

2002 NSAF Questionnaire

Report No. 12

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Assessing
the New
Federalism

An Urban Institute
Program to Assess
Changing Social Policies

Methodology Reports

PREFACE

2002 NSAF Questionnaire is the twelfth report in a series describing the methodology of the 2002 National Survey of America's Families (NSAF). The NSAF is part of the *Assessing the New Federalism* project at the Urban Institute, conducted in partnership with Child Trends. Data collection for the NSAF was conducted by Westat.

The NSAF is a major household survey focusing on the economic, health, and social characteristics of children, adults under the age of 65, and their families. During the third round of the survey in 2002, interviews were conducted with over 40,000 families, 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 2002 NSAF. The 2002 series of reports includes:

- 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: Collection of NSAF papers
- No. 7: Studies conducted to understand the reasons for nonresponse and the impact 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 of the NSAF
- No. 10: Data editing procedures and imputation techniques for missing variables
- No. 11: User's guide for public use microdata
- No. 12: 2002 NSAF questionnaire

About This Report

Report No. 12 focuses on the 2002 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 1999 and 2002 NSAF surveys. The remainder of the report provides the full text of the 2002 questionnaire.

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1. INTRODUCTION

The 2002 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 with more than 40,000 families, yielding information on more than 100,000 people. The data collection was conducted for the Urban Institute and Child Trends by Westat from February 2002 through November 2002.

The sample is representative of the civilian, noninstitutionalized population under age 65. 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 with the prior two rounds of data collection (conducted in 1997 and 1999), 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 United States 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 called 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 also includes intensive site visits to the 13 states to gather information on the development and implementation of policies.

While the site visits provide researchers and policymakers with information on how states differ in both the policies selected and how these policies are implemented, the NSAF survey data provide reliable estimates of outcome measures 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.

In this first chapter of the report, we describe the household screener and extended interview of the 2002 NSAF, as well as respondent selection, types of NSAF interviews, and the NSAF definition of family. The second chapter describes specific changes made to the questionnaire between the current round and the previous one, such as which questions are new, changed, or no longer asked. The third chapter provides the full 2002 NSAF questionnaire, along with additional information about question universes and skip patterns.

1.1 Screener Content

A short screening (SC) interview was used to identify and sample households based on 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. Another question determined whether the household was below 200 percent of the federal poverty level. 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 there were children in the household.

Once household eligibility was sampled, subsequent questions were asked to identify the children (age 0 to 17) or adults (age 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).

1.2 Respondent Selection

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 age 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 age 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 16- or 17-year-old child might be living independently or with a spouse or 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 age 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 spouses or partners of each other.

In order to produce estimates generalizable to all nonelderly adults, 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 or partner of an MKA or an emancipated minor and not the parent of, nor the spouse or partner of a parent of, any child under 18 in the household. Again, up to two adult stragglers could be selected for interviewing. Stragglers were not selected during 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 and 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 *2002 NSAF Sample Design*, Report No. 2 in this series.

In each household with 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 abbreviated versions. One version was used if the respondent for the abbreviated questionnaire was in the same family as a previous respondent; the other version was used if 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 before 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 administered, interview types were numbered within Option A and Option B interviews. Overall, 43,806 interviews were conducted in the 2002 NSAF. Table 1-1 provides a definition of each type along with the distribution of these interviews in the 2002 NSAF.

**Table 1-1.
2002 NSAF Extended Interview Types**

Interview type	Number completed
A1: Option A interview with the first MKA	28,141
A2: Option A interview with a second MKA; both MKAs are in the same family	347
A3: Option A interview with a second MKA; MKAs are in different families	13
B1: Option B interview with the first childless adult respondent	11,639
B2: Option B interview with a childless adult respondent in the same family as another respondent	3,375
B3: Option B interview with a childless adult not in the same family as any other respondent	265
B4: Option B interview with an emancipated minor	26
B5: Option B interview with an emancipated minor not in the same family as any other respondent	0

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 three households. In most cases, only one extended interview was conducted in the household, as shown in table 1-2.¹

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

Table 1-2.
Extended Interviews per Household in the 2002 NSAF

Extended interviews in the household	Number	Percent
One	35,949	90.3
Two	3,693	9.3
Three	153	0.4
Four	3	0.0

1.4 NSAF Family Definitions

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 members of the same family, even if they are not related. 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 are included in the family at this point.
4. Finally, anyone in the household who is related to these unmarried partners is added to the family.

For example, suppose we are interviewing a household with persons A, B, C, and D, with A, B, and C all nonelderly adults 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 them. Another difference is that all members of the extended family are considered to be in the same family. Also, 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).²

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 people within NSAF households. In other words, not all items are collected for all household members. Some questions in sections E (current health insurance coverage), I (earnings in 2001), and J (unearned income sources and amounts in 2001) record information 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 spouses or 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, nonelderly adults, and their families in 13 states and the balance of the nation. The richness of these data can be seen in figure 1-1, which provides a summary, by topic, of the breadth of well-being measures covered by the 2002 NSAF questionnaire.

Figure 1-1 shows the item or construct 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 MKAs), one could produce estimates based on the child as the unit of analysis, such as the percentage of children with a primary caregiver who scores high or low on parental aggravation.

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

In assembling the content of the NSAF, we found that state-representative surveys either focused on narrow aspects of well-being or did not include variables 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

² This discussion only pertains to the definition of family used to conduct the survey. Using the detailed relationship information gathered in the household roster section (D), Urban Institute staff have created families using the CPS definition of family in the NSAF data in analytic data files.

Figure 1-1.
Well-Being Measures in the National Survey of America's Families

Well-Being Construct/Items Measured	Person or Unit Measured		
	Child	Parent/Adult	Family/HH
Economic security			
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
Health and health care			
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	
Child's education and cognitive and social development			
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		
Child's behavior problems			
Behavior problems index	X		
Cut classes/suspended/expelled from school	X		
<i>Family structure</i>			
Whether two-parent family, biological parents present	X	X	
Visitation with noncustodial parent (if applicable)	X		
Stability/turbulence (includes changes in family composition, housing, child care)	X	X	X
<i>Parent/Adult psychological well-being</i>			
Depression		X	
Parent aggravation		X	
Participation in volunteer/religious activities		X	
<i>Family stress</i>			
Problems in family (includes mental health, family conflict)	X	X	X
<i>Immigration status</i>			
	X	X	X
Community environment			
Knowledge of community services available		X	

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 NHIS, the CPS, the Survey of Income and Program Participation (SIPP), and the National Household Education Survey (NHES) as much as possible 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.

The 2002 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 2002 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.* Section B asked questions 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 15 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 or partner in the child interview. In the adult interview the questions were asked about the adult and his/her spouse or partner.
- G. *Child Care.* This section asked about child care arrangements for focal children under 13 years old. Child care arrangements included Head Start, child care centers, before- or after-school care, and baby sitters. 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 15 and September 23, 2002 asking about child care last May.

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 his/her spouse or 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.* This section identified family income from a wide variety of other sources (not including earnings from employment). These sources included public assistance (Temporary Assistance for Needy Families [TANF], 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 TANF and Food Stamp benefits 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.) to receive these benefits. Recipients were also asked 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 getting government assistance for child care and health insurance through Medicaid and CHIP. Finally, items were asked about the respondent's receipt of the Earned Income Tax Credit (EITC) in any year between 1999 and 2002.

