

# 1999 NSAF Questionnaire

Report No. 1

Prepared by:

Kevin Wang

The Urban Institute

David Cantor

Nancy Vaden-Kiernan

Westat



Assessing  
the New  
Federalism

An Urban Institute  
Program to Assess  
Changing Social Policies

Methodology Reports

## Preface

*The 1999 NSAF Questionnaire* is the first report in a series describing the methodology of the 1999 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 second round of the survey in 1999, interviews were conducted in almost 46,000 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
- No. 14: Impact of census undercount adjusted weights and telephone household only weights on survey estimates
- No. 15: Comparison of NSAF with other national surveys

## **About this Report**

Report No. 1 in the Round Two methodology series focuses on the 1999 NSAF questionnaire. The introductory chapter describes the household screener 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 second chapter describes differences in the survey instruments between the 1997 and 1999 NSAF surveys. The remainder of the report provides the full text of the 1999 questionnaire.

## **For More Information**

For more information about the National Survey of America's Families, contact *Assessing the New Federalism*, Urban Institute, 2100 M Street, NW, Washington, DC 20037, telephone: (202) 261-5886, fax: (202) 293-1918, Web site: <http://newfederalism.urban.org>.

*Fritz Scheuren*

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## Chapter 1 - Introduction

The 1999 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 nearly 46,000 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 October 1999. The first round of the survey was carried out 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.

As in Round 1, 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 and 1999-2000 to gather information on the development and implementation of policies, 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 provides reliable estimates of outcome measures that are not available from other data sources, such as administrative data or other household surveys. In short, if states differ in the policies selected, we may see differences at the state level on measures of child, adult, and family well-being.

The purpose of this report is primarily to describe differences between the Round One and Round Two questionnaires for NSAF. The intent is to facilitate comparisons by providing users of the data with a guide to which questions changed between rounds. In this first chapter of the report,

we describe the household screener and extended interview of the 1999 NSAF, as well as respondent selection, types of NSAF interviews, and the NSAF family definition. The second chapter describes specific changes made to the questionnaire between Rounds 1 and 2.

## **1.1 Screener Content**

A short screening (SC) 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. A question to determine whether the household 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.

Once household eligibility 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, we refer to these individuals as “emancipated minors.”

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.

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 did not take place in the screener. Instead, they were selected after the household roster (section D) was completed in the first interview with an MKA.

### **1.3 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; 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, 46,705 interviews were conducted in the 1999 NSAF. Table 1-1 provides a definition of each type along with the distribution of these interviews in the 1999 NSAF.

**Table 1-1  
Definitions of Extended Interview Types — 1999 NSAF**

<b>Interview Type</b>	<b>Number of Completions</b>
A1: Option A interview with the first MKA	29,567
A2: Option A interview with a second MKA; both MKAs are in the same family	336
A3: Option A interview with a second MKA; MKAs are in different families	14
B1: Option B interview with the first childless adult respondent	12,772
B2: Option B interview with a childless adult respondent in the same family as another respondent	3,676
B3: Option B interview with a childless adult not in the same family as any other respondent	318
B4: Option B interview with an emancipated minor	21
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.<sup>1</sup>

**Table 1-2  
Extended Interviews per Household in the 1999 NSAF**

<b>Number of Extended Interviews in the Household</b>	<b>No.</b>	<b>%</b>
One	38,171	90.1
Two	4,035	9.5
Three	152	0.4
Four	2	0.0

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<sup>1</sup> 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.

## 1.4 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).<sup>2</sup>

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 1998), and J (unearned income sources and amounts in 1998) contain questions for which 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).

## **1.5 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 1999 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

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<sup>2</sup> This discussion only pertains 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.

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 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
<b><i>Economic Security</i></b>			
Poverty/family income			X
Parent/adult employment/earnings/work stability		X	
Health insurance coverage (includes Medicaid, CHIP)	X	X	
Parent/adult use of education and training		X	X
Child support	X	X	X
Use of public assistance (includes TANF, SSI)	X	X	X
Use of food assistance (includes food stamps, WIC, school lunch, school breakfast)	X	X	X
Use of EITC		X	X
Economic hardship			X
Food security			X
Use of housing assistance			X
Housing adequacy/stability/crowding	X	X	X
<b><i>Health and Health Care</i></b>			
Health status/limitations	X	X	
Awareness of Medicaid, CHIP		X	
Risk-taking attitudes		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	
Experiences applying for Medicaid, CHIP	X	X	
Inability to afford medical/dental care, medicine	X	X	
<b><i>Child's Education and Cognitive and Social Development</i></b>			
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
Participation in recreational activities (teams, clubs, scouts, religious groups)	X		
<b><i>Child's Behavior Problems</i></b>			
Behavior problems index	X		
Cut classes/suspended/expelled from school	X		
<b>Well-Being Construct/ Items Measured</b>	<b>Person/Unit for Whom Measured</b>		
<b><i>Child's Behavior Problems Continued</i></b>	<b>Child</b>	<b>Parent/ Adult</b>	<b>Family / Household</b>
<b><i>(A) Family Structure</i></b>			
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
<b><i>(B) Parent/Adult Psychological Well-Being</i></b>			
Depression		X	
Parent aggravation		X	
Participation in volunteer/religious activities		X	
<b><i>(C) Family Stress</i></b>			
Problems in family (includes mental health, family conflict)	X	X	X
<b><i>(D) Immigration Status</i></b>	X	X	X
<b><i>Community Environment</i></b>			
Knowledge of community services available		X	

The 1999 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 1999 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. Additional questions were asked about the respondent’s awareness of specific insurance programs such as Medicaid and those associated with the Children’s Health Insurance Program (CHIP).
- C. *Parent/Child/Family Interaction and Education.* This series of questions asked about education for focal children. Questions addressed the focal child’s current grade (or the last grade completed) and 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 14 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 14 and September 26, 1999.

*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 (Temporary Assistance for Needy Families, 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 Temporary Assistance for Needy Families (TANF) and Food Stamp benefits that the respondent might have received in the past two years. For both types of assistance, periods in which the respondent's benefits were reduced or eliminated were identified, as were strategies for coping during such times. Current TANF or Food Stamp recipients were asked about any requirements they had to fulfill (job search, training, etc.) in order to receive these benefits. Recipients were also asked questions about awareness of time limits and experiences with diversion. 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. Additional items were added to this section on respondent

experiences in getting government assistance for child care and health insurance through Medicaid and CHIP. Finally, new items were asked about the respondent's receipt and use of the Earned Income Tax Credit (EITC) in 1998.

*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 the respondent's ZIP code and address. Tracing information was asked of households with families receiving welfare at any time since January 1997, for possible use in a follow-up survey.

The questionnaire shown in this report is the Option A interview, or, more specifically, the type A1 interview. Appendices 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 e-mail 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 e-mail address mentioned above.

### **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.

## Chapter 2 - Changes between the 1997 and 1999 NSAF Questionnaires

All changes were made with the intent of not disturbing the comparability of critical items between rounds. If there was any fear that the change would disrupt or affect comparability, the change was not made. However, there were some problems observed with the Round 1 questionnaire that needed fixing. One global problem involved reducing respondent burden, either in the form of questionnaire length or streamlining the question flow. Therefore, the changes made between rounds were intended to correct these deficiencies in the Round 1 questionnaire and to eliminate items that were not considered useful. If at all possible, changes were made to try to reduce respondent burden.

The changes were of four general types. One type was to change the wording of items. Very few changes were of this type. This was only done if the item in question was not considered useful as it existed in Round 1. For example, what the Round 1 version of G1b asked was changed because researchers at the Urban Institute believed that mentioning "day or group care" at the outset of the question led respondents to report care arrangements that were actually babysitting arrangements in other homes. The Round 2 version of G1b was altered to try to correct this problem.

A second type of change was to modify the subject of the question. For example, in Round 1, questions in section L about participation in job training activities were asked of the respondent, spouse/partner of the respondent, and focal child between the ages of 15 and 17. In Round 2, only the respondent and spouse/partner were asked these questions. This was done because the information on the focal child did not prove to be useful and because removing the question on the focal child reduced respondent burden.

A third type of change altered the placement of a question. For example, the item identifying the person or persons who own or rent the home (the householder) was moved from the section on housing and economic hardship (section M) to the household roster section (Section D).

The fourth type of change added or deleted items. Most of the changes were of this type. Some items were added in the second round of the survey to reflect changes in the programs studied. As the implications and details of changes in government programs became clearer between 1997 and 1999, new research questions arose and this required the addition of items to Round 2. Some items were removed in order to reduce respondent and interviewer burden or because researchers did not plan to analyze the data from these items from Round 1.

### 2.1 Screener

The Round 2 screener interview differs from the Round 1 screener in one fundamental way. Round 1 used two different procedures for conducting the screener and extended interviews.

In Round 1, the period from January 4 to February 15 was devoted entirely to screening for eligible households. All households screened during this time (and eligible for the extended interview) were contacted after February 15 to verify information provided in the screener and conduct the extended interview. In this “Version 1” screener, then, the screener and extended interviews were carried out separately by design. In the “Version 2” screener, for households screened after February 15, an attempt was made to conduct the extended interview during the same call that the screener was completed. In Round 2, only the version 2 screener was utilized; to avoid allowing a certain amount of time to elapse between the conclusion of the screener and the attempt to conduct the extended interview.<sup>3</sup> This was done primarily to eliminate the additional cost and effort needed to implement, monitor, and manage two screening procedures as opposed to one.

In Round 2, some minor changes were made to the content of the screener. An item asking whether the respondent expected that anyone under the age of 65 would be moving in anytime soon was dropped since this item was never used in the first round. Also, two items were added for a subsample of 10 percent of the respondents. Items SC5a and SC5b were added on an experimental basis to determine if such questions could prove useful in predicting whether the respondent’s family income is above or below 200 percent poverty. This was part of an effort to reduce the number of respondents who might switch on income category (above or below 200 percent poverty) between the screener and extended interviews.

SC5a. Is this home or apartment owned or being bought by someone in your household, or rented by someone in your household?

SC5b. Is everyone in the household covered by health insurance?

## **2.2 Section B: Health Status and Satisfaction**

For Round 2, four questions were added to this section, only one of which is asked of both Most Knowledgeable Adults (MKAs) and childless adult respondents. Specifically, item B2a is asked of all respondents:

B2a How often have your family’s doctors or other health professionals listened to you carefully and explained things in a way you could understand during the last 12 months? Would you say never, sometimes, usually, or always?

The following items were added only to interviews with MKAs to help determine respondent awareness of public health insurance programs, such as Medicaid and programs

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<sup>3</sup> The Version 2 screener follows the conventional wisdom that it is easier to complete an interview if one does not have to call the respondent back at a later time. There is some evidence from Round 1 however, that the Version 1 screener produced a higher cooperation rate than the Version 2 screener. A more detailed discussion of this evidence is in 1997 Methodology Series Report No. 8: 1997 NSAF Response Rates and Methods Evaluation.

associated with the Children’s Health Insurance Program (CHIP), as well as respondent knowledge of whether families not on welfare are eligible for these programs.

- B6 Have you heard of a health insurance program for children in your state called (state CHIP name)?
- B7 Have you heard of a program that pays for health care for persons in need called Medicaid or (state Medicaid name)?
- B8 In your state, does (Medicaid, (state Medicaid name)), or (state CHIP name) cover children in families that do not receive welfare?

### **2.3 Section C: Child Education — Main and Summer Versions**

No significant changes occurred in section C.

### **2.4 Section D: Household Roster**

The Round 2 version of section D contains several changes from Round 1. These are detailed in the subsections which follow.

#### **2.4.1 Identification of respondent marital status**

The item on the respondent’s marital status (D9a – “Are you married, widowed, divorced, separated, or never married”) was placed earlier in the question sequence. In Round 1, respondents were asked about their marital status (D9a) after having been asked about all pairwise relationships between household members. If no household member had been identified as a spouse of the respondent, the question on marital status was asked. In Round 2, item D9a was asked before asking about all pairwise relationships. This was done in an effort to reduce the frequency with which respondents would forget to list their spouse/partner as a household member in the household enumeration.

#### **2.4.2 Identification of householder (reference person)**

Question M2 from Round 1 was moved up to become item D5a in Round 2. The Round 2 question asks “What is the name of the person or one of the persons who owns or rents this home”. Again, it was thought that asking this question earlier in the interviewing sequence would assist respondents in remembering to include their spouse/partner in the household enumeration.

In addition, the wording of the item itself changed. In Round 1, the question posed was, “In whose name or names is this house (owned/rented/owned or rented)”. A reference person, or householder, from whom to build families in a manner consistent with the definition of family used

in the Current Population Survey (CPS) and other household government surveys is derived from responses to this question. The wording in Round 1 encouraged respondents to record more than one person as householder, as well as persons living outside the household. The Round 2 question, on the other hand, is taken directly from the CPS, which lists only one person as the householder. If more than one person is listed by the respondent, interviewers are instructed to record only the first person mentioned by the respondent.

Finally, the context of the householder item has changed as well. In the first round, the item was asked relatively late in the extended interview and in the context of a section of questions on housing and economic hardship (section M). The 1999 NSAF asks about the householder in the context of the household enumeration section (section D), which is more consistent with the CPS approach to asking this question.

#### 2.4.3 Questions for identifying foster children

Questions for identifying children in foster care arrangements were changed considerably between the first and second rounds of the NSAF. Analysis of first-round data indicated that some respondents who identified themselves as “foster” parents did not mean the type of formal, agency-supervised, relationship that question designers wished to convey. With this in mind, item D10 was reworded from “Did anyone from social services help arrange for (MKA) to care for (CHILD)” to “Did anyone from a foster care or social services agency help arrange for (MKA) to care for child.” Two other items were added in order to capture foster care as intended by researchers. Item D11 asks “Does anyone in the household currently receive a foster care payment to help care for (CHILD)”. Item D12 asks “Does anyone in the household currently receive public assistance or welfare payments to help care for (CHILD).” Because of these additions, items D6YOU (“Is (CHILD) your foster child”) and D62 (“Is (CHILD) the foster child

#### 2.4.4 Miscellaneous changes in Section D

Several items were removed from this section for the 1999 NSAF. The series of questions on the whereabouts of siblings of the focal children outside the household was dropped (items D6D through D6FOS) as well as the item on expected pregnancies in the household. Item D3, asking if anyone else stayed or lived at the respondent’s residence in the last week, was also dropped from this section. One important addition is that the second-round instrument contains two items that are asked if the respondent’s marital status is “married” but no household member has been listed as a spouse of the respondent (items D8A1 and D8A2). Finally, item D8B1, asking about the number of children of the male respondent or male spouse/partner living outside the household, was added to this section for the second round.

## 2.5 Section E: Health Care Coverage

Few changes were made in this section. One change was made in the subject of questions about current health care coverage. Another change was to add an item asking about coverage through the Children's Health Insurance Program (CHIP).

### 2.5.1 Current Health Insurance Coverage

Round 1 of the NSAF asked about the current health insurance coverage status of all members of the respondent's family. In general, respondents were asked if anyone in the family was covered by a certain type of insurance. At item E22, the interviewer asked a verification question to make sure that all family members not listed as being covered by insurance were in fact uninsured. As an example, question E7 in Round 1 was asked as follows:

- 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.

The Round 2 version of E7 is as follows:

- E7 At this time, are {names of respondent, spouse/partner, focal children} 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.

Thus, Round 2 asks about the current health coverage of sample persons (i.e., only respondents, spouse/partners of respondents and focal children) rather than the entire family since analyses of Round 1 data on health insurance coverage were done only for sample persons. Information gathered about nonsample family members could be used to produce family level estimates (e.g., the percentage of families with at least one person without health insurance). But since most analyses of health care coverage are conducted using the person rather than the family as a unit of analysis, information about the health care coverage of nonsample persons is not needed. In addition, the change has the benefit of reducing interview length and the associated burden to both the respondent and interviewer.

### 2.5.2 Items about CHIP

In an effort to provide insurance coverage for children in low-income families, the Balanced Budget Act of 1997 provided for over \$20 billion in federal funds for the next five years for the State Children's Health Insurance Program. Due to the introduction of this program, Round 2 includes a question on this program in its section on health insurance coverage.



E21a,b At this time, is (focal child) covered by the health insurance program for children in your state called (state CHIP name)?

## **2.6 Section F: Health Care Use and Access**

Three relatively minor changes were made in section F.

First, questions F1 (on health status) and F3 (on functional limitations) are now asked of both the respondent and the spouse/partner in interviews with MKAs.

In Round 1, the subject of these questions was randomly determined to be either the MKA or the spouse/partner of the MKA. Researchers at the Urban Institute deemed it important to get items F1 and F3 for all MKAs, not just a random sample of MKAs.

Second, a new item, F17a, was added in order to ascertain the continuity of care at the health care place that respondents and their families usually go to for medical care.

F17a Is there a particular person (you/name) usually see when (you go/name goes) there?

Finally, there were some changes made to the items on unmet health care needs. Item F24 from Round 1, asking about any unmet need for mental health services, was dropped from Round 2 since it was reported too rarely to be analytically useful. While items F18 (did not get or postponed getting medical care or surgery in the last 12 months when needed), F21 (dental care) and F27 (prescription drugs) all remained the same, the follow-up questions for each of these items were changed. As an example, item F20 (follow up to F18) from Round 1 asked, “What was the main reason that (you/NAME) did not get care.” Item F20 in Round 2 asks, “Was lack of insurance or money a reason why (you/NAME) did not get the medical care or surgery (you/he/she/they) needed, or was it some other reason.” Open-ended responses to F20 in Round 1 proved difficult to code. The item was changed in order to obtain a more accurate measure of a particular reason for not getting care (lack of money or insurance).

## **2.7 Section G: Child Care**

Relatively minor changes were made to the main version of the section on child care. Items G1f, G30d, G28, and G46 were all removed. Items G28 and G46 asked, “During the last 12 months, how many child care providers have cared for (CHILD) on a regular basis while you worked, looked for a job, or were in school? This includes different babysitters who cared for (CHILD) or different places or programs (he/she) attended.” Cognitive testing by Westat and internal discussion led to the conclusion that the concept of the number of care arrangements was too difficult to obtain using a single question in a telephone survey. Thus, these items were

dropped. Items G1f and G30d were asked only to determine if additional MKAs should be asked items G28 and G46. These items were also dropped from the Round 2 instrument.

Item G1b was reworded. The Round 1 version of G1b asked, in regard to day care arrangements used at least once a week during the past month, “What about a day or group care center, a nursery, a preschool, or a pre-kindergarten,” with the preceding question (G1a) asking about Head Start. Researchers at the Urban Institute believed that mentioning “day or group care” at the outset of the question led respondents to report care arrangements that were actually babysitting arrangements in other homes. The Round 2 version of G1b asks, “Other than Head Start, what about a nursery school, a preschool, a pre-kindergarten or a day care center?”

Finally, two items were added to determine two characteristics of Head Start programs. Item G3b asks about the number of children usually in the room or group at the child’s Head Start center. Item G3c asks about the number of adults who usually supervise the children in the child’s room or group.

Changes made to the main version of the child care section were also implemented in the two summer versions of this section. Due to the need to conduct interviews during the summer months and the very different nature of child care arrangements during the summer as opposed to the school year, two special versions of section G were administered during the summer months of interviewing in Round 2. The first replicates the summer version that was used in Round 1 of the survey. In general, we ask MKAs about their child care arrangements over the last four weeks. The second summer version of section G is being introduced for the first time in the second round of NSAF. This version was administered to a special release group for which calling did not begin until June 14, 1999. MKAs in this release group will be asked about their child care arrangements during the month of May 1999.

## **2.8 Section H: Nonresidential Parents**

Relatively minor changes were made in section H. Items H6 and H14, asking whether the nonresidential parent makes child support payments directly to the parent or a court or public agency, was dropped for the second round of NSAF due to time constraints. Item H8 was reworded. The rewording was done based on results of comparisons of data from this item with data from the 1993 Survey of Income and Program Participation. Question H8 is asked of children who are covered by a child support order (and whose father is living elsewhere). The item asked “(Are you/Is CHILD’s birth father) legally recognized as the father of (CHILD),” with a probe of “Has paternity been legally established for this child?” For Round 2, item H8 was reworded as follows:

- H8. Have (you/CHILD’s father) been legally identified as (CHILD)’s father by a court ruling or (has he/have you) signed a birth certificate or statement that legally specifies that (he is/you are) (CHILD)’s father?

## 2.9 Section I: Employment and Earnings

Three changes were made in section I. First, four questions were added to provide more information on the work histories for both the respondent and spouse/partner as well as recent work experience.

I2a. In how many of the last [(10 years)/(AGE-18)] years since {year] have you/has (SPOUSE/partner)] worked at least six months during the year?

I2. Was it more or less than 5 years?

I2c. Did (you/SPOUSE/PARTNER) work at least 6 months of the last year?

I3ov1 Did you work at a job or business last month or this month?

Second, items I41a, I41b, and I41c were added to provide more complete data on earnings at the time of the interview.

I41a. (Asked if respondent/spouse/partner has more than one employer: I8 = 1)

You mentioned that (you/NAME of S/P) currently (have/has) more than one job. Not including the earnings you just told me about on (your/his/her) main job, about how much (were you/was NAME of S/P) paid on (your/his/her) other jobs last month, altogether, before taxes or deductions?

