have you/has (SPOUSE/PARTNER)] been working for this employer?

[If less than one year, PROBE FOR NUMBER OF MONTHS]

[IF LESS THAN ONE MONTH, WRITE 1 MONTH]

NUMBER.....	_____
YEARS	1
MONTHS	2

BOX I15	
DOES R OR (SPOUSE/PARTNER) WORK FOR THE GOVERNMENT (I10=1)?	
YES	1 (GO TO BOX I17)
NO	2 (CONTINUE)

I15. About how many people are employed at the place where [you work/(SPOUSE/PARTNER) works]?

[PROBE: At the location or site where [your/(SPOUSE/PARTNER)'s] main job is located?]

NUMBER OF PEOPLE	_____	(GO TO BOX I17)
DON'T KNOW		8

I16. Do you think it is more or less than 50 people?

LESS THAN 50..... 1
50 OR MORE..... 2

BOX I17	
IS R OR (SPOUSE/PARTNER) A POLICYHOLDER OF A HEALTH INSURANCE PLAN OFFERED THROUGH CURRENT/FORMER EMPLOYER OR UNION [R OR (SPOUSE/PARTNER) INDICATED AS POLICYHOLDER IN E3 OR E5]?	
YES	1 (CONTINUE)
NO	2 (GO TO I19)
HAS R OR (SPOUSE/PARTNER) WORKED FOR CURRENT EMPLOYER TWO OR MORE YEARS (IS I13/14 = TWO YEARS OR MORE)?	
YES	1 (GO TO I18)
NO	2 (CONTINUE)

I17. Is the health insurance coverage [you have/(SPOUSE/PARTNER) has] at this time from [your/(SPOUSE/PARTNER)'s] current employer or from a past employer?

CURRENT EMPLOYER..... 1
PAST EMPLOYER 2 (GO TO I19)

I18. Does [your/(SPOUSE/PARTNER)'s] employer pay all, part or none of the cost of the premiums for this health insurance?

ALL OF THE COST..... 1 (GO TO I26)
PART OF THE COST 2 (GO TO I26)
NONE OF THE COST 3 (GO TO I26)

I19. Does [your/(SPOUSE/PARTNER)'s] current employer offer health insurance to workers in the same position as [yours/(SPOUSE/PARTNER)'s]?

YES..... 1 (GO TO I21)
NO 2

I20. Does [your/(SPOUSE/PARTNER)'s] employer offer health insurance to some other employees?

YES..... 1
NO 2 (GO TO BOX I23)

I21. Does [your/(SPOUSE/PARTNER)'s] employer pay all, part or none of the cost of the premiums for the health insurance it offers?

- ALL OF THE COST..... 1
- PART OF THE COST 2
- NONE OF THE COST 3

I22. Does the health insurance offered by [your/(SPOUSE/PARTNER)'s] employer also cover other family members besides the worker?

- YES..... 1
- NO 2

BOX I23	
IS R OR (SPOUSE/PARTNER) A POLICYHOLDER (CHECK QUESTIONS E3, E5, E9, E11, AND E24)?	
YES	1 (GO TO I26)
NO	2 (CONTINUE)
HAS R OR (SPOUSE/PARTNER) WORKED FOR CURRENT EMPLOYER TWO OR MORE YEARS (IS I13/14 = TWO YEARS OR MORE)?	
YES	1 (GO TO I26)
NO	2 (CONTINUE)

I23. In the last two years, [have you/has (SPOUSE/PARTNER)] worked for any other employer before [your/(SPOUSE/PARTNER)'s] current one?

- YES..... 1
- NO 2 (GO TO I25)

I24. Did [you/(SPOUSE/PARTNER)] have the chance to keep health insurance coverage from [your/ SPOUSE/PARTNER's] former employer?

- YES..... 1 (GO TO I25)
- NO 2

I24a. Did [you/(SPOUSE/PARTNER)] choose not to have coverage through [your/(SPOUSE/PARTNER)'s] former employer, did the former employer not offer coverage, or was there some other reason why [you/(SPOUSE/PARTNER)] did not have the chance to keep insurance through this employer?

- CHOSE NOT TO HAVE COVERAGE THROUGH
- FORMER EMPLOYER..... 1
- FORMER EMPLOYER DID NOT OFFER COVERAGE..... 2
- SOME OTHER REASON..... 3

I25. How many hours per week [do you/does (SPOUSE/PARTNER)] usually work on the job [you have/ (SPOUSE/PARTNER) has] now?

[NOTE: INCLUDE OVERTIME IF USUALLY WORK OVERTIME]

HOURS (GO TO BOX I27)

I26. How many hours per week [do you/does (SPOUSE/PARTNER)] usually work on this job?

[NOTE: INCLUDE OVERTIME IF USUALLY WORK OVERTIME]

HOURS

<p>BOX I27</p> <p>DOES R OR (SPOUSE/PARTNER) HAVE MORE THAN ONE EMPLOYER (I8=1) OR IS THIS PERSON SELF-EMPLOYED AND WORKING FOR AN EMPLOYER AT THE SAME TIME (I5=3) OR IS THIS PERSON AN UNPAID OR OCCASIONAL WORKER (I5 = 4) OR IS THIS PERSON BOTH WORKING FOR AN EMPLOYER AND SELF-EMPLOYED, BUT THEIR MAIN JOB IS SELF-EMPLOYMENT (I7=2)?</p> <p>YES 1 (GO TO I27)</p> <p>NO 2 (GO TO I28)</p>

I27. Considering all the jobs [you have/(SPOUSE/PARTNER) has] right now, {including self-employment}, how many hours per week on average [do you/does (SPOUSE/PARTNER)] work?

HOURS

I28. [Do you/Does (SPOUSE/PARTNER)] mostly work between 6 a.m. and 6 p.m.?

- YES..... 1
- NO 2

BOX I29

IS THE SUBJECT THE RESPONDENT OR SPOUSE/PARTNER?

RESPONDENT..... 1 (GO TO BOX I30)
SPOUSE/PARTNER 2 (CONTINUE)

DOES RESPONDENT WORK (IS I2 = 1 OR I3OV2 = 1)?

YES 1 (CONTINUE)
NO 2 (GO TO BOX I30)

ARE THERE CHILDREN IN THE FAMILY UNDER 13 YEARS OLD?

YES 1 (CONTINUE)
NO 2 (GO TO BOX I30)

I29. During the last month, did you and (SPOUSE/PARTNER) work different hours so that the two of you could take turns caring for (your child/your children) while the other person worked?

YES 1
NO 2

BOX I30

IS R OR (SPOUSE/PARTNER) AN UNPAID WORKER
(I6 = 1 OR 2)?

YES 1 (GO TO I46)
NO 2 (CONTINUE)

IS R OR (SPOUSE/PARTNER) MAINLY SELF EMPLOYED (IS I5 = 2 OR I7 = 2 OR I10 = 4)?

YES 1 (GO TO I36)
NO 2 (CONTINUE)

I30. {For the purpose of this survey, it is important to obtain some information on how much you are paid on your main job?}

[Are you/Is (SPOUSE/PARTNER)] paid by the hour {on (his/her) main job}?

YES..... 1
NO 2 (GO TO BOX I33)

I31/32. What is [your/(SPOUSE/PARTNER)'s] regular hourly pay, including tips and commissions?

[IF HOURLY DAY IS BELOW \$4 AN HOUR, VERIFY BY ASKING: Does this include tips and commissions?

[DO NOT PROBE "REFUSALS", PROBE ONLY "DON'T KNOW" ANSWERS.]

PER HOUR \$_____ (GO TO BOX I49A)

BOX I33	
IS R OR (SPOUSE/PARTNER) OCCASIONALLY EMPLOYED (I6 = 3 OR I10 = 6)?	
YES	1 (GO TO BOX I49A)
NO	2 (CONTINUE)

I33/34. Before taxes or other deductions, how much [are you/is (SPOUSE/PARTNER)] paid on this job, including tips and commissions?

[DO NOT PROBE "REFUSALS" PROBE ONLY "DON'T KNOW ANSWERS".]

AMOUNT \$

- DAILY 1
 - WEEKLY..... 2
 - BI-WEEKLY..... 3
 - TWICE A MONTH..... 4
 - MONTHLY..... 5
 - ANNUALLY..... 6
- } (GO TO I49A)

I35. How many hours per day [do you/does (SPOUSE/PARTNER)] usually work?

HOURS (GO TO I49A)

I36. You said before that [you are/(SPOUSE/PARTNER) is] self-employed. What kind of business is that? [IF QUESTION IS NOT UNDERSTOOD, ASK: What do they make or do where [you work/(SPOUSE/ PARTNER) works]?

I37. What kind of work [do you/does (SPOUSE/PARTNER)] do? That is, what is [your/(SPOUSE/PARTNER)'s] occupation?

I38. How many hours per week [do you/does (SPOUSE/PARTNER)] usually work at this business?

HOURS

I39. [Are you/Is (SPOUSE/PARTNER)] paid a regular salary from this business?

YES..... 1 (GO TO I41)
NO 2

I40. [Have you/Has (SPOUSE/PARTNER)] received any income from this business in the last month?

YES..... 1
NO 2 (GO TO BOX I42)

I41. What was the total amount of (salary/income) [you/(SPOUSE/PARTNER)] received from this business last month?

[DO NOT PROBE "REFUSALS" PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

<p>BOX I42</p> <p>IS R OR (SPOUSE/PARTNER) A POLICYHOLDER OF A HEALTH INSURANCE PLAN PROVIDED THROUGH CURRENT OR FORMER EMPLOYER [R OR (SPOUSE/ PARTNER) INDICATED AS POLICYHOLDER IN E3 OR E5.]?</p> <p>YES 1 (CONTINUE) NO 2 (GO TO BOX I44)</p>

I42. [Have you/Has (SPOUSE/PARTNER)] worked for an employer in the last two years?

YES..... 1
NO 2 (GO TO I49A)

I43. Is the health insurance [you have/(SPOUSE/PARTNER) has] now from [your/(SPOUSE/PARTNER)'s] former employer?

YES..... 1 (GO TO I49A)
NO 2 (GO TO I49A)

<p>BOX I44</p> <p>IS R OR (SPOUSE/PARTNER) CURRENTLY UNINSURED (E22=1)?</p> <p>YES 1 (CONTINUE) NO 2 (GO TO BOX I49A)</p>

I44. [Have you/Has (SPOUSE/PARTNER)] worked for an employer in the last two years?

YES..... 1
NO 2 (GO TO I49A)

I45. Did [you/(SPOUSE/PARTNER)] have the chance to keep health insurance coverage from [your/(SPOUSE/PARTNER)'s] former employer?

YES..... 1 (GO TO I49A)
NO 2

I45a. Did [you/(SPOUSE/PARTNER)] choose not to have coverage through [your/(SPOUSE/PARTNER)'s] former employer, did the former employer not offer coverage, or was there some other reason why [you/(SPOUSE/PARTNER)] did not have the chance to keep insurance through this employer?

CHOSE NOT TO HAVE COVERAGE THROUGH
FORMER EMPLOYER 1
FORMER EMPLOYER DID NOT OFFER COVERAGE 2
SOME OTHER REASON..... 3

<p>GO TO I49a</p>

I46. During the last 4 weeks [have you/has (SPOUSE/PARTNER)] been actively looking for {paid} work?

YES..... 1
NO 2

BOX I47

DID R OR (SPOUSE/PARTNER) LAST WORK IN 1995, 1996 OR 1997 (I3 = 1995, 1996 OR 1997)?