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 the 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, his/her spouse or partner, and the focal children. For household members 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.

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

Note that this report does not show all skip patterns in the questionnaire. 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 translated into Spanish and programmed into Westat's 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 above.

References

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

2. SUMMARY COMPARISON OF ROUND 2 AND ROUND 3 SURVEYS

2.1 Section C: Child Education

New Items:

C1A Does (CHILD) now receive special education services?

C1B What grade or year is (CHILD) attending?

Item C1B is asked if respondent answered 'special education' to C1.

2.2 Section D: Household Roster

New Items:

D9B Have you been (married/widowed/divorced/separated/living together) for more than one year?

D10A When this arrangement was made, did a court or judge make you responsible for the care of (CHILD)?

D10B Does anyone in the household receive a regular payment to help care for (CHILD)?

Changed Items:

D10C Is this a foster care payment, another type of payment, or do you not know the type of payment?

Previous: Does anyone in the household currently receive a foster care payment to help care for (CHILD)?

D10D Is this a public assistance or welfare payment, another type of payment, or do you not know the type of payment?

Previous: Does anyone in the household currently receive public assistance or welfare payments to help care for (CHILD)?

Other Changes:

Items D8B–D8B1 are now asked of all respondents and spouse/partners.

2.3 Section E: Health Care Coverage

New Items:

E26A, E32A Does [your/POLICYHOLDER's] plan cover dental care?

E36A (Medicaid or SCHIP Program) provides care through several different (HMOs/companies or plans). What is the name of the (HMO/company or plan) (you are/CHILD is) signed up with under (Medicaid or SCHIP)? It would be the name on your insurance card, not the name of your doctor.

E43A Why is (CHILD) no longer enrolled in [Medicaid/state Medicaid NAME/SCHIP/state SCHIP NAME]?

Removed Items:

- E27, 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?
- E28, E32, 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?
- 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) plan require (you/POLICYHOLDER) to sign up with a specific doctor or group of doctors?

Changed Items:

- E21A At this time are (you, CHILD, SPOUSE/PARTNER) covered by the health insurance program (for children and their parents) in your state called (SCHIP NAME)?
- Previous: At this time, is (CHILD1) covered by the health insurance program for children in your state called (SCHIP NAME)?*
- E21B Who is covered? Anyone else?
- Previous: Is (CHILD2) covered by (SCHIP NAME)?*

Other Changes:

Items E21A–E21B are now asked of children and 18-year-old adults in states with SCHIP programs to this question.

Items E33–E34 are now asked of families with no Medicaid coverage or with Medicaid coverage that is NOT managed care, and in which anyone receives SCHIP.

2.4 Section F: Health Care Use and Access

New Items:

- F3A (Does person/do you) receive help or supervision with personal care such as bathing, eating, dressing, or getting around the house because of an impairment or mental health problem?
- F3B (Does person/do you) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping because of an impairment or mental health problem?
- F3C (Does person/do you) experience confusion or memory loss or have problems making decisions to the point that it interferes with daily activities?
- F6A How many of [his/her] visits to a dentist or dental hygienist that you just told me about were for a general dental exam, check-up, or cleaning?
- F30 (During/Now thinking about your entire family, during) the last 12 months, about how much did (you/your family) spend on health care; that is money you or someone else in the family paid for things like doctor's visits, hospital stays, or prescription drugs? Please include all out-of-pocket expenses that health insurance did not pay for. Do not include any costs for health insurance premiums or dental care.
- F30A Would that be?

Other Changes:

Item F6 is now asked about children 2 and older.

In option B interviews, items after F7 are now asked of both the respondent and spouse/partner where applicable.

2.5 Section G: Child Care

New Items:

- G51A (Now think about your other (child/children) under age 13/We would like to know how your (child/children) under 13 spend (his/her/their) time when (he was/she was/they were) not with you during the last month.) Last month, (was that child/were those children) in any kind of regular child care arrangement at least once a week, while you worked, looked for a job, or were in school?
- G55 Now focus on the child care arrangements and programs you used regularly for (CHILD1/CHILD2/and your other children under 13). Without including the amount you spent for child care for (CHILD1), how much, if any, did you pay for just (CHILD2/and your other children under 13)'s child care arrangements while you worked, were in school, or looked for work in the last month?
- G55C If you cannot provide an exact amount, can you give your best guess as to what portion of your dollars per (week/month) went to pay for (CHILD)'s care? It can be very rough, such as a quarter or a half.
- G55D These next few questions are about your child care arrangements for your other children under age 13, not including (CHILD). Did you pay for the child care arrangements you used for these children?
- G57A Did the nonresident parent provide the child care for (CHILD1/CHILD2/your other children) personally and not ask for payment, or did they pay the bill for the child care?
- G57B Did the relative or friend provide the child care for (CHILD1/CHILD2/your other children) personally and not ask for payment, or did they pay the bill for the child care?
- G58 Now think about the child care arrangements that you pay for. Sometimes the amount of money that a parent is charged for a child care arrangement or program depends on how much the family earns. This is sometimes called a sliding fee scale. Was the amount you were charged for the child care of (CHILD1/CHILD2/your other children) determined by how much money you earn?
- G59 Sometimes a parent may pay less than the total cost of a child care arrangement because some other person or agency pays part of the cost. By this I mean a government agency, your employer, or someone else outside your household. Did any person or agency help pay for part of (CHILD1/CHILD2/your other children)'s child care?
- G60 What persons or agencies helped to pay for part of (CHILD1/CHILD2/your other children)'s care?
- G63 We would like to know if (CHILD2) spent any time in different activities when (s/he) was not in school during the past month. I'm going to read a list of activities that children are in. I'd like you to tell me if (CHILD2) was in any of these activities I mention at least once a week during the past month. Please do not include any arrangements that you have already discussed. Was (CHILD2) in any lessons—either music, computer, or dance—any clubs, or any organized sports, including practices, at least once per week during the last month?

- G64 In the last month, about how many total hours per week was (CHILD2) participating in these activities?
- G65 How many, if any, of these hours did you spend working, looking for a job, or in school?

Removed Items:

- G3B About how many children are usually in (CHILD)'s room or group at this Head Start center?
- G3C, G7 About how many adults usually supervise the children in (CHILD)'s room or group?
- G6 About how many children are usually in (CHILD)'s room or group at this center or program?

Changed Items:

- G56 In addition to the child care for (CHILD1/CHILD2/your other children) that you paid for, were any of (his/her/their) regular child care arrangements last month free?
- Previous: 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?*
- G57 (Now thinking about the child care arrangements you use for (CHILD1/CHILD2/your other child(ren)), what person or agencies paid for or provided child care for (CHILD1/CHILD2/your other children) so that you didn't have to pay for it?
- Previous: Who or what agency helps to pay for child care?*

2.6 Section H: Nonresidential Parents

Removed Items:

- 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/you are) (CHILD'S) father?