I41b. (Asked if respondent/spouse/partner worked for an employer and was self-employed but mainly self-employed: I7 = 2 or I10 = 4)

You mentioned that in addition to being self-employed, (you also work /NAME of S/P also works) for an employer. Not including earnings from (your/his/her) self-employment, about how much (were you/was NAME of S/P) paid on (your/his/her) other job last month, altogether, before taxes or deductions?

I41c. (Asked if respondent/spouse/partner mainly works for an employer and is self-employed and is not mainly self-employed: I7 = 1,3,DK/REF and I10 NE 4).

You mentioned that in addition to working for an employer, (you are also /NAME of S/P is also) self-employed. Not including earnings from (your/his/her) employment, about how much (did you/did NAME of S/P) earn from (your/his/her) self-employment last month, altogether, before taxes or deductions?

Finally, items I20 (on whether the subject's employer offers health insurance coverage to other employees) and I21 (does the employer pay all, part, or none of the cost of the premiums) were dropped. The item nonresponse rates for both items were relatively high. For item I21, the rate was 22 percent. Once the decision was made to drop I21, information from item I20 was reduced, so that it too was dropped.

## **2.10 Section J: Family Income**

Fairly minor changes were made in the family income section.

Item J37 on which family members received foster care payments in the previous year was dropped since it was decided not to obtain individual-level data on the receipt of foster care payments for the previous year. To accurately attribute foster care payments to individuals would have required additional questions. Furthermore, it was believed that asking respondents a single question on foster care amounts would not produce substantial measurement error (on total family income) relative to asking about foster care amounts associated with individuals separately.

Item J20b was added to assist in distinguishing child-only AFDC/TANF units from non-child only units.

J20b. Were the (TANF/AFDC/State TANF name) benefits to provide for

1. Just the children,
2. (you/other MKA name) and the children,
3. (you/other MKA name), (name of spouse/partner or other MKA's spouse/partner) and the children, or
4. (name of spouse/partner or other MKA's spouse/partner) and the children.

The order of items J5 and J6 was switched around from the first round. Since the beginning of item J6 reads "Apart from Food Stamps...", it was thought that it was better to ask about Food Stamps first, and then ask a question that began "Apart from Food Stamps..."

Similarly, debriefing sessions with Westat interviewers after the first round suggested that some respondents would report receiving Supplemental Security Income (SSI) when in fact they were thinking of Social Security. Thus, items J12 (Social Security) and J13 (SSI) were reversed from their order in Round 1.

## **2.11 Section K: Welfare Program Participation**

Substantial changes were introduced in the section on respondent experiences with welfare programs, although most of these changes were made due to changes in the nature of such

programs after Round 1 was already in the field. In addition, several new questions were introduced in this section to gauge participation in other government programs designed to assist low-income families such as Medicaid, child care assistance, and the Earned Income Tax Credit program.

#### 2.11.1 Changes to questions about welfare program participation

Two items were added to provide more detail on how long the respondent has received welfare benefits. In Round 1, only questions about when the respondent first received food stamps and AFDC were asked.

K1a. Approximately how many years as an adult have you received TANF or AFDC benefits?

K22a. Approximately how many years as an adult have you received food stamps?

As in section J on the receipt of AFDC/TANF for the past year, items K16a and K16b were added to distinguish child only AFDC/TANF units for households at the time of the interview.

K16a. [If MKA has no spouse/partner] Are the TANF or AFDC benefits to provide for just the children or you and the children?

K16b. [If MKA has a spouse/partner] Are the TANF or AFDC benefits to provide for just the children; you and the children; you, (NAME of S/P), and the children; or (NAME of S/P) and the children?

Finally, a series of items were added to section K to address characteristics of welfare programs that arose since the design and implementation of round 1 in 1996-1997. Among the issues addressed by these questions are (1) recipient awareness of time limits and (2) respondent experiences with assistance from welfare agencies in meeting program requirements and diversion by welfare agencies.

K18a. (Does/did) your local welfare, employment, or service agency help you meet this requirement?

K18b. Have you been told by the welfare agency that there is a time limit to how long you can receive benefits?

K18c. For how much longer can you receive assistance?

K19a. You inquired about or applied for TANF benefits but did not report receiving them. Was this because you were offered some short-term help instead, either

cash or a voucher?

K32a. (Does/did) your local welfare, employment, or service agency help you meet this requirement?

#### 2.11.2 Medicaid participation

K39. In the past 12 months, did you inquire about enrolling in Medicaid (or state Medicaid name) (or state CHIP name) for (CHILD)?

K39a. What was the main reason you did not inquire about Medicaid, (state Medicaid name), or (state CHIP name) for (CHILD)?

K40. In the past 12 months, did you complete an application for Medicaid, (state Medicaid name), or (state CHIP name) for (CHILD)?

K40a. What was the main reason you did not complete an application for Medicaid, (state Medicaid name), or (state CHIP name) for (CHILD)?

#### 2.11.3 Use of government child care assistance

K38. In past 12 months, did you receive government assistance in paying for child care?

K38a. You said you didn't receive government assistance in paying for child care. Did you inquire about or apply for it in the past 12 months?

K38b. Why didn't you receive this assistance?

#### 2.11.4 Questions on the Earned Income Tax Credit (EITC)

K41. Workers with low incomes can sometimes get benefits from the government in a tax refund or added to their paycheck. The program is called the Earned Income Tax Credit. Have you heard of this program?

K42. Have you ever received the Earned Income Tax Credit?

K43. What year did you last receive the EITC?

K44a. Did you also receive the EITC in 1998, that is, for the 1997 tax year?

K44b. Was the refund for the 1997 or 1998 tax year?

K44c. Was the refund for the 1997 or 1996 tax year?

K45. How did you use the money from the EITC in 1998?

## **2.12 Section L: Education and Training**

Relatively minor changes were made in this section. Despite outward appearances, items L1-L4 result in the same questions being asked of respondents in Round 1 and in the same order. The only difference worth noting is that all respondents who report receiving a vocational/technical certificate or associate's degree in items L1 and L2 will be asked if they have received a high school diploma or GED (and subsequently, which degree they have received).

Older focal children (between the ages of 15 and 17) were dropped as the subjects of questions L5-L14 because these items were no longer the focus of any planned analysis of Round 1 data.

Finally, items were added about respondent and spouse/partner efforts to get help from the government in finding a job or getting training.

L15b. Was any of the help (you/or spouse/partner) got finding a job or training in 1998 from the government?

L15c. Did (you/ or spouse/partner) ever try to get help from the government finding a job or training in 1998?

L15d. Who did that?

## **2.13 Section M: Housing and Economic Hardship**

Additional items were added to Round 2 in order to (1) provide better information on household housing costs and (2) obtain better information on the use of public housing. In addition, Round 2 includes additional questions on the experiences of those respondents and spouse/partners who are nonresidential parents themselves.

### **2.13.1 Housing Costs**

In Round 1, for item M6, interviewers were instructed to enter an amount of 0 if the respondent volunteered that the house was paid for. Unfortunately, there was no way to distinguish these cases from ones where the respondent simply answered "0" and made no clarifying comment that there was no longer a mortgage on the house. It was also decided to obtain total housing costs rather than just the housing costs paid by persons in the interviewed families.

M6a. Is there a mortgage, Home Equity Loan, or other type of loan on this house or apartment?

M6b. Considering all mortgages and loans on this house, what is the total current monthly (rent/mortgage payment/rent or mortgage payment) on this (house/apartment)?

### 2.13.2 Public Housing

One item from Round 1 designed to determine if the respondent lived in assisted housing was revised and two other questions were added in order to match items asked in the American Housing Survey. Items M71 and M7b were added in Round 2.

M71. As part of your rental agreement, do (you/you and anyone in family) need to answer questions about (your/your family's) income whenever (your/your family's) lease is up for renewal?

M7b. Did a public housing authority or some similar agency give (you/your family) a certificate or voucher to help pay the rent for this apartment or home?

Item M7a was revised, especially by removing the phrase “Is this house in a public housing

### 2.13.3 Additional items on nonresidential parents

Two items were added to section M about the experiences of nonresidential parents with their children.

M8d. How much did (NAME) contribute during the last 12 months?

M8e. During the last 12 months, how often (have you/has NAME) seen (your/his) youngest child who lives outside the household?

## 2.14 Section N: Issues, Problems, Social Services

Only two changes were made in section N. Item N14 was added to determine the risk-taking tendencies of respondents for use in analyses of health insurance coverage.

N14 How would you say the phrase “I’m more likely to take risks than the average person” applies to you? Is that definitely true, mostly true, mostly false, or definitely false?



The other change is that item N8C no longer asks, “What activities,” if the respondent answers that the child has participated in other organized activities during the past year.

## **2.15 Section O: Race, Ethnicity, and Nativity**

Two major changes were implemented in this section for Round 2. First, instead of asking a screening question on the presence of foreign-born household members, Round 2 asks for the country of birth for each household member. This was done to address a large shortfall in the numbers of foreign born and immigrants in Round 1 as compared with external data sources.<sup>4</sup> Second, Round 1 did not ask the race and Hispanic origin questions of focal children whose biological parents were both the MKA and spouse/partner of the MKA. This presented a problem in determining the race and Hispanic origin of children whose parents were not of the same race and/or Hispanic origin. Round 2 asks about the race and Hispanic origin of all focal children unless the biological parents of the child are the MKA and spouse/partner of the MKA and both parents are of the same race and Hispanicity. Furthermore, both parents’ races must be White, Black, American Indian, or Asian/Pacific Islander.

## **2.16 Section P: Closing Section**

Item P1d was dropped since over 90 percent of respondents answered “agree” or “strongly agree” to the statement “Working for pay is one of the most important things a person

One item was added to aid in matching households between the first and second rounds of the survey (for the overlap portion of the Round 2 sample).

P4a. Has your household had this telephone number since (month of cycle one finalized screener) 1997?

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<sup>4</sup> Raglin (1998) examines the question of whether the use of a screening question to identify individuals of Hispanic origin produces a lower level of Hispanic reporting as compared to asking about the Hispanicity of each household member individually.

Finally, two changes were made in collecting mailing addresses and contact information for respondents. In Round 1, households with at least one foreign-born person were asked for tracking information for use in a follow-up survey. In Round 2, tracking information is being requested of respondents who have been on welfare at any time since January 1997, again, for possible use in a follow-up survey. Second, all respondents are being asked to provide a mailing address, possibly for use in conducting a third round of NSAF.

## Chapter 3 - Summary Comparison of Round 1 and Round 2 Surveys

### 3.1 Screener

#### Removed items:

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

#### New items:

- SC5a. Is this home or apartment owned or being bought by someone in your household, or rented by someone in your household?
- SC5b. Is everyone in the household covered by health insurance?

Items SC5a and SC5b are asked only for a subsample.

#### Other changes:

The verification section (section A) is no longer asked due to the different screening procedure in Round 2 (extended interviews are attempted immediately after completion of the screener in all cases).

### 3.2 Section B: Health Status and Satisfaction

#### New items:

- B2a. How often have your family's doctors or other health professionals listened to you carefully and explained things in a way you could understand in the last 12 months?
- B6. Have you heard of a health insurance program for children in your state called (state CHIP name)?
- B7. Have you heard of a program that pays for health care for persons in need called Medicaid or (State Medicaid name)?
- B8. In your state, does (Medicaid, (state Medicaid name)) or (state CHIP name) cover children in families that do not receive welfare?

### 3.3 Section C: Child Education - Main and Summer Sections

#### Other changes:

- C3d. Always does homework? (Interviewers can enter NA – not applicable for this item if the respondent volunteers on this question that the child is home schooled.)

### 3.4 Section D: Household Roster

#### Removed items:

- D3. Since last (TODAY'S DAY), is there anyone else who lived or stayed here for one or more nights?
- D6d. Does (CHILD) have any brothers or sisters under 18 who currently do not live here?  
  
(Follow-up items D6E – D6FOS were also removed.)
- 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?
- D8d. Who?
- D6YOU2 Is (CHILD) your foster child?
- D62. Is (CHILD) the foster child of (PERSON)?

#### Changed items:

- D5a. What is the name of the person or one of the persons who owns or rents this home? (Revised version of item M2 from Round 1).  
  
*Previous: In whose name or names is this house (owned/rented/owned or rented)?*
- D10. Did anyone from a foster care or social services agency help arrange for (MKA ) to care for (CHILD)?  
  
*Previous: Did anyone from social services help arrange for (MKA) to care for (CHILD)?*

**New items:**

- D3a. Is (NAME) older than 40? (Asked if age is not known or refused for persons other than children listed in the screener)
- D7a. Who is the person in this household who knows the most about {non-FC's} education and health care? (new question asked if the nonfocal child does not have either a mother or father living in the household)
- D8a1. I have recorded that you are married, but we don't have anyone in the household listed as your spouse. Does your spouse live in the household? (Follow-up question (D8a2) asks for the first name, age, and sex of this spouse. The person is then added to the household roster and the questionnaire proceeds to ask about relationships for this person to all other household members)
- D8b1. How many of (spouse names)'s children under 18 live outside of the household?
- D11. Does anyone in the household currently receive a foster care payment to help care for (CHILD)?
- D12. Does anyone in the household currently receive public assistance or welfare payments to help care for (CHILD)?

**Other changes:**

- D8b. Asked of both the respondent and spouse/partner if both are male.
- D9a. Asked before questions about relationships between household members rather than after such questions. Asked of all respondents in Round 2.

**3.5 Section E: Health Care Coverage**

**Removed items:**

- E2. Are members of your family enrolled in more than one health plan from a current or former employer or union?
- E6. At this time, in addition to (you/POLCIYHOLDER), who else in this family is covered by this plan?

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

**Changed items:**

- E1. Now I'm going to ask about the types of health insurance used by (names of persons in target group). At this time, is anyone covered by a health plan provided by a current or former employer or union? Please remember to include plans obtained through persons not living with the family. [IF R MENTIONS A PLAN PROVIDED BY THE MILITARY, CODE "NO" FOR E1].

*Previous: 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 by 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.*

- E7. At this time, are (names of target group persons) 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.

*Previous: 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.*

E13 (Medicare), E15 (Military health plans), E18 (Medicaid), and E20XX (state-specific health programs) contain the same change as shown in E7 (asking about target group members only).

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

*Previous: Some plans (HMOs) require people to have approval or a referral before*

*they will pay 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?*

This change was also applied to items E32 and E36.

**New items:**

- E5. Are (target group) covered by any other employer- or union-provided health insurance plans?
- E11. Are (target group) covered by any other health plans purchased directly from an insurance company?
- E21a. At this time, is (CHILD1) covered by the health insurance program for children in your state called (state CHIP name)?
- E21b. Is (CHILD2) covered by (state CHIP name)?

**3.6 Section F: Health Care Use and Access:**

**Removed items:**

- F24 During the past 12 months, did (you/spouse/partner) or (CHILD1, CHILD2) not get or postpone getting mental health care when (you/he/she or they) needed it?
- F25: Who was that?
- F26: What was the main reason that (you/he/she/they) did not get mental health care?

**Changed items:**

- F20. Was lack of insurance or money a reason why (you/spouse/partner) or (names of focal children) did not get the medical care or surgery you needed?  
  
*Previous: What was the main reason that (you/NAME) did not get care? (open-ended response)*
- F23. Was lack of insurance or money a reason why (you/spouse/partner) or (names of focal children) did not get the dental care you needed?

*Previous: What was the main reason that (you/NAME) did not get care? (open-ended response)*

F29. Was lack of insurance or money a reason why (you/spouse/partner) or (names of focal children) did not get the drugs you needed?

*Previous: What was the main reason that (you/NAME) did not get care? (open-ended response)*

**New items:**

F17a. Is there a particular person (you/name) usually see(s) when (you go/name goes) there (usual place for health care)?

**Other changes:**

1. Items F1 (health status) and F3 (functional limitations) are asked of both the respondent and spouse/partner in MKA interviews.
2. Items F11 (breast exams) and F12 (pap smears) are now asked of both the respondent and spouse/partner in childless adult interviews if both are female.

**3.8 Section G: Child Care**

**Removed items:**

G1f., G30d.

In any of the last 12 months, has {CHILD1/CHILD2} 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?

G28., G46.

During last 12 months, how many child care providers have cared for (CHILD1/CHILD2) on a regular basis?

**Changed items:**

G1b. Other than Head Start, what about a nursery school, a preschool, a pre-kindergarten, or a day care center? Please do not include child care or



babysitting in someone else's home.

*Previous: What about a day or group care center, a nursery, a preschool, or a pre-kindergarten?*

G1d. Did (CHILD1) have child care or babysitting in your home {by someone other than (you/or your spouse/partner)}?

*Previous: Did (CHILD1) have child care or babysitting in your home (by someone other than your spouse/partner)?*

A similar change was carried out for G30b (for CHILD2).

G4. In the last month, about how many hours per week was (CHILD1) usually cared for in a nursery school, a preschool, a pre-kindergarten, or a day care center? Please do not include child care or babysitting in someone else's home.

*Previous: 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?*

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

*Previous: 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?*

A similar change was carried out for G33 (for CHILD2).

**New items:**

G3b. About how many children are usually in (CHILD)'s room or group at this Head Start Center?

G3c. About how many adults usually supervise the children in (CHILD)'s room or group?

**Other changes:**

1. If responses to questions G2, G4, G8, G10, G16, G23, or G26 (which ask about care for child1 from Head Start, nursery/preschool/kindergarten/daycare, before/after-school program, someone in the home, or someone

else's home, in school or in self-care, respectively) are greater than 60 hours, then ask if this is the # of hours that the child was cared for by that provider EACH WEEK.

If responses to questions G31, G33, G39, G47, or G50 (which ask about care for child2 from before/after school program, someone else in home, someone else's home, in school or in self-care, respectively) are greater than 60 hours, then ask if this is the # of hrs that the child2 was cared for by that provider EACH WEEK.

2. For each of these types of care, if the child did not have this type of care at least once a week in the last month, then enter 999 for number of hours and continue.

A procedure analogous to this follows for questions G23 and G26, which ask about hours in school and hours that child1 took care of her/himself or stayed alone with siblings.

For each of these types of care, if child2 did not have this type of care at least once a week in the last month, then enter 999 for # of hrs and continue.

A procedure analogous to this follows for questions G47 and G50, which ask about hours in school and hours of self-care.

3. There are two summer versions of this section in the second round. The first is essentially the same as the main version, but instead of asking about child care arrangements in the last month, it asks about child care for May 1999. This version is administered to a separate release group (replicate subsample), which was not released until June 14, 1999. The second summer version is being administered in MKA interviews after June 14, 1999, and is the same as the version administered in Round 1 (except for changes as noted above).

### **3.8 Section H: Non-Residential Parents**

#### **Removed items:**

H6., H14. Does (child's) (father/mother) make child support payments directly to you or to the court or other public agency?

#### **Changed items:**

H8. Have (you/CHILD's father) been legally identified as the father by a court ruling or (has he/have you) signed a birth certificate or statement that legally specifies that (he is/you are) (CHILD's) father?

*Previous: [Are you/Is (CHILD)'s birth father] legally recognized as the father of (CHILD)? PROBE: Has paternity been legally established for this child?*

**Other changes:**

1. If the focal child is temporarily living in the household (D4 = No and D5 = Yes), only items H7 and H8 can, if applicable, be asked of this child.
2. Foster children not excluded from section H questions as they were in Round 1.

**3.9 Section I: Employment and Earnings**

**Removed items:**

- I20. Does [your/(spouse/partner's)] employer offer health insurance to some other employees?
- I21. Does [your/(spouse/partner's)] employer pay all, part, or none of the cost of the premiums for the health insurance it offers?

**New items:**

- I2a. In how many of the last [(10 years)/(AGE-18)] years since {year} have you/has (SPOUSE/partner)] worked at least six months during the year?
- I2b. Was it more or less than 5 years?
- I2c. Did (you/SPOUSE/PARTNER) work at least 6 months of the last year?
- I3OV1 Did you work at a job or business last month or this month?
- I41a. (Asked if respondent/spouse/partner has more than one employer: I8 = 1)
- You mentioned that (you/NAME of S/P) currently (have/has) more than one job. Not including the earnings you just told me about on (your/his/her) main job, about how much (were you/was NAME of S/P) paid on (your/his/her) other jobs last month, altogether, before taxes or deductions?

- I41b. (Asked if respondent/spouse/partner worked for an employer and was self-employed but mainly self employed: I7 = 2 or I10 = 4)

You mentioned that in addition to being self-employed, (you also work /NAME of S/P also works) for an employer. Not including earnings from (your/his/her) self-employment, about how much (were you/was NAME of S/P) paid on (your/his/her) other job last month, altogether, before taxes or deductions?

- I41c. (Asked if respondent/spouse/partner mainly works for an employer and is self-employed and is not mainly self-employed: I7 = 1,3,DK/REF and I10 = NE 4).

You mentioned that in addition to working for an employer, (you are also/ NAME of S/P is also) self-employed. Not including earnings from (your/his/her) employment, about how much (did you/did NAME of S/P) earn from (your/his/her) self-employment last month, altogether, before taxes or deductions?

#### **Changed items:**

- I3. When is the last time [you/(SPOUSE/PARTNER)] worked at a job or business? 1996 or earlier, 1997, 1998, 1999 or [have you/has (SPOUSE/PARTNER)] never worked?

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

*Response categories in Round 1 were 1997, 1996, 1995, 1994 or earlier, and "Never worked."*

- I3OV1. Did you work at a job or business last month or this month?

*Previous: Which month? (as a follow-up to "When is the last time (you/Spouse/Partner) worked at a job or business?")*

### **3.10 Section J: Family Income**

#### **Removed items:**

- J37. Who received foster care payments in 1996?