- YES..... 1 (CONTINUE)
- NO..... 2 (IF R HAS SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM OR HER, GO BACK TO I2. ELSE, GO TO I71)

I47. [Have you/Has (SPOUSE/PARTNER)] worked for an employer in the last two years?

- YES..... 1
- NO 2 (GO TO BOX I49A)

I48. Did [you/(SPOUSE/PARTNER)] have the chance to keep health insurance coverage from [your/(SPOUSE/PARTNER)'s] former employer?

- YES..... 1 (GO TO BOX I49A)
- NO 2

I48A. Did [you/(SPOUSE/PARTNER)] choose not to have coverage through [your/(SPOUSE/PARTNER)'s] former employer, did the former employer not offer coverage, or was there some other reason why [you/(SPOUSE/PARTNER)] did not have the chance to keep insurance through this employer?

- CHOSE NOT TO HAVE COVERAGE THROUGH FORMER EMPLOYER..... 1
- FORMER EMPLOYER DID NOT OFFER COVERAGE..... 2
- SOME OTHER REASON..... 3

BOX I49A

IS R OR (SPOUSE/PARTNER) NOW EMPLOYED (I2=1)?

YES..... 1 (GO TO I49A)

NO..... 2 (CONTINUE)

IS R OR (SPOUSE/PARTNER) NOT EMPLOYED BUT LAST WORKED IN 1996 OR 1997 [(I2 = 2 AND I3 = 1 OR 2)]?

YES..... 1 (GO TO I49A)

NO..... 2 (CONTINUE)

IS R OR (SPOUSE/PARTNER) NOT EMPLOYED AND LAST WORKED IN 1995 (I3 = 3)?

YES..... 1 (GO TO I49B)

NO..... 2 (GO TO BOX I51)

I49A. I have a few questions about the work [you/(SPOUSE/PARTNER)] did last year.

During all of 1996, how many weeks did [you/(SPOUSE/PARTNER)] work including paid vacation and sick leave?

[PROBE: Even for a few hours] [PROBE: Or how many months, if that's easier for you]

[CODE 0 WEEKS IF DID NOT WORK]

WEEKS..... _____

OR

MONTHS..... _____

ALL RESPONSES GO TO BOX I51.

I49B. During 1996, did [you/(SPOUSE/PARTNER)] ever work at a job or business, either full time or part time, even for only a few days?

YES..... 1

NO..... 2 (GO TO BOX I51)

I49C. During all of 1996, how many weeks did [you/(SPOUSE/PARTNER)] work including paid vacation and sick leave? ²

[PROBE: Even for a few hours] [PROBE: Or how many months, if that's easier for you]

[CODE 0 WEEKS IF DID NOT WORK]]

WEEKS..... _____
OR
MONTHS..... _____

BOX I51

IS I49a OR I49c = NEVER (0)?

YES 1 (IF R HAS A SPOUSE OR PARTNER
AND QUESTIONS HAVE NOT YET
BEEN ASKED ABOUT HIM OR HER,
GO BACK TO I2. ELSE, GO TO I71)
NO 2 (CONTINUE)

IS R OR (SPOUSE/PARTNER) NOW EMPLOYED (I2=1)?

YES 1 (CONTINUE)
NO 2 (GO TO I54)

IS MAINLY SELF-EMPLOYED (I5=2 OR I7=2 OR I10=4)?

YES 1 (GO TO I52)
NO 2 (CONTINUE)

WORKING FOR AN EMPLOYER OR SELF-EMPLOYED
[(IS I5=1, 2, OR 3) OR (I10=1, 2, 3, 4 OR 7)]?

YES 1 (CONTINUE)
NO 2 (GO TO I54)

WORKING FOR ONLY ONE EMPLOYER (I8 = 2)?

YES 1 (CONTINUE)
NO 2 (GO TO I51)

WORKED ONE OR MORE YEARS (I13 ≥ 1)?

YES 1 (GO TO I53)
NO 2 (CONTINUE)

² Item I50 in the CATI version records whether weeks or months were reported in I49A.

I51. How many hours did [you/(SPOUSE/PARTNER)] usually work per week last year, across all jobs?

[INCLUDE OVERTIME, IF USUALLY WORKED OVERTIME]

HOURS

BOX I52	
HAS R OR (SPOUSE/PARTNER) WORKED FOR AN EMPLOYER IN THE PAST TWO YEARS (IS I42 = 1 OR I44 = 1)?	
YES	1 (CONTINUE)
NO	2 (GO TO I65)

I52. Last year, [were you/was (SPOUSE/PARTNER)] mainly working for an employer or mainly self-employed?

- MAINLY WORKING FOR AN EMPLOYER, FOR PAY..... 1
- MAINLY SELF-EMPLOYED..... 2 (GO TO I65)
- EQUALLY DIVIDED BETWEEN WORKING FOR AN EMPLOYER AND SELF-EMPLOYED 3
- MAINLY UNPAID WORK..... 4 (GO TO I66)

I53. Please, think about the main job [you/(SPOUSE/PARTNER)] had during 1996. Before taxes and other deductions, how much did [you(SPOUSE/PARTNER)] earn from [your/(SPOUSE/PARTNER)'s] main job during 1996, including tips, bonuses, and commissions?

[PROBE: We need to have an annual amount for this question.]

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

- AMOUNT: (GO TO I65B)
- DON'T KNOW -8 [IF HOURLY WAGE REPORTED (I30=1), GO TO I53A. ELSE, GO TO I65B]

I53A. [Were you/Was (SPOUSE/PARTNER)] paid by the hour last year?

- YES..... 1
- NO 2 (GO TO I65B)

I53B. What was [your/(SPOUSE/PARTNER)'s] regular hourly pay, including tips and commissions?

[IF HOURLY PAY IS BELOW \$4 AN HOUR, VERIFY BY ASKING: Does this include tips and commissions?]

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT: (GO TO I65B)

I54. Did [you/(SPOUSE/PARTNER)] work for an employer, [were you/was (SPOUSE/PARTNER)] self-employed, or both?

- WORKED FOR EMPLOYER ONLY 1 (GO TO I57)
- SELF-EMPLOYED ONLY..... 2 (GO TO I62)
- BOTH WORKED FOR EMPLOYER AND SELF-EMPLOYED..... 3 (GO TO I56)
- NONE OF THE ABOVE 4

I55. [Were you/Was (SPOUSE/PARTNER)] working as an . . .

- Unpaid worker in family business or farm only 1 (GO TO I60)
- An unpaid worker in a non-family job only, or..... 2 (GO TO I60)
- Did [you/(SPOUSE/PARTNER)] not have a regular employer
or work only occasionally?..... 3 (GO TO I60)

I56. Which [do you/does (SPOUSE/PARTNER)] consider to be [your / (his/her)] main job in 1996?

- WORKING FOR AN EMPLOYER..... 1
- SELF-EMPLOYMENT 2 (GO TO I62)
- BOTH ARE EQUALLY IMPORTANT 3

I57. {Please, think about the main job [you/(SPOUSE/PARTNER)] had during 1996.}

Last year, was [your/(SPOUSE/PARTNER)'s] main employer the government, a private company, or something else?

- THE GOVERNMENT 1
- A PRIVATE COMPANY 2
- OTHER INDIVIDUAL OR FAMILY BESIDES OWN..... 3
- MAINLY SELF-EMPLOYED 4 (GO TO I62)
- UNPAID WORKER IN OWN FAMILY'S BUSINESS OR FARM..... 5
- DID NOT HAVE A REGULAR EMPLOYER OR WORKED
ONLY OCCASIONALLY 6 (GO TO I60)
- NON-PROFIT ORGANIZATION..... 7

I58. What kind of industry was it?

(IF QUESTION IS NOT UNDERSTOOD, ASK: What do they make or do where [you/(SPOUSE/PARTNER)] worked?)

WAS R OR (SPOUSE/PARTNER) WORKING FOR A PRIVATE COMPANY
(I57=2)?

YES 1 (CONTINUE)
NO 2 (GO TO I59)

I58b. Is this business or organization mainly manufacturing or something else ?

MANUFACTURING 1
SOMETHING ELSE 2

I59. What kind of work [did you/does (SPOUSE/PARTNER)] do? That is, what was [your/(SPOUSE/PARTNER)'s] occupation?

I60. How many hours per week did [you/(SPOUSE/PARTNER)] usually work on this job in 1996?

[NOTE: INCLUDE OVERTIME IF USUALLY WORKED OVERTIME]

HOURS _____

BOX I61

IS R OR (SPOUSE/PARTNER) AN UNPAID WORKER (I55 = 1 or 2)?

YES 1 (GO TO I66)
NO 2 (CONTINUE)

I61. Before taxes and other deductions, how much did [you/(SPOUSE/PARTNER)] earn from [your/(SPOUSE/PARTNER)'s] main job during 1996, including tips, bonuses, and commissions?

[DO NOT PROBE "REFUSALS" PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT\$_____ (GO TO I65B)
DON'T KNOW -8

I61a. [Were you/Was (SPOUSE/PARTNER)] paid by the hour last year?

YES..... 1
NO 2 (GO TO I65B)

I61b. What was [your/(SPOUSE/PARTNER)'s] regular hourly pay, including tips and commissions?

[IF HOURLY PAY WAS BELOW \$4 AN HOUR, VERIFY BY ASKING: Does this include tips and commissions?]

DO NOT PROBE "REFUSALS" PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT:\$_____ (GO TO I65B)

I62. What kind of business was that?

[IF QUESTION IS NOT UNDERSTOOD, ASK: What did they make or do where [you/(SPOUSE/PARTNER)] worked?]

I63. What kind of work did [you/(SPOUSE/PARTNER)] do? That is, what was [your/(SPOUSE/PARTNER)'s] occupation?

I64. How many hours per week did [you/(SPOUSE/PARTNER)] usually work at this business in 1996?

HOURS_____

I65. What were [your/(SPOUSE/PARTNER)'s] net earnings from [your/(SPOUSE/PARTNER)'s] business or farm after expenses during 1996?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT\$ _____

GO TO I66.

I65b. How many employers did [you/(SPOUSE/PARTNER)] have in 1996?

NUMBER _____

IF INFORMATION FROM ITEMS I53, I53A, I53B, I61, I61A OR I61B ARE INSUFFICIENT TO YIELD EARNINGS IN 1996, GO TO I68. ELSE, GO TO I66.

I66. Did [you/(SPOUSE/PARTNER)] earn any money from any other work during 1996, whether from an employer or as self-employed, including tips, bonuses, or commissions?

YES..... 1
NO 2 (IF R HAS A SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM/HER, GO BACK TO I2. ELSE, GO TO BOX I71.)

I67. What is your best estimate of these additional earnings for the whole year?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT\$ _____

IF R HAS A SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM/HER, GO BACK TO I2. ELSE, GO TO BOX I71.

I68. Would you say [your/(SPOUSE/PARTNER)'s] total earnings for the whole year across all jobs were below or above \$[THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY]?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

BELOW OR AT 1 (IF R HAS A SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM/HER, GO BACK TO I2. ELSE, GO TO BOX I71.)

ABOVE..... 2

I69. Below or above \$[TWICE THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY]?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

BELOW OR AT 1 (IF R HAS A SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM/HER, GO BACK TO I2. ELSE, GO TO BOX I71.)

ABOVE..... 2

I70. Below or above \$[FOUR TIMES THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY?]