2.7 Section I: Employment and Earnings

New Items:

- I30V2A Are you (Is SPOUSE/PARTNER) on a temporary lay-off because your (his/her) employer did not have enough work?
- I30V2B, I46A Do you (Does SPOUSE/PARTNER) currently receive Unemployment Compensation?
- I22A Are you (Is SPOUSE/PARTNER) entitled to any fully paid leave, such as sick leave or vacation leave, from your (his/her) employer?
- I22B Including vacation days, sick leave, personal days and other forms of paid leave, how many days of leave with full pay [are you/is (SPOUSE/PARTNER)] entitled to receive each year? Please do not include national holidays or regular days off, such as weekends, in your count. Was it...
- I22C [Are you/Is (SPOUSE/PARTNER)] able to take paid or unpaid (paternity/maternity) leave and return to [your/(his, her)] employer?

Removed Items:

- I23 In the last two years, have you (has SPOUSE/PARTNER) worked for any other employer before your (his/her) current one?
- I24, I48 Did you (SPOUSE/PARTNER) have the chance to keep health insurance coverage from (his/her) former employer?
- I24A, I48A Did you (SPOUSE/PARTNER) choose not to have coverage through your (his/her) former employer, did the former employer not offer coverage, or was there some other reason why you (s/he) did not have the chance to keep insurance through this employer?
- I42, I44, I47 Have you (Has SPOUSE/PARTNER) worked for an employer in the last two years?
- I43 Is the health insurance you have (SPOUSE/PARTNER has) now from your (his/her) former employer?
- I45 Did you (SPOUSE/PARTNER) have the chance to keep health insurance coverage from your (his/her) former employer?
- I45A Did you (SPOUSE/PARTNER) choose not to have coverage through your (his/her) former employer, did the former employer not offer coverage, or was there some other reason why you (s/he) did not have the chance to keep insurance through this employer?

Changed Items:

- I30V2C Are you (Is SPOUSE/PARTNER) temporarily out of work because of sick leave vacation, a strike, bad weather, or comp time?
- Previous: Are you temporarily out of work because of sick leave, vacation, a strike, bad weather, comp time, or a temporary lay-off?*

2.8 Section J: Family Income

New Items:

- J1A Just to be sure, in 2001, did anyone receive cash assistance from a state or county welfare program, on behalf of children in the household?
- J3A Was this assistance a one-time, lump sum cash payment from a state or county welfare program?
- J6 In 2001, did anybody receive food stamps?
- J11A In 2001, did anybody receive workers' compensation?
- J11B In 2001, did anybody receive veterans' benefits?
- J13A In 2001, did anybody receive Social Security disability benefits, or SSDI?
- J13B In 2001, did anybody receive private disability insurance payments?
- J12A According to the information you have provided, no one in your family received cash benefits because of a disability, injury, health condition or impairment in 2001? Is that correct?
- J12B What type of income was that?
- J19A Was the cash assistance from {STATE TANF PROGRAM} just for the (child/children), just for (you/adults), or for both?
- J19B Who in the family was the cash assistance for?

- J31 (Was/Were) (EVERYONE LISTED IN J30) Food Stamp benefits or {STATE EBT CARD} just for the (child/children) just for (you/adults), or for both?
- J70 Who received veterans' benefits in 2001?
- J71 How much veterans' benefits did (you/NAME) receive in 2001? This can be either a weekly amount, a monthly amount, or the total for the year.
- J72 For how many (weeks/months) did (you/NAME) receive these benefits during 2001?
- J73 Who received social security disability benefits in 2001?
- J74 How much social security disability benefits did (you/NAME) receive in 2001? This can be either a weekly amount, a monthly amount, or the total for the year.
- J75 For how many (weeks/months) did (you/NAME) receive these payments during 2001?
- J76 Who received private disability insurance in 2001?
- J77 How much private disability insurance did (you/NAME) receive in 2001? This can be either a weekly amount, a monthly amount, or the total for the year.
- J78 For how many (weeks/months) did (you/NAME) receive these payments during 2001?
- J79 Who received (other disability) in 2001?
- J80 How much did (you/NAME) receive in 2001? This can be either a weekly amount, a monthly amount, or the total for the year.
- J81 For how many (weeks/months) did (you/NAME) receive these payments during 2001?

Removed Items:

- J11 [In (1997/1998), did anybody receive workers' compensation or veteran's payments?
- J19 To whom was the (TANF or AFDC) check made out during 2001?
- J20A Were the (TANF or AFDC) benefits to provide for just the (child/children), or both (you/adults) and the children?
- J20B Were the benefits to provide for just the (child/children), both (you/adults) and the (child/children), (you), (SPOUSE/PARTNER), and the (child/children), or just (SPOUSE/PARTNER) and the (child/children)?
- J27OV1 How much (in emergency or one-time cash payments) did (you/other adult) receive last year?
- J27OV2 What was the amount of each emergency payment (you/other adult) received last year?
- J27OV3 Did you already report some or all of those payments earlier as TANF, or AFDC, or "STATE NAME FOR GENERAL ASSISTANCE"?
- J28 Who received the vouchers or coupons from the welfare office during 2001?
- J29A What were (your/other adult) vouchers for?
- J29B Approximately how much were (your/other adult) vouchers and coupons worth, in total?

Changed Items:

- J1 At any time during 2001, even for one month, did anybody receive any cash assistance, welfare, or emergency help from a state or county welfare program such as (TANF) or (General Assistance)?
- Previous: In (1997/1998), did anybody receive public assistance, welfare payments, vouchers, or emergency help from the welfare office?*

- J2B, J3 Was this assistance received from (most recognized name of their state's welfare/welfare to work program)?
- Previous: [In (1997/1998)] did anybody receive benefits from the (STATE AFDC PROGRAM)?*
- J2 Was this assistance received from Temporary Assistance for Needy Families, or TANF, which used to be called AFDC?
- Previous: [In (1997/1998)] did anybody receive benefits from Temporary Assistance for Needy Families, or TANF, which used to be called AFDC?*
- J5 In 2001, apart from Food Stamps, did anybody receive vouchers or coupons from the welfare office to help pay for special expenses?
- Previous: In (1997/1998)] apart from Food Stamps, did anybody receive vouchers or coupons from the welfare office to help pay for special expenses, including housing or training?*
- J13 [In 2001, did anybody receive] Social Security retirement benefits or payments to survivors from the U.S. government?
- Previous: [In (1997/1998), did anybody receive] Social Security payments from the U.S. government?*
- J26 Who received the one-time, cash payment from a welfare program?
- Previous: Who received the one-time, cash payment from a welfare program, emergency, or one-time cash payment from the government?*
- J27 How much was the payment that (you/NAME) received?
- Previous: Did (you/other adult) receive emergency assistance in one payment or in several payments?*

Other Changes:

- J12 In 2001 did anybody receive Supplemental Security Income? Moved from the last question on disability income to the first.

2.9 Section K: Welfare Program Participation

New Items:

- K46 For your family, who was primarily responsible for getting together the information to complete your 2001 federal income tax return? Was it?
- K46A Did a community service group or paid preparer such as H&R Block help you or your family complete your tax return?
- K47 Sometimes family income changes dramatically from one year to the next. We have just one or two questions to ask about income you may have started to receive this year (in 2001). You said earlier that you did not receive child support last year (in 2001/2002) Have you received any child support this year?
- K48 You said earlier that you did not receive disability benefits from SSI or Social Security last year 2001. Have you received either of these disability benefits this year (2001/2002)?
- K40B What is the current status of your application?
- K40C If you were told that (CHILD1/CHILD2) was eligible for Medicaid {or (State Medicaid name)} {or (State CHIP name)}, would you want to enroll (him/her)?