**Changed items:**

J2. In 1998, did anybody receive benefits from Temporary Assistance for Needy Families, or TANF, which used to be called AFDC?

*Previous: In 1996, did anybody receive AFDC?*

J4. In 1998, did anybody receive a one-time cash payment from the government for an emergency or to let you stay off welfare?

*Previous: In 1996, did anybody receive one-time cash payments from the welfare office, including Emergency Assistance?*

J25. For how many months did (you/NAME) receive {STATE NAME FOR GENERAL ASSISTANCE} during the year?

*Previous: For how many months did (you/NAME) receive this during the year?*

J38. How much in foster care payments did your family receive in 1998. This can be either a monthly amount or the total for the year?

*Previous: How much did (you/NAME) receive in 1996? This can be either a monthly amount or the total for the year?*

**New items:**

J20b. Were the (TANF/AFDC/State TANF name) benefits to provide for

1. Just the children,
2. (you/other MKA name) and the children,
3. (you/other MKA name),  
(name of spouse/partner or other MKA's  
spouse/partner) and the children, or
4. (name of spouse/partner or  
other MKA's spouse/partner) and the children?

J27OV3. Did you already report some or all of these payments earlier as TANF or AFDC or {STATE NAME for GENERAL ASSISTANCE}?

J30a. Did (list all persons named in J30) (both/all) receive food stamps as a group or did they receive food stamp benefits separately?

**Other changes:**

1. The order for asking items J6 (Food Stamps) and J5 (vouchers, coupons from the welfare office) was switched from the order in the first round, where we asked about vouchers and coupons before asking about food stamps.
2. The order for asking items J12 (Supplemental Security Income) and J13 (Social Security) was switched from the order in the first round, where we asked about SSI before asking about Social Security.
3. Items J49 and J50 from Round 1 were switched in order for Round 2. J49 in Round 2 asks “Were the Supplemental Security Income benefits received on behalf of a child, an adult, or both?” while J50 in Round 1 asked “Were the benefits (you/NAME) received on behalf of a child?”

**3.11 Section K: Welfare Program Participation**

**Removed items:**

- K9. What did you do to get by when your family lost benefits?
- K15. What did you do to get by when your check was reduced?
- K21. Have you ever reapplied for AFDC {since then}?
- K34B. Have you ever reapplied for food stamps {since then}?

**Changed items:**

- 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 benefits from TANF, AFDC, or (state specific TANF name) in your name or in that of any of your children?

*Previous: 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?*

- K19. I know you are not receiving TANF or AFDC but you may have inquired about such government assistance. Since January 1, 1998, did you inquire

about or apply for TANF or AFDC benefits?

*Previous: Have you ever applied for AFDC during the last 2 years?*

**New items:**

- K1a. Approximately how many years as an adult have you received TANF or AFDC benefits?
- K16a. [If MKA has no spouse/partner] Are the TANF or AFDC benefits to provide for just the children or you and the children?
- K16b. [If MKA has a spouse/partner] Are the TANF or AFDC benefits to provide for just the children; you and the children; you, (NAME of S/P) and the children; or (NAME of S/P) and the children?
- K18a. (Does/did) your local welfare, employment, or service agency help you meet this requirement?
- K18b. Have you been told by the welfare agency that there is a time limit to how long you can receive benefits?
- K18c. For how much longer can you receive assistance?
- K5a. When is the last time that happened, that you stopped receiving TANF or AFDC benefits for more than one month?
- K19a. You inquired about or applied for TANF or AFDC benefits but did not report receiving them. Was this because you were offered some short-term help instead, either cash or a voucher?
- K22a. Approximately how many years as an adult have you received food stamps?
- K32a. (Does/did) your local welfare, employment, or service agency help you meet this requirement?
- K38. In past 12 months, did you receive government assistance in paying for child care?
- K38a. You said you didn't receive government assistance in paying for child care. Did you inquire about or apply for it in the past 12 months?

- K38b. Why didn't you receive this assistance?
- K39. In the past 12 months, did you inquire about enrolling in Medicaid, (or state Medicaid name), (or state CHIP name) for (CHILD)?
- K39a. What was the main reason you did not inquire about Medicaid, (state Medicaid name), or (state CHIP name) for (CHILD)?
- K40. In the past 12 months, did you complete an application for Medicaid, (state Medicaid name), or (state CHIP name) for (CHILD)?
- K40a. What was the main reason you did not complete an application for Medicaid, (state Medicaid name) or (state CHIP name) for (CHILD)?
- K41. Workers with low incomes can sometimes get benefits from the government in a tax refund or added to their paycheck. The program is called the Earned Income Tax Credit. Have you heard of this program?
- K42. Have you ever received the Earned Income Tax Credit?
- K43. What year did you last receive the EITC?
- K44a. Did you also receive the EITC in 1998, that is, for the 1997 tax year?
- K44b. Was this refund for the 1997 or 1998 tax year?
- K44c. Was this refund for the 1997 or 1996 tax year?
- K45. How did you use the money from the Earned Income Tax Credit in 1998?

**Other changes:**

1. Items K5-K14 in Round 2 are only asked of those who have received TANF/AFDC since January 1997 **and** are currently receiving TANF/AFDC at the time of the interview. Similarly, items K26-K29 in Round 2 are only asked of those who have received food stamps since January 1997 **and** are currently receiving food stamps at the time of the interview. In Round 1, these sets of questions were not restricted to those currently receiving benefits from these programs.



### 3.12 Section L: Education and Training

#### Removed items:

L11. Did (you/NAME) use the voucher?

#### Changed items:

L7. Was the unpaid job (you/NAME) had a requirement for welfare—that is, to get TANF, which used to be called AFDC, Food Stamps, or General Assistance?

*Previous: Was the unpaid job (you/NAME) had a requirement for welfare—that is, to get AFDC, Food Stamps, or General Assistance?*

#### New items:

L15b. Was any of the help (you/or spouse/partner) got finding a job or training in 1998 from the government?

L15c. Did (you/or spouse/partner) ever try to get help from the government finding a job or training in 1998?

L15d. Who did that?

#### Other changes:

1. Items L5-L15 are no longer asked of focal children ages 15-17.

### 3.13 Section M: Housing and Economic Hardship

#### Removed items:

M2. In whose name or names is this house (owned/rented/owned or rented)?

Item M2 appears with different wording as item D5A in Round 2.

M8. During the past 12 months, did anyone move into your home even for a little while because they couldn't afford their own place to live or because their parents could not support them?

**Changed items:**

M1. I'd like to ask a few questions about your living arrangement. (I know (I asked you this before/you already answered this) but just to confirm...Is this home or apartment owned or being bought by someone in your household, rented for cash, or occupied without payment of cash rent?

*Previous: 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, rented for cash, or occupied without payment of cash rent?*

M7a. Is the building owned by a public housing authority?

*Previous: Is this house in a public housing project, that is, is it owned by a local housing authority or other public agency?*

M6. Altogether in the month just past (what did you/you and [NAMES of OTHER ADULT FAMILY MEMBERS]) (pay in rent/pay on the mortgage or as rent)? {We are interested in knowing only your part of the payment.}

*Previous: {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)?*

Note that in both rounds, the phrase "We are interested in knowing only your part of the payment" appears only if the respondent is the only adult in the family but there are other adults in the household.

**New items:**

M6a. Is there mortgage, Home Equity Loan, or other type of loan on this house or apartment?

M6b. Considering all mortgages and loans on this house, what is the total current monthly (rent/mortgage payment/rent or mortgage payment) on this (house/apartment)?

M71. As part of your rental agreement, do (you/you and anyone in family) need to answer questions about (your/your family's) income whenever (your/your family's) lease is up for renewal?

M7b. Did a public housing authority or some similar agency give (you/your

family) a certificate or voucher to help pay the rent for this apartment or home?

M8d. How much did (NAME) contribute during the last 12 months? This can be either a weekly amount, a monthly amount, or the total for the last 12 months.

M8d1. For how many (weeks/months) did (you/NAME) contribute during the last 12 months?

M8e. During the last 12 months, how often (have you/has NAME) seen (your/his) youngest child who lives outside the household?

### **3.14 Section N: Issues, Problems, Social Services**

#### **New items:**

N14. I'm going to read you a statement and I'd like you to tell me how true it is for you. The statement is: "I'm more likely to take risks than the average person" Is that definitely true, mostly true, mostly false, or definitely false for you?

#### **Other changes:**

1. Respondents are not asked what activities the child participated in as part of item N8C.

### **3.15 Section O: Race, Ethnicity, and Nativity**

#### **Removed items:**

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?

O5. Who was born outside the United States?

#### **Changed items:**

O3. What is (your/NAME's) race?

[PROBE BY READING CATEGORIES IF NECESSARY]

[IF R SAYS “NATIVE AMERICAN”, VERIFY BY ASKING: “I am recording this as ‘American Indian’–is that right (IF YES, CODE “3”)]

WHITE	1
BLACK	2
AMERICAN INDIAN/ ALEUTIAN OR ESKIMO	3
ASIAN/PACIFIC ISLANDER	4
OTHER (SPECIFY)_____	91

*Previous: What is (your/NAME’s) race?*

*[PROBE BY READING CATEGORIES IF NECESSARY]*

<i>BLACK</i>	<i>1</i>
<i>WHITE</i>	<i>2</i>
<i>AMERICAN INDIAN/ NATIVE AMERICAN/ ALEUTIAN OR ESKIMO</i>	<i>3</i>
<i>ASIAN/PACIFIC ISLANDER</i>	<i>4</i>
<i>OTHER (SPECIFY)_____</i>	<i>91</i>

**New items:**

O9DK [asked if response to O9 is DK]

Did (you/NAME) come to live in the United States before 1997?

**Other changes:**

1. Questions about race and Hispanic origin for focal children are only skipped if the MKA and the spouse/partner of the MKA are both biological parents of the focal child and both parents are of the same race (White, Black, American Indian, Asian/Pacific Islander) and of the same Hispanicity.
3. Item O6, “In what country (were you/was NAME) born?” is asked of each household member.

### **3.16 Section P: Closing Section:**

#### **Removed items:**

P1d. Working for pay is one of the most important things a person can do.

#### **New items:**

P4a. Has your household had this telephone number since (month of cycle one finalized screener) 1997?

#### **Other changes:**

1. Items P5–P8 are asked of only those who have, at some point, been on welfare since January 1997.

**1999 NATIONAL SURVEY  
OF AMERICA'S FAMILIES (NSAF)**

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## HOUSEHOLD SCREENER

SINTRO\_1.

Hello, this is (INTERVIEWER NAME) with the National Survey of America's Families, a study to see how recent changes in Federal laws affect people's lives in your community. I am not asking for money - this is a study for private foundations on education, health care and other services in the state of {STATE}.

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 (GO TO 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 HH]

YES ..... 1  
NO ..... 2 (IF HOUSEHOLD WAS PRE-DESIGNATED AS CHILD-INTERVIEW-ONLY, GO TO END)

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. We are interested in including in the study households in a wide variety of economic situations in (STATE). For 1998, was the total income for everyone in this household, before taxes, below [2X POVERTY LINE FOR HH] or above [2X POVERTY LINE FOR HH]? <sup>5</sup>

BELOW OR AT ..... 1  
ABOVE..... 2

---

<sup>5</sup> 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).



NOTE: ITEMS SC5A AND SC5B ARE ASKED FOR A SUBSAMPLE (10%) OF ALL CASES, DEFINED IN DIFFERENT WAYS FOR AREA SAMPLE AS OPPOSED TO RDD SAMPLE CASES. FOR AREA SAMPLE CASES, THE ITEMS ARE ASKED IN EVERY TENTH SCREENER, AS DETERMINED BY THE ORDER OF CALL-INS TO THE TELEPHONE CENTER. FOR RDD SAMPLE CASES, 10% OF THE SAMPLE WAS PRE-DESIGNATED TO BE ASKED THESE ITEMS, USING RANDOM NUMBERS. HOWEVER, NOT EVERY RDD SCREENING INTERVIEW REACHES THIS POINT, DUE TO AGE-INELIGIBILITY AT ITEMS SC1 AND SC2.

SC5A.

Is this home or apartment...

- owned or being bought by  
someone in your household, or ..... 1
- rented by someone in your household ..... 2
- OTHER (NO SPECIFY)..... 3

SC5B. Is everyone in the household covered by health insurance?

- YES, EVERYONE IS COVERED ..... 1
- NO, AT LEAST ONE PERSON IS NOT COVERED ..... 2

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.

IF BOTH A CHILD1 AND A CHILD2 ARE SELECTED, ASK SC7 THROUGH SC10A FIRST ABOUT CHILD2, THEN ASK SC12, THEN ASK SC7 THROUGH SC10A ABOUT CHILD1 ONLY IF NECESSARY (SC12 = 1).

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 END.

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

NOTE: RESPONSE OPTIONS 12 AND 13 SHOWN ONLY IF ASKING ABOUT CHILD2 WITH AGE > 13.

SC9 IS ASKED ABOUT EACH MKA WHOSE RELATIONSHIP TO CHILD2 IS OTHER THAN MOTHER, FATHER, OR GRANDPARENT. IT IS ALSO SHOWN IF THIS IS A CHILD1 WHO IS NOT THE SIBLING OF A CHILD2, AND THE RELATIONSHIP OF THE MKA TO CHILD1 IS OTHER THAN GRANDPARENT.

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

- YES..... 1 (GO TO SC12 FOR CHILD1 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 \_\_\_\_\_

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

YES..... 1 (ASSIGN SAME MKA TO BOTH CHILDREN AND GO TO SRESPMKA)  
NO..... 2 (GO TO SC7 FOR CHILD1)

SC11. [ASK ONLY IF BOTH A CHILD1 AND CHILD2 HAVE BEEN SAMPLED AND THEY ARE NOT SIBLINGS; ELSE GO TO SRESPMKA]

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

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

SRESPMKA. [ASK IF NOT OBVIOUS]

Are you...

{NAME OF CHILD1 MKA} ..... 1  
{NAME OF CHILD2 MKA} ..... 2  
or someone else? ..... 3

GO TO SECTION B

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

**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...

[IF NO HEALTH CARE AND CAN'T ANSWER, CAN'T RECALL, OR DON'T KNOW, ENTER SHIFT 8]

- 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... [IF CAN'T RECALL OR DON'T KNOW, ENTER SHIFT 8.]

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

B2a. How often have your family's doctors or other health professionals listened to you carefully and explained things in a way you could understand during the last 12 months? Would you say.... [CODE 5 IF THERE WERE NO VISITS IN THE LAST 12 MONTHS]

- Never..... 1
- Sometimes ..... 2
- Usually, or ..... 3
- Always? ..... 4
- NO VISITS ..... 5

IS THERE A CHILD1 (0-5 YEARS OLD)?

- YES → ASK B3 THROUGH B5 FOR CHILD1
- NO → ASK B3 THROUGH B5 FOR CHILD2

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

- 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 (CONTINUE)

B6. Have you heard of a health insurance program for children in your state called (state CHIP name) <sup>6</sup>?

YES..... 1  
NO..... 2

B7. Have you heard of a program that pays for health care for persons in need called Medicaid or (or State Medicaid name) <sup>7</sup>?

YES..... 1  
NO..... 2

B8 SHOULD INCLUDE CHIP NAME ONLY IF B6=YES; B8 SHOULD INCLUDE MEDICAID, (STATE MEDICAID NAME) ONLY IF B7=YES. IF B6 AND B7 = NO, THEN GO TO SECTION C.

B8. In your state, does (Medicaid, (State Medicaid name)) or (State CHIP name) cover children in families that do not receive welfare?

YES..... 1  
NO..... 2

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<sup>6</sup> State-specific names for CHIP appear in Appendix A.

<sup>7</sup> State-specific names for Medicaid appear in Appendix A.



IS IT JUNE 14 – SEPTEMBER 8?

- YES → GO TO SUMMER VERSION OF SECTION C (PAGE C-6)
- NO → CONTINUE

IS THERE A CHILD1 WHO IS 5 YEARS OLD?

- YES → GO TO C1
- NO → CONTINUE

IS THERE A CHILD2?

- YES → CONTINUE
- 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?]

[FOR C3d, 5 = NOT APPLICABLE BECAUSE IN HOME SCHOOL, IS ALSO A CHOICE]

	<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

IS CHILD2 SCHOOLED AT HOME (C1=H)?

YES ..... 1 (GO TO NEXT BOX)  
 NO..... 2 (CONTINUE WITH C3d)

IS CHILD2 11 YEARS-OLD OR YOUNGER?

YES ..... 1 (GO TO SECTION D)  
 NO..... 2 (GO TO C8)

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

IF C3d=5 (HOME-SCHOOLED) AND CHILD2 IS 11 YEARS OLD OR YOUNGER, GO TO SECTION D. ELSE, IF C3d=5 AND CHILD2 IS 12 YEARS OR OLDER, GO TO C8. ELSE, 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.

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 14 – SEPTEMBER 8?

YES → CONTINUE

NO → USE MAIN VERSION OF SECTION C (PAGE C-1)

IS THERE A CHILD1 WHO IS 5 YEARS OLD?

YES → GO TO C01

NO → CONTINUE

IS THERE A CHILD2?

YES → CONTINUE

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 1998/1999 school year {before summer school started}?

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 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 1998/1999 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 1998/1999 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 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 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?<sup>8</sup>

- 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.

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?]

[FOR C3d, 5 = NOT APPLICABLE BECAUSE IN HOME SCHOOL, IS ALSO A CHOICE]

	<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

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<sup>8</sup> In the main version of section C, only MKA's of older focal children (CHILD2's) will receive question C2. However, during June 14 – 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.

IS CHILD2 SCHOOLED AT HOME (C1=H)?

YES ..... 1 (GO TO NEXT BOX)  
 NO..... 2 (CONTINUE WITH  
 C3d)

IS CHILD2 11 YEARS-OLD OR YOUNGER?

YES ..... 1 (GO TO SECTION D)  
 NO..... 2 (GO TO C8)

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

IF C3d=5 (HOME-SCHOOLED) AND CHILD2 IS 11 YEARS OLD OR YOUNGER, GO TO SECTION D. ELSE, IF C3d=5 AND CHILD2 IS 12 YEARS OR OLDER, GO TO C8. ELSE, 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.

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

**SECTION D: Household Roster**

[Families/Households] in America today are arranged in many different ways. In order to understand issues like health care and education, we need to understand these arrangements across a wide range of households in America. To get a picture of your household, I will now ask you about who lives there and how they are related to each other.

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 D4)

FOR EACH PERSON ADDED ON THE ROSTER, ASK:

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

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

IS THERE ANYONE, OTHER THAN CHILDREN LISTED IN THE SCREENER, WITH AGE = DON'T KNOW OR REFUSED?	
YES .....	1 (ASK D3a FOR EACH SUCH PERSON)
NO .....	2 (GO TO D4)

D3a. Is (NAME) older than 40?

YES..... 1  
NO..... 2

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

YES..... 1 (REPEAT FOR EACH PERSON - IF LAST PERSON, GO D9a)

NO..... 2 (GO TO D5)

DK/REF..... -8/-7 (REPEAT FOR EACH PERSON - IF LAST PERSON, GO D9a)

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 D9a.

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

MARRIED..... 1

WIDOWED..... 2

DIVORCED..... 3

SEPARATED..... 4

NEVER MARRIED..... 5

IF THIS IS A ONE PERSON HOUSEHOLD, GO TO DINTREL  
IF THERE IS ONLY ONE ADULT IN THE HOUSEHOLD, GO TO DINTREL  
ELSE, ASK D5A

D5a. What is the name of the person or one of the persons who owns or rents this home?

[SHOW ALL HH MEMBERS 16+, INCLUDING "NAME NOT IN HH", ENUM, AND PERSONS WITH UNKNOWN AGE]



RELATIONSHIP BOX

(1) CARRY FORWARD RELATIONSHIPS ASCERTAINED IN THE SCREENER AS FOLLOWS:

SCREENER

- 1 (MOTHER - ANY TYPE)
- 2 (FATHER - ANY TYPE)
- 3 (BROTHER - ANY TYPE)
- 4 (SISTER - ANY TYPE)
- 5 (GRANDMOTHER)
- 6 (GRANDFATHER)
- 7 (AUNT)  
=>D6A=19(AUNT/UNCLE)
- 8 (UNCLE)  
=>D6A=19(AUNT/UNCLE)
- 9 (COUSIN)

EXTENDED

- 5 (MOTHER) => ASK D6AM
- 6 (FATHER) => ASK D6AF
- 7 (BROTHER/SISTER)
- 7 (BROTHER/SISTER)
- 8 (GRANDFATHER/GRANDMOTHER)
- 8 (GRANDFATHER/GRANDMOTHER)
- 9 (OTHER RELATIVE)
- 9 (OTHER RELATIVE)
- 9 (OTHER RELATIVE) => D6A= 21 (COUSIN)

(2) CODE INVERSES OF ALL KNOWN RELATIONSHIPS

DINTREL

As we mentioned before, households in America today involve many different kinds of arrangements. To get a picture of the arrangements for you, we would like to ask you about the relationships in your household. To do this, I will read you a list of the kinds of relationships we are interested in and then ask you about specific individuals in your household.