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

BELOW OR AT 1 } (HAVE NOT YET BEEN ASKED
ABOVE..... 2 } ABOUT HIM/HER, GO BACK TO I2.
ELSE, GO TO BOX I71.)

IS THERE A SPOUSE OR PARTNER (FOR WHOM QUESTIONS IN SECTION I HAVE NOT BEEN ASKED)?	
YES	1 (GO BACK TO I2 AND ASK QUESTIONS FOR SPOUSE/PARTNER)
NO	2 (GO TO BOX I71)

BOX I71	
ARE THERE OTHER FAMILY MEMBERS (BESIDES R AND SPOUSE/PARTNER) 15 OR OLDER)?	
YES	1 (GO TO I71)
NO	2 (GO TO SECTION J)

I71. We are interested also in the total earnings received in 1996 by other members of your family. That would include _____, _____, and _____.

[LIST ALL MEMBERS OF THE FAMILY FROM ROSTER WHO ARE 15 OR OLDER, SKIPPING R AND SPOUSE/PARTNER]

Did (he/she/any of them) work for pay in 1996?

YES 1 (GO TO I72)
NO 2 (GO TO SECTION J)

I72. Who worked for pay in 1996?

[PROBE: Anyone else?]

I73. About how much money did (NAME) earn from all jobs or self-employment last year before taxes and other deductions?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

REPEAT I73 FOR EACH NAME MENTIONED IN I72.

IF R HAS GIVEN AN AMOUNT FOR EACH PERSON NAMED IN I72 GO TO SECTION J, ELSE CONTINUE.

I74. Would you say [NAMES FROM I73]'s total earnings for the whole year were below or above \$[THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY]?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

BELOW OR AT 1 (GO TO SECTION J)
ABOVE..... 2 (GO TO I75)

I75. Below or above \$[TWICE THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY]?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

BELOW OR AT 1 (GO TO SECTION J)
ABOVE..... 2 (GO TO I76)

I76. Below or above \$[FOUR TIME THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY]?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

BELOW OR AT 1
ABOVE..... 2

SECTION J: FAMILY INCOME

In addition to earnings from work, families often receive other sources of income, from the government, from private institutions or from their own savings. I would like to ask you a few questions about all other sources of income received in 1996 by members of your family, including {PROVIDE THE NAMES OF EACH FAMILY MEMBER}.

J1. In 1996, did anybody receive public assistance, welfare payments, vouchers, or emergency help from the welfare office?

YES..... 1
NO 2 (GO TO J6)

J2. In 1996, did anybody receive AFDC?

[PROBE: AFDC is the Aid to Families with Dependent Children program, sometimes referred to as ADC.]

YES..... 1 (GO TO J3)
NO 2 (GO TO J2B)

J2B. In 1996, did anybody receive benefits from the (STATE AFDC PROGRAM)?¹

YES..... 1
NO 2

J3. In 1996, did anybody receive {STATE NAME FOR GENERAL ASSISTANCE}?²

YES..... 1
NO 2

J4. In 1996, did anybody receive one-time cash payments from the welfare office, including Emergency Assistance?

YES..... 1
NO 2

¹ State-specific AFDC program names appear in Appendix A.

² State-specific General Assistance program names appear in Appendix A.

J5. In 1996, apart from Food Stamps, did anybody receive vouchers or coupons from the welfare office to help pay for special expenses?

[NOTE: FOOD STAMPS MUST NOT BE INCLUDED HERE, THEY GO IN QUESTION J6.]

YES..... 1
NO 2

J6. [In 1996,] did anybody receive Food Stamps?

YES..... 1
NO 2

J7. [In 1996, did anybody receive] child support?

YES..... 1
NO 2

J8. [In 1996, did anybody receive] foster care payments?

YES..... 1
NO 2

J9. [In 1996,] did anybody receive financial assistance from friends or relatives not living here?

YES..... 1
NO 2

J10. [In 1996,] did anybody receive unemployment compensation?

YES..... 1
NO 2

J11. [In 1996, did anybody receive] workers' compensation or veteran's payments?

YES..... 1
NO 2

J12. [In 1996, did anybody receive] Supplemental Security Income?

YES..... 1
NO 2

J13. [In 1996, did anybody receive] Social Security payments from the US government?

YES..... 1
NO 2

J14. [In 1996, did anybody receive] any other kind of pension or annuity?

[PROBE: Such as survivor benefits and any pension or retirement income from a previous employer or union.]

YES..... 1
NO 2

J15. [In 1996,] did anybody receive any interest from sources like bank accounts, money markets or certificates of deposits, dividends from stocks, or mutual funds?

YES..... 1
NO 2

J16. [In 1996, did anybody receive] income from rental property?

YES..... 1
NO 2

J17. In 1996, did anybody receive income from any other source that I haven't mentioned?

YES..... 1
NO 2 (GO TO J18B)

J18. What type of income was that?

J18B. Does anyone in your family own a car or other vehicle?

YES..... 1
NO 2

BOX J19

DID FAMILY RECEIVE AFDC OR STATE AFDC IN 1996 (J2 = 1 OR J2B = 1)?

YES 1 (CONTINUE)
NO 2 (GO TO BOX J23)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J20)
NO 2 (GO TO J19)

J19. To whom was the (AFDC/{STATE AFDC}) check made out during 1996?

[PROBE: Anybody else?]

J20. Were the (AFDC/{STATE AFDC}) benefits to provide for both (you/NAME) and the children, or just the children?

R OR SPOUSE/PARTNER
AND CHILDREN 1
JUST CHILDREN 2

REPEAT J21-J22 FOR EACH NAME MENTIONED IN J19

J21. How much did (you/NAME) receive during 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____
MONTHLY AMOUNT, OR 1
TOTAL FOR THE YEAR 2
RESPONDENT MENTIONS RECEIVING,
ONLY ONCE A ONE-TIME PAYMENT 3 (GO TO BOX J23)

J22. For how many months did (you/NAME) receive an (AFDC/{STATE AFDC}) check during 1996?

MONTHS _____

BOX J23

DID FAMILY RECEIVE STATE GENERAL ASSISTANCE IN 1996 (J3 = 1)?

YES 1 (CONTINUE)
NO 2 (GO TO BOX J26)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J24)
NO 2 (GO TO J23)

J23. To whom was the {STATE NAME FOR GENERAL ASSISTANCE} payment made during 1996?

[PROBE: Anybody else?]

REPEAT J24-J25 FOR EACH NAME MENTIONED IN J23

J24. How much did (you/NAME) receive during 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

MONTHLY AMOUNT, OR 1

TOTAL FOR THE YEAR 2

RESPONDENT MENTIONS RECEIVING,
ONLY ONCE A ONE-TIME PAYMENT 3 (GO TO BOX J23)

J25. For how many months did (you/NAME) receive this during the year?

MONTHS _____

BOX J26	
DID FAMILY RECEIVE EMERGENCY ASSISTANCE IN 1996 (J4 = 1)?	
YES.....	1 (CONTINUE)
NO	2 (GO TO BOX J28)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?	
YES.....	1 (GO TO J27)
NO	2 (GO TO J26)

J26. Who received the emergency or one-time cash payments from the welfare office?

[PROBE: Anybody else?]

REPEAT J27 FOR EACH NAME MENTIONED IN J26

J27. Did (you/NAME) receive Emergency Assistance in one payment or in several payments?

ONE PAYMENT.....	1
SEVERAL PAYMENTS	2 (GO TO J27OV2)

J27OV1. How much in emergency or one-time cash payments did (you/NAME) receive last year?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

TOTAL PAYMENTS..... \$ _____

J27OV2. What was the amount of each emergency payment (you/NAME) received last year?

FIRST.....	\$ _____
SECOND.....	\$ _____
THIRD	\$ _____
FOURTH.....	\$ _____

BOX J28

DID FAMILY RECEIVE VOUCHERS IN 1996 (J5 = 1)?

YES..... 1 (CONTINUE)
NO..... 2 (GO TO BOX J30)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES..... 1 (GO TO J29)
NO..... 2 (GO TO J28)

J28. Who received the vouchers or coupons from the welfare office during 1996?

[PROBE: Anybody else?]

REPEAT J29A and J29B FOR EACH NAME MENTIONED IN J28

J29A. What were (your/NAME's) vouchers for? _____

J29B. Approximately how much were (your/NAME's) vouchers and coupons worth, in total?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

BOX J30

DID FAMILY RECEIVE FOOD STAMPS IN 1996 (J6 = 1)?

YES..... 1 (CONTINUE)
NO..... 2 (GO TO BOX J34)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES..... 1 (GO TO J31)
NO..... 2 (GO TO J30)

J30. Who was authorized to receive Food Stamps in 1996?

[PROBE: Anybody else?]

J31. Were the Food Stamp benefits for both (you/NAME) and the (children/child), or just the (children/child)?

- R AND/OR SPOUSE/PARTNER
- AND CHILDREN..... 1
- JUST CHILDREN 2
- JUST R AND/OR SPOUSE/PARTNER..... 3

REPEAT J32-J33 FOR EACH NAME MENTIONED IN J30

J32. How much did (you/NAME) receive in Food Stamps in 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$_____

- MONTHLY AMOUNT, OR 1
- TOTAL FOR THE YEAR 2

J33. For how many months did (you/NAME) receive Food Stamps during 1996?

MONTHS..... _____

BOX J34

DID FAMILY RECEIVE CHILD SUPPORT IN 1996 (J7 = 1)?

- YES 1 (CONTINUE)
- NO..... 2 (GO TO BOX J37)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

- YES 1 (GO TO J35)
- NO..... 2 (GO TO J34)

J34. Who received child support in 1996?

[PROBE: Anybody else?]

REPEAT J35-J36 FOR EACH NAME MENTIONED IN J34

J35. How much did (you/NAME) receive in 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

MONTHLY AMOUNT, OR 1

TOTAL FOR THE YEAR 2 (GO TO BOX J37)

J36. For how many months did (you/NAME) receive child support during 1996?

MONTHS _____

BOX J37

DID FAMILY RECEIVE FOSTER CARE IN 1996 (J8 = 1)?

YES 1 (CONTINUE)

NO 2 (GO TO BOX J40)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J38)

NO 2 (GO TO J37)

J37. Who received foster care payments in 1996?

[PROBE: Anybody else?]

REPEAT J38 AND J39 FOR EACH NAME MENTIONED IN J37

J38. How much did (you/NAME) receive in 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____
MONTHLY AMOUNT, OR 1
TOTAL FOR THE YEAR 2 (GO TO BOX J40)

J39. For how many months did (you/NAME) receive foster care payments during 1996?

MONTHS..... _____

BOX J40
DID FAMILY RECEIVE FINANCIAL ASSISTANCE FROM FRIENDS/RELATIVES IN 1996 (J9 = 1)?
YES..... 1 (CONTINUE)
NO..... 2 (GO TO BOX J43)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?
YES..... 1 (GO TO J41)
NO..... 2 (GO TO J40)

J40. Who received financial assistance from friends or relatives in 1996?

[PROBE: Anybody else?]

J41. Did (you/NAME) receive financial assistance from friends or relatives in one payment or in several payments?

ONE PAYMENT..... 1
SEVERAL PAYMENTS 2 [GO TO J41OV2]

REPEAT J41-J42 FOR EACH NAME MENTIONED IN J40

J41OV1.How much did (you/NAME) receive last year in total?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

TOTAL AMOUNT..... \$ _____

J41OV2.What was the amount of each payment that (you/NAME) received last year?