K40D If you were told that (CHILD1/CHILD2) was eligible for Medicaid {or (State Medicaid name)} {or (State CHIP name)}, would you drop (his/her) current coverage and enroll (him/her) in Medicaid instead?

K40E Why would you not want to enroll (him/her)?

Removed Items:

K18 [IN ORDER TO RECEIVE TANF OR AFDC BENEFITS] What are you or anyone in your family required to do?

K18A [IN ORDER TO RECEIVE TANF OR AFDC BENEFITS] Does your local welfare, employment, or service agency help you meet this requirement?

K12 Did you get help from anyone else such as through a church, family, or a community center?

K32 [IN ORDER TO RECEIVE FOOD STAMPS] What are you or anyone in your family required to do?

K32A [IN ORDER TO RECEIVE FOOD STAMPS] Does your local welfare, employment, or service agency help you meet this requirement?

K44A Did you also receive the Earned Income Tax Credit 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?

Changed Items:

K4 Did you or your children receive any TANF or AFDC benefits since January 2001?

Previous: Did you or your children receive any TANF or AFDC benefits since January 1997?

K18C For how much longer (can you receive assistance/can you receive assistance if you needed it)?

Previous: For how much longer can you receive assistance?

K19 I know you are not receiving TANF or AFDC, but you may have inquired about such government assistance. Since January 1, 2001, did you inquire about or apply for TANF or AFDC benefits?

Previous: 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?

Other Changes:

K22 Have you ever received food stamps for yourself or any of your children?
“Now I would like to ask about whether you had experience with a particular government program before last year.” Displayed before if an Option B interview.

Many dates changed from 1997 to 2001, such as K5, K13, K25, K26, and some from 1998 to 2001, such as K35.

2.10 Section L: Education and Training

Removed Items:

- L15B Was any of the help (you/SPOUSE/PARTNER) got finding a job or training in (YEAR) from the government?
- L15C Did (you/SPOUSE/PARTNER) ever try to get help from the government finding a job or training in (YEAR)?
- L15D Who did that?

2.11 Section M: Housing and Economic Hardship

New Items:

- M9E In the last 12 months, since (name of current month) of last year, did (you/you or other adults in your family) ever get emergency food from a church, a food pantry, or food bank?
- M9F How often did this happen?
- M9G Where did you usually receive emergency food in the last 12 months? Was it...
- M16 Is this additional phone number used for a computer or fax machine?
- M17 Of these (number of phone numbers) additional home use phone numbers, how many are used for a computer or fax machine?
- M18 Do you have any additional phone numbers for computer or fax machines?
- M19 How many of these (number of phone numbers) phone numbers used for computers or faxes are ever answered for talking?
- M20 Is it ever answered for talking?
- M21 Is this phone number used for a computer or fax line answered for...
- M22 Of these (number of phone numbers that are answered, how many are answered for non-business related calls?

Removed Items:

- M10A Did you get any help when you were not able to pay the mortgage, rent, or utility bills?
- M10B Who did you get help from?
- M10C Why didn't you get help?

Changed Items:

- M14 Besides (RESPONDENT'S TELEPHONE NUMBER), do you have other telephone numbers in your household, not including cell phones?
- Previous: Besides (RESPONDENT'S TELEPHONE NUMBER), do you have other telephone numbers in your household?*
- M15 Including computer and fax phone numbers, how many of these additional phone numbers are for home use?
- Previous: How many of these additional phone numbers are for home use?*

2.12 Section N: Issues, Problems, Social Services

New Items:

- N12A (Since (CHILD) was born has (s/he)/During the past 12 months has (CHILD)) had any accidents or injuries that required medical attention?

Removed Items:

- N8D What were the reasons FC2 did not participate in any organization activities during the past year?
- N9 Do you know a specific place or program in your community...
- a) teenager help
 - b) family help
 - c) parent and child arguing help
 - d) parents can't take care of children help
 - e) family violence help
 - f) drugs or alcohol help
- N10A In the last 12 months, did you worry about keeping your child /children out of trouble with pregnancy, drugs, or crime?
- N10B Did you get any help to keep your child/children out of trouble with pregnancy, drugs, or crime?
- N10C Who did you get help from?
- N10D Why didn't you get help?
- N11A In the last 12 months, did you and your child/children argue a lot?
- N11B Did you get any help because you and your child/children argue a lot?
- N11C Who did you get help from?
- N11D Why didn't you get any help?

Other Changes:

Item N5X, "How many days in the past week did you or any family member read stories or tell stories to (CHILD1)?" is only asked of focal children age 1–5.

2.13 Section P: Closing Section

New Items:

- P8A In order to more fully understand how families make ends meet, the Urban Institute, the organization running this study, might want to contact you again. If someone from the Urban Institute did contact you, they would offer you \$50 for participating in another interview. Is it okay if we share your information with them, and they will call you to see if you would like to participate in another interview?

Removed Items:

- P4 Do you live in Milwaukee County?

- P4A Has your household had this telephone number (phone number) since (MONTH OF CYCLE 1 FINALIZED SCREENER), 1997?
- P6A What name is your telephone number listed in?
- P6B What is the full name of the person who owns or rents your home?
- 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.
- P8 Could I have the name and address of another contact person?

Changed Items:

- P5 We appreciate your completing the interview and I would like to (verify/collect) your address so that we can send you ({DOLLAR AMOUNT}/a letter) to thank you for your cooperation. (I have your mailing address as.../Please give me mailing address, starting with your first and last name...)

Previous: [In order to more fully understand how changes in government policy affect adults and children, we may need to contact you later this year for a follow-up survey.] To be sure that we can reach you, could I please have your full name and address?

Other Changes:

Items P1A–P1C and P2A–P2D are only asked of respondents who have children.

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HOUSEHOLD SCREENER

SINT2(SINT1).

Hello, this is (INTERVIEWER NAME) with the National Survey of America's Families. (I am not asking for money—this is a study about/We recently sent you \$2 with a letter describing this study on) employment, health care, education and other services in the state of (STATE).

[IF ASKED: This study is to see how recent changes in laws affect people's lives in your community.]

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

YES 1

NO 2 (ASK FOR SOMEONE WHO IS 18)

Is this phone number for....

Home use, 4

Business and home use, or 5

Business use only? 6 (Thank you very much, but we are only interviewing at residences.)

SC1. Including yourself, is there anyone in your household who is under 65 years of age?

YES 1 (GO TO SC2)

NO, EVERYONE 65 OR OLDER 2 (VERIFY THERE IS NO ONE UNDER 65. IF THERE IS NO ONE, GO TO END. ELSE GO TO SC2)

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 MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR PRIMARY 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, NUMBER OF HH MEMBERS IS CORRECT 1

NO, NUMBER OF HH MEMBERS IS NOT CORRECT2 [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...

a. Enforcing stricter discipline in schools? Would you say that would be effective in improving public education?

YES 1

NO 2

Evaluating teachers according to performance?

YES 1

NO 2

Making the school year longer?