The list of relationships that we will use is:

- spouse,
- unmarried partner,
- boyfriend/girlfriend,
- child,
- grandchild,
- mother/father,
- stepparent/stepchild,
- brother/sister,
- grandfather/grandmother,
- other relative,
- foster child,
- housemate/roommate,
- roomer/boarder,
- unrelated legal guardian
- or
- other non-relative

BOX D6

REPEAT D6 BELOW FOR EACH PERSON LISTED ON THE ROSTER UNTIL ALL RELATIONSHIPS TO THE MKA OR RESPONDENT ARE KNOWN. (NOTE: THE CATI PROGRAM CARRIES FORWARD RELATIONSHIPS THAT ARE ALREADY KNOWN FROM THE SCREENER. THE CATI ALSO CODES INVERSES OF ALL KNOWN RELATIONSHIPS.)

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

SPOUSE.....	1
UNMARRIED PARTNER, BOYFRIEND/ GIRLFRIEND .....	2
CHILD.....	3
GRANDCHILD .....	4
MOTHER (BIRTH/ADOPTIVE/STEP/ FOSTER/OTHER).....	5
FATHER (BIRTH/ADOPTIVE/STEP/ FOSTER/OTHER).....	6
BROTHER/SISTER .....	7
GRANDFATHER/GRANDMOTHER .....	8
OTHER RELATIVE.....	9
FOSTER CHILD .....	10
HOUSEMATE/ROOMMATE .....	11
ROOMER/BOARDER.....	12
OTHER NON-RELATIVE .....	13
UNRELATED LEGAL GUARDIAN .....	90

IF CHILD1 OR CHILD2 IS THE CHILD OF THE MKA (D6 = 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 D6 IS "OTHER RELATIVE" (D6 = 9), GO TO D6A. ELSE, REPEAT D6 FOR NEXT PERSON FOR WHOM THE RELATIONSHIP TO THE RESPONDENT IS UNKNOWN. ELSE, GO TO BOX D8A1.

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 D6 FOR NEXT PERSON IN HOUSEHOLD. IF  
LAST PERSON, GO TO BOX D8A1.

BOX D8A1

IF MKA IS MARRIED BUT NO SPOUSE IS CODED FOR  
MKA, GO TO D8A1. ELSE GO TO BOX D6FC1.

D8A1. I have recorded that you are married, but we don't have anyone in the household listed as your spouse. Does your spouse live in the household?

YES..... 1 (GO TO D8A2)  
NO..... 2 (GO TO BOX D6FC1)

D8A2. Can you please tell me the first name, age, and sex of your spouse?

NAME: \_\_\_\_\_  
AGE: \_\_\_\_\_  
SEX: \_\_\_\_\_

[ADD PERSON TO ROSTER, THEN ASK RELATIONSHIP QUESTIONS FOR THIS PERSON. WHEN DONE, 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 (BIRTH/ADOPTIVE/STEP/  
FOSTER/OTHER)..... 5
- FATHER (BIRTH/ADOPTIVE/STEP/  
FOSTER/OTHER)..... 6
- BROTHER/SISTER ..... 7
- GRANDFATHER/GRANDMOTHER..... 8
- OTHER RELATIVE..... 9
- FOSTER CHILD ..... 10 (GO TO D61)
- HOUSEMATE/ROOMMATE ..... 11
- ROOMER/BOARDER ..... 12
- OTHER NON-RELATIVE..... 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, D6A and D61. 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 D6FC2 FOR CHILD2 OR (IF JUST ASKED ABOUT CHILD2) TO BOX D7.

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 D6FC2 FOR CHILD2 OR (IF JUST ASKED ABOUT CHILD2) TO BOX D7.

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

- BIOLOGICAL MOTHER..... 1
- STEP MOTHER (MARRIED TO FC'S  
BIOLOGICAL/ADOPTIVE 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/ADOPTIVE FATHER/MOTHER ..... 5
- OTHER (SPECIFY) ..... 6

RETURN TO D6 FOR RELATIONSHIP OF NEXT PERSON ON ROSTER TO 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/ADOPTIVE MOTHER) ..... 2
- ADOPTIVE FATHER (HAS FORMALLY  
ADOPTED FC) ..... 3
- FOSTER FATHER (FORMAL, OFFICIAL,  
ASSIGNED BY AN AGENCY) ..... 4 (GO TO D61)
- PARTNER/BOYFRIEND OF FC'S  
BIOLOGICAL/ADOPTIVE MOTHER/FATHER ..... 5
- OTHER (SPECIFY) \_\_\_\_\_ ..... 6

GO BACK TO D6 FOR RELATIONSHIP OF NEXT PERSON ON ROSTER TO THIS FOCAL CHILD.

D61. [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.

BOX D7	
ARE THERE ANY NON-FOCAL CHILDREN?	
D7A)	YES ..... 1 (GO TO BOX NO..... 2 (GO TO BOX D6SPOUSE)

BOX D7A	
ASK D7A AND D7B FOR EACH NON-FOCAL 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 NON-FOCAL 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 BOX D7A FOR NEXT NON-FOCAL CHILD. IF LAST ONE, GO TO BOX D6SPOUSE)

D7D. Who is (NAME)'s father?

IF D7A=NO AND D7C=NO, THEN CONTINUE. ELSE GO TO BOX D7A FOR NEXT NON-FOCAL CHILD. IF LAST NON-FOCAL CHILD, THEN GO TO BOX D6SPOUSE.

D7E. Who is the person in this household who knows the most about (NAME)'s education and health care?

[show all HH members 16+ and allow only one name to be selected.]

GO TO D7A FOR NEXT NON-FOCAL CHILD. ELSE IF LAST CHILD, THEN CONTINUE.

BOX D6SPOUSE

IS THERE A SPOUSE/PARTNER OF THE MKA?

YES.....1  
NO..... 2 (GO TO BOX  
D6OTHER)

ASK 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 (BIRTH/ADOPTIVE/STEP/ FOSTER/OTHER).....	5
FATHER (BIRTH/ADOPTIVE/STEP/ FOSTER/OTHER).....	6
BROTHER/SISTER .....	7
GRANDFATHER/GRANDMOTHER.....	8
OTHER RELATIVE.....	9
FOSTER CHILD .....	10
HOUSEMATE/ROOMMATE .....	11
ROOMER/BOARDER .....	12
OTHER NON-RELATIVE.....	13
UNRELATED LEGAL GUARDIAN .....	90

IF RELATIONSHIP IS "OTHER RELATIVE" (D6 = 9), GO TO D6A. ELSE, REPEAT 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 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 (GO TO D6 FOR OTHER RELATIONSHIPS)

NO ..... 2 (GO TO BOX D8B)

ASK D6 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 (BIRTH/ADOPTIVE/STEP/  
FOSTER/OTHER)..... 5
- FATHER (BIRTH/ADOPTIVE/STEP/  
FOSTER/OTHER)..... 6
- BROTHER/SISTER ..... 7
- GRANDFATHER/GRANDMOTHER..... 8
- OTHER RELATIVE..... 9
- FOSTER CHILD ..... 10
- HOUSEMATE/ROOMMATE ..... 11
- ROOMER/BOARDER ..... 12
- OTHER NON-RELATIVE..... 13
- UNRELATED LEGAL GUARDIAN ..... 90

IF RELATIONSHIP IS "OTHER RELATIVE" (D6 = 9), GO TO D6A (SEE PAGE D6-11). ELSE, REPEAT D6 ABOVE FOR RELATIONSHIPS BETWEEN OTHER PAIRS OF PERSONS WITH UNKNOWN RELATIONSHIP TO EACH OTHER.

ELSE, IF LAST PERSON, GO TO BOX D8B.  
BOX D8B

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

[IF YES TO BOTH, ASK D8B AND D8B1 FOR BOTH THE  
MKA/R AND THE SPOUSE/PARTNER]

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

D10)

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

YES ..... 1 (CONTINUE)  
NO..... 2 (GO TO D8B FOR THE  
NEXT MALE, ELSE TO  
BOX D10)

D8B1. How many of (SPOUSE NAME)'s children under 18 live outside of the household?

[GO TO D8B FOR NEXT MALE (IF TWO); ELSE GO TO BOX D10].

BOX D10

EVALUATE FOR CHILD1, THEN FOR CHILD2:

IF MKA RESPONDED "5" (MOTHER) OR "6" (FATHER) TO QUESTION D6 {WHAT IS (PERSON)'S RELATIONSHIP TO (CHILD)?} FOR ANY PERSON IN THE HOUSEHOLD AND THEN ANSWERED "1", "2", OR "3" TO D6AM OR D6AF {ARE YOU/IS (PERSON) (CHILD)'S BIOLOGICAL, STEP, ADOPTIVE, OR FOSTER MOTHER/FATHER?} DO NOT ASK D10-D12 FOR THIS FOCAL CHILD.

ELSE ASK D10-D12 FOR THIS FOCAL CHILD.

ONCE FINISHED WITH D10-D12, AS RELEVANT TO THIS HOUSEHOLD, GO TO FAMILY CONSTRUCTION BOX.

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

YES..... 1 (GO TO D11)  
NO..... 2 (GO TO D12)

D11. Does anyone in the household currently receive a foster care payment to help care for {CHILD NAME/AGE/SEX}?

YES..... 1 (GO TO D10 FOR NEXT FOCAL CHILD; ELSE GO TO FAMILY CONSTRUCTION BOX.)  
NO..... 2 (GO TO D12)

D12. Does anyone in the household currently receive public assistance or welfare payments to help care for {CHILD NAME/AGE/SEX}?

YES..... 1  
NO..... 2

**GO TO D10 FOR NEXT FOCAL CHILD; ELSE GO TO FAMILY CONSTRUCTION BOX.**

**“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, DO NOT HAVE CHILDREN IN THE HOUSEHOLD (0 TO 17), AND ARE NOT A DESIGNATED MKA OR SPOUSE/PARTNER OF A DESIGNATED MKA (PER D7E) 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.

REVISED 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 option A (child) interview families by starting with the FCs as target persons. Create option 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 or for whom all relationships are unknown in the same family as their designated MKA. If the designated MKA information is not known for this child, place the child in the first child interview family.
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.
8. 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**

SECTION E IS ASKED FOR EACH PERSON IN THE HOUSEHOLD WHO IS PART OF THE TARGET GROUP. THE TARGET GROUP CONSISTS OF THE MKA, THE MKA'S SPOUSE OR UNMARRIED PARTNER, AND THE FOCAL CHILDREN FOR THIS MKA. 9

E1. Now I'm going to ask you about the types of health insurance used by {NAMES OF PEOPLE IN THE TARGET GROUP}.

At this time, is anyone 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 your family. [IF R MENTIONS A PLAN PROVIDED BY THE MILITARY, CODE "NO".]

- YES..... 1 (GO TO E3)
- NO..... 2 (GO TO E7)

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 is covered by (your/POLICYHOLDER'S) plan?

[PROBE: Anyone else?]

E5. Are {NAMES OF PEOPLE IN TARGET GROUP} covered by any other employer- or union-provided health insurance plans?

- YES..... 1 (GO TO E3)
- NO..... 2 (GO TO BOX E7)

---

9If there are two MKAs and two focal children, and the two MKAs are married or unmarried partners to each other, the target group is defined as only the MKA and the focal child for whom they are responding.

<b>BOX E7</b>	
<b>IS THERE ANYONE IN THE (TARGET GROUP) THAT IS NOT COVERED BY INSURANCE?</b>	
YES.....	1 (GO TO E7)
NO.....	2 (GO TO E18)

E7. At this time, are (NAMES OF TARGET GROUP MEMBERS) 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 E9)  
 NO..... 2 (GO TO E13)

E9. Who is the policyholder for this plan?

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

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

<b>GO TO E11</b>
------------------

E11. Are (NAMES OF TARGET GROUP MEMBERS) covered by any other health plans purchased directly from an insurance company?

YES..... 1 (GO TO E9)  
 NO..... 2 (GO TO BOX E13)

<b>BOX E13</b>	
<b>IS THERE ANYONE IN THE (TARGET GROUP) THAT IS NOT COVERED BY INSURANCE?</b>	
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, are (NAMES OF TARGET GROUP MEMBERS) covered by Medicare?

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

E14. Who is covered?

[PROBE: Anyone else?]

<p>BOX E15</p> <p>IS THERE ANYONE IN THE (TARGET GROUP) THAT IS NOT COVERED BY INSURANCE?</p> <p>YES..... 1 (GO TO E15) NO..... 2 (GO TO E18)</p>
---

E15. At this time, are (NAMES OF TARGET GROUP MEMBERS) covered by CHAMPUS or TRICARE, CHAMP-VA, VA, other 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

<p>REPEAT E17 FOR EACH PERSON NAMED IN E16</p>
--

E18. Medicaid {or STATE NAME FOR MEDICAID} 10 is 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, are (NAMES OF TARGET GROUP MEMBERS) 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: AK, CA, CT, IL, IA, KS, MA, MN, MO, NE, NJ, NY, OH, PA, RI, UT, VA, WA, WI</p> <p>YES..... 1 (GO TO E20) NO..... 2 (GO TO BOX E21A)</p>
---

E20. At this time, are (NAMES OF TARGET GROUPS MEMBERS) covered by the state program called (STATE-SPECIFIC PROGRAM)? 11

YES ..... 1 (GO TO E21)  
NO ..... 2 (GO TO BOX E21A)

E21. Who is covered?

[PROBE: Anyone else?]

---

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

11 State-specific program names appear in Appendix A.

BOX E21A

IF STATE DOES NOT HAVE A CHIP PROGRAM, GO TO BOX E22

IF STATE HAS A CHIP PROGRAM AND THERE IS A CHILD1, GO TO E21A; ELSE GO TO E21B.

E21A. At this time, is (CHILD1) covered by the health insurance program for children in your state called (STATE CHIP NAME)<sup>12</sup>?

YES ..... 1  
NO ..... 2

IF THERE IS A CHILD2, GO TO E21B; ELSE GO TO BOX E22

E21B. Is (CHILD2) covered by (STATE CHIP NAME)?

YES ..... 1  
NO ..... 2

BOX E22

REVIEW HEALTH INSURANCE INFORMATION FOR (TARGET GROUP) MEMBERS

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

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

---

<sup>12</sup> State-specific CHIP names appear in Appendix A.

E22. According to the information you have provided, (NAME OF UNCOVERED TARGET GROUP 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)

E23. At this time, under which of the following plans or programs (are you/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}, {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 A CURRENT/<br>FORMER EMPLOYER/UNION .....                  | 1  | } | (GO TO E24)  |
| INSURANCE PURCHASED<br>DIRECTLY FROM INSURANCE<br>COMPANY .....           | 2  |   |  |
| MEDICARE, .....   | 3  | } | (ASK E22 FOR NEXT UNCOVERED PERSON OR GO TO BOX E25) |
| CHAMPUS, CHAMP-VA, VA, OTHER<br>MILITARY, INDIAN HEALTH<br>SERVICE, ..... | 4  |   |  |
| MEDICAID, {STATE NAME<br>FOR MEDICAID} .....                              | 5  |   |  |
| STATE PROGRAM OR {STATE-<br>SPECIFIC PROGRAM} .....                       | 6  |   |  |
| {STATE CHIP NAME} .....   | 7  |   |  |
| 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 (TARGET GROUP) MEMBER.

BOX E25

REVIEW HEALTH INSURANCE INFORMATION FOR (TARGET GROUP) MEMBERS

ARE THERE ANY POLICYHOLDERS FOR AN "EMPLOYER" PLAN UNDER WHICH ONE OR MORE TARGET GROUP MEMBERS ARE COVERED (E1=1 OR E23=1)?

YES..... 1 (GO TO E25)

NO..... 2 (GO TO BOX E29)

ASK E25 - E28 FOR EACH "EMPLOYER" POLICY UNDER WHICH TARGET GROUP MEMBERS ARE COVERED. USE {} PHRASE IN E25 IF THE POLICYHOLDER FOR THE PLAN IS NOT A TARGET GROUP MEMBER.

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. {Earlier you told me that (NAME(S) OF TARGET GROUP MEMBERS COVERED) (was/were) covered under (your/his/her) plan.}

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 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 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;  
NO..... 2 IF LAST, GO TO BOX E29)

<p>BOX E29</p> <p>ARE THERE ANY POLICYHOLDERS FOR A "DIRECT" PLAN UNDER WHICH ONE OR MORE TARGET GROUP MEMBERS ARE COVERED (E7=1, E23=2)?</p> <p>YES..... 1 (GO TO E29) NO..... 2 (GO TO BOX E33)</p>
---

<p>ASK E29 - E31 FOR EACH "DIRECT" POLICY UNDER WHICH TARGET GROUP MEMBERS ARE COVERED. USE {} PHRASE IN E29 IF THE POLICYHOLDER FOR THE PLAN IS NOT A TARGET GROUP MEMBER.</p>
---

E29. The next few questions ask about characteristics of the plan that (you/POLICYHOLDER) purchased directly from an insurance company, not related to a current or past employer. {Earlier you told me that (NAME(S) OR TARGET GROUP MEMBERS COVERED) (was/were) covered under (your/his/her) plan.}

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 than 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 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 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  
 NO..... 2 } LAST, GO TO BOX E33)

BOX E33

IS ANYONE IN THE TARGET GROUP 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 IN THE TARGET GROUP COVERED BY MEDICAID

DEFINE "FIRST" IN PRIORITY ORDER AS:  
 1) MKA, 2) CHILD2 (IF NOT MKA), 3) CHILD1 (IF NOT CHILD2), 4) SPOUSE/PARTNER OF MKA

E33. The next few questions ask about characteristics of (your/POLICYHOLDER'S) Medicaid {or STATE NAME FOR MEDICAID} coverage.

Under Medicaid {or STATE NAME FOR 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 STATE NAME FOR MEDICAID} or must (you/he/she) choose from a directory, or list of doctors?

ANY DOCTOR OR CLINIC ..... 1 (GO TO SAMPLE BOX  
BEFORE E37)  
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 {or STATE NAME FOR 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 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 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) EXCLUDE FROM THIS GROUP ANY PERSONS FOR WHOM (E22=2 AND E23=DK/REF)

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}, {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
- {STATE CHIP NAME} ..... 7
- 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. INCLUDE IN THIS GROUP ANY PERSON FOR WHOM (E22=2 AND E23=DK/REF).

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 OF THE 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}, {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
- {STATE CHIP NAME} ..... 7
- 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

**SECTION F: HEALTH CARE USE AND ACCESS**

NOTE: IN OPTION B INTERVIEWS, QUESTIONS F1 THROUGH F3 WILL BE ASKED OF THE RESPONDENT AFTER THE SCREENER. WHEN THE INTERVIEW REACHES SECTION F, IF THERE IS A SPOUSE/PARTNER, F1 THROUGH F3 WILL BE ASKED ABOUT THE SPOUSE/PARTNER.

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

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

IN OPTION A INTERVIEWS, THE SUBJECT OF ITEMS F2, F4 THROUGH F12 AND F17A THROUGH F29 IS EITHER THE R OR THE SPOUSE/PARTNER IF THERE IS ONE. THE SELECTION OF THE SAMPLED ADULT IS ON PAGE E-33.

IN OPTION B INTERVIEWS, F2 THROUGH F17A ARE ASKED ABOUT THE R AND THE SPOUSE/PARTNER IF THERE IS A SPOUSE/PARTNER.

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. [ASK F3 OF BOTH MKA AND SPOUSE/PARTNER] [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

ASK THE NEXT QUESTIONS (F4-F12) FIRST ABOUT THE SAMPLED ADULT (FROM PAGE E-33), NEXT ABOUT CHILD1 (F4-F10) (IF RELEVANT), AND NEXT ABOUT CHILD2 (F4-F10) (IF RELEVANT).

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)

<p><b>BOX F13B</b></p> <p>ARE BOTH F9 AND F10 = 0 FOR CHILD?</p> <p>YES ..... (GO TO F13)</p> <p>NO ..... (GO TO F15)</p>
---

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..... \_\_\_\_\_

<p><b>GO TO F16</b></p>
-------------------------

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

F17a. Is there a particular person (you/NAME) usually see when (you go/NAME goes) there?

- YES..... 1
- NO..... 2

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)

F19. Who was that?

[PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]

F20. Was lack of insurance or money a reason why [you/(SPOUSE/PARTNER)] or (insert names of FCs) did not get the medical care or surgery you needed?

- YES, LACK OF INSURANCE OR MONEY ..... 1
- NO, SOME OTHER REASON..... 2

---

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)

F22. Who was that?

[PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]

F23. Was lack of insurance or money a reason why [you/(SPOUSE/PARTNER)] or (insert names of FCs) did not get the dental care needed?

YES, LACK OF INSURANCE OR MONEY ..... 1  
NO, SOME OTHER REASON..... 2

---

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]

F28. Who was that?

[PROBE FOR SELECTED ADULT AND CHILD(REN) ONLY: Anyone else?]

F29. Was lack of insurance or money a reason why [you/(SPOUSE/PARTNER)] or (insert names of FCs) did not get the drugs you needed?