FIRST..... \$ _____

SECOND..... \$ _____

THIRD \$ _____

FOURTH..... \$ _____

BOX J43

DID FAMILY RECEIVE UNEMPLOYMENT COMPENSATION IN 1996 (J10 = 1)?

YES..... 1 (CONTINUE)

NO..... 2 (GO TO BOX J46)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES..... 1 (GO TO J44)

NO..... 2 (GO TO J43)

J43. Who received unemployment compensation in 1996?

[PROBE: Anybody else?]

REPEAT J44-J45 FOR EACH NAME MENTIONED IN J43

J44. How much did (you/NAME) receive in 1996? This can be either a weekly amount, a monthly amount, or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT..... \$ _____

WEEKLY AMOUNT, 1

MONTHLY AMOUNT, OR 2

TOTAL FOR THE YEAR 3

J45. For how many (weeks/months) did (you/NAME) receive this assistance during 1996?

NUMBER..... _____
WEEKS 1
MONTHS..... 2

BOX J46
DID FAMILY RECEIVE WORKER'S COMPENSATION IN 1996 (J11 = 1)?
YES..... 1 (CONTINUE)
NO..... 2 (GO TO BOX J49)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?
YES..... 1 (GO TO J47)
NO..... 2 (GO TO J48)

J46. Who received workers' compensation or veteran's payments in 1996?

[PROBE: Anybody else?]

REPEAT J47-J48 FOR EACH NAME MENTIONED IN J46

J47. How much did (you/NAME) receive in 1996? This can be either a weekly, monthly, or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____
WEEKLY AMOUNT, 1
MONTHLY AMOUNT, OR 2
TOTAL FOR THE YEAR 3

J48. For how many (weeks/months) did (you/NAME) receive these payments during 1996?

NUMBER..... _____
WEEKS 1
MONTHS..... 2

BOX J49

DID FAMILY RECEIVE SUPPLEMENTAL SECURITY INCOME IN 1996 (J12 = 1)?

YES.....1 (GO TO J49)
NO.....2 (GO TO BOX J53)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES.....1 (GO TO J50)
NO.....2 (GO TO J49)

J49. Who received Supplemental Security Income during 1996?

[PROBE: Anybody else?]

J50. Were the benefits (you/NAME) received on behalf of a child?

YES..... 1
NO..... 2

REPEAT J51-J52 FOR EACH NAME MENTIONED IN J49

J51. How much did (you/NAME) receive in 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____
MONTHLY AMOUNT, OR 1
TOTAL FOR THE YEAR 2

J52. For how many months did (you/NAME) receive Supplemental Security Income payments during 1996?

MONTHS..... _____

BOX J53

DID FAMILY RECEIVE SOCIAL SECURITY IN 1996 (J13 = 1)?

YES 1 (CONTINUE)
NO 2 (GO TO BOX J56)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J54)
NO 2 (GO TO J53)

J53. Who received Social Security payments from the US government in 1996?

[PROBE: Anybody else?]

REPEAT J54-J55 FOR EACH NAME MENTIONED IN J53

J54. How much did (you/NAME) receive in 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

MONTHLY AMOUNT, OR 1

TOTAL FOR THE YEAR 2

J55. For how many months did (you/NAME) receive Social Security payments during 1996?

MONTHS _____

BOX J56

DID FAMILY RECEIVE A PENSION OR ANNUITY IN 1996 (J14 = 1)?

YES 1 (CONTINUE)
NO 2 (GO TO BOX J59)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J57)
NO 2 (GO TO J56)

J56. Who received pension or annuity income in 1996? Please give me only one name if two or more people shared income from the same pension or annuity.

[PROBE: Anybody else?]

REPEAT J57-J58 FOR EACH NAME MENTIONED IN J56

J57. How much did (you/NAME) receive during 1996? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____
MONTHLY AMOUNT, OR 1
TOTAL FOR THE YEAR 2
RESPONDENT MENTIONS RECEIVING
ONE LUMP SUM PAYMENT 3

J58. For how many months did (you/NAME) receive this during the year?

MONTHS _____

BOX J59

DID FAMILY RECEIVE INTEREST OR DIVIDENDS IN 1996 (J15 = 1)?

YES 1 (CONTINUE)
 NO..... 2 (GO TO BOX J61)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J60)
 NO..... 2 (GO TO J59)

J59. Who received interest or dividends in 1996? Please give me only one name if two or more people shared income from the same account.

[PROBE: Anybody else?]

REPEAT J60 FOR EACH NAME MENTIONED IN J59

J60. How much did (you/NAME) receive last year, in total?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

BOX J61

DID FAMILY RECEIVE RENTAL PROPERTY INCOME IN 1996 (J16 = 1)?

YES 1 (CONTINUE)
 NO..... 2 (GO TO BOX J63)

J61. Who received rental property income in 1996? Please give me only one name if two or more people shared income from the same property.

[PROBE: Anybody else?]

REPEAT J62 FOR EACH NAME MENTIONED IN J61

J62. How much did (you/NAME) receive in 1996 in total, after expenses?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

BOX J63

DID FAMILY RECEIVE OTHER INCOME IN 1996 (J17 = 1)?

YES 1 (CONTINUE))
NO..... 2 (GO TO BOX J66)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES 1 (GO TO J64)
NO..... 2 (GO TO J63)

J63. Who received {NAME OF SOURCE OF INCOME IN J18} in 1996?

[PROBE: Anybody else?]

REPEAT J64 FOR EACH NAME MENTIONED IN J63

J64. How much {NAME OF SOURCE OF INCOME IN J18} did (you/NAME) receive in 1996 in total?³

AMOUNT A..... \$ _____
AMOUNT B..... \$ _____
AMOUNT C..... \$ _____
AMOUNT D..... \$ _____

³ In the November 1996 draft, J65 recorded the number of months or weeks that "other income" was received.

BOX J66

CALCULATE ANNUAL FAMILY INCOME FROM PREVIOUS YEAR BASED ON NON-MISSING ITEMS I49A - I67 FOR R AND SPOUSE/PARTNER, AMOUNTS IN I71-I73 FOR FAMILY AND AMOUNTS FOR ITEMS J1-J64.

IF I69 OR I75 = 2 (FOR ANY FAMILY MEMBER), SET POVERTY FLAG VARIABLE = 2, GO TO NEXT SECTION.

ELSE, COMPARE CALCULATED FAMILY INCOME TO POVERTY TABLE:

IF \leq 200% POVERTY AND NO DATA ARE MISSING, SET POVERTY FLAG VARIABLE = 1, GO TO NEXT SECTION.

ELSE, IF $>$ 200% EVEN WITH MISSING DATA, SET POVERTY FLAG VARIABLE = 2, GO TO NEXT SECTION.

ELSE, IF \leq 200% AND DATA ARE MISSING, GO TO J66

NOTE: POVERTY FLAG VARIABLE INFORMATION:

BASM.POVERTY "Family Income 200% poverty flag"

1 = at or below 200% of poverty

2 = above 200% of poverty

3 = unable to determine (e.g., refused all income q's)

J66. For the purpose of this survey, it would be important to get at least a range for the total income received by all the members of your family in 1996. Would you say that this income was:

a. below or above \$ {the poverty line computed for the whole family}?

AT OR BELOW 1
ABOVE..... 2 (GO TO NEXT SECTION)

b. below or above \$ {TWICE the poverty line computed for the whole family}?

AT OR BELOW 1
ABOVE..... 2 (GO TO NEXT SECTION)

c. below or above \$ {FOUR TIMES the poverty line computed for the whole family}?

AT OR BELOW 1
ABOVE..... 2 (GO TO NEXT SECTION)

SECTION K: WELFARE PROGRAM PARTICIPATION

<p>BOX K1</p> <p>DID RESPONDENT REPORT AFDC LAST YEAR (J2 = 1 AND J19NAME=R'S NAME)?</p> <p><input type="checkbox"/> YES → GO TO K2</p> <p><input type="checkbox"/> NO → GO TO K1</p>

K1. I would like to ask you more about any experience you and your children might have had with government programs. Have you ever received AFDC in your name or in that of any of your children?

[PROBE: AFDC is the Aid to Families with Dependent Children Program, sometimes referred to as ADC]

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

YES..... 1 (GO TO K2)
NO 2 (GO TO BOX K19)

K2. {I would like to ask you more about any experience you and your children have had with government programs.} In which year did you first ever receive an AFDC check for yourself or any of you children?

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

YEAR..... 19_____ (GO TO BOX K4)
DON'T KNOW/REFUSED -7/-8 (GO TO K3)

K3. Was that more than 5 years ago?

YES..... 1
NO 2

BOX K4		
IS J2=1 (RECEIVED AFDC LAST YEAR) OR IS K2 = 1995, 1996 or 1997 (STARTED RECEIVING AFDC IN LAST TWO YEARS)?		
YES	1 (GO TO K5)
NO	2 (GO TO K4)

K4. Did you or your children receive any AFDC check since January 1995?

[INCLUDE ANY MINOR CHILD WHO MAY HAVE LIVED WITH R SINCE 1/95, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

- YES..... 1 (GO TO K5)
- NO 2 (GO TO BOX K19)

K5. Since January 1995, was there any time when you stopped receiving AFDC checks for more than one month?

- YES..... 1 (GO TO K6)
- NO 2 (GO TO K13)

K6. The last time that happened, did the welfare office cut you off, or was it your decision to leave welfare?

- CUT OFF BY WELFARE OFFICE 1 (GO TO K8)
- OWN DECISION 2 (GO TO K7)

K7. Why did you leave welfare? (CODE ALL THAT APPLY)

- GOT A JOB..... 1
- SAME JOB, WORKED MORE HOURS, OR
GOT A RAISE 2
- GOT A BETTER JOB 3
- MARRIED/REARRIED 4
- MOVED IN WITH FAMILY 5
- MOVED TO ANOTHER COUNTY/STATE 6
- OTHER (SPECIFY) _____..... 91

GO TO K10

K8. Why did the welfare office cut you off? (CODE ALL THAT APPLY)

- EARNINGS HAD INCREASED 1
- ASSETS WERE TOO HIGH 2
- DID NOT FOLLOW PROGRAM RULES 3
- REACHED END OF TIME LIMIT
ALLOWED FOR RECEIVING BENEFITS..... 4
- NOT A U.S. CITIZEN..... 5
- OTHER (SPECIFY) _____ 6

K9. What did you do to get by when your family lost benefits?

- (a) _____
- (b) _____
- (c) _____
- (d) _____

K10. In the first 3 months after leaving welfare, did you get help from government programs with the following needs for your family?

	<u>YES</u>	<u>NO</u>
Child Care?	1	2
Health insurance, such as Medicaid?.....	1	2
Help with expenses?	1	2

K11. Did you get any help from a government program finding a job or special training for a job?

- YES..... 1
- NO 2

K12. Did you get help from anyone else such as through a church, family, or a community center?

(CODE ALL THAT APPLY)

- CHURCH 1
- FAMILY 2
- COMMUNITY CENTER 3
- NO OTHER HELP RECEIVED..... 90
- OTHER (SPECIFY) 91

GO TO K16.

K13. Since January 1995, was your AFDC check ever reduced by the welfare department?

- YES..... 1 (GO TO K14)
- NO 2 (GO TO K16)

K14. The last time that happened, why was your check reduced?

(CODE ALL THAT APPLY)

- EARNINGS HAD INCREASED 1
- FEWER MEMBERS IN THE FAMILY
WERE ELIGIBLE..... 2
- DID NOT FOLLOW PROGRAM RULES 3
- OTHER (SPECIFY) _____ 91

K15. What did you do to get by when your check was reduced?