YES 1

NO 2

SC5. It is important for the study to include households in a wide variety of economic situations in (STATE). For 2001, was the total income for everyone in this household, before taxes, below (2X POVERTY LINE FOR HH) or above (2X POVERTY LINE FOR HH)?³

BELOW OR AT 1

ABOVE 2

³ 200 percent of poverty thresholds are determined by the number of household members (SC3) and whether there are children under 18 years old in the household (SC2).

S6A. [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]	(FOR HHS W/OUT CHILDREN) [X BY RESP]
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

S6VERF1(2).

[FOR HOUSEHOLDS WITH CHILDREN: I have recorded there (is/are) (NUMBER) (child/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?]

[FOR HOUSEHOLDS WITHOUT CHILDREN: I have recorded that there (is/are) (NUMBER) (person/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 (AGE 0-5) IN THE HH, SELECT ONE.
IF THERE IS AT LEAST ONE CHILD CLASSIFIED AS A CHILD2 (AGE 6-17) IN THE HH, SELECT ONE.
THEN GO TO SC7.

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

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

IF 0 ADULTS ARE SAMPLED, GO TO END.

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).

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(GO TO SC8)

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

[IF R VOLUNTEERS STEP OR HALF, ENTER 2 (NO).]

- 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 (IF THERE IS BOTH A CHILD1 AND A CHILD2 AND THEY ARE NOT SIBLINGS, GO TO XTRNA, ELSE GO TO XTRN.)

{NAME OF CHILD2 MKA}2 (GO TO XTRN)

or someone else?3 (GO TO XTRNA)

XTRNA. May I please speak to (MKA)?

[Could you mention to (MKA) that to show our appreciation for participating in the study, we will send him or her (\$20/\$10) after we complete the interview.]

SUBJECT SPEAKING/COMING TO PHONE1 (GO TO XTRN)

SUBJECT LIVES HERE/NEEDS APPOINTMENT.....2 (SCHEDULE CALLBACK)

XTRN. We know your time is valuable, so to show our appreciation we will send you (\$20/\$10) after you complete the interview. (GO TO NEXT SECTION)

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...

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

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

Extremely confident 1
Very confident 2
Somewhat confident 3
Not too confident, or 4
Not confident at all 5
DK -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

BOX B3

IF THIS IS AN ADULT INTERVIEW → GO TO SECTION C

IS THERE A CHILD1?

YES → GO TO B3 FOR CHILD1

NO → CONTINUE

IS THERE A CHILD2?

YES → GO TO B3 FOR CHILD2

NO → GO TO BOX B6B

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

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

B4. How is (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 kind of activities done by most children (his/her) age/limits (his/her) ability to do regular school work]?

- YES 1
- NO 2

BOX B6A

IS THERE A CHILD2?

YES → CONTINUE

NO → GO TO BOX B6B

HAS B3 BEEN ASKED FOR CHILD2?

YES → GO TO B3 FOR CHILD2

NO → GO TO BOX B6B

<p>BOX B6B</p> <p>IS THERE AN SCHIP NAME FOR THIS STATE?</p> <p><input type="checkbox"/> YES → CONTINUE</p> <p><input type="checkbox"/> NO → GO TO B7</p>
--

B6. Have you heard of a health insurance program for children in your state called {SCHIP NAME}?

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

B7. Have you heard of a program that pays for health care for persons in need called Medicaid {OR SCHIP NAME}?

YES.....1 (GO TO BOX B8)
 NO.....2 (GO TO SECTION C)

<p>BOX B8</p> <p>DOES B6 = 1 OR B7 = 1?</p> <p><input type="checkbox"/> YES → CONTINUE</p> <p><input type="checkbox"/> NO → GO TO SECTION C</p>
--

B8. In your state, does {Medicaid or SCHIP NAME} cover children in families that do not receive welfare?

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

IS IT JUNE 15– SEPTEMBER 8?	
<input type="checkbox"/>	YES → GO TO SUMMER VERSION OF SECTION C (PAGE C-6)
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD1?	
<input type="checkbox"/>	YES → IF CHILD IS AGE 5, GO TO C1. ELSE, GO TO C1A
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → GO TO C1
<input type="checkbox"/>	NO → GO TO SECTION D

SECTION C: CHILD EDUCATION (MAIN VERSION)

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

- NURSERY/PRESCHOOL/PRE-KINDERGARTEN/HEAD START/TRANSITIONAL KINDERGARTEN (BEFORE K) N (GO TO CIA)
- KINDERGARTEN K (GO TO CIA)
- PREFIRST GRADE P (GO TO CIA)
- FIRST–EIGHTH GRADE 1–8 (GO TO CIA)
- {NINTH GRADE/FRESHMAN..... 9} (GO TO CIA)
- {TENTH GRADE/SOPHOMORE 10} (GO TO CIA)
- {ELEVENTH GRADE/JUNIOR 11} (GO TO CIA)
- {TWELFTH GRADE/SENIOR 12} (GO TO CIA)
- {ABOVE TWELFTH GRADE 13} (GO TO CIA)
- UNGRADED U (GO TO CIA)
- SPECIAL EDUCATION..... S (GO TO C1B)
- NOT ATTENDING..... 90 (GO TO CIA)
- CHILD IS HOME SCHOOLED..... H (GO TO CIA)

C1A. Does (CHILD) now receive special education services?

[READ IF NECESSARY: Special education includes a broad range of special services provided to children at school. Most special education students have an individualized education program. (IEP).]

- YES 1
- NO 2

GO TO BOX C2

C1B. What grade or year 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
NOT ATTENDING..... 90
CHILD IS HOME SCHOOLED..... H

BOX C2	
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO SECTION D
HAS C1 BEEN ASKED FOR CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO C1 FOR CHILD2
IS CHILD2 ATTENDING SCHOOL (C1 NE 90)?	
<input type="checkbox"/>	YES → GO TO C3
<input type="checkbox"/>	NO → 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

C3A. 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? Would you say ... (CHILD) cares about doing well in school?

- All of the time 1
- Most of the time 2
- Some of the time 3
- None of the time? 4

C3B. [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?] [Would you say ...] (CHILD) only works on schoolwork when forced to ...

- All of the time 1
- Most of the time 2
- Some of the time 3
- None of the time? 4

C3C. [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?] [Would you say ...] (CHILD) does just enough schoolwork to get by?

- All of the time 1
- Most of the time 2
- Some of the time 3
- None of the time? 4

IS CHILD2 HOMESCHOOLED (C1 = H)?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO C3D
IS CHILD2 AGE 11 OR YOUNGER?
<input type="checkbox"/> YES → GO TO SECTION D
<input type="checkbox"/> NO → GO TO C8

C3D. [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?] [Would you say ...] (CHILD) Always does homework? ...

- All of the time 1
- Most of the time 2
- Some of the time 3
- None of the time? 4
- NOT APPLICABLE BECAUSE
IN HOME SCHOOL 5

IS CHILD2 AGE 11 OR YOUNGER AND HOMESCHOOLED PER C3D (C3D = 5)?

YES → GO TO SECTION D

NO → CONTINUE

IS CHILD2 AGE 12 OR OLDER AND HOMESCHOOLED PER C3D (C3D = 5)?

YES → GO TO C8

NO → CONTINUE

IS CHILD2 AGE 11 OR YOUNGER?