YES, LACK OF INSURANCE OR MONEY ..... 1  
NO, SOME OTHER REASON..... 2

---

**SECTION G: CHILD CARE (MAIN VERSION)**

IS IT JUNE 14 – SEPTEMBER 26?		
OF	<input type="checkbox"/>	YES → GO TO SUMMER VERSION SECTION G (PAGE G-16)
	<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. Other than Head Start, what about or a nursery school, a preschool, a pre-kindergarten or a day care center? Please do not include child care or babysitting in someone else's home.....	1	2
G1c. [ASK IF CHILD1 IS 2 YEARS OLD OR OLDER] A program that provided before- or after-school care .....	1	2
G1d. Did (CHILD1) have child care or babysitting in <u>your</u> home {by someone other than (you/you or your spouse/partner)}?.....	1	2
G1e. What about child care or babysitting in someone <u>else's</u> home? ...	1	2

BOX G1f	
ARE ANY ANSWERS TO G1a-G1e="YES"?	
YES .....	1 (GO TO BOX G2)
NO .....	2 (GO TO BOX G23)

**Head Start**

BOX G2	
IS CHLD1 IN HEAD START (G1a = 1)?	
YES.....	1 (CONTINUE)
NO .....	2 (GO TO BOX G4)

G2. In the last month, about how many hours per week was (CHLD1) usually cared for in a Head Start Center?

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX ABOVE G4].

G3a. Were you working, looking for a job, or in school during any of these hours?

YES..... 1  
NO..... 2

G3b. About how many children are usually in (CHLD1)'s room or group at this Head Start Center?

NUMBER OF CHILDREN..... \_\_\_\_\_

G3c. About how many adults usually supervise the children in (CHLD1)'s room or group?

NUMBER OF ADULTS..... \_\_\_\_\_

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

<p>BOX G4</p> <p>IS CHILD1 IN A NURSERY SCHOOL, PRESCHOOL, PRE-KINDERGARTEN, OR DAY CARE CENTER (G1b = 1)?</p> <p>YES .....1 (CONTINUE)</p> <p>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 nursery school, a preschool, a pre-kindergarten, or a day care center? Please do not include child care or babysitting in someone else's home.

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND THEN GO TO BOX G8.]

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 A PROGRAM THAT PROVIDED 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 program that provided before- or after-school care?

HOURS PER WEEK..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G10].

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

YES..... 1  
NO..... 2



**Child care or babysitting from someone in MKA's home**

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

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G16].

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**

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

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G23].

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 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..... \_\_\_\_\_

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 above G25)
C1 NOT ASKED .....	3 (GO TO BOX above G25)

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD WAS NOT IN SCHOOL AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G25].

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 CHILD1 3-5 YEARS OLD?	
YES .....	1 (CONTINUE)
NO .....	2 (GO TO BOX G30)

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
- NO..... 2 (GO TO G26)
- DK..... -8 (GO TO BOX G30)

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 ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G30].

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

- YES ..... 1
- NO..... 2

BOX G30

IS THERE A CHILD2?

YES → CONTINUE  
 NO → GO TO BOX G52

IS CHILD2 12 YEARS-OLD OR YOUNGER?

YES → CONTINUE  
 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) 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 (CHILD2), at least once a week during the last month. First, did (CHILD2) attend...

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

BOX G1d

ARE ANY ANSWERS TO G30a - G30c = "YES"?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (GO TO BOX ABOVE  
 G47)

**Before- or after-school care program**

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

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G33].

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)</p> <p>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 you/other than you or your (spouse/partner)} in your home?

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G39].

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**

<p>BOX G39</p> <p>DOES CHILD2 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G30c =1)?</p> <p>YES ..... 1 (CONTINUE)</p> <p>NO ..... 2 (GO TO BOX G47)</p>
---

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G47].

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..... \_\_\_\_\_

**Kindergarten, Elementary or Jr. High School**

BOX G47	
IS CHILD2 6 TO 12 YEARS OLD?	
YES .....	1 (CONTINUE)
NO .....	2 (GO TO BOX G52)
IS CHILD2 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 (CHILD2) typically in school?

HOURS PER WEEK..... \_\_\_\_\_

[IF CHILD WAS NOT IN SCHOOL AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO G49].

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 ..... \_\_\_\_\_

[IF CHILD TAKES CARE OF HIMSELF/HERSELF OR IS CARED FOR BY BROTHER OR SISTER UNDER 13 ON A REGULAR BASIS, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G52].

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

YES..... 1  
NO..... 2

BOX G52

PERSONS WHO WERE WORKING, LOOKING FOR WORK, OR IN SCHOOL WHILE THEIR CHILD WAS IN AN ARRANGEMENT OR IN SCHOOL AND DID NOT SAY 999 IN HOURS FOR THAT ARRANGEMENT SHOULD BE ASKED G52.

ARE ANY OF THE FOLLOWING TRUE: (G3a=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? ]

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

AMOUNT LAST MONTH .....(G53)  
AMOUNT IN TYPICAL WEEK .....(G54)  
NO PAYMENT IN LAST MONTH OR WEEK ..... 2 (GO TO G56)

G53. AMOUNT.....\$\_\_\_\_\_

G54. UNIT:  
Last month.....1 (GO TO G55)  
Typical week.....2 (GO TO G55)

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)**

WAS CASE RELEASED ON OR AFTER JUNE 14 AND COMPLETED BETWEEN JUNE 14 AND SEPTEMBER 26?

- YES → CONTINUE
- ø NO → MAIN VERSION OF SECTION G (PAGE G-1) WAS ASKED. 13 GO TO SECTION H.

IF THERE ARE BOTH A CHILD1 AND CHILD2, ASK SECTION G FOR CHILD1 FIRST AND REPEAT FOR CHILD2.

IS THERE ONLY A CHILD TWO IN THIS INTERVIEW?

- ø YES → IF CHILD IS 6-12 YEARS OLD, GO TO G01 AND ASK ABOUT CHILD2. ELSE, GO TO SECTION H.
- ø NO → CONTINUE.

IS THERE ONLY A CHILD1 IN THIS INTERVIEW?

- ø YES → GO TO G01, ASK ABOUT CHILD1.
- ø NO → CONTINUE.

G01. (Sometimes children leave home for short periods of time in the summer/Now I have some questions about (CHILD2)) Has (CHILD) been at home for each of the last four weeks?

YES..... 1 (GO TO BOX ABOVE G05-2)  
NO..... 2 (GO TO G02)

---

13 Cases released prior to June 14 that complete section G between June 14 and September 26 were asked the main version of section G, but with May 1999 used for all time references.

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. ELSE, IF G02 = REF OR DK, GO TO G04.  
ALL OTHER RESPONSES GO TO G03.

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 (CONTINUE)  
CHILD2 ..... 2 (GO TO BOX  
G52)

IS THERE A CHILD2 (6-12) ?

YES ..... 1 (GO TO G01  
 ..... FOR CHILD2)  
 NO ..... 2 (GO TO BOX  
 ..... BOX G52)

BOX G05-2

IS CHILD 5-12 YEARS OLD?

YES ..... 1 (CONTINUE)  
 NO ..... 2 (GO TO BOX  
 ABOVE G1)

IS IT NOT KNOWN HOW LONG CHILD WAS AT HOME  
 (G02 = -7 OR -8)?

YES ..... 1 (GO TO G05)  
 NO ..... 2 (CONTINUE)

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)

REF/DK RESPONSES GO TO G06.



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, 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)

IF (G06 IS REF/DK) AND (G02 IS REF/DK), GO TO BOX G25 FOR CHILD1 OR G49 FOR CHILD2. ELSE, GO TO G07.

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G1].

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. Other than Head Start, what about a nursery school, a preschool, a pre-kindergarten, or a day care center? Please do not include child care or babysitting in someone else's home.....	1	2
G1c. [ASK IF CHILD1 IS 2 YEARS OLD OR OLDER] A program that provided before- or after-school care? .....	1	2
G1d. Did (CHILD1) have child care or babysitting in <u>your</u> home {by someone other than you/other than you or your spouse/partner}?.....	1	2
G1e. What about child care or babysitting in someone <u>else's</u> 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 (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 month<sup>14</sup>, about how many hours per week was (CHILD1) usually cared for in a Head Start Center?

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G4].

G3A. Were you working, looking for a job, or in school during any of these hours?

YES ..... 1  
NO..... 2

G3B. About how many children are usually in (CHILD1)'s room or group at this Head Start center?

NUMBER OF CHILDREN (a)

G3C. About how many adults usually supervise the children in (CHILD1)'s room or group?

NUMBER OF ADULTS (a)

---

<sup>14</sup> Questions G2, G4, G8, G10, G16, G0231, G31, G33, G39, AND G0461 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.

**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 PREKINDERGARTEN PROGRAM (G1b=1)?</p> <p>YES ....(CONTINUE) NO (GO TO BOX G8)</p>
--

G4. In the last month, about how many hours per week was (CHILD1) usually cared for in a nursery school, a preschool, a pre-kindergarten, or a daycare center? Please do not include child care or babysitting in someone else's home.

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND THEN GO TO BOX G8.]

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 program that provided before- or after- school care?

HOURS PER WEEK..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G10].

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**

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

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G16].

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**

<p>BOX G16</p> <p>DOES CHILD1 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G1e = 1)?</p> <p>YES ..... (CONTINUE) NO .(GO TO BOXG25)</p>
--

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

HOURS PER WEEK..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G23-1].

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 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..... \_\_\_\_\_

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**

<p>BOX G25</p> <p>IS CHILD1 3-5 YEARS OLD?</p> <p>YES ..... (CONTINUE) NO ..... (GO TO BOXG30)</p>
--

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 G30)

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 ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G30].

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

YES..... 1  
NO..... 2

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 also 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 (CHILD2), [(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 (CHILD2) attend...

	<u>YES</u>	<u>NO</u>
G30a. [IF G05 = 1, -7, OR -8] A program that provided before- or after-school care?.....	1	2
G30b. Did (CHILD2) have child care or babysitting in <u>your</u> home {by someone other than you/by someone other than you or your spouse/ partner}?.....	1	2
G30c. What about child care or babysitting in someone else's home?.....	1	2
G30d0. What about an organized summer program outside your home, such as a recreation program or summer day camp?.....	1	2

<p><b>BOX G1d</b></p> <p>ARE ANY ANSWERS TO G30a - G30d0 = "YES"?</p> <p>YES ..... (GO TO BOX G31)</p> <p>NO ..... (GO TO BOX G49)</p>
--

**Before- or after-school care program**

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

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G33].

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 you/other than you or your spouse/ partner/) in your home?

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G39].

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**

<p>BOX G39</p> <p>DOES CHILD2 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G30c =1)?</p> <p>YES ..... (CONTINUE) NO ..... (GO TO BOX G0461)</p>
--

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

HOURS PER WEEK ..... \_\_\_\_\_

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G0461].

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 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**

<p>BOX G0461</p> <p>IS CHILD2 IN SUMMER PROGRAM (G30d0=1)?</p> <p>YES ..... (CONTINUE)</p> <p>NO ..... (GO TO G49)</p>
--

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

**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 ..... \_\_\_\_\_

[IF CHILD DOES NOT TAKE CARE OF HIMSELF/HERSELF OR IS NOT CARED FOR BY BROTHER OR SISTER UNDER 13 ON A REGULAR BASIS, ENTER 999 FOR NUMBER OF HOURS AND GO TO BOX G52].

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

YES..... 1  
NO..... 2

BOX G52

PERSONS WHO WERE WORKING, LOOKING FOR WORK, OR IN SCHOOL WHILE THEIR CHILD WAS IN AN ARRANGEMENT OR IN SCHOOL AND DID NOT HAVE 999 IN HOURS FOR THAT ARRANGEMENT SHOULD BE ASKED G52.

IS ANY OF THE FOLLOWING TRUE: (G3A=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 (G0232=1) OR (G0462=1) OR (G08=1) OR (G04 = 1 AND G03 NE 1 FOR CHILD1 OR CHILD2 OR BOTH CHILD1 AND CHILD2)?

YES .....(CONTINUE)  
NO .....(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?

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

AMOUNT GIVEN .....(GO TO G53)

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

G53. AMOUNT.....\$\_\_\_\_\_

G54. UNIT:  
Last month.....1 (GO TO G55)  
Typical week.....2 (GO TO G55)

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 (GO TO G57)  
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 H: NON-RESIDENTIAL PARENT-FATHER**

**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 H1C**

DOES CHILD HAVE TWO ADOPTIVE PARENTS IN THE HOUSEHOLD OR ARE CHILD'S BIOLOGICAL/ADOPTIVE PARENTS MARRIED AND LIVING IN THE HOUSEHOLD?

- 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 H1D**

DOES THE CHILD LIVE SOMEWHERE ELSE MOST OF THE TIME (D5=1) AND DOES THE CHILD NOT LIVE HERE MOST OF THE TIME (D4=2)?

- YES → GO TO BOX H7
- NO → CONTINUE

**BOX H1E**

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

- YES → GO TO BOX H7
- NO → GO TO H1

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)

BOX H7	
IS THE MKA CHILD'S BIOLOGICAL MOTHER OR FATHER?	
YES .....	1 (GO TO BOX H7A)
NO.....	2
DOES THE CHILD LIVE SOMEWHERE ELSE MOST OF THE TIME (D5=1) <u>AND</u> DOES THE CHILD DOES NOT LIVE HERE MOST OF THE TIME (D4=2)?	
YES .....	1 (GO TO H7)
NO.....	2
DOES CHILD HAVE AN UNMARRIED, ADOPTIVE PARENT IN THE HOUSEHOLD?	
YES .....	1 (GO TO BOX H9)
NO.....	2 (GO TO H7)

BOX H7A	
HAS THE MKA EVER BEEN MARRIED OR MARITAL STATUS IS UNKNOWN (MARSTAT=1,2,3,4,-7,-8)?	
YES .....	1 (GO TO H7)
NO.....	2 (GO TO BOX 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

<p>BOX H8</p> <p>IS CHILD COVERED BY A CHILD SUPPORT ORDER (H4=1)?</p> <p>YES ..... 1 (GO TO BOX H9) NO ..... 2</p>
---

H8. (Has (CHILD)'s father/Have you) been legally identified as (his/her/CHILD'S) father by a court ruling or signed a birth certificate or statement that legally specifies that he is (CHILD)'s father?/Have you been legally identified as (CHILD)'s father by a court ruling or signed a birth certificate or statement that legally specifies that (he is/you are) (CHILD)'s father)?

YES ..... 1  
NO ..... 2

<p>BOX H9</p> <p>IF THE CHILD DOES NOT LIVE HERE MOST OF THE TIME (D4=2) AND THE CHILD LIVES SOMEWHERE ELSE MOST OF THE TIME (D5=1) GO TO SECTION I. ELSE, 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 H1C AND GO THROUGH SKIPS FOR CHILD2. ELSE, GO TO SECTION I.</p>
--

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 H1C. 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 H1C. 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 H1C 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

**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?

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

YES..... 1  
NO..... 2

IS THE SUBJECT OF THE QUESTION 20 YEARS OR OLDER OR IS AGE UNKNOWN?

YES ..... 1 (GO TO I2A)  
NO ..... 2 (GO TO NEXT BOX)

IS THE SUBJECT OF THE QUESTION 19 YEARS OLD?

YES ..... 1 (GO TO I2C)  
NO ..... 2 (GO TO I3)

I2A. In how many of the last [(10 years)/(AGE - 18)] years since [YEAR] [have you/has (SPOUSE/PARTNER)] worked at least six months during the year?

- All ..... A
- 1 year ..... 1
- 2 years ..... 2
- 3 years ..... 3
- 4 years ..... 4
- 5 years ..... 5
- 6 years ..... 6
- 7 years ..... 7
- 8 years ..... 8
- 9 years ..... 9
- 10 years ..... 10
- N. None..... N

IS THE SUBJECT OF THE QUESTIONS 20 YEARS OLD OR OLDER OR OF UNKNOWN AGE, AND THE ANSWER TO I2A IS REFUSED OR DON'T KNOW?

YES ..... 1 (GO TO I2B)

NO ..... 2 (GO TO I3)

I2B. Was it more or less than [5 years/(AGE - 18)/2 years]?

- MORE THAN (5 YEARS/AGE - 18/2 YEARS).... 1
- LESS THAN (5 YEARS/AGE - 18/2 YEARS)..... 2

I2C. Did (you/SPOUSE/PARTNER) work at least 6 months of the last year?

- YES..... 1
- NO..... 2

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

- 1996 or earlier [that's 3 years ago or earlier] 1 (GO TO I4)
- 1997 [that's 2 years ago] . \_\_\_\_\_ 2 (GO TO I4)
- 1998 [that's last year] ..... \_\_\_\_\_ 3 (GO TO I4)
- 1999 [this year] ..... \_\_\_\_\_ 4 (GO TO I3OV1)
- or [have you/has (SPOUSE/PARTNER)] never worked? 5 (GO TO I4)

I3OV1. Did [you/SPOUSE/PARTNER] work at a job or business last month or this month?

- YES ..... 1 (GO TO I3OV2)
- 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 (GO TO I4)

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 I22)
- NO..... 2 (GO TO BOX I23)

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

- YES..... 1
- NO..... 2

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

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 .....

BOX I27

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)?

YES..... 1 (GO TO I27)  
NO..... 2 (GO TO I28)

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 PER WEEK ..... \_\_\_\_\_

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

YES..... 1  
NO..... 2

<p>BOX I29</p> <p>IS THE SUBJECT THE RESPONDENT OR SPOUSE/ PARTNER?</p> <p>RESPONDENT..... 1 (GO TO BOX I30) SPOUSE/PARTNER.. 2 (CONTINUE)</p> <p>DOES RESPONDENT WORK (IS I2 = 1 OR I3OV2 = 1)?</p> <p>YES..... 1 (CONTINUE) NO..... 2 (GO TO BOX I30)</p> <p>ARE THERE CHILDREN IN THE FAMILY UNDER 13 YEARS OLD?</p> <p>YES..... 1 (CONTINUE) NO..... 2 (GO TO BOX I30)</p>
--

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 I41A)

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 (GO TO BOX I41A)
- MONTHLY ..... 5
- ANNUALLY ..... 6

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

HOURS ..... (GO TO BOX I41A 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 I41A)

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 ..... \$ \_\_\_\_\_

BOX I41A

IF WORKING FOR EMPLOYER(S) ONLY (I5=1) AND ONLY ONE EMPLOYER (I8=2) GO TO BOX I49a.

IF WORKING FOR EMPLOYER(S) ONLY (I5=1) AND MORE THAN ONE EMPLOYER (I8=1) GO TO I41a.

IF WORKING FOR BOTH EMPLOYER AND SELF-EMPLOYED (I5=3) AND MAIN JOB IS SELF-EMPLOYMENT (I7=2) GO TO I41b.

IF WORKING FOR EMPLOYER AND SELF-EMPLOYED (I5=3) AND MAIN JOB IS WORKING FOR EMPLOYER OR BOTH EQUAL IMPORT (I7=1,3,D/K,REF) GO TO I41c.

ELSE GO TO BOX I42.

I41a. You mentioned that (you/SPOUSE/PARTNER) currently (have/has) more than one job. Not including earnings you just told me about on (your/his/her) main job, about how much (were you/was NAME) paid on (your/his/her) other job(s) last month, all together, before taxes and deductions?

AMOUNT \_\_\_\_\_ (GO TO BOX I49A)

I41b. You mentioned that (you/NAME of S/P), in addition to being self-employed, also (work/works) for an employer. Not including earnings from (your/his/her) self-employment, about how much (were you/was NAME) paid on (your/his/her) other job(s) last month, all together, before taxes and deductions?

AMOUNT \_\_\_\_\_(GO TO BOX I42)

I41c. You mentioned that (you/NAME of S/P), in addition to working for an employer, (are/is) also self-employed. Not including earnings from (your/his/her) employment, about how much did (you/NAME) earn from (your/his/her) self-employment last month, all together, before taxes and deductions?

AMOUNT \_\_\_\_\_(GO TO BOX I49)

<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 BOX I49A)

I43. Is the health insurance [you have/(SPOUSE/PARTNER) has] now from [your/(SPOUSE/PARTNER)'s] former employer?

YES..... 1 (GO TO BOX I49A)  
NO..... 2 (GO TO BOX I49A)

<b>BOX I44</b>	
<p><b>IS R OR (SPOUSE/PARTNER) CURRENTLY UNINSURED (E22=1)?</b></p> <p style="text-align: right;"> <b>YES..... 1 (CONTINUE)</b>  <b>NO..... 2 (GO TO BOX I49A)</b> </p>	

I44. [Have you/Has (SPOUSE/PARTNER)] worked for an employer in the last two years?

- YES..... 1
- NO..... 2 (GO TO BOX 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 BOX 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**

<b>GO TO I49a</b>
-------------------

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 1997, 1998 OR 1999 (I3 = 3, 2, OR 1)?

- 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 1998, 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 1998, 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?

[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  $\geq$  1)?

- YES.....1 (GO TO I53)
- NO.....2 (CONTINUE)

I51. How many hours did [you/(SPOUSE/PARTNER)] usually work per week last year, across all jobs?

[INCLUDE OVERTIME, IF USUALLY WORKED OVERTIME]

HOURS .....

<p>BOX I52</p> <p>HAS R OR (SPOUSE/PARTNER) WORKED FOR AN EMPLOYER IN THE PAST TWO YEARS (IS I42 = 1 OR I44 = 1)?</p> <p>YES..... 1 (CONTINUE)</p> <p>NO..... 2 (GO TO I65)</p>
---

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 1998. Before taxes and other deductions, how much did [you(SPOUSE/PARTNER)] earn from [your/(SPOUSE/PARTNER)'s] main job during 1998, 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 1998?

- 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 1998.}

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 1998?

[NOTE: INCLUDE OVERTIME IF USUALLY WORKED OVERTIME]

HOURS .....

<p>BOX I61</p> <p>IS R OR (SPOUSE/PARTNER) AN UNPAID WORKER (I55 = 1 or 2)?</p> <p>YES..... 1 (GO TO I66) NO..... 2 (CONTINUE)</p>
--

I61. Before taxes and other deductions, how much did [you/(SPOUSE/PARTNER)] earn from [your/(SPOUSE/PARTNER)'s] main job during 1998, 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 1998?