- (a) _____
- (b) _____
- (c) _____
- (d) _____

K16. Are you or your children receiving AFDC benefits right now?

[ONLY INCLUDE CHILDREN CURRENTLY LIVING WITH R]

- YES..... 1 (GO TO K17)
- NO 2 (GO TO K20)

K17. Are you or anyone in your family required to work, attend school, or anything else in order to receive these benefits?

- YES..... 1 (GO TO K18)
- NO 2 (GO TO BOX K22)

K18. What are you or anyone in your family required to do? (CODE ALL THAT APPLY)

- LOOK FOR A JOB 1
- WORK IN A PAID JOB 2
- WORK IN AN UNPAID JOB 3
- ATTEND SCHOOL OR TRAINING 4
- Other (SPECIFY) _____ 91

GO TO BOX K22

BOX K19

IS FAMILY INCOME LESS THAN OR AT 200% OF POVERTY?

YES..... 1 (GO TO K19)

NO 2 (GO TO BOX
K22)

K19. Have you ever applied for AFDC during the last 2 years?

- YES..... 1
- NO 2

GO TO BOX K22

K20. When did you or your children last receive an AFDC check?

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH]

MONTH..... _____

YEAR..... 19 _____

K21. Have you ever reapplied for AFDC {since then}?

- YES..... 1
- NO 2

BOX K22

DID RESPONDENT REPORT FOOD STAMPS LAST YEAR
(J6 = 1 AND J30NAME=R'S NAME)?

YES 1 (GO TO K23)
NO 2 (GO TO K22)

K22. Have you ever received food stamps for yourself or any of your children?

[DO NOT INCLUDE FOOD STAMPS RESPONDENT RECEIVED AS A CHILD]

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH]

YES..... 1 (GO TO K23)
NO 2 (GO TO BOX K33)

K23. In which year did you first ever receive food stamps for yourself or any of your children?

[ENTER LAST TWO DIGITS]

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

YEAR..... 19_____ (GO TO BOX K25)
DON'T KNOW/ REFUSED -7/-8 (GO TO K24)

K24. Was that more than 5 years ago?

YES..... 1
NO 2

BOX K25

IS J6=1? (RECEIVED FOOD STAMPS LAST YEAR)
OR IS K23 = 1995, 1996, or 1997? (STARTED RECEIVING FOOD
STAMPS IN LAST TWO YEARS)

YES 1 (GO TO K26)
NO 2 (GO TO K25)

K25. Did you or your children receive any food stamps since January 1995?

[INCLUDE ANY MINOR CHILD WHO MAY HAVE LIVED WITH R SINCE 1/95, EVEN IF
CHILD IS NOT CURRENTLY LIVING IN HH.]

YES..... 1 (GO TO K26)
NO 2 (GO TO BOX K33)

K26. Since January 1995, was there any time when you stopped receiving food stamps for more than one month?

YES..... 1 (GO TO K27)
NO 2 (GO TO K30)

K27. The last time that happened, did the food stamp office cut you off, or was it your decision to stop getting food stamps?

CUT OFF BY FOOD STAMP OFFICE 1 (GO TO K29)
OWN DECISION 2 (GO TO K28)

K28. Why did you leave the food stamp program? (CODE ALL THAT APPLY)

GOT A JOB..... 1
SAME JOB WITH MORE HOURS OR
GOT A RAISE 2
GOT A BETTER JOB 3
MARRIED/REARRIED 4
MOVED IN WITH FAMILY 5
MOVED TO ANOTHER COUNTY/STATE 6
OTHER (SPECIFY) 91

GO TO K30

K29. Why did the food stamp office cut you off? (CODE ALL THAT APPLY)

- EARNINGS HAD INCREASED 1
 - ASSETS TOO HIGH..... 2
 - DID NOT FOLLOW PROGRAM RULES 3
 - REACHED END OF TIME LIMIT
 - ALLOWED FOR RECEIVING BENEFITS..... 4
 - NOT A U.S. CITIZEN..... 5
 - OTHER (SPECIFY) _____ 91
-

K30. Are you receiving food stamp benefits right now?

- YES..... 1 (GO TO K31)
- NO 2 (GO TO K34A)

K31. Are you or is anyone else in your family required to work, go to school, or do anything else in order to receive food stamps?

- YES..... 1 (GO TO K32)
- NO 2 (GO TO BOX K35)

K32. What are you or anyone in your family required to do? (CODE ALL THAT APPLY)

- LOOK FOR A JOB 1
- WORK IN A PAID JOB 2
- WORK IN AN UNPAID JOB 3
- ATTEND SCHOOL OR TRAINING 4
- OTHER (SPECIFY)..... 91

GO TO BOX K35

BOX K33	
<p>WAS FAMILY INCOME LAST YEAR LESS THAN OR AT 200% OF POVERTY?</p> <p style="text-align: right;"> YES 1 (GO TO K33) NO 2 (GO TO NEXT SECTION) </p>	

K33. Have you ever applied for food stamps during the last 2 years?

YES 1
 NO 2

GO TO BOX K35

K34A. When did you last receive food stamps?

MONTH.....
 YEAR..... 19_____

K34B. Have you ever reapplied for food stamps {since then}?

YES 1
 NO 2

BOX K35	
<p>WAS FAMILY INCOME LAST YEAR LESS THAN OR AT 200% OF POVERTY?</p> <p style="text-align: right;"> YES 1 (CONTINUE) NO 2 (GO TO NEXT SECTION) </p> <p>ARE THERE ANY CHILDREN UNDER 6 YEARS OLD?</p> <p style="text-align: right;"> YES 1 (GO TO K35) NO 2 (GO TO BOX K36) </p>	

K35. During 1996, did you or your children ever receive benefits from any of the following programs...

WIC vouchers (the special supplemental food program for Women, Infants, and Children)?

YES..... 1
NO 2

BOX K36
IF ANY CHILD IN FAMILY IS 5 YEARS OR OLDER, GO TO K36. ELSE GO TO SECTION L.

K36. {During 1996, did you or your children ever receive benefits from any of the following programs...}

Free or reduced cost breakfasts at school?

YES..... 1
NO 2

K37. What about free or reduced-cost lunches at school?

YES..... 1
NO 2

SECTION L: EDUCATION AND TRAINING

L1. What is the highest grade or level of regular school you have ever completed?

[PROBE: IF ANSWER IS H.S. DIPLOMA: "[Do you/Does (SPOUSE/PARTNER)] have a high school diploma or a GED?"]

- 8TH GRADE OR LESS 1 (GO TO L2)
- 9TH TO 11th 2 (GO TO L2)
- 12TH GRADE 3 (GO TO L4)
- GED 4 (GO TO BOX L2)
- HIGH SCHOOL DIPLOMA 5 (GO TO BOX L2)
- SOME VOC/TECH/BUSINESS 6 (GO TO L4)
- VOC/TECH/BUSINESS CERTIFICATE
OR DIPLOMA 7 (GO TO L2)
- SOME COLLEGE 8 (GO TO L4)
- ASSOCIATE'S DEGREE (AA; AS) 9 (GO TO BOX L2)
- BACHELOR'S DEGREE (BA; BS) 10 (GO TO BOX L2)
- SOME GRADUATE/PROFESSIONAL
SCHOOL 11 (GO TO L4)
- GRADUATE/PROFESSIONAL DEGREE
(MA; MS; PHD; EDD: MEDICINE/MD;
DENTISTRY/DDS; LAW/JJ/LLB; ETC.) 12 (GO TO BOX L2)

BOX L2

IF R HAS SPOUSE /PARTNER AND QUESTIONS L1-L4 HAVE NOT YET BEEN ASKED ABOUT HIM OR HER, REPEAT L1 FOR SPOUSE/PARTNER. ELSE GO TO BOX L5.

L2. [Have you/Has (SPOUSE/PARTNER)] earned (any degrees such as GED, high school diploma, or technical certificate/a GED or high school diploma)?

- YES 1
- NO 2 (IF R HAS SPOUSE/PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM OR HER, GO BACK TO L1. ELSE, GO TO BOX L5)

L3. Which degree or degrees [have you/has (SPOUSE/PARTNER)] earned? (CODE ALL THAT APPLY)

- GED 1
- HIGH SCHOOL DIPLOMA 2
- VOC/TECH/BUSINESS CERTIFICATE
OR DIPLOMA 3
- OTHER 4

IF R HAS SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM OR HER, GO BACK TO L1. ELSE GO TO BOX L5.

L4. What is the highest degree [you have/(SPOUSE/PARTNER) has] ever earned?

[PROBE: IF ANSWER IS H.S. DIPLOMA: "Do you have a high school diploma or a GED?"]

- GED 1
- HIGH SCHOOL DIPLOMA 2
- VOC/TECH/BUSINESS CERTIFICATE
OR DIPLOMA 3
- ASSOCIATE'S DEGREE (AA, AS) 4
- BACHELOR'S DEGREE (BA, BS)..... 5
- GRADUATE, PROFESSIONAL DEGREE,
(MA; MS; PHD; EDD; MEDICINE/MD;
DENTISTRY/DDS; LAW/JD/LLB, ETC) 6
- NONE 7

IF R HAS SPOUSE OR PARTNER AND QUESTIONS HAVE NOT YET BEEN ASKED ABOUT HIM OR HER, GO BACK TO L1. ELSE GO TO BOX L5.

BOX L5

IS INCOME ABOVE OR BELOW 200% OF POVERTY?

- ABOVE → (GO TO L12)
- BELOW OR AT → (CONTINUE)
- NOT KNOWN → (CONTINUE)

JOB TRAINING

L5. Now, I'd like to talk to you about training and other activities last year. During 1996, did any government program give [you/or (SPOUSE/PARTNER)/or CHILD2 WHO IS 15 YEARS OLD OR OLDER] work in an unpaid job provided by the government?

- YES..... 1
- NO 2 (GO TO L9)

[IF KNOWN, RECORD WITHOUT ASKING]:

L6. Who? _____, _____, _____

BOX L7
ASK L7 AND L8 FOR EACH RELEVANT PERSON NAMED IN L6.

L7. Was the unpaid job (you/NAME IN L6) had a requirement for welfare -- that is, to get AFDC, Food Stamps, or General Assistance?

- YES..... 1
- NO 2 (GO TO BOX L9)

L8. For which of those programs? (CODE ALL THAT APPLY)

- AFDC..... 1
- FOOD STAMPS..... 2
- GENERAL ASSISTANCE 3

BOX L9
REPEAT L7 AND L8 FOR EACH PERSON NAMED IN L6. AFTER L7 AND L8 ARE ASKED FOR EACH RELEVANT PERSON, ASK L9.

L9. During 1996, were [you/or (SPOUSE/PARTNER)/or CHILD2 WHO IS 15 YEARS OLD OR OLDER] given any vouchers to pay for education or training?

- YES..... 1
- NO 2 (GO TO L12)

[IF KNOWN, RECORD WITHOUT ASKING]:

L10. Who? _____, _____, _____

L11. Did (you/NAME IN L10) use the voucher?

YES..... 1
NO 2

BOX L12

REPEAT L11 FOR EACH PERSON NAMED IN L10. AFTER L11 IS
ASKED FOR EACH RELEVANT PERSON, ASK L12.

L12. During 1996, did [you/or (SPOUSE/PARTNER)/or CHILD2 WHO IS 15 YEARS OLD OR OLDER] take classes or workshops to help look for work, like job search assistance, job clubs, or world-of-work orientations?