YES → GO TO C7

NO → GO TO C5

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

YES..... 1

NO..... 2

BOX C5-1

IS CHILD2 HOMESCHOOLED (C2 = H)?

YES → GO TO SECTION D

NO → CONTINUE

IS CHILD2 AGE 11 OR YOUNGER?

YES → GO TO BOX C5-2

NO → GO TO BOX C5-3

BOX C5-2
CHILD2 AGE 11 AND YOUNGER

HAS CHILD2 BEEN IN SCHOOL IN THE PAST YEAR (C4 = 1)?

YES → GO TO C7

NO → GO TO SECTION D

BOX C5-3
CHILD2 AGE 12 AND OLDER

HAS CHILD2 BEEN IN SCHOOL IN THE PAST YEAR (C4 = 1)?

YES → GO TO C5

NO → 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

Two or more times 2

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

YES 1

NO..... 2

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

Never 0

Once..... 1

Two or more times 2

IS CHILD2 AGE 11 OR YOUNGER?	
<input type="checkbox"/>	YES → GO TO SECTION D
<input type="checkbox"/>	NO → 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?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → USE MAIN VERSION OF SECTION C (C-1)
IS THERE A CHILD1 AGE 5?	
<input type="checkbox"/>	YES → GO TO C01.
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → GO TO C01
<input type="checkbox"/>	NO → GO TO SECTION D

SECTION C: CHILD EDUCATION (SUMMER VERSION)

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

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

C02. Is (CHILD) attending summer school?

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

C03. What grade did (CHILD) attend at the end of the 2001/2002 school year {before summer school started}?

NURSERY/PRESCHOOL/PRE-KINDERGARTEN/HEAD
 START/TRANSITIONAL KINDERGARTEN (BEFORE K) N (GO TO C1B)
 KINDERGARTEN K (GO TO C1B)
 PREFIRST GRADE P (GO TO C1B)
 FIRST–EIGHTH GRADE 1–8 (GO TO C1B)
 {NINTH GRADE/FRESHMAN..... 9} (GO TO C1B)
 {TENTH GRADE/SOPHOMORE 10} (GO TO C1B)
 {ELEVENTH GRADE/JUNIOR 11} (GO TO C1B)
 {TWELFTH GRADE/SENIOR 12} (GO TO C1B)
 {ABOVE TWELFTH GRADE 13} (GO TO C1B)
 UNGRADED U (GO TO C1B)
 SPECIAL EDUCATION..... S (GO TO C1A)
 NOT ATTENDING..... 90 (GO TO C1B)
 CHILD IS HOME SCHOOLED..... H (GO TO C1B)

BOX C2	
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO SECTION D
HAS C01 BEEN ASKED FOR CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO C1 FOR CHILD2
IS CHILD2 ATTENDING SCHOOL (C03 NE 90)?	
<input type="checkbox"/>	YES → GO TO C3
<input type="checkbox"/>	NO → 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 (GO TO C1B)
- NOT ATTENDING..... 90
- CHILD IS HOME SCHOOLED..... H

C1A. Did (CHILD) receive special education services during the 2001/2002 school year?

[READ IF NECESSARY: Special education includes a broad range of special services provided to children at school. Most special education students have an individualized education program. (IEP).]

- YES 1
- NO 2

GO TO BOX C2

C1B. What grade or year was (CHILD) attending during the 2001/2002 school year?

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
NOT ATTENDING..... 90
CHILD IS HOME SCHOOLED..... H

BOX C2	
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO SECTION D
HAS C01 BEEN ASKED FOR CHILD2?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO C01 FOR CHILD2
IS CHILD2 ATTENDING SCHOOL (C1 NE 90)?	
<input type="checkbox"/>	YES → GO TO C3
<input type="checkbox"/>	NO → GO TO C2

C2. What was the last grade of school, if any, that (CHILD) completed?⁴

- 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
- NOT ATTENDING..... 90
- CHILD IS HOME SCHOOLED..... H

GO TO C4

C3A. 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? Would you say (CHILD) cares about doing well in school...

- All of the time 1
- Most of the time 2
- Some of the time..... 3
- None of the time? 4

C3B. [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?] [Would you say] (CHILD) only works on schoolwork when forced to ...

- All of the time 1
- Most of the time 2
- Some of the time..... 3
- None of the time?..... 4

⁴ In the main version of section C, only MKAs of older focal children (CHILD2s) will receive question C2. However, during June 14–September X, MKAs of younger focal children (CHILD1s) 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.

C3C. [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?] [Would you say](CHILD) does just enough schoolwork to get by?

- All of the time 1
- Most of the time 2
- Some of the time..... 3
- None of the time?..... 4

IS CHILD2 HOMESCHOOLED (C1 = H)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO C3D
IS CHILD2 AGE 11 OR YOUNGER?	
<input type="checkbox"/>	YES → GO TO SECTION D
<input type="checkbox"/>	NO → GO TO C8

C3D. [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?] [Would you say] (CHILD) Always does homework? ...

- All of the time 1
- Most of the time 2
- Some of the time..... 3
- None of the time?..... 4

NOT APPLICABLE BECAUSE
IN HOME SCHOOL 5

IS CHILD2 AGE 11 OR YOUNGER AND HOMESCHOOLED PER C3D (C3D = 5)?	
<input type="checkbox"/>	YES → GO TO SECTION D
<input type="checkbox"/>	NO → CONTINUE
IS CHILD2 AGE 12 OR OLDER AND HOMESCHOOLED PER C3D (C3D = 5)?	
<input type="checkbox"/>	YES → GO TO C8
<input type="checkbox"/>	NO → CONTINUE
IS CHILD2 AGE 11 OR YOUNGER?	
<input type="checkbox"/>	YES → GO TO C7
<input type="checkbox"/>	NO → GO TO C5

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

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

BOX C5-1

IS CHILD2 HOMESCHOOLED (C2 = H)?

YES → GO TO SECTION D

NO → CONTINUE

IS CHILD2 AGE 11 OR YOUNGER?

YES → GO TO BOX C5-2

NO → GO TO BOX C5-3

BOX C5-2
CHILD2 AGE 11 AND YOUNGER

HAS CHILD2 BEEN IN SCHOOL IN THE PAST YEAR (C4 = 1)?

YES → GO TO C7

NO → GO TO SECTION D

BOX C5-3
CHILD2 AGE 12 AND OLDER

HAS CHILD2 BEEN IN SCHOOL IN THE PAST YEAR (C4 = 1)?

YES → GO TO C5

NO → 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
- Two or more times 2

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

- YES 1
- NO..... 2

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

- Never 0
- Once..... 1
- Two or more times 2

IS CHILD2 AGE 11 OR YOUNGER? <input type="checkbox"/> YES → GO TO SECTION D <input type="checkbox"/> NO → 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

DINTRON (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 → ASK D3A FOR EACH SUCH PERSON
 NO → GO TO D4

D3A. Is (NAME) older than 40?

Yes 1

No 2

D4. Is this (your/NAME)'s usual residence, where (you/NAME) (live/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. (Do/Does) (you/(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 D9A = 1-4, GO TO D9B, ELSE GO TO BOX D5A.

D9B. Have you been (married/widowed/divorced/separated) for more than one year?