HOURS .....

I65. What were [your/(SPOUSE/PARTNER)'s] net earnings from [your/(SPOUSE/ PARTNER)'s] business or farm after expenses during 1998?

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

AMOUNT .....\$

GO TO I66.

I65b. How many employers did [you/(SPOUSE/PARTNER)] have in 1998?

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 1998, 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 (IF R HAS A SPOUSE OR PARTNER  
AND QUESTIONS HAVE NOT  
BEEN YET ASKED ABOUT  
HIM/HER, GO BACK TO I2. ELSE,  
GO TO BOX I171.)

ABOVE..... 2

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 1998 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 1998?

YES ..... 1 (GO TO I72)  
NO ..... 2 (GO TO SECTION J)

I72. Who worked for pay in 1998?

[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 1998 by members of your family, including {PROVIDE THE NAMES OF EACH FAMILY MEMBER}.

- J1. In 1998, did anybody receive public assistance, welfare payments, vouchers, or emergency help from the welfare office?

YES..... 1  
NO..... 2 (GO TO J6)

- J2. In 1998, did anybody receive benefits from Temporary Assistance for Needy Families, or TANF, which used to be called AFDC?

[PROBE:TANF is the Temporary Assistance for Needy Families Program, which used to be called AFDC.]

YES..... 1 (GO TO J3)  
NO..... 2 (GO TO J2B)

- J2B. In 1998, did anybody receive benefits from the (STATE TANF PROGRAM?) 15

YES..... 1  
NO..... 2

- J3. In 1998, did anybody receive (STATE NAME FOR GENERAL ASSISTANCE or GENERAL ASSISTANCE, if no state name)? 16

YES..... 1  
NO..... 2

---

15 State-specific TANF program names appear in Appendix A.

16 State-specific General Assistance program names appear in Appendix A.

J4. In 1998, did anybody receive a one-time cash payment from the government for an emergency or to let you stay off welfare?

YES..... 1  
NO..... 2

J6. [In 1998,] did anybody receive Food Stamps?

YES..... 1  
NO..... 2

IF J1 = 1, GO TO J5. ELSE, GO TO J7

J5. In 1998, 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

J7. [In 1998, did anybody receive] child support?

YES..... 1  
NO..... 2

J8. [In 1998, did anybody receive] foster care payments?

YES..... 1  
NO..... 2

J9. [In 1998,] did anybody receive financial assistance from friends or relatives not living here?

YES..... 1  
NO..... 2

- J10. [In 1998,] did anybody receive unemployment compensation?
- YES..... 1  
NO..... 2
- J11. [In 1998, did anybody receive] workers' compensation or veteran's payments?
- YES..... 1  
NO..... 2
- J12. [In 1998, did anybody receive] Supplemental Security Income?
- YES..... 1  
NO..... 2
- J13. [In 1998, did anybody receive] Social Security payments from the US government?
- YES..... 1  
NO..... 2
- J14. [In 1998, 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 1998,] did anybody receive any interest from sources like bank accounts, money markets or certificates of deposit, dividends from stocks, or mutual funds?
- YES..... 1  
NO..... 2
- J16. [In 1998, did anybody receive] income from rental property?
- YES..... 1  
NO..... 2

J17. In 1998, 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 TANF/AFDC OR STATE TANF/AFDC IN 1998 (J2 = 1 OR J2B = 1)?

YES..... 1 (CONTINUE)  
NO ..... 2 (GO TO BOX J23)

BOX J19a

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES ..... 1 (GO TO J20a)  
NO ..... 2 (CONTINUE)

ARE THERE ONLY TWO ADULTS AND THE SECOND IS THE RESPONDENT'S SPOUSE/PARTNER?

YES ..... 1 (GO TO J20b)  
NO ..... 2 (GO TO J19)

J19. To whom was the (TANF or AFDC/{STATE TANF NAME}) check made out during 1998?

[PROBE: Anybody else?]

IF NAME LISTED IN J19 IS MKA1 OR MKA2 WITH NO SPOUSE/PARTNER ASK J20a.

IF NAME LISTED IN J19 IS MKA1 OR MKA2 WITH A SPOUSE/PARTNER, OR MKA1 S/P,OR MKA2 S/P, ASK J20b.

IF NAME LISTED IN J19 IS NOT MKA1 OR MKA2 OR S/P OF MKA1 OR S/P OF MKA2 GO TO J21.

REPEAT CYCLE FOR ALL MKA - S/P OF MKA PAIRINGS LISTED IN J19.

J20a. Were the (TANF or AFDC/{STATE TANF NAME}) benefits to provide for just the (child/children) or both (you/OTHER MKA) and the children?

- JUST CHILDREN ..... 1 (GO TO J21)
- MKA
- AND CHILDREN..... 2 (GO TO J21)

J20b. Were the (TANF or AFDC/{STATE TANF NAME}) benefits to provide for just the (child/children), both (you/OTHER MKA) and the children, (you/OTHER MKA), (SPOUSE) and the children, or just (SPOUSE) and the children?

- JUST CHILDREN ..... 1
- MKA
- AND CHILDREN..... 2
- MKA, SPOUSE/PARTNER AND CHILDREN..... 3
  
- JUST SPOUSE/PARTNER AND CHILDREN..... 4

[Note: The only time J20a or b will be asked more than once for the same family is if there is more than one MKA in that family.]



J21. How much did (you/NAME) receive during 1998? 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 (REPEAT FOR NEXT NAME;  
IF LAST, GO TO BOX J23)

J22. For how many months did (you/NAME) receive a (TANF or AFDC/{STATE TANF NAME}) check during 1998?

MONTHS ..... (RETURN TO J21  
FOR NEXT NAME;  
IF LAST, GO TO  
BOX J23)

BOX J23

DID FAMILY RECEIVE STATE GENERAL ASSISTANCE IN 1998 (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 1998?

[PROBE: Anybody else?]

REPEAT J24-J25 FOR EACH NAME MENTIONED IN J23

J24. How much did (you/NAME) receive during 1998? 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 (REPEAT FOR NEXT  
NAME; IF LAST, GO TO  
BOX J26)

J25. For how many months did (you/NAME) receive {STATE NAME FOR GENERAL ASSISTANCE} during the year?

MONTHS ..... \_\_\_\_\_ (RETURN TO J24  
FOR NEXT NAME;  
IF LAST, GO TO  
BOX J26)

BOX J26	
DID FAMILY RECEIVE EMERGENCY ASSISTANCE IN 1998 (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 government?

[PROBE: Anybody else?]

REPEAT J27 AND (J27OV1 OR (J27OV2 AND J27OV3))FOR EACH NAME MENTIONED IN J26

J27. Did (you/NAME) receive Emergency Assistance in one payment or in several payments?

ONE PAYMENT..... 1 (GO TO J27OV1)  
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.....\$\_\_\_\_\_ (RETURN TO J27 FOR NEXT NAME; IF LAST, GO TO BOX J28)

J27OV2. What was the amount of each emergency payment (you/NAME) received last year?

FIRST.....\$\_\_\_\_\_  
SECOND.....\$\_\_\_\_\_  
THIRD .....\$\_\_\_\_\_  
FOURTH.....\$\_\_\_\_\_

J27OV3. Did you already report some or all of these payments earlier as TANF or AFDC or {STATE NAME FOR GENERAL ASSISTANCE}?

YES..... 1  
NO..... 2

RETURN TO J27 FOR NEXT NAME; IF LAST, GO TO BOX J28.

BOX J28

DID FAMILY RECEIVE VOUCHERS IN 1998 (J5 = 1)?

YES..... 1 (CONTINUE)  
NO ..... 2 (GO TO BOX J30)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES..... 1 (GO TO J29A)  
NO ..... 2 (GO TO J28)

J28. Who received the vouchers or coupons from the welfare office during 1998?

[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 ..... \$ \_\_\_\_\_ (RETURN TO J29A  
FOR NEXT NAME;  
IF LAST, GO TO  
BOX J30)

BOX J30

DID FAMILY RECEIVE FOOD STAMPS IN 1998 (J6 = 1)?

YES .....1 (CONTINUE)  
NO .....2 (GO TO BOX J34)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY OR ARE THERE ONLY TWO ADULTS AND THE SECOND IS THE R'S S/P?

YES..... 1 (GO TO J31)  
 NO ..... 2 (GO TO J30)

J30. Who was authorized to receive Food Stamps in 1998?

[PROBE: Anybody else?]

BOX J30a

IF ONLY ONE MKA OR S/P OF MKA LISTED IN J30, GO TO J31.  
 IF ONLY CHILDREN ARE LISTED IN J30, GO TO J32.  
 IF NO MKA'S OR S/P'S OF MKA'S LISTED IN J30, GO TO J32.  
 ELSE CONTINUE.

J30a. Did (list all persons named in J30) (both/all) receive food stamps as a group or did they receive food stamp benefits separately?

AS A GROUP..... 1  
 SEPARATELY..... 2

BOX J31

IF J30a IS "SEPARATELY" OR DK/REF, THEN REPEAT J31-J33 FOR EACH MKA/ S/P PAIRING LISTED IN J30 (UP TO TWO TIMES); IF "AS A GROUP", ASK J31-J33 ONLY ONCE, ASK J31 USING THE MKA BEING INTERVIEWED AS THE SUBJECT OF THE QUESTION.

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 1998? 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 1998?

MONTHS ..... (RETURN TO J32 FOR NEXT NAME; IF LAST, GO TO BOX J34)

BOX J34

DID FAMILY RECEIVE CHILD SUPPORT IN 1998 (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 1998?

[PROBE: Anybody else?]

REPEAT J35-J36 FOR EACH NAME MENTIONED IN J34

J35. How much did (you/NAME) receive in 1998? 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 (REPEAT FOR NEXT NAME;  
IF LAST, GO TO BOX J38)

J36. For how many months did (you/NAME) receive child support during 1998?

MONTHS ..... (RETURN TO J35  
FOR NEXT NAME;  
IF LAST, GO TO  
BOX J38)

BOX J38

DID FAMILY RECEIVE FOSTER CARE IN 1998 (J8 = 1)?

YES ..... 1 (CONTINUE)

NO ..... 2 (GO TO BOX J40)

J38. How much in foster care payments did your family receive in 1998? 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 your family receive foster care payments during 1998?

MONTHS..... \_\_\_\_\_

BOX J40

DID FAMILY RECEIVE FINANCIAL ASSISTANCE FROM FRIENDS/  
RELATIVES IN 1998 (J9 = 1)?

YES..... 1 (CONTINUE)

NO..... 2 (GO TO BOX J43)

J40. Who received financial assistance from friends or relatives in 1998?

[PROBE: Anybody else?]

REPEAT J41 AND (J41OV1 OR J41OV2) FOR EACH  
NAME MENTIONED IN J40

J41. Did (you/NAME) receive financial assistance from friends or relatives in one payment  
or in several payments?

ONE PAYMENT..... 1 (GO TO J41OV1)

SEVERAL PAYMENTS ..... 2 (GO TO J41OV2)

J41OV1. How much did (you/NAME) receive last year in total?

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

TOTAL AMOUNT..... \$ \_\_\_\_\_ (RETURN TO J41 FOR  
NEXT NAME; IF LAST,  
GO TO BOX J43)



J41OV2.What was the amount of each payment that (you/NAME) received last year?

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

FIRST..... \$ \_\_\_\_\_  
SECOND..... \$ \_\_\_\_\_  
THIRD ..... \$ \_\_\_\_\_  
FOURTH..... \$ \_\_\_\_\_

RETURN TO J41 FOR NEXT NAME; IF LAST, GO TO BOX J43

BOX J43  
DID FAMILY RECEIVE UNEMPLOYMENT COMPENSATION IN 1998 (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 1998?

[PROBE: Anybody else?]

REPEAT J44-J45 FOR EACH NAME MENTIONED IN J43

J44. How much did (you/NAME) receive in 1998? 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 (REPEAT FOR NEXT NAME;  
IF LAST, GO TO BOX J45)

J45. For how many (weeks/months) did (you/NAME) receive this assistance during 1998?

NUMBER..... (RETURN TO J44 FOR  
NEXT NAME; IF LAST,  
GO TO BOX J46)

BOX J46

DID FAMILY RECEIVE WORKER'S COMPENSATION IN 1998 (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 J46)

J46. Who received workers' compensation or veteran's payments in 1998?

[PROBE: Anybody else?]

REPEAT J47-J48 FOR EACH NAME MENTIONED IN J46

J47. How much did (you/NAME) receive in 1998? 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 (REPEAT FOR NEXT NAME;  
IF LAST, GO TO BOX J50)

J48. For how many (weeks/months) did (you/NAME) receive these payments during 1998?

NUMBER ..... (RETURN TO J47 FOR  
NEXT NAME; IF LAST,  
GO TO BOX J50)

BOX J50

DID FAMILY RECEIVE SUPPLEMENTAL SECURITY INCOME IN 1998 (J12 =  
1)?

YES ..... 1 (GO TO J49)

NO ..... 2 (GO TO BOX J53)

J49. Were the Supplemental Security Income benefits received on behalf of...

a child, ..... 1  
an adult, or ..... 2  
both? ..... 3

J50. Who received Supplemental Security Income during 1998?

[PROBE: Anybody else?]

REPEAT J51-J52 FOR EACH NAME MENTIONED IN J50

J51. How much did (you/NAME) receive in 1998? 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 (REPEAT FOR NEXT NAME;  
IF LAST, GO TO BOX J53)

J52. For how many months did (you/NAME) receive Supplemental Security Income payments during 1998?

MONTHS ..... (RETURN TO J51 FOR NEXT NAME; IF LAST, GO TO BOX J53)

BOX J53
DID FAMILY RECEIVE SOCIAL SECURITY IN 1998 (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 1998?

[PROBE: Anybody else?]

REPEAT J54-J55 FOR EACH NAME MENTIONED IN J53
---

J54. How much did (you/NAME) receive in 1998? 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 (REPEAT FOR NEXT NAME; IF LAST, GO TO BOX J56)

J55. For how many months did (you/NAME) receive Social Security payments during 1998?

MONTHS ..... (RETURN TO J54 FOR NEXT NAME; IF LAST, GO TO BOX J56)

<p>BOX J56</p> <p>DID FAMILY RECEIVE A PENSION OR ANNUITY IN 1998 (J14 = 1)?</p> <p>YES .....1 (CONTINUE)</p> <p>NO .....2 (GO TO BOX J59)</p>
--

<p>IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?</p> <p>YES .....1 (GO TO J57)</p> <p>NO .....2 (GO TO J56)</p>
---

J56. Who received pension or annuity income in 1998? Please give me only one name if two or more people shared income from the same pension or annuity.

[PROBE: Anybody else?]

<p>REPEAT J57-J58 FOR EACH NAME MENTIONED IN J56</p>
--

J57. How much did (you/NAME) receive during 1998? 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 (GO TO J58)

TOTAL FOR THE YEAR ..... 2 (REPEAT FOR NEXT NAME; IF LAST, GO TO BOX J59)

RESPONDENT MENTIONS RECEIVING ONE LUMP SUM PAYMENT..... 3 (REPEAT FOR NEXT NAME; IF LAST, GO TO BOX J59)

J58. For how many months did (you/NAME) receive this during the year?

MONTHS ..... (RETURN TO J57 FOR  
NEXT NAME; IF LAST,  
GO TO BOX J59)

BOX J59

DID FAMILY RECEIVE INTEREST OR DIVIDENDS IN 1998 (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 1998? 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 1998 (J16 = 1)?

YES ..... 1 (CONTINUE)

NO ..... 2 (GO TO BOX J63)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?  
YES ..... 1 (GO TO J62)  
NO ..... 2 (GO TO J61)

J61. Who received rental property income in 1998? 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 1998 in total, after expenses?

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

AMOUNT ..... \$\_\_\_\_\_

BOX J63  
DID FAMILY RECEIVE OTHER INCOME IN 1998 (J17 = 1)?  
YES ..... 1 (CONTINUE)  
NO ..... 2 (GO TO BOX J66)

J63. Who received {NAME OF SOURCE OF INCOME MENTIONED IN J18} in 1998?

[PROBE: Anybody else?]

(REPEAT FOR EACH SOURCE MENTIONED AT J18, THEN CONTINUE)

REPEAT J64 FOR EACH NAME MENTIONED IN J63

J64. How much {NAME OF SOURCE OF INCOME IN J18} did (you/NAME) receive in 1998 in total?

AMOUNT A..... \$ \_\_\_\_\_  
AMOUNT B..... \$ \_\_\_\_\_  
AMOUNT C..... \$ \_\_\_\_\_  
AMOUNT D..... \$ \_\_\_\_\_

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 1998. Would you say that this income was:

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

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**

**BOX K1**

DID RESPONDENT REPORT TANF/AFDC LAST YEAR (J2 = 1 AND J19NAME=R'S NAME)?

- YES → GO TO K1A
- NO → GO TO K1

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 benefits from TANF, AFDC, or {state-specific TANF name} in your name or in that of any of your children?

[If there is no state-specific TANF, just ask if they have ever received TANF or AFDC.]

[PROBE: TANF is the Temporary Assistance for Needy Families which used to be called Aid to Families with Dependent Children, or AFDC]

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

- YES..... 1 (GO TO K1A)
- NO..... 2 (GO TO BOX K19)

K1A. {I would like to ask you more about any experience you and your children might have had with government programs.} (Display shown only if K1A is first question asked in section K.)

Approximately how many years as an adult have you received TANF or AFDC benefits?

NUMBER..... \_\_\_\_\_

MONTHS ..... 1

YEARS..... 2

K2. In which year did you first ever receive TANF or AFDC benefits 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 ..... -8/-7 (GO TO K3)

K3. Was that more than 5 years ago?

YES..... 1  
NO..... 2

BOX K4	
IS J2=1 (RECEIVED TANF/AFDC LAST YEAR) OR IS K2 = 1997, 1998 or 1999 (STARTED RECEIVING TANF/AFDC IN LAST TWO YEARS)?	
YES .....	1 (GO TO K16)
NO .....	2 (GO TO K4)

K4. Did you or your children receive any TANF or AFDC benefits since January 1997?

[INCLUDE ANY MINOR CHILD WHO MAY HAVE LIVED WITH R SINCE 1/97, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

YES..... 1 (GO TO K16)  
NO..... 2 (GO TO BOX K19)

K16. Are you or your children receiving TANF or AFDC benefits right now?

[ONLY INCLUDE CHILDREN CURRENTLY LIVING WITH R]

YES..... 1 (GO TO K16A or B)  
NO..... 2 (GO TO K20)

K16a. [If MKA has no spouse/partner living in the household.]

Are the TANF or AFDC benefits to provide for

- just the children, or..... 1 (GO TO K17)
- you and the children?..... 2 (GO TO K17)

K16b. [If MKA has a spouse/partner (of any age) living in the household.]

Are the TANF or AFDC benefits to provide for

- just the children,..... 1
- you and the children, ..... 2
- you, (NAME of S/P) and the children, or ..... 3
- (NAME of S/P) and the children?..... 4

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 K5)

K18. What are you or anyone in your family required to do?

[PROBE: Anything else?]

[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

\_\_\_\_\_  
\_\_\_\_\_

K18a. Does your local welfare, employment, or service agency help you meet this requirement?

- YES..... 1
- NO..... 2

K18b. Have you been told by the welfare agency that there is a limit to how long you can receive benefits?

YES..... 1  
NO..... 2 (GO TO K5)

K18c. For how much longer can you receive assistance?

NUMBER \_\_\_\_\_

MONTHS..... 1  
YEARS..... 2

GO TO K5

K20. When did you or your children last receive TANF or AFDC benefits?

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH]

MONTH..... \_\_\_\_\_  
YEAR..... 19 \_\_\_\_\_

GO TO K6

K5. Since January 1997, was there any time when you stopped receiving TANF or AFDC benefits for more than one month?

YES..... 1  
NO..... 2 (GO TO K13)

K5a. When was the last time that happened, that you stopped receiving TANF or AFDC benefits for more than one month?

MONTH \_\_\_\_\_  
YEAR \_\_\_\_\_

K6. [The last time that happened,] did the welfare office cut you off, or was it your decision to leave welfare?

[DO NOT PROBE DON'T KNOW OR REFUSED RESPONSES.]

CUT OFF BY WELFARE OFFICE ..... 1 (GO TO K8)  
OWN DECISION ..... 2 (GO TO K7)  
DK/REF..... (GO TO K10)

K7. Why did you leave welfare?

[PROBE: Any other reason?]

[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?

[PROBE: Any other reason?]

[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) \_\_\_\_\_ ..... 91

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?

[PROBE: Anyone else?]

[CODE ALL THAT APPLY]

CHURCH .....	1
FAMILY .....	2
COMMUNITY CENTER.....	3
NO OTHER HELP RECEIVED .....	90
OTHER (SPECIFY) .....	91

GO TO BOX K19

K13. Since January 1997, were your TANF or AFDC benefits ever reduced by the welfare department?

YES.....	1	(GO TO K14)
NO.....	2	(GO TO K19)

K14. The last time that happened, why were your benefits reduced?

[PROBE: Any other reason?]