YES..... 1
NO 2 (GO TO BOX L14)

[IF KNOWN, RECORD WITHOUT ASKING]:

L13. Who? _____, _____, _____

BOX L14

L14 IS ASKED IF THE RESPONDENT OR THE SPOUSE/PARTNER (IF RELEVANT) DOES NOT HAVE A BACHELOR'S DEGREE OR HIGHER [(L1 = 1, 2, 4, 5, 7, OR 9) OR (L4 = 1-4, OR 7)] OR IF THERE IS A CHILD2 WHO IS 15 YEARS OLD OR OLDER AND THIS CHILD IS NOT ATTENDING SCHOOL (C1 FOR CHILD2 = "90"). ELSE GO TO BOX L16.

L14. During 1996, did [you/or (SPOUSE/PARTNER)/or CHILD2 WHO IS 15 YEARS OR OLDER] take courses or apprentice programs that trained (you/you or him/you or her/you or him or her/you or them) for a specific job, trade, or occupation, excluding AA or BA degree programs, GED classes, or on-the-job training?

YES..... 1
NO 2 (GO TO BOX L16)

[IF KNOWN, RECORD WITHOUT ASKING]:

L15. Who? _____, _____, _____

<p>BOX L16</p> <p>HAVE EITHER R OR (SPOUSE/PARTNER) (IF HAVE ONE) NEVER EARNED A DEGREE (L2 = 2) OR (L4 = 7)?</p> <p>YES, NO DEGREES..... 1 (CONTINUE) NO, HAVE DEGREES..... 2 (GO TO BOX L18)</p>
--

L16. In 1996, did [you/or (SPOUSE/PARTNER)] take classes to earn a regular high school diploma or GED?

YES..... 1
NO 2 (GO TO BOX L18)

[IF KNOWN, RECORD WITHOUT ASKING]:

L17. Who? _____, _____, _____

<p>BOX L18</p> <p>HAVE EITHER R OR (SPOUSE/PARTNER) (IF HAVE ONE) EVER EARNED AT LEAST A GED OR HIGH SCHOOL DIPLOMA (L2 = 1) OR (L4 = 1,2,3,4,5 OR 6) OR (L1 = 4,5,9,10, OR 12)?</p> <p>YES 1 (CONTINUE) NO 2 (GO TO SECTION M)</p>

L18. During 1996, did [you/or (SPOUSE/PARTNER)] take college courses or programs for credit toward a college degree, such as an AA, BA, or advanced degree?

YES..... 1
NO 2 (GO TO SECTION M)

[IF KNOWN, RECORD WITHOUT ASKING]:

L19. Who? _____, _____, _____

SECTION M: HOUSING AND ECONOMIC HARDSHIP

M1. I'd like to ask a few questions about your living arrangement.

Is this home or apartment...

- owned or being bought by
someone in your household,..... 1
- rented for cash, or..... 2
- occupied without payment
of cash rent? 3

M2. In whose name or names is this house (owned/rented/owned or rented)?

[CODE ALL THAT APPLY ON HH ROSTER]

[PROBE: Anyone else?]

M3. How long have you lived in this home?

MONTHS _____
YEARS _____

BOX M4

HAS MKA LIVED IN HOME FOR MORE THAN 1 YEAR (M3 = MORE THAN ONE YEAR)?

- YES 1 (GO TO M5)
- NO 2 (CONTINUE)
- DK/REF 3 (GO TO M5)

M4. Did you move here from another place in this state, or from out of state?

IN-STATE..... 1
OUT-OF-STATE..... 2

M5. How many bedrooms are there in your home?

NUMBER OF BEDROOMS _____

BOX M6	
DOES FAMILY OWN OR RENT HOME (M1 = 1, 2, -7, or -8)?	
YES	1 (CONTINUE)
NO	2 (GO TO BOX M7A)

M6. {We are interested in knowing only your part of the payment.} Altogether, in the month just past (what did you pay in rent/what was your mortgage payment)?

[IF R VOLUNTEERS THAT HOUSE IS PAID FOR, ENTER 0]

PER MONTH \$ _____

BOX M7A	
DOES MKA OWN HOME?	
YES (M1 = 1 AND M2 INCLUDES AT LEAST ONE FAMILY MEMBER.....1 (GO TO M8)	
NO (M1 NE 1, AND M2 DOES NOT INCLUDE OTHER FAMILY MEMBERS) 2 (GO TO BOX M7B)	

BOX M7B	
IS FAMILY INCOME (CALCULATED IN ANOTHER SECTION) ABOVE OR BELOW OR AT 200% OF POVERTY (BASED ON FAMILY SIZE)?	
ABOVE	1 (GO TO M8)
BELOW OR AT	2 (GO TO M7)

M7. Are (you/you and your family) paying lower rent because the federal, state or local government is paying part of the rent?

YES 1
NO 2

M7A. Is this house in a public housing project, that is, is it owned by a local housing authority or other public agency?

YES 1
NO 2

M8. During the last 12 months, did anyone move into your home even for a little while because they could not afford their own place to live or because their parents could not support them?

YES 1
NO 2

<p>BOX M8A</p> <p>IF MKA/RESPONDENT IS FEMALE AND ANSWERED YES TO D8B (ASKED IN THIS CASE ABOUT THE MKA'S MALE SPOUSE/PARTNER), OR IF MKA/RESPONDENT IS MALE AND ANSWERED YES TO D8B (ASKED ABOUT THE MKA), GO TO M8a. ELSE GO TO M9A</p>

M8A. Now I'd like to ask you about some other expenses {or needs} you may have.

During the last 12 months, did (you/NAME) make financial contributions to support (your/his) children under 18 years of age who live outside the household?¹

YES 1 (GO TO M8C)
NO 2 (GO TO M9A)

M8C. Were these contributions part of a child support order?

YES 1
NO 2

¹ There is no screen M8B. M8A has been set up with displays to function as both M8A and M8B.

M9A. Now I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometimes or never true for (you/your family) in the last 12 months, that is, since (name of current month) of last year.

The first statement is "(I/we) worried whether (my/our) food would run out before (I/we) got money to buy more."

Was that often, sometimes, or never true for (you/your family) in the last 12 months?

OFTEN TRUE 1
SOMETIMES TRUE 2
NEVER TRUE 3

M9B. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get any more."

Was that often, sometimes, or never true for (you/your family) in the last 12 months?

OFTEN TRUE 1
SOMETIMES TRUE 2
NEVER TRUE 3

M9C. In the last 12 months, since (name of current month) of last year, did you or other adults in your family ever cut the size of your meals or skip meals because there wasn't enough money for food?

YES 1 (GO TO M9D)
NO 2 (GO TO M10)

M9D. How often did this happen? Was it...

almost every month,..... 1
some months but not
every month, or..... 2
only 1 or 2 months? 3

M10. During the last 12 months, was there a time when (you/you and your family) were not able to pay your mortgage, rent or utility bills?

YES 1 (GO TO M10A)
NO 2 (GO TO BOX M12)

M10A. Did you get any help when you were not able to pay the mortgage, rent or utility bills?

YES..... 1 (GO TO M10B)
NO 2 (GO TO M10C)

M10B. Who did you get help from?

[CODE ALL THAT APPLY.]

FAMILY OR FRIENDS	1
CLERGY (MINISTER, PRIEST, RABBI)	2
BANK, LOAN COMPANY, OTHER COMMERCIAL SOURCE	3
COMMUNITY PROGRAM.....	4
GOVERNMENT PROGRAM.....	5
OTHER (SPECIFY) _____	91

GO TO M11

M10C. Why didn't you get any help?

[CODE ALL THAT APPLY.]

DIDN'T WANT TO, DIDN'T NEED TO.....	1
DIDN'T KNOW WHERE TO GO FOR HELP	2
NO SERVICES AVAILABLE IN COMMUNITY	3
FAMILY/FRIENDS DID NOT HAVE RESOURCES.....	4
PROGRAM/SERVICE DID NOT HAVE RESOURCES/WAITING LIST	5
OTHER (SPECIFY) _____	91

M11. During the last 12 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent or utility bills?

YES.....	1
NO	2

BOX M12	
IS THIS A TELEPHONE HOUSEHOLD?	
YES	1 (GO TO M12)
NO	1 (GO TO M12PERS)

M12. During the last 12 months, has your household ever been without telephone service for more than 24 hours?

- YES..... 1 (GO TO M13)
- NO 2 (GO TO M14)

M13. What was the total amount of time your household was without telephone service for more than 24 hours?

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3

GO TO M14

M12PERS. During the past 12 months, has your household ever had telephone service?

- YES..... 1 (GO TO M13PERS)
- NO 2 (GO TO NEXT SECTION)

M13PERS. What was the total amount of time your household had telephone service?

[IF INTERMITTENT SERVICE, ASK R TO ESTIMATE TOTAL SERVICE TIME]

- DAYS..... 1
- WEEKS..... 2
- MONTHS..... 3

ALL RESPONSES GO TO NEXT SECTION

M14. Besides (RESPONDENT'S TELEPHONE NUMBER), do you have other telephone numbers in your household?

- YES..... 1 (GO TO M15)
- NO 2 (GO TO NEXT SECTION)
- NOT R'S PHONE NUMBER 3 (GO TO NEXT SECTION)

M15. How many of these additional telephone numbers are for home use?

NUMBER..... _____ (GO TO NEXT SECTION)

SECTION N. ISSUES, PROBLEMS, SOCIAL SERVICES

N1. Now I'm going to change topics and ask some questions about how often you felt things during the past month. For each statement please indicate whether you have felt this way all, most, some, or none of the time.

How much of the time during the past month have you:

a. Been a very nervous person?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

b. Felt calm and peaceful?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

c. Felt downhearted and blue?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

d. Been a happy person?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

e. Felt so down in the dumps that nothing could cheer you up?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

N2. How much of the time during the past month have you:

a. Felt your (child/children are) much harder to care for than most?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

b. Felt your (child/children do) things that really bother you a lot?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

c. Felt you are giving up more of your life to meet your (child's/children's) needs than you ever expected?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

d. Felt angry with your (child/children)?

- All of the time 1
- Most of the time..... 2
- Some of the time, or..... 3
- None of the time 4

N3. I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for (CHILD2) during the past month.

a. (He/she) doesn't get along with other kids.

Often true 1
Sometimes true 2
Never true..... 3

b. (He/she) can't concentrate or pay attention for long.

Often true 1
Sometimes true 2
Never true..... 3

c. (He/she) has been unhappy, sad, or depressed.

Often true 1
Sometimes true 2
Never true..... 3

BOX N4

IS CHILD2 6-11 OR 12-17?

CHILD2 IS 6-11 1 (GO TO N4)
CHILD2 IS 12-17 2 (GO TO N5)

N4. I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for (CHILD2) during the past month.

a. (He/she) feels worthless or inferior.

Often true 1
Sometimes true 2
Never true 3

b. (He/she) has been nervous, high-strung or tense.

Often true 1
Sometimes true 2
Never true 3

c. (He/she) acts too young for (his/her) age.

Often true 1
Sometimes true 2
Never true 3 } GO TO BOX N5X

N5. I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for (CHILD2) during the past month.

a. (He/she) has trouble sleeping.

Often true 1
Sometimes true 2
Never true 3

b. (He/she) lies or cheats.

Often true 1
Sometimes true 2
Never true 3

c. (He/she) does poorly at schoolwork.