YES 1

NO 2

BOX D5A

IS THIS A HOUSEHOLD WITH ONLY ONE PERSON, OR WITH ONLY ONE ADULT?

YES → GO TO DINTREL

NO → GO TO D5A

D5A. What is the name of one of the persons living in this household who owns or rents this home?

[IF MULTIPLE OWNERS, RECORD FIRST NAME MENTIONED]

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

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)
- 8(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) = >D6A = 19(AUNT/UNCLE)
- 9 (OTHER RELATIVE) = >D6A = 19(AUNT/UNCLE)
- 9 (OTHER RELATIVE) = > D6A = 21 (COUSIN)

(2) CODE INVERSES OF ALL KNOWN RELATIONSHIPS

DINTREL We are interested in getting a picture of the types of living arrangements in American families. To get a picture of the arrangements for you, 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,
or other nonrelative

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 NONRELATIVE	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
STEP MOTHER/FATHER.....	17
STEP DAUGHTER/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

IS MKA MARRIED?

- YES → CONTINUE
- NO → GO TO BOX D6FC1

IS A SPOUSE CODED FOR THE MKA?

- YES → GO TO BOX D6FC1
- NO → GO TO D8A1

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 and age of your spouse?

- NAME: _____
- AGE: _____
- SEX: _____ [ENTER M FOR MALE, F FOR FEMALE]

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 → GO TO D6 FOR CHILD1
- NO → GO TO BOX D6FC2

BOX D6FC2

IS THERE A CHILD2 IN THE HOUSEHOLD?

- YES → GO TO D6 FOR CHILD2
- NO → GO TO BOX D7

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

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 NONRELATIVE	13	
UNRELATED LEGAL GUARDIAN	90	

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
STEP MOTHER/FATHER.....	17
STEP DAUGHTER/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/MOTHER 5
- OTHER (SPECIFY)..... 6

RETURN 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

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

BOX D7

ARE THERE ANY NON-FOCAL CHILDREN?
 YES → GO TO BOX D7A
 NO → GO TO BOX D6SPOUSE

BOX D7A

ASK FOR EACH NON-FOCAL CHILD:
 HAS A MOTHER BEEN IDENTIFIED FOR THE NON-FOCAL CHILD?
 YES → GO TO BOX D7C
 NO → ASK D7A & D7B FOR NON-FOCAL CHILD

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

[VERIFY IF ALREADY KNOWN]

YES 1 (GO TO D7B IF OTHER FEMALES GE 10 YEARS OLD IN HH, ELSE GO TO BOXD7C)
 NO 2 (GO TO BOX D7C)

D7B. Who is (NAME)'s mother?

[SHOW ALL FEMALE HH MEMBERS AND ALLOW ONLY ONE TO BE SELECTED]

BOX D7C

ASK FOR EACH NON-FOCAL CHILD:
 HAS A FATHER BEEN IDENTIFIED FOR THE NON-FOCAL CHILD?
 YES → GO TO BOX D6SPOUSE
 NO → ASK D7C AND D7D FOR NON-FOCAL CHILD

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

[VERIFY IF ALREADY KNOWN]

YES 1 (GO TO D7D IF OTHER MALES GE 10 YEARS OLD IN HH, ELSE GO BACK TO BOX D7A FOR NEXT NON-FOCAL CHILD. IF LAST ONE, GO TO BOX D6SPOUSE)
 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?

[SHOW ALL MALE HH MEMBERS AND ALLOW ONLY ONE TO BE SELECTED]

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, CONTINUE

BOX D6SPOUSE

DOES THE MKA HAVE A SPOUSE/PARTNER?
 YES → CONTINUE
 NO → 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 NONRELATIVE 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
STEP MOTHER/FATHER.....	17
STEP DAUGHTER/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 → GO TO D6 FOR OTHER RELATIONSHIPS
 NO → 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 NONRELATIVE	13
UNRELATED LEGAL GUARDIAN	90

IF RELATIONSHIP IS "OTHER RELATIVE" (D6 = 9), GO TO D6A (SEE PAGE D-10). ELSE, REPEAT D6 ABOVE FOR RELATIONSHIPS BETWEEN OTHER PAIRS OF PERSONS WITH UNKNOWN RELATIONSHIP TO EACH OTHER. ELSE, IF LAST PERSON, GO TO D8B.

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 SPOUSE/PARTNER, ELSE TO BOX D10)

D8B1. How many of (your/SPOUSE NAME)'s children under 18 live outside of the household?
 [GO TO D8B FOR SPOUSE/PARTNER; ELSE GO TO BOX D10].

BOX D10

ASK FOR CHILD1, THEN FOR CHILD2:

HAS SOMEONE IN HH BEEN IDENTIFIED AS THE CHILD'S BIOLOGICAL/STEP/ADOPTIVE PARENT?
 (D6AM OR D6AF = 1, 2, OR 3)

YES → GO TO STRAGGLER B BOX
 NO → CONTINUE

HAS SOMEONE IN HH BEEN IDENTIFIED AS THE CHILD'S UNRELATED FOSTER PARENT? (D6AM OR D6AF = 4 AND D61 = 2)

YES → GO TO STRAGGLER B BOX
 NO → ASK D10-D10D FOR CHILD

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

YES..... 1 (GO TO D10A)
 NO.....2 (GO TO D10B)

D10A. When this arrangement was made, did a court or judge make (you/MKA) responsible for the care of (CHILD)?

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

D10B. Does anyone in the household currently receive a regular payment to help care for (CHILD)?

YES 1 (IF D10A = YES, GO TO D10C. ELSE, GO TO D10D)

NO 2 (GO TO BOX D10 FOR NEXT FOCAL CHILD. IF LAST, GO TO STRAGGLER B BOX)

D10C. Is this a foster care payment, another type of payment, or do you not know the type of payment?

PUBLIC ASSISTANCE 1

ANOTHER TYPE 2

GO TO D10 FOR NEXT FOCAL CHILD. IF LAST, GO TO STRAGGLER B BOX

D10D. Is this public assistance or welfare payments, another type of payment, or do you not know the type of payment?

PUBLIC ASSISTANCE 1

ANOTHER TYPE 2

GO TO D10 FOR NEXT FOCAL CHILD. IF LAST, 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 one and only one 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

TARGET GROUP DEFINITIONS

FOR OPTION A INTERVIEWS, THE TARGET GROUP CONSISTS OF:

- THE MKA,
- THE SPOUSE/PARTNER
- THE FOCAL CHILDREN

FOR OPTION B INTERVIEWS, THE TARGET GROUP CONSISTS OF:

- THE RESPONDENT
- THE SPOUSE/PARTNER

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?]

[SHOW ALL HH MEMBERS 16 YEARS AND OLDER. INCLUDE "NAME NOT IN HH."]

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

[PROBE: Anyone else?]

[SHOW ALL TARGET MEMBERS EXCEPT FOR POLICY HOLDER]

IF E5 HAS ALREADY BEEN ASKED, GO TO BOX E7

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

YES.....1 (REASK E3)

NO..... (GO TO BOX E7)

<p>BOX E7</p> <p>IS THERE ANYONE IN THE TARGET GROUP WHO DID NOT HAVE INSURANCE COVERAGE?</p> <p><input type="checkbox"/> YES → GO TO E7</p> <p><input type="checkbox"/> NO → GO TO E18</p>
--

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?]
 [SHOW ALL HH MEMBERS 16 YEARS AND OLDER. INCLUDE "NAME NOT IN HH".]