[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

BOX K19

IS FAMILY INCOME LESS THAN OR AT 200% OF POVERTY (OR POVERTY IS UNKNOWN) AND [FAMILY HAS NEVER RECEIVED TANF/AFDC (K1 = NO/DK/REF) OR HASN'T RECEIVED SINCE 1/97 (K4 = NO/DK/REF) OR {NOT RECEIVING CURRENTLY (K16 = NO/DK/REF) AND DID NOT RECEIVE IN 1998 (J2 OR J2b = NO/DK/REF)}]?

YES ..... 1 (GO TO K19)  
NO..... 2 (GO TO BOX K22)

K19. I know you are not receiving TANF or AFDC, but you may have inquired about such government assistance. Since January 1, 1998, did you inquire about or apply for TANF or AFDC benefits?

YES ..... 1 (GO TO K19a)  
NO..... 2 (GO TO BOX K22)

K19a. You inquired about or applied for TANF or AFDC benefits but did not report receiving them. Was this because you were offered some short-term help instead, either cash or a voucher?

YES ..... 1  
NO..... 2



BOX K22

DID RESPONDENT REPORT FOOD STAMPS LAST YEAR (J6 = 1 AND J30NAME=R'S NAME)?

YES..... 1 (GO TO K22a)  
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 K22a)  
NO..... 2 (GO TO BOX K33)

K22a. Approximately how many years as an adult have you received food stamps?

NUMBER \_\_\_\_\_

MONTHS..... 1  
YEARS..... 2

K23. In which year did you first ever receive 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.]

YEAR..... 19\_\_ (GO TO BOX K25)  
DON'T KNOW/ REFUSED ..... -8/-7 (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 = 1997, 1998, or 1999? (STARTED RECEIVING FOOD STAMPS IN LAST TWO YEARS)

YES..... 1 (GO TO K30)  
NO ..... 2 (GO TO K25)

K25. Did you or your children receive any food stamps since January 1997?

[INCLUDE ANY MINOR CHILD WHO MAY HAVE LIVED WITH R SINCE 1/97, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

YES..... 1 (GO TO K30)  
NO..... 2 (GO TO BOX K33)

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 K26)

K32. What are you or anyone in your family required to do?

[PROBE: Anything else?]

[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

K32a. Does your local welfare, employment or service agency help you meet this requirement?

YES..... 1  
NO..... 2

GO TO K26

K34A. When did you last receive food stamps?

MONTH.....  
YEAR..... 19\_\_\_\_\_

GO TO K27

K26. Since January 1997, was there any time when you stopped receiving food stamps for more than one month?

YES..... 1 (GO TO K27)  
NO..... 2 (GO TO BOX K35)

K27. [The last time that happened,] did the food stamp office cut you off, or was it your decision to stop getting food stamps?

[DO NOT PROBE DON'T KNOW OR REFUSED RESPONSES.]

CUT OFF BY FOOD STAMP OFFICE..... 1 (GO TO K29)  
OWN DECISION ..... 2 (GO TO K28)  
DK/REF..... (GO TO BOX K35)

K28. Why did you leave the food stamp program?

[PROBE: Any other reason?]

[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 BOX K35

K29. Why did the food stamp office cut you off?

[PROBE: Any other reason?]

[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
- 

GO TO BOX K35

BOX K33

WAS FAMILY INCOME LAST YEAR LESS THAN OR AT 200% OF POVERTY OR IS POVERTY UNKNOWN?

YES ..... 1 (GO TO K33)  
NO ..... 2 (GO TO NEXT SECTION)

K33. Have you ever applied for food stamps during the last 2 years?

YES ..... 1  
NO ..... 2

BOX K35

ARE THERE ANY CHILDREN UNDER 6 YEARS OLD?

YES ..... 1 (GO TO K35)  
NO ..... 2 (GO TO BOX K36)

K35. During 1998, 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 BOX K38.

K36. {During 1998, 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

BOX K38

IF FAMILY INCOME ABOVE 200% OF POVERTY, GO TO K41.

ELSE, IF RECEIVED CHILD CARE ASSISTANCE FROM WELFARE OR SOCIAL SERVICES AGENCY (G57=1), OR IF K10 CHILD CARE = 1 AND K20 IS LESS THAN ONE YEAR AGO, OR IF K10 CHILD CARE = 1 AND K5A IS LESS THAN ONE YEAR AGO, GO TO BOX K39.

ELSE, GO TO K38

K38. In the past 12 months, did you receive government assistance in paying for child care?

YES..... 1 (GO TO BOX K39)  
NO..... 2

K38a. You said you didn't receive government assistance in paying for child care. Did you inquire about or apply for it in the past 12 months?

YES..... 1 (GO TO K38b)  
NO..... 2 (GO TO BOX K39)

K38b. Why didn't you receive this assistance?

[PROBE: Any other reason?]

[CODE ALL THAT APPLY]

NOT ELIGIBLE / MAKE TOO MUCH MONEY ..... 1  
ASSISTANCE NOT AVAILABLE ..... 2  
PUT ON WAITING LIST ..... 3  
DISCOURAGED / GAVE UP / TOO MUCH HASSLE ..... 4  
DECIDED DIDN'T WANT / NEED HELP FROM GOVERNMENT..... 5  
OTHER (SPECIFY) ..... 91

BOX K39

A. IS B6 OR B7 = YES/DK/REF?

YES (GO TO CONDITION B)

NO (GO TO K41)

B. FOR CHILD1, ARE THE FOLLOWING CONDITIONS TRUE?

[E19 ≠ 1 AND E21 ≠ 1 AND E21A ≠ 1 AND E23 ≠ (5,6,7)]

AND

[E38 ≠ (5,6,7) AND E41 ≠ (5,6,7)]

YES (ASK K39-K40a FOR CHILD1 THEN RETURN TO BOX  
K39 CONDITION C)

NO (GO TO CONDITION C)

C. FOR CHILD2, ARE THE FOLLOWING CONDITIONS TRUE?

[E19 ≠ 1 AND E21 ≠ 1 AND E21A/B ≠ 1 AND E23 ≠ (5,6,7)]

AND

[E38 ≠ (5,6,7) AND E41 ≠ (5,6,7)]

YES (ASK K39-K40a FOR CHILD2 THEN GO TO K41)

NO (GO TO K41)

K39. In the past 12 months, did you inquire about enrolling in Medicaid {or (State Medicaid name)} {or (State CHIP name)} for (CHILD1/CHILD2)?

- YES..... 1 (GO TO K40)
- NO..... 2
- DON'T KNOW/REFUSED ....-8/-7 (GO TO BOX K39 IF ASKING ABOUT CHILD1; GO TO K41 IF ASKING ABOUT CHILD2)

K39a. What was the main reason you did not inquire about Medicaid, (State Medicaid name) or (State CHIP name) for (CHILD1/CHILD2)?

- DIDN'T THINK CHILD WAS ELIGIBLE..... 1
- DON'T NEED/WANT INSURANCE..... 2
- TOO MUCH HASSLE ..... 3
- OTHER (SPECIFY) ..... 91

IF ASKING ABOUT CHILD1, GO TO BOX K39; IF ASKING ABOUT CHILD2, GO TO K41.

K40. In the past 12 months, did you complete an application for Medicaid {or (State Medicaid name)} {or (State CHIP name)} for (CHILD1/CHILD2)?

- YES..... 1 (GO TO BOX K39 IF ASKING ABOUT CHILD1; GO TO K41 IF ASKING ABOUT CHILD2)
- NO..... 2
- DON'T KNOW/REFUSED ....-8/-7 (GO TO BOX K39 IF ASKING ABOUT CHILD1; GO TO K41 IF ASKING ABOUT CHILD2)

K40a. What was the main reason you did not complete an application for Medicaid, (State Medicaid name) or (State CHIP name) for (CHILD1/CHILD2)?

- DIDN'T THINK CHILD WAS ELIGIBLE..... 1
- DON'T NEED/WANT INSURANCE..... 2
- TOO MUCH HASSLE ..... 3
- OTHER (SPECIFY) ..... 91



K41. Workers with low incomes can sometimes get benefits from the government in a tax refund or added to their paycheck. The program is called the Earned Income Tax Credit. Have you heard of this program?

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

K42. Have you ever received the Earned Income Tax Credit?

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

K43. What year did you last receive the Earned Income Tax Credit?

1999 ..... 1 (GO TO K44A)  
1998 ..... 2 (GO TO K44B)  
1997 ..... 3 (GO TO K44C)  
1996 OR EARLIER ..... 4 (GO TO SECTION L)  
DON'T KNOW ..... -8 (GO TO K44A)  
REFUSED ..... -7 (GO TO SECTION L)

K44a. Did you also receive the Earned Income Tax Credit in 1998, that is, for the 1997 tax year?

[READ IF NECESSARY: A tax year is the period from January 1 through December 31. Tax forms for a given tax year are usually filed in April of the following year.]

YES ..... 1 (GO TO K45)  
NO..... 2 (GO TO SECTION L)

K44b. Was this refund for the 1997 or 1998 tax year?

[READ IF NECESSARY: A tax year is the period from January 1 through December 31. Tax forms for a given tax year are usually filed in April of the following year.]

1997 ..... 1 (GO TO K45)  
1998 ..... 2 (GO TO K44a)

K44c. Was this refund for the 1997 or 1996 tax year?

[READ IF NECESSARY: A tax year is the period from January 1 through December 31. Tax forms for a given tax year are usually filed in April of the following year.]

- 1997 ..... 1 (GO TO K45)
- 1996 ..... 2 (GO TO SECTION L)

K45. How did you use the money from the Earned Income Tax Credit in 1998?

[PROBE: Anything else?]

[CODE ALL THAT APPLY]

- PURCHASED A CAR OR MAJOR APPLIANCE..... 1
- HOME AND CAR REPAIRS ..... 2
- UTILITIES, HOUSING..... 3
- MEDICAL CARE, FOOD, CLOTHING..... 4
- TAXES (E.G. PROPERTY, REAL ESTATE, INCOME)... 5
- OTHER (SPECIFY) ..... 91

**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?"]

[CODE: "NO SCHOOLING" if "1. 8TH GRADE OR LESS"]

- 8TH GRADE OR LESS..... 1 (GO TO L3)
- 9TH TO 11TH..... 2 (GO TO L3)
- 12TH GRADE..... 3 (GO TO L2)
- GED ..... 4 (GO TO BOX L2)
- HIGH SCHOOL DIPLOMA..... 5 (GO TO BOX L2)
- SOME VOC/TECH/BUSINESS..... 6 (GO TO L2)
- VOC/TECH/BUSINESS CERTIFICATE  
OR DIPLOMA ..... 7 (GO TO L3)
- SOME COLLEGE..... 8 (GO TO L2)
- 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 L2)
- GRADUATE/PROFESSIONAL DEGREE  
(MA; MS; PHD; EDD: MEDICINE/MD;  
DENTISTRY/DDS; LAW/JJ/LLB; ETC.)..... 12 (GO TO BOX L2)

**BOX L2**

DK RESPONSES GO TO 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. 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 (GO TO BOX L5A)
- HIGH SCHOOL DIPLOMA..... 2 (GO TO BOX L5A)

- VOC/TECH/BUSINESS CERTIFICATE  
OR DIPLOMA ..... 3 (GO TO L3)
- ASSOCIATE'S DEGREE (AA, AS) ..... 4 (GO TO BOX L5A)
- BACHELOR'S DEGREE (BA, BS) ..... 5 (GO TO BOX L5A)
- GRADUATE, PROFESSIONAL DEGREE,  
(MA; MS; PHD; EDD; MEDICINE/MD;  
DENTISTRY/DDS; LAW/JD/LLB, ETC) ..... 6 (GO TO BOX L5A)
- NONE ..... 7 (GO TO BOX L5A)

L3. Just to confirm, [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)

L4. Which degree or degrees [have you/has (SPOUSE/PARTNER)] earned? (CODE ALL THAT APPLY)

[PROBE: Anything else?]

- GED ..... 1
- HIGH SCHOOL DIPLOMA ..... 2
- VOC/TECH/BUSINESS CERTIFICATE  
OR DIPLOMA ..... 3
- OTHER ..... 4

BOX L5A

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.

<p><b>BOX L5</b></p> <p>IS INCOME ABOVE OR BELOW 200% OF POVERTY?</p> <p style="text-align: center;"> <input type="checkbox"/> ABOVE      → (GO TO L12)  <input type="checkbox"/> BELOW OR AT → (CONTINUE)  <input type="checkbox"/> NOT KNOWN → (CONTINUE) </p>
--

**JOB TRAINING**

L5. Now, I'd like to talk to you about training and other activities last year. During 1998, [you/or (SPOUSE/PARTNER) work in an unpaid job provided by the government?

YES..... 1  
NO..... 2 (GO TO L9)

[IF KNOWN, RECORD WITHOUT ASKING]:

L6. Who? \_\_\_\_\_, \_\_\_\_\_

<p><b>BOX L7</b></p> <p>ASK L7 AND L8 FOR EACH RELEVANT PERSON NAMED IN L6.</p>
---

L7. Was the unpaid job (you/NAME IN L6) had a requirement for welfare -- that is, to get TANF, which used to be called AFDC, Food Stamps, or General Assistance?

YES..... 1  
NO..... 2 (GO TO BOX L9)

L8. For which of those programs? (CODE ALL THAT APPLY)

TANF/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 1998, were [you/or (SPOUSE/PARTNER)/ given any vouchers to pay for education or training?

YES..... 1  
NO..... 2 (GO TO L12)

[IF KNOWN, RECORD WITHOUT ASKING]:

L10. Who? \_\_\_\_\_, \_\_\_\_\_

L12. During 1998, did [you/or (SPOUSE/PARTNER)/ take classes or workshops to help (you/you or him/you or her/you or him or her) 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 -7) OR ( L2 = 1-4, OR 7, OR -7 OR -8)] ELSE GO TO BOX  
L16.

L14. During 1998, did [you/or (SPOUSE/PARTNER)/ take courses or apprentice programs that trained (you/you or him/you or her/you or him or her/) 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 L15B)

[IF KNOWN, RECORD WITHOUT ASKING]:

L15A Who? \_\_\_\_\_, \_\_\_\_\_

BOX L15B

IF (THE RESPONDENT WORKED IN AN UNPAID JOB PROVIDED BY THE GOVERNMENT LAST YEAR (L5 = 1) AND THE RESPONDENT DOES NOT HAVE A SPOUSE OR PARTNER) OR (IF THE RESPONDENT AND A SPOUSE/PARTNER WORKED IN AN UNPAID JOB LAST YEAR (L5 = 1 AND THE RESPONDENT AND HIS/HER SPOUSE/PARTNER ARE BOTH LISTED IN L6)), GO TO THE BOX L16.

ELSE, IF (THE RESPONDENT IS NOT LISTED IN L6) AND (THE RESPONDENT IS LISTED IN QUESTIONS L10, L13, OR L15A) AND (IF THE FAMILY IS BELOW 200% OF POVERTY OR POVERTY LEVEL IS UNKNOWN) AND (IF THE RESPONDENT DOES NOT HAVE A BACHELOR'S DEGREE OR HIGHER [(L1 = 1, 2, 4, 5, 7, OR 9, OR -7) OR (L2 = 1 - 4, 7, OR -7 OR -8)], ASK L15B FOR THE RESPONDENT.

ELSE, IF THE RESPONDENT HAS A SPOUSE OR PARTNER AND (THE SPOUSE OR PARTNER IS NOT LISTED IN L6) AND (THE SPOUSE OR PARTNER IS LISTED IN QUESTIONS L10, L13, OR L15A) AND (IF THE FAMILY IS BELOW 200% OF POVERTY OR POVERTY LEVEL IS UNKNOWN) AND (IF THE RESPONDENT DOES NOT HAVE A BACHELOR'S DEGREE OR HIGHER [(L1 = 1, 2, 4, 5, 7, OR 9, OR -7) OR (L2 = 1 - 4, 7, OR -7 OR -8)], ASK L15B FOR THE SPOUSE/PARTNER.

ELSE, GO TO BOX L15C.

NOTE: IF THERE ARE BOTH A RESPONDENT AND A SPOUSE/PARTNER WHO MEET THE CONDITIONS IN THE TWO "ELSE" STATEMENTS ABOVE, ASK L15B FIRST ABOUT THE RESPONDENT AND THEN ABOUT THE SPOUSE/PARTNER.

L15B. Was any of the help [you/or (SPOUSE/PARTNER)] got finding a job or training in 1998 from the government?

YES..... 1  
NO..... 2

[IF L15B WAS ASKED ABOUT THE RESPONDENT AND IT HAS NOT YET BEEN ASKED FOR THE SPOUSE/PARTNER, ASK L15B FOR THE SPOUSE/PARTNER, IF APPROPRIATE. ELSE, GO TO BOX L15C.]

BOX L15C

IF (R HAS A S/P) AND (NEITHER R NOR S/P WORKED IN AN UNPAID JOB PROVIDED BY THE GOVERNMENT LAST YEAR (L5=1)) AND (NEITHER R NOR S/P ARE LISTED IN QUESTIONS L10, L13, OR L15A) AND (THE FAMILY IS BELOW 200% OF POVERTY (OR POVERTY LEVEL IS UNKNOWN)) AND (R NOR S/P HAVE A BACHELOR'S DEGREE OR HIGHER [(L1= 1,2,3,5,7,9 OR -7) OR (L2= 1-4,7,-7 OR -8)] AND (NEITHER R NOR S/P PREVIOUSLY REPORTED HELP FROM THE GOVERNMENT (L15B?1)), ASK L15C ABOUT BOTH R AND S/P.

ELSE, IF (R DOES NOT HAVE A S/P OR [(IF R HAS A S/P AND HE/SHE IS LISTED IN QUESTIONS L10, L13, OR L15A) OR (HAS A BACHELOR'S DEGREE OR HIGHER (L1= 10,11, OR 12))] AND (R IS NOT LISTED IN QUESTIONS L10, L13, OR L15A) AND (THE FAMILY IS BELOW 200% POVERTY OR POVERTY LEVEL IS UNKNOWN) AND (R DOES NOT HAVE A BACHELOR'S DEGREE OR HIGHER [(L1= 1,2,4,5,7,9, OR -7) OR (L2 =1-4,7,-7 OR -8)], ASK L15C JUST ABOUT R.

ELSE, IF THERE IS A S/P AND THE S/P IS NOT LISTED IN QUESTIONS L10, L13, OR L15A AND [(R LISTED IN QUESTIONS L10, L13, OR L15A) OR (R HAS A BACHELOR'S DEGREE OR HIGHER (L1= 10,11, OR 12))] AND (THE FAMILY IS BELOW 200% POVERTY OR POVERTY LEVEL IS UNKNOWN) AND (S/P DOES NOT HAVE A BACHELOR'S DEGREE OR HIGHER [(L1= 1,2,3,5,7,9 OR -7) OR (L2= 1-4,7,-7 OR -8)], ASK L15C JUST ABOUT S/P.

ELSE, GO TO BOX L16.



L15C. Did [you/or (SPOUSE/PARTNER)] ever try to get help from the government finding a job or training in 1998?

YES..... 1  
NO..... 2

[IF KNOWN, RECORD WITHOUT ASKING]:  
[IF ONLY ONE PERSON IS NAMED, PROBE: Anyone else?]

[IF L15C = 1 AND WAS ASKED IN REFERENCE TO THE RESPONDENT AND THE SPOUSE/PARTNER, GO TO L15D. ELSE, GO TO BOX L16.]

L15D. Who did that? \_\_\_\_\_

<p>BOX L16</p> <p>HAVE EITHER R OR (SPOUSE/PARTNER) (IF HAVE ONE) NEVER EARNED A DEGREE (L3= 2,-7 OR -8) OR (L2= 7,-7 OR -8)?</p> <p>YES, NO DEGREES.... 1 (CONTINUE) NO, HAVE DEGREES. 2 (GO TO BOX L18)</p>
---

L16. In 1998, 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? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

BOX L18

HAVE EITHER R OR (SPOUSE/PARTNER) (IF HAVE ONE)  
EVER EARNED AT LEAST A GED OR HIGH SCHOOL  
DIPLOMA (L3= 1,-7 OR -8) OR (L2= GE 1 AND LE 6 OR -7 OR  
-8) OR (L1 = 4,5,9,10, 12, -7 OR -8)?

YES..... 1 (CONTINUE)

NO..... 2 (GO TO SECTION M)

L18. During 1998, 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. (I know (I asked you this before/you already answered this) but just to confirm...

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

M3. How long have you lived in this home?

[IF BETWEEN 1 AND 2 YEARS, ENTER 13 TO 23 MONTHS AS APPROPRIATE]

NUMBER \_\_\_\_\_

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. Altogether, in the month just past (what did (you/you and {OTHER FAMILY MEMBERS})) (pay in rent/pay on the mortgage or as rent)? {We are interested in knowing only your part of the payment. }

[IF R VOLUNTEERS THAT HOUSE IS PAID FOR, ENTER P]

PER MONTH..... \$ \_\_\_\_\_

BOX M6A	
IF M6 = P GO TO BOX M7a.	
IF M6 = 0 AND M1 = 1 GO TO M6a.	
ELSE, GO TO M6b.	

M6a. Is there a mortgage, Home Equity Loan, or other type of loan on this house or apartment?

YES..... 1  
NO..... 2 (GO TO BOX M7A)

M6b. (Considering all mortgages and loans,) (What/what) is the total current monthly (rent/mortgage payment/rent or mortgage payment) on this house or apartment?

AMOUNT PER MONTH \_\_\_\_\_

BOX M7A

IS M1=2 (RENTER) AND IS THIS THE FIRST INTERVIEW IN THE HOUSEHOLD?