Often true 1
Sometimes true 2
Never true 3

BOX N5X
IF THERE IS A CHILD1 GO TO N5X; ELSE GO TO N6

N5X. How many days in the past week did you or any family member read stories or tell stories to (CHILD1)?

NUMBER OF DAYS

N5Y. How often in the past month have you or any family member taken (CHILD1) on any kind of outing, such as to the park, grocery store, a church, or a playground? Would you say...

- Once a month or less, 1
- About two or three times a month 2
- Several times a week, or 3
- About once a day 4

BOX N6
IF THERE IS A CHILD2, GO TO N6
ELSE GO TO N9

N6. I have some more questions about (CHILD2). In the last year, has (CHILD2) been on a sports team either in or out of school?

- YES..... 1
- NO 2

N7. In the last year, has (CHILD2) taken lessons after school or on weekends in subjects like music, dance, language or computers?

- YES..... 1
- NO 2

BOX N8	
IS CHILD2 6-11 OR 12-17?	
CHILD2 IS 6-11	1 (GO TO N8A)
CHILD2 IS 12-17.....	2 (GO TO N8B)

N8A. In the last year, has (CHILD2) participated in any clubs or organizations after school, or on weekends, such as scouts, a religious group or Girls or Boys club?

YES..... 1 } GO TO BOX N8C
 NO 2 }

N8B. In the last year, has (CHILD2) participated in any clubs or organizations after school, or on weekends, such as a youth group or student government, drama, band or chorus, or a religious or community group?

YES..... 1
 NO 2

BOX N8C	
IF RESPONSES TO N6 AND N7 AND (N8A OR N8B) ARE ALL DK (-8) AND/OR REF (-7), GO TO N9;	
ELSE IF RESPONSES TO N6 AND N7 AND (N8A OR N8B) ARE ANY COMBINATION (OTHER THAN ALL DK AND/OR REF) OF NO (2), DK(-8), OR REF (-7), GO TO N8C;	
ELSE GO TO N9.	

N8C. Has (CHILD2) participated in any other organized activities during the past year?

YES (SPECIFY)..... 1
 What activities? _____ (GO TO N9)
 NO 2

N8D. What were the reasons (CHILD2) did not participate in any organization activities during the past year?

[CODE ALL THAT APPLY.]

NOT INTERESTED.....	1
NONE AVAILABLE IN THE AREA.....	2
CAN'T GET TO THEM BECAUSE OF TRANSPORTATION PROBLEMS.....	3
COULDN'T AFFORD THE FEES.....	4
WAITING LIST, PROGRAM/SERVICE DID NOT HAVE ROOM.....	5
OTHER (SPECIFY) _____.....	91

N9. Now I have some questions about services. Do you know of a specific place or program in your community...

a. Where a teenager could go for help to stay out of trouble with pregnancy, drugs or crime?

YES.....	1
NO.....	2

b. Where a family could go for help getting housing, food, or money in an emergency?

YES.....	1
NO.....	2

c. Where a family could go if the parents and children are arguing a lot?

YES.....	1
NO.....	2

d. That steps in if parents cannot or will not take care of their children?

YES.....	1
NO.....	2

e. That can help if a family member is being violent to a child or adult in the family?

YES.....	1
NO.....	2

f. Where someone could go for help to stop abusing drugs or alcohol?

YES.....	1
NO.....	2

BOX N10
IF THERE IS A CHILD 12-17, GO TO N10A; ELSE GO TO N12

N10A. In the last 12 months, did you worry about keeping your (child/children) out of trouble with pregnancy, drugs, or crime?

[CHILDREN UNDER 20 IN THE FAMILY FOR WHOM THIS MKA IS RESPONSIBLE]

YES..... 1 (GO TO N10B)
NO 2 (GO TO N11A)

N10B. Did you get any help to keep your (child/children) out of trouble with pregnancy, drugs or crime?
[CHILDREN UNDER 20 IN THE FAMILY FOR WHOM THIS MKA IS RESPONSIBLE]

YES..... 1 (GO TO N10C)
NO 2 (GO TO N10D)

N10C. Who did you get help from?

[CODE ALL THAT APPLY.]

FAMILY OR FRIENDS 1
CLERGY(MINISTER, PRIEST, RABBI) 2
PRIVATE PROFESSIONAL
(E.G., THERAPIST, LAWYER)..... 3
COMMUNITY PROGRAM..... 4
GOVERNMENT PROGRAM..... 5
OTHER (SPECIFY) _____ 91

GO TO N11A

N10D. Why didn't you get any help?

[CODE ALL THAT APPLY.]

- DIDN'T WANT TO, DIDN'T NEED TO 1
- WAITING LIST, PROGRAM/SERVICE DID NOT HAVE ANY ROOM 2
- PROGRAM/SERVICE COST TOO MUCH, DIDN'T HAVE THE MONEY..... 3
- PROGRAM/SERVICE DID SOMETHING, BUT IT DIDN'T HELP 4
- DIDN'T KNOW WHERE TO GO FOR HELP 5
- NO SERVICES AVAILABLE IN COMMUNITY 6
- OTHER (SPECIFY) _____ 91

N11A. In the last 12 months, did you and your (child/children) argue a lot? [CHILDREN UNDER 20 IN THE FAMILY FOR WHOM THIS MKA IS RESPONSIBLE]

- YES..... 1 (GO TO N11B)
- NO 2 (GO TO N12)

N11B. Did you get any help because you and your (child/children) argue a lot? [CHILDREN UNDER 20 IN THE FAMILY FOR WHOM THIS MKA IS RESPONSIBLE]

- YES..... 1 (GO TO N11C)
- NO 2 (GO TO N11D)

N11C. Who did you get help from?

[CODE ALL THAT APPLY.]

- FAMILY OR FRIENDS 1
- CLERGY(MINISTER, PRIEST, RABBI) 2
- PRIVATE PROFESSIONAL (E.G., THERAPIST, LAWYER)..... 3
- COMMUNITY PROGRAM..... 4
- GOVERNMENT PROGRAM..... 5
- OTHER (SPECIFY) _____ 91

GO TO N12

N11D. Why didn't you get any help?

[CODE ALL THAT APPLY.]

- DIDN'T WANT TO, DIDN'T NEED TO 1
- WAITING LIST, PROGRAM/SERVICE DID
NOT HAVE ANY ROOM 2
- PROGRAM/SERVICE COST TOO MUCH,
DIDN'T HAVE THE MONEY..... 3
- PROGRAM/SERVICE DID SOMETHING, BUT
IT DIDN'T HELP 4
- DIDN'T KNOW WHERE TO GO FOR HELP 5
- NO SERVICES AVAILABLE IN COMMUNITY 6
- OTHER (SPECIFY) _____ 91

N12. About how often in the past year have you participated in volunteer activities through a religious, school, or community group?

Would you say it was...

- Never..... 1
- A few times a year 2
- A few times a month..... 3
- Or once a week or more? 4

N13. In the past 12 months, about how often have you attended a religious service?

Was it...

- Never..... 1
- A few times a year 2
- A few times a month..... 3
- Or once a week or more? 4

SECTION O: RACE, ETHNICITY AND NATIVITY

O1 TO O3 ARE ASKED FIRST OF THE MKA ABOUT THE MKA.

O1 TO O3 ARE REPEATED FOR THE FOLLOWING FAMILY MEMBERS, AS APPROPRIATE:

SPOUSE/PARTNER OF MKA (IF LIVES IN HH) - 1ST REPEAT

CHILD1 (IF MKA OR SPOUSE/PARTNER ARE NOT BIOLOGICAL PARENTS OF CHILD) - 2ND REPEAT

CHILD2 (IF MKA OR SPOUSE/PARTNER ARE NOT BIOLOGICAL PARENTS OF CHILD) - 3RD REPEAT

FOLLOWING LAST APPLICABLE REPEAT OF O1-O3, INTERVIEW PROCEEDS TO O4.

{I would like to find out a little more about the background of some of the people that live in this household.}

O1. (Are you/Is NAME) of Spanish or Hispanic Origin?

- YES..... 1
- NO 2 (GO TO O3)

O1OV. What group - for example, Mexican, Mexican-American, Puerto Rican, Cuban, or some other group?

- MEXICAN, MEXICAN-AMERICAN, CHICANO... 1
- PUERTO RICAN 2
- CUBAN..... 3
- OTHER (SPECIFY) _____ 91

O3. What is (your/NAME's) race?

[PROBE BY READING CATEGORIES IF NECESSARY]

- BLACK..... 1
- WHITE..... 2
- AMERICAN INDIAN/NATIVE
- AMERICAN/ALEUTIAN OR ESKIMO..... 3
- ASIAN/PACIFIC ISLANDER..... 4
- OTHER (SPECIFY) _____ 91

O4. Thinking about all of the people living or staying in this home, including all adults, children, and babies, were any of them born outside of the United States? [READ IF NECESSARY: Count Puerto Rico and other U.S. territories (Guam, U.S. Virgin Islands, American Samoa, Northern Marianas Islands, or Marshall Islands) as "inside."]

YES..... 1
NO 2 (GO TO NEXT SECTION)

O5. Who was born outside the United States?

[PROBE: Anyone else]

ASK 06-09 FOR ALL NAMES GIVEN IN O5

O6. In what country was (NAME) born?

U.S. TERRITORY (AMERICAN SAMOA,
GUAM, MARSHALL ISLANDS, NORTHERN
MARIANAS ISLANDS, PUERTO RICO,
OR U.S. VIRGIN ISLANDS)..... 1 (GO TO NEXT PERSON
OR NEXT SECTION)

CANADA..... 2
CHINA..... 3
CUBA 4
DOMINICAN REPUBLIC..... 5
EL SALVADOR..... 6
GERMANY..... 7
INDIA 8
JAMAICA 9
KOREA..... 10
MEXICO..... 11
PHILIPPINES..... 12
RUSSIA 13
VIETNAM 14
OTHER COUNTRY (SPECIFY) _____ 91

O7. Is (NAME) a citizen of the United States?

YES..... 1
NO 2 (GO TO O9)

O8. [Were you/Was (he/she)] born a citizen of the United States or did (you/he/she) became a citizen of the U.S. through naturalization?

BORN A CITIZEN 1
NATURALIZED 2

O9. When did (you/he/she) come to live in the United States?

[CODE YEAR or # of YEARS]

SPECIFIC YEAR _____

OF YEARS AGO..... _____

SECTION P: CLOSING SECTION

P1. Here are some opinions that people have expressed about welfare and about working. For each of the following statements, please tell me whether you strongly agree, agree, disagree or strongly disagree.

[READ IF NECESSARY: Do you strongly agree, agree, disagree, or strongly disagree?]

[1=STRONGLY AGREE, 2=AGREE, 3=DISAGREE, 4=STRONGLY DISAGREE]

	<u>SA</u>	<u>A</u>	<u>D</u>	<u>SD</u>
a. Welfare makes people work less than they would if there wasn't a welfare system	1	2	3	4
b. Welfare helps people get on their feet when facing difficult situations such as unemployment, a divorce, or a death in the family.	1	2	3	4
c. Welfare encourages young women to have babies before marriage	1	2	3	4
d. Working for pay is one of the most important things a person can do	1	2	3	4

P2. The following are some opinions that others have expressed about raising children. Please tell me whether you strongly agree, agree, disagree, or strongly disagree.

	<u>SA</u>	<u>A</u>	<u>D</u>	<u>SD</u>
a. A single mother can bring up a child as well as a married couple.....	1	2	3	4
b. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work	1	2	3	4
c. People who want children ought to get married	1	2	3	4
d. When children are young, mothers should not work outside the home.....	1	2	3	4

P3. So that we can group households geographically, may I have your zip code?