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

[SHOW ALL TARGET MEMBERS EXCEPT FOR POLICY HOLDER]

IF E11 HAS ALREADY BEEN ASKED, GO TO BOX E13

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

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

<p>BOX E13</p> <p>IS THERE ANYONE IN THE TARGET GROUP WHO DID NOT HAVE INSURANCE COVERAGE?</p> <p><input type="checkbox"/> YES → GO TO E13</p> <p><input type="checkbox"/> NO → GO TO E18</p>
--

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 (GO TO E14)

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

E14. Who is covered?

[PROBE: Anyone else?]

[SHOW ALL TARGET GROUP MEMBERS]

BOX E15
IS THERE ANYONE IN THE TARGET GROUP WHO DID NOT HAVE INSURANCE COVERAGE?
<input type="checkbox"/> YES → GO TO E15
<input type="checkbox"/> NO → GO TO E18

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?]

[SHOW ALL TARGET GROUP MEMBERS]

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

CHAMPUS/TRICARE 1

CHAMP-VA2

VA/OTHER MILITARY HEALTH INSURANCE..... 3

INDIAN HEALTH SERVICE..... 4

REPEAT E17 FOR EACH PERSON NAMED IN E16 THEN GO TO E18

E18. Medicaid {or STATE NAME FOR MEDICAID}⁵ is a program 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?]

[SHOW ALL TARGET GROUP MEMBERS]

<p>BOX E20</p> <p>IS THERE A PROGRAM FOR THE RESPONDENT'S STATE ON THE LIST OF "OTHER STATE PROGRAM FILLS" IN APPENDIX A?</p> <p><input type="checkbox"/> YES → GO TO E20</p> <p><input type="checkbox"/> NO → CONTINUE</p> <p>IS THIS AN OPTION A (CHILD) INTERVIEW?</p> <p><input type="checkbox"/> YES → GO TO BOX E21A</p> <p><input type="checkbox"/> NO → CONTINUE</p> <p>ARE EITHER THE RESPONDENT OR SPOUSE/PARTNER AGE 18?</p> <p><input type="checkbox"/> YES → GO TO BOX E21A</p> <p><input type="checkbox"/> NO → GO TO BOX E22</p>

E20. At this time, are (NAMES OF TARGET GROUP MEMBERS) covered by the state program called (STATE-SPECIFIC PROGRAM)?⁶

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

E21. Who is covered?

[PROBE: Anyone else?]

[SHOW ALL TARGET GROUP MEMBERS]

⁵ State-specific names for Medicaid appear in Appendix A.

⁶ State-specific program names appear in Appendix A.

BOX E21A

IS THERE A PROGRAM FOR THE RESPONDENT'S STATE ON THE LIST OF "SCHIP PROGRAM FILLS" IN APPENDIX A?

YES → CONTINUE

NO → GO TO BOX E22

IS THIS AN OPTION A (CHILD) INTERVIEW?

YES → GO TO E21A

NO → CONTINUE

ARE EITHER THE RESPONDENT OR THE SPOUSE/PARTNER 18?

YES → GO TO E21A

NO → GO TO BOX E22

**E21A TARGET GROUP DEFINITIONS
(FOR E21A ONLY)**

FOR OPTION A INTERVIEWS, THE TARGET GROUP CONSISTS OF:

- THE MKA, IF AGE 18 OR IF THE STATE IS CT, DC, NJ, MN, NY, WI
- THE SPOUSE/PARTNER, IF AGE 18 OR IF THE STATE IS CT, DC, NJ, MN, NY, WI
- THE FOCAL CHILDREN FOR THIS MKA.

FOR OPTION B INTERVIEWS, THE TARGET GROUP CONSISTS OF:

- THE RESPONDENT
- THE SPOUSE/PARTNER.

E21A. At this time, (is/are) (ELIGIBLE TARGET GROUP MEMBERS) covered by the health insurance program for children {and their parents} in your state called (STATE CHIP NAME)⁷?

YES.....1 (GO TO E21B)

NO.....2 (GO TO BOX E22)

E21B. Who is covered by (STATE CHIP NAME)?

[SHOW ELIGIBLE TARGET GROUP MEMBERS]

BOX E22

IS THERE ANYONE UNDER 65 IN THE TARGET GROUP WHO DID NOT HAVE INSURANCE COVERAGE?

YES → GO TO E22

NO → GO TO BOX E25

⁷ 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 (REASK FOR NEXT PERSON. IF LAST GO TO BOX E25)
- NO.....2 (GO TO E23)

E23 RESPONSE CATEGORIES

FOR OPTION A INTERVIEWS, ONLY INCLUDE SCHIP PROGRAMS AMONG THE POSSIBLE ANSWERS IF ASKING ABOUT:

- THE MKA, IF AGE 18 OR IF THE STATE IS CT, DC, NJ, MN, NY, or WI
- THE SPOUSE/PARTNER, IF AGE 18 OR IF THE STATE IS CT, DC, NJ, MN, NY, or WI
- THE FOCAL CHILDREN FOR THIS MKA.

FOR OPTION B INTERVIEWS, Y INCLUDE SCHIP PROGRAMS AMONG THE POSSIBLE ANSWERS IF ASKING ABOUT:

- THE RESPONDENT
- THE SPOUSE/PARTNER.

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 CURRENT OR FORMER EMPLOYER OR UNION1
- INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY.....2
- MEDICARE3
- CHAMPUS, CHAMP-VA, VA, OTHER MILITARY 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

IF E23 = 1 OR 2, GO TO E24
 ELSE GO TO E22 FOR NEXT UNINSURED PERSON IDENTIFIED IN E22. IF LAST PERSON, GO TO BOX E25.

E24. Who is the policyholder for this plan?

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

[SHOW HH MEMBERS 16 YEARS AND OLDER INCLUDING "NAME NOT IN HH"]
IF POLICYHOLDER IS MEMBER OF HOUSEHOLD, VERIFY THIS INSURANCE IS MARKED FOR THEM.

E24 SHOULD BE REASKED FOR ANY OTHER EMPLOYER/UNION OR PURCHASED INSURANCE PLANS (IF E23 = 1 OR 2). THEN GO TO E22 FOR NEXT UNINSURED PERSON. IF LAST, GO TO BOX E25.

BOX E25

HAS E25 BEEN ASKED FOR ALL EMPLOYER/UNION POLICIES HELD BY TARGET GROUP MEMBERS?

- YES → CONTINUE
- NO → GO TO E25 FOR NEXT POLICY

HAS E25A BEEN ASKED FOR ALL EMPLOYER/UNION POLICIES HELD BY NON-TARGET GROUP MEMBERS?

- YES → GO TO BOX E29
- NO → GO TO E25A FOR NEXT POLICY

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

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

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

YES 1 (GO TO BOX E26A)
NO 2 (GO TO E26)

E25A. 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 (you/COVERED TARGET MEMBERS) (is/are) covered under (your/POLICYHOLDER's) 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 BOX E26A)
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
NO..... 2

BOX E26A
DOES THE