YES (CONTINUE)

NO (GO TO BOX M8A)

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 BOXM8A)

BELOW OR AT OR UNKNOWN.....2 (GO TO M71)

M71. As part of your rental agreement, do (you/you and anyone in your family) need to answer questions about (your/your family's) income whenever (your/your family's) lease is up for renewal?

YES ..... 1

NO ..... 2

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 the building owned by a public housing authority?

YES ..... 1

NO ..... 2

M7B. Did a public housing authority or some similar agency give (you/your family) a certificate or voucher to help pay the rent for this apartment or home?

YES ..... 1  
NO ..... 2

BOX M8A

IF SPOUSE/PARTNER IS MALE 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.

IF BOTH MKA/R AND S/P ARE MALE, THEN ASK M8A-M8E FOR EACH WHO ANSWERED YES TO D8B AMONG MKA/R AND MKA/R'S SPOUSE/PARTNER, STARTING WITH MKA/R.

ELSE GO TO M9A.

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?

YES ..... 1 (GO TO M8C)  
NO ..... 2 (GO TO M8E)

M8C. Were these contributions part of a child support order?

YES ..... 1  
NO ..... 2

M8D. How much did (you/NAME) contribute during the last 12 months? This can be either a weekly amount, a monthly amount, or the total for the last 12 months.

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

AMOUNT \_\_\_\_\_  
WEEKLY ..... 1 (GO TO M8D1)  
MONTHLY ..... 2 (GO TO M8D1)  
TOTAL..... 3 (GO TO M8E)

M8D1. For how many (weeks/months) did (you/NAME) contribute during the last 12 months?

NUMBER \_\_\_\_\_

M8E. During the last 12 months, how often (have you/has [NAME]) seen (your/his) youngest child who lives outside the household?

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

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/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?

[PROBE: Anyone else?]

[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?

[PROBE: Any other reason?]

[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
PROGRAM/SERVICE DID SOMETHING, BUT IT DIDN'T HELP .....	6
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

<p><b>BOX M12</b></p> <p>IS THIS A TELEPHONE HOUSEHOLD?</p> <p>YES ..... 1 (GO TO M12) NO ..... 1 (GO TO M12PERS)</p>
---

M12. During the past 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?

NUMBER \_\_\_\_\_

DAYS..... 1  
WEEKS..... 2  
MONTHS..... 3

<p><b>GO TO M14</b></p>
-------------------------

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]

NUMBER \_\_\_\_\_

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 have felt things during the past month. For each question, please indicate whether you have felt this way all of the time, most of the time, some of the time, 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:

[CHILDREN UNDER 20 IN THE FAMILY FOR WHOM THIS MKA IS RESPONSIBLE]

a. Felt your (child is/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 does/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

BOX N3

IS THIS MKA RESPONDING FOR A CHILD2?

- YES ..... 1 (GO TO N3)
- NO ..... 2 (GO TO BOX N5X)

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

<p>BOX N4</p> <p>IS CHILD2 6-11 OR 12-17?</p> <p>CHILD2 IS 6-11 ..... 1 (GO TO N4) CHILD2 IS 12-17 ..... 2 (GO TO N5)</p> <p>IF CHILD2 AGE IS DON'T KNOW/REFUSED, GO TO BOX N5X</p>
---

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 GO TO BOX N5X
- Never true..... 3

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

<p>BOX N5X</p> <p>IF THERE IS A CHILD1 GO TO N5X; ELSE GO TO N6</p>
---

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)

IF CHILD2 AGE IS DON'T KNOW/REFUSED, GO TO N9



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..... 1 (GO TO N9)  
NO..... 2  
DON'T KNOW/REFUSED ..... -8/-7 (GO TO N9)

N8D. What were the reasons (CHILD2) did not participate in any organization activities during the past year?

[PROBE: Any other reason?]

[CODE ALL THAT APPLY.]

CHILD 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

<p>BOX N10</p> <p>IF THERE IS A CHILD 12-17 IN THE FAMILY, GO TO N10A; ELSE GO TO N12</p>
---

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?

[PROBE: Anyone else?]

[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?

[PROBE: Any other reason?]

[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?

[PROBE: Anyone else?]

[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?

[PROBE: Any other reason?]

[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

N14. I'm going to read you a statement and I'd like you to tell me how true it is for you. The statement is: "I'm more likely to take risks than the average person" Is that ...

- Definitely true ..... 1
- Mostly true ..... 2
- Mostly false..... 3
- Or definitely false for you? ..... 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 OR IF MKA AND SPOUSE/PARTNER RESPONSES WERE NOT THE SAME (BOTH OHSORIG = 1 OR 2)) - 2ND REPEAT

CHILD2 (IF MKA OR SPOUSE/PARTNER ARE NOT BIOLOGICAL PARENTS OF CHILD OR IF MKA AND SPOUSE/PARTNER RESPONSES WERE NOT THE SAME (BOTH OHSORIG = 1 OR 2)) - 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 IS ASKED FIRST OF THE MKA ABOUT THE MKA.

O3 IS 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 OR IF MKA AND SPOUSE/PARTNER RESPONSES WERE NOT THE SAME (BOTH ORACE = 1,2,3 OR 4)) - 2ND REPEAT

CHILD2 (IF MKA OR SPOUSE/PARTNER ARE NOT BIOLOGICAL PARENTS OF CHILD OR IF MKA AND SPOUSE/PARTNER RESPONSES WERE NOT THE SAME (BOTH ORACE = 1,2,3 OR 4)) - 3RD REPEAT

FOLLOWING LAST APPLICABLE REPEAT OF O1-O3, INTERVIEW PROCEEDS TO O4.

O3. What is (your/NAME's) race?

[PROBE BY READING CATEGORIES IF NECESSARY]

[IF R SAYS "NATIVE AMERICAN," VERIFY BY ASKING: "I am recording this as 'American Indian'-is that right?" (IF YES, CODE "3") ]

- WHITE..... 1
- BLACK ..... 2
- AMERICAN INDIAN/ALEUTIAN OR ESKIMO.... 3
- ASIAN/PACIFIC ISLANDER..... 4
- OTHER (SPECIFY)\_\_\_\_\_ 91



O6. In what country (were you/was (NAME)) born?

[PROBE: What area of the world (were you/was NAME) from? For example: Mexico, Central America, South America, Middle East, Asia, Africa, Europe, Caribbean, or Canada. USE '91 OTHER' TO RECORD RESPONSE.]

- UNITED STATES..... 1 (GO TO NEXT PERSON OR NEXT SECTION)
- PUERTO RICO ..... 2 (GO TO NEXT PERSON OR NEXT SECTION)
- OTHER U.S. TERRITORY ( AMERICAN SAMOA, GUAM, MARSHALL ISLANDS, NORTHERN MARIANAS ISLANDS, OR U.S. VIRGIN ISLANDS)..... 3 (GO TO NEXT PERSON OR NEXT SECTION)
- CANADA..... 4
- CHINA ..... 5
- CUBA..... 6
- DOMINICAN REPUBLIC ..... 7
- EL SALVADOR..... 8
- GERMANY..... 9
- INDIA ..... 10
- JAMAICA ..... 11
- KOREA..... 12
- MEXICO..... 13
- PHILIPPINES ..... 14
- RUSSIA ..... 15
- VIETNAM ..... 16
- OTHER COUNTRY (SPECIFY)\_\_\_\_\_ ..... 91

O7. (Are you/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) become a citizen of the U.S. through naturalization?

- BORN A CITIZEN..... 1 (GO TO NEXT PERSON; IF LAST, GO TO NEXT SECTION)
- NATURALIZED ..... 2

O9. When did (you/he/she) come to live in the United States?

[CODE YEAR or # of YEARS AGO]

SPECIFIC YEAR ..... \_\_\_\_\_

# OF YEARS AGO..... \_\_\_\_\_

DK..... -8 (GO TO O9DK)

O9: EDIT CHECKS HAVE BEEN ADDED FOR PERSONS ENTERING U.S. BEFORE THEIR DERIVED YEAR OF BIRTH AND FOR CHILDREN ENTERING THE U.S. BEFORE THEIR PARENTS. INTERVIEWERS MAY BACK UP TO FIX INFORMATION IF NECESSARY.

O9DK Did (you/NAME) come to live in the United States before 1997?

YES..... 1

NO..... 2

**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

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.

[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. 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

BOX P3

IF P3 HAS ALREADY BEEN ASKED ONCE IN THIS HOUSEHOLD (AND THE ANSWER WAS NOT REFUSED OR DON'T KNOW), GO TO P4. ELSE, ASK P3.

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, 243, 524, 544, 789, 521, 548, 792, 827, 821, 525, 425, 529, OR 427, ELSE, GO TO BOX P4A

P4. Do you live in Milwaukee County?

YES..... 1  
NO..... 2

BOX P4A

IF RECYCLED TELEPHONE NUMBER AND FIRST INTERVIEW TO REACH SECTION P, GO TO P4A. IF RECYCLED AREA SEGMENT AND FIRST INTERVIEW TO REACH SECTION P, GO TO P5. ELSE, GO TO BOX P5.

P4A. Has your household had this telephone number, (phone number) since (MONTH OF CYCLE 1 FINALIZED SCREENER), 1997?

[IF R MENTIONS THAT PHONE NUMBER IS SAME BUT AREA CODE HAS CHANGED, CODE 'YES']

YES..... 1  
NO..... 2

BOX P5

IF ANYONE IN HOUSEHOLD HAS BEEN ON WELFARE SINCE JANUARY 1997 (J2=1 OR J2B=1 OR K2=97, 98, OR 99 OR K4=1)  
ASK P5 TO P8 OF MKA.

ELSE, ASK ONLY P5 USING ALTERNATIVE SENTENCE AND GO TO P9 (CLOSING SCREEN).

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./After we finish the survey, we would like to send you a summary of the results.} 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?

[IF UNLISTED NUMBER, ENTER 99.]

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**

**Cycle 2 NSAF - Section E  
State-Specific Names for Health Insurance Questions**

<b>State</b>	<b>Medicaid (E18)</b>	<b>State Program (E20)</b>	<b>CHIP (E21A / E21B)</b>
Alabama	--	--	AL Kids [ <i>"all kids"</i> ]
Alaska	Medical Assistance	General Relief Medical	--
Arizona	AHCCCS [ <i>"Access"</i> ]	--	KidsCare
Arkansas	--	--	ARKids First [ <i>"are kids first"</i> ]
California	Medi-Cal	California Children's Services	The Healthy Families Program
Colorado	-	--	Child Health Plan Plus
Connecticut	Connecticut Access	Healthy Steps or the General Assistance Program	The HUSKY Plan
Delaware	--	--	Delaware Healthy Children's Program
District of Columbia	Medical Assistance	--	Healthy DC Kids
Florida	MediPass	--	MediKids or Healthy Kids
Georgia	Medical Assistance or a program called Better Health Care	--	PeachCare for Kids
Hawaii	Medical Assistance or QUEST	--	QUEST
Idaho	Medical Assistance or Healthy Connections	--	--
Illinois	--	General Assistance Program	KidCare
Indiana	Hoosier Healthwise	--	Hoosier Healthwise

<b>State</b>	<b>Medicaid (E18)</b>	<b>State Program (E20)</b>	<b>CHIP (E21A / E21B)</b>
Iowa	Medical Assistance or MediPAS	Iowa coverage for unemployed workers	HAWK-I [ <i>"hawk eye"</i> ]
Kansas	PrimeCare, Community Care Kansas or HealthConnect	MediKan	HealthWave
Kentucky	Medical Assistance or KenPAC	--	KCHIP [ <i>"kay chip"</i> ]
Louisiana	Medical Assistance or CommunityCARE	--	LaCHIP [ <i>"la chip"</i> ]
Maine	Medical Assistance or PrimeCare	--	Cub Care
Maryland	Medical Assistance or MD Health Choice	--	The HealthChoice Program
Massachusetts	Medical Assistance or MassHealth	Healthy Kids, CenterCare Program, or Medical Security Plan	MassHealth
Michigan	--	--	MiChild [ <i>my child</i> ]
Minnesota	Medical Assistance or the Prepaid Medical Assistance Program – PMAP	MinnesotaCare or the Minnesota General Assistance Medical Program	--
Mississippi	HealthMACS	--	--
Missouri	MC Plus	General Relief Medical Assistance	MC Plus Program
Montana	--	--	Montana's Children's Health Insurance Plan
Nebraska	Primary Care Plus or Health Connection	State Disability Program	Kids Connection
Nevada	MAPnet	--	Nevada Check Up
New Hampshire	--	--	Healthy Kids
New Jersey	Medical Assistance or New Jersey Care	Health Access New Jersey	New Jersey KidCare



<b>State</b>	<b>Medicaid (E18)</b>	<b>State Program (E20)</b>	<b>CHIP (E21A / E21B)</b>
New Mexico	Primary Care Network	--	--
New York	--	Home Relief	Child Health Plus
North Carolina	Carolina Access	--	North Carolina Health Choice
North Dakota	North Dakota Access to Care	--	The Healthy Steps Program
Ohio	Accessing Better Care or the ABC Program	Ohio Disability Assistance Medical Program	--
Oklahoma	SoonerCare	--	SoonerCare
Oregon	Medical Assistance or the Oregon Health Plan	--	Family Health Insurance Assistance Program
Pennsylvania	Medical Assistance	General Assistance Medical Program	Pennsylvania CHIP
Rhode Island	Medical Assistance or RiteCare	General Public Assistance Medical Program	--
South Carolina	Medical Assistance or the South Carolina Health Access Plan	--	Partners for Healthy Children
South Dakota	PRIME	--	--
Tennessee	TennCare	--	--
Texas	Medical Assistance or the State of Texas Access Reform (STAR)	--	--
Utah	--	Utah Medical Assistance Program	Utah Child Health Insurance Program
Vermont	Dr. Dynasaur or Vermont Health Access Program (VHAP)	--	Dr. Dynasaur
Virginia	Medical Assistance, Medallion, or Options	State and Local Hospitalizations Program	Virginia Children's Medical Security Insurance Plan

<b>State</b>	<b>Medicaid (E18)</b>	<b>State Program (E20)</b>	<b>CHIP (E21A / E21B)</b>
Washington	Medical Assistance or Healthy Options	Basic Health Plan, Children's Health Program, or General Assistance Unemployable Program (GA-U)	--
West Virginia	West Virginia Physician Assured Access System (PAAS)	--	--
Wisconsin	Medical Assistance or Title 19	Healthy Start or General Relief Medical	BadgerCare
Wyoming	--	--	--

STATE SPECIFIC TANF PROGRAM NAMES FOR J2B

State	Full State Name	State specific welfare program names or acronyms
AL	Alabama	Family Assistance
AK	Alaska	Alaska Temporary Assistance Program (ATAP) ( <i>A-tap</i> )
AZ	Arizona	Employing and Moving People off Welfare and Encouraging Responsibility “EMPOWER program”
AK	Arkansas	Transitional Employment Assistance Program (TEA)
CA	California	California Work Opportunity and Responsibility (CalWORKS)
CO	Colorado	Colorado Works
CT	Connecticut	“Jobs First”
DE	Delaware	J2B not asked
DC	District of Columbia	Project on Work, Employment and Responsibility (POWER)
FL	Florida	Work and Gain Economic Self-Sufficiency (WAGES)
GA	Georgia	WorkFirst
HI	Hawaii	J2B not asked or Pursuit of New Opportunities (PONO)
ID	Idaho	Temporary Assistance for Families in Idaho (TAFI) ( <i>taffy</i> )
IL	Illinois	J2B not asked
IN	Indiana	J2B not asked
IA	Iowa	“Family Investment Plan” (FIP)
KS	Kansas	Kansas Works
KY	Kentucky	Kentucky’s Transitional Assistance Program (K-TAP) ( <i>K-tap</i> )
LA	Louisiana	Family Independence Temporary Assistance Program (FITAP) ( <i>Fi-tap</i> )
ME	Maine	J2B not asked or ASPIRE-JOBS
MD	Maryland	“Family Investment Program” (FIP)
MA	Massachusetts	Transitional Aid to Families with Dependent Children “TAFDC program”
MI	Michigan	Family Independence Program (FIP)
MN	Minnesota	Minnesota Family Investment Program “MFIP program” <sup>2</sup> :
MS	Mississippi	New Direction program”
MO	Missouri	Beyond Welfare
MT	Montana	Families Achieving Independence in Montana “FAIM program”
NE	Nebraska	Employment First
NV	Nevada	J2B not asked
NH	New Hampshire	New Hampshire Employment Program (NHEP) Family Assistance Program (FAP)
NJ	New Jersey	Work First
NM	New Mexico	J2B not asked

<b>State</b>	<b>Full State Name</b>	<b>State specific welfare program names or acronyms</b>
NY	New York	J2B not asked or Family Assistance Program
NC	North Carolina	“Work First Program”
ND	North Dakota	Training, Education, Employment and Management (TEEM)
OH	Ohio	“Ohio Works First program” (OWF)
OK	Oklahoma	J2B not asked
OR	Oregon	TANF-Basic/TANF-UN
PA	Pennsylvania	J2B not asked
RI	Rhode Island	Family Independence Program (FIP)
SC	South Carolina	“Family Independence Program” (FI)
SD	South Dakota	TANF WORK Program
TN	Tennessee	Families First
TX	Texas	Texas Works
UT	Utah	Family Employment Program (FEP)
VT	Vermont	Aid to Needy Families with Children (ANFC)
VA	Virginia	“Virginia Independence Program” (VIP)
WA	Washington	Washington WorkFirst Temporary Assistance to Needy Families
WV	West Virginia	WV WORKS
WI	Wisconsin	Wisconsin Works (W-2)
WY	Wyoming	Personal Opportunities With Employment Responsibility (POWER)

STATE SPECIFIC GENERAL ASSISTANCE NAMES FOR J3

<b>State</b>	<b>Full State Name</b>	<b>State specific program name</b>
AL	Alabama	“General Assistance”
AK	Alaska	“General Relief Assistance [or Interim Assistance]”
AZ	Arizona	“General Assistance”
AK	Arkansas	“General Assistance”
CA	California	“General Relief”
CO	Colorado	“Aid to the Needy Disabled”
CT	Connecticut	“ General Assistance”
DE	Delaware	“ General Assistance”
DC	District of Columbia	“General Public Assistance for Children”
FL	Florida	“General Assistance”
GA	Georgia	“General Assistance”
HI	Hawaii	“General Assistance”
ID	Idaho	“General Assistance”
IL	Illinois	“State Transitional Assistance, [or Family and Children
IN	Indiana	“Poor Relief”
IA	Iowa	“General Assistance”
KS	Kansas	“General Assistance”
KY	Kentucky	“General Assistance”
LA	Louisiana	“General Assistance”
ME	Maine	“General Assistance”
MD	Maryland	“Transitional Emergency, Medical and Housing Assistance”
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” or Blind Pension
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	Work First New Jersey / “General Assistance”
NM	New Mexico	“General Assistance”
NY	New York	“Safety Net Assistance”
NC	North Carolina	“General Assistance”
ND	North Dakota	“General Assistance”
OH	Ohio	“Disability Assistance”

<b>State</b>	<b>Full State Name</b>	<b>State specific program name</b>
OK	Oklahoma	“General Assistance”
OR	Oregon	“General Assistance” or Temporary Assistance Program
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”
UT	Utah	“General Assistance [Self Sufficiency, or Working Toward Employment Program benefits]”
VT	Vermont	“General Assistance”
VA	Virginia	“General Relief”
WA	Washington	“General Assistance”
WV	West Virginia	“General Assistance”
WI	Wisconsin	“General Relief”
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.

<b>Section</b>	<b>A2 Interview</b>	<b>A3 Interview</b>
B - Health Status and Satisfaction	B1 – B8	B1 – B8
C - Child Education (Main)	C1 - C2	C1 - C2
C - Child Education (Summer)	C01 - C2	C01 - C2
D - Household Roster	D8b – D8b1, D9a	D8b – D8b1, D9a
E - Health Care Coverage	Entire section	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, M8a – M8e, M10 - M11	M3, M4, M6, M8a – M8e, M9a – M9d, M10 - M11
N - Issues, Problems and Social Services	Entire section	Entire section
O - Race, Ethnicity, and Nativity	O1 - O3	O1 - O3
P - Closing Section	Entire section	Entire section

## 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.

<b>Section</b>	<b>B1, B4 Interviews<sup>17</sup></b>	<b>B2</b>	<b>B3, B5 Interviews</b>
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 D7a - D7e and D10 - D12	D9a, D8b - D8b1	D9a, D8b - D8b1
E - Health Care Coverage	Entire section (E37 - E43 asked of both respondent and spouse/partner)	Entire section (E37 - E43 asked of both respondent and spouse/partner)	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, 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, 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, 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 - K33, K41 - K44	K22 - K33, K41 - K44	K22 - K33, K41 - K44
L - Education and Training	Entire section	Entire section	Entire section
M - Housing and Economic Hardship	Entire section	M3, M4, M8, M8a - M8e, M10 - M11	M3, M4, M6, M8a - M8e, M10 - M11
N - Issues, Problems and Social Services	N1, N12 - N14	N1, N12 - N14	N1, N12 - N14
O - Race, Ethnicity, and Nativity	Entire section	O1 - O3	O1 - O3
P - Closing Section	Entire section	Entire section	Entire section

<sup>17</sup> In the 1999 NSAF, 22 of the 24 B4 interviews (with emancipated minors) were in households where the B4 interview was the only interview.