ZIP CODE..... _____

BOX P4

P4 ASKED OF MKA, IF AREA CODE IS 414 AND TELEPHONE EXCHANGE IS AMONG THE FOLLOWING: 238, 241, 369, 375, 425, 427, 521, 523, 524, 529, 544, 549, 574, 695, 780, 784, 785, 789, 792, 796, 798, 821, 827, 879, 896, ELSE, GO TO BOX P5

P4. Do you live in Milwaukee County?

YES..... 1
NO 2

BOX P5

P5 TO P8 ASKED IF ANYONE IN HOUSEHOLD IS FOREIGN-BORN (O4 = 1 AND AT LEAST ONE O6 GE 2) ELSE GO TO P9

P5. In order to more fully understand how changes in government policy affect adults and children, we may need to contact you later this year for a follow-up survey. To be sure that we can reach you, could I please have your full name and address?

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

BOX P6

IN-PERSON INTERVIEWS GO TO P6B, ELSE ASK P6A.

P6A. What name is your telephone number listed in?

FIRST NAME: _____ LAST NAME: _____

GO TO P7

P6B. What is the full name of the person who own or rents your home?

FIRST NAME: _____ LAST NAME: _____

P7. We'd like to get the name, address, and telephone number of two friends or relatives who would know where you could be reached, in case we have trouble contacting you. Please give me the name and address of someone who is not currently living in your household and who lives in the United States.

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

What is this person's relationship to you? _____

P8. Could I have the name and address of another contact person?

[READ IF NECESSARY: Please give me the name and address of someone who is not currently living in your household and who lives in the United States.]

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

What is this person's relationship to you? _____

P9. Thank you very much for taking the time to answer our questions.

APPENDIX A - STATE SPECIFIC DISPLAYS

STATE MEDICAID PROGRAM NAMES FOR E19 (ALSO IN E23, E38 AND E41)

DISPLAY	“or Medical Assistance”	ALASKA ARKANSAS COLORADO DELAWARE DC GEORGIA HAWAII IDAHO KENTUCKY LOUISIANA MAINE MARYLAND MASSACHUSETTS MICHIGAN MINNESOTA NEW JERSEY OKLAHOMA PENNSYLVANIA RHODE ISLAND SOUTH CAROLINA TEXAS VIRGINIA WASHINGTON WISCONSIN
	“or Medi-Cal”	CALIFORNIA
	“or Medi-Kan”	KANSAS
	“or Welfare”	OREGON
	BLANK	OTHERWISE

STATE SPECIFIC PROGRAM DISPLAYS FOR E20 (ALSO IN E23, E38 AND E41)

DISPLAY	“Medically Indigent Program”	AZ
	“AIM (Access for Infants and Mothers) or California’s children’s health insurance program”	CA
	“Children’s Health Plan”	CO
	“Healthy Steps”	CT
	“Nemours Child Program”	DE
	“Healthy Kids”	FL
	“Hawaii HealthQUEST”	HI
	“Iowa coverage for unemployed workers”	IA
	“Maine Health Program”	ME
	“AIDS Insurance Assistance Program”	MD
	“Healthy Kids, CenterCare Program”	MA
	“Caring for Children”	MI
	“Minnesota Care”	MN
	“Mississippi subsidized insurance	MS
	“Missouri’s coverage for the unemployed”	MO
	“New Jersey’s coverage for pregnant women and children, or Health Access New Jersey”	NJ
	“Child Health Plus, or New York’s subsidized insurance”	NY
	“Children’s Health Care Program”	OH
	“Oregon Health Plan”	OR
	“Children’s Health Insurance Programs”	PA
	“Rite Care”	RI
	“TennCare”	TN
	“Children’s Health Plan or Basic	WA
	“Healthy Start”	WI
	“Kansas Caring Program for Kids”	KS
	“Healthy Kids”	NH

STATE SPECIFIC AFDC PROGRAM NAMES FOR J2B

State	Full State Name	State specific welfare program names or acronyms
AL	Alabama	“ASSETS program”
AK	Alaska	J2B not asked
AZ	Arizona	“EMPOWER program”
AK	Arkansas	J2B not asked
CA	California	“ Work Pays Demonstration Project”
CO	Colorado	“ Colorado Personal Responsibility and Education Program”
CT	Connecticut	“ Reach for Jobs First program”
DE	Delaware	“ A Better Chance Project”
DC	District of Columbia	J2B not asked
FL	Florida	“ Family Transition Program”
GA	Georgia	“ Personal Accountability and Responsibility Project”
HI	Hawaii	J2B not asked
ID	Idaho	J2B not asked
IL	Illinois	J2B not asked
IN	Indiana	“IMPACT program”
IA	Iowa	“Iowa Family Investment Plan”
KS	Kansas	J2B not asked
KY	Kentucky	J2B not asked
LA	Louisiana	J2B not asked
ME	Maine	J2B not asked
MD	Maryland	“Family Investment Program”
MA	Massachusetts	“TAFDC program”
MI	Michigan	“TSMF program”
MN	Minnesota	“MFIP program?:
MS	Mississippi	“Mississippi New Direction program”
MO	Missouri	“Missouri Families Mutual Responsibility program”
MT	Montana	“AIM program”
NE	Nebraska	J2B not asked
NV	Nevada	J2B not asked
NH	New Hampshire	J2B not asked
NJ	New Jersey	“Family Development Program”
NM	New Mexico	J2B not asked
NY	New York	J2B not asked
NC	North Carolina	“Work First Program”
ND	North Dakota	J2B not asked
OH	Ohio	“Ohio First program”
OK	Oklahoma	J2B not asked
OR	Oregon	“Oregon Options program”
PA	Pennsylvania	J2B not asked
RI	Rhode Island	J2B not asked
SC	South Carolina	“Family Independence Act”
SD	South Dakota	J2B not asked
TN	Tennessee	J2B not asked
TX	Texas	J2B not asked
UT	Utah	“Single Parent Employment Demonstration Project”

State	Full State Name	State specific welfare program names or acronyms
VT	Vermont	“WRP program”
VA	Virginia	“Virginia Independence Program”
WA	Washington	“STEP program”
WV	West Virginia	“JOIN program”
WI	Wisconsin	“Work Not Welfare program or the W-2 program”
WY	Wyoming	J2B not asked

MA	Massachusetts	“Emergency Aid [to the Elderly, Disabled, and Children]”
MI	Michigan	“State Disability Assistance or State Family Assistance”
MN	Minnesota	“General Assistance”
MS	Mississippi	“General Assistance”
MO	Missouri	“General Relief”
MT	Montana	“General Assistance”
NE	Nebraska	“State Disability Program Benefits or County General Assistance”
NV	Nevada	“Direct Assistance Service”
NH	New Hampshire	“City Welfare”
NJ	New Jersey	“General Assistance”
NM	New Mexico	“General Assistance”
NY	New York	“Home Relief”
NC	North Carolina	“General Assistance”
ND	North Dakota	“General Assistance”
OH	Ohio	“Disability Assistance”
OK	Oklahoma	“General Assistance”
OR	Oregon	“General Assistance”
PA	Pennsylvania	“General Assistance”
RI	Rhode Island	“General Public Assistance”
SC	South Carolina	“General Assistance”
SD	South Dakota	“Poor Relief”
TN	Tennessee	“General Assistance”
TX	Texas	“General Assistance”

State	Full State Name	State specific program name
UT	Utah	“General Assistance [Self Sufficiency, or Working Toward Employment
VT	Vermont	“General Assistance”
VA	Virginia	“ General Relief”
WA	Washington	“General Assistance”
WV	West Virginia	“General Assistance”
WI	Wisconsin	“Relief Block Grant Program benefits
WY	Wyoming	“General Assistance”

Appendix B
Questions in Second MKA Interviews

This table shows the items that are asked when interviewing a second MKA in a household. For items specific to focal children in sections B, C (both Main and Summer versions), F, G (both Main and Summer versions), H, N and O, only items about the focal child of MKA are asked.

Section	A2 Interview	A3 Interview
B - Health Status and Satisfaction	B1 - B5	B1 - B5
C - Child Education (Main)	C1 - C2	C1 - C2
C - Child Education (Summer)	C01 - C2	C01 - C2
D - Household Roster	D8b, D9a	D8b, D9a
E - Health Care Coverage	No questions	Entire section
F - Health Care Use and Access	Entire section	Entire section
G - Child Care (Main)	G1 - G28, G52 - G57	G1 - G28, G52 - G57
G - Child Care (Summer)	G01 - G28, G52 - G57	G01 - G28, G52 - G57
H - Nonresidential Parents	Entire section	Entire section
I - Employment and Earnings	I2 - I70	Entire section
J - Family Income	No questions	Entire section
K - Welfare Program Participation	Entire section	Entire section
L - Education and Training	Entire section	Entire section
M - Housing and Economic Hardship	M3, M4, M8, M8a, M8c, M10, M11	M3, M4, M6 - M7a, M8 - M11
N - Issues, Problems and Social Services	Entire section	Entire section
O - Race, Ethnicity, and Nativity	O1 - O3	O1 - O3
P - Closing Section	P1, P2	P1, P2

Appendix C
Questions in Option B Interviews

This table shows which items were asked in different types of Option B (Childless Adult) interviews. Some items were worded differently or not asked if the respondent was the only person in the family or household.

Section	B1, B4 Interviews¹	B2	B3, B5 Interviews
B - Health Status and Satisfaction	B1, B2, F1 - F3 (F1 - F3 asked about the respondent)	B1, B2, F1 - F3 (F1 - F3 asked about the respondent)	B1, B2, F1 - F3 (F1 - F3 asked about the respondent)
D - Household Roster	Entire section, skip items D6d - D7d	D8b, D9a	D8b, D9a
E - Health Care Coverage	Entire section (E37 - E43 asked of both respondent and spouse/partner)	No questions	Entire section (E37 - E43 asked of both respondent and spouse/partner)
F - Health Care Use and Access	Items F1 - F3 are asked about the spouse/partner; Items F4 - F12, F16 - F18, F20, F21, F23, F24, F26, F27, F29 are asked about both the respondent and spouse/partner	Items F1-F3 are asked about the spouse/partner; Items F4 - F12, F16 - F18, F20, F21, F23, F24, F26, F27, F29 are asked about both the respondent and spouse/partner	Items F1 - F3 are asked about the spouse/partner; Items F4 - F12, F16 - F18, F20, F21, F23, F24, F26, F27, F29 are asked about both the respondent and spouse/partner
I - Employment and Earnings	Entire section (skip I29)	Entire section, skip items I19, I71 - I76	Entire section
J - Family Income	Entire section	No questions	Entire section
K - Welfare Program Participation	K22 - K34b	K22 - K34b	K22 - K34b
L - Education and Training	Entire section	Entire section	Entire section
M - Housing and Economic Hardship	Entire section (skip M8)	M3, M4, M8, M8a, M8c, M10, M11	M3, M4, M6 - M7a, M8 - M11
N - Issues, Problems and Social Services	N1, N12, N13	N1, N12, N13	N1, N12, N13
O - Race, Ethnicity, and Nativity	Entire section	O1 - O3	O1 - O3
P - Closing Section	Entire section	P1, P2	P1, P2

¹ In the 1997 NSAF, 25 of the 26 B4 interviews (with emancipated minors) were in households where the B4 interview was the only interview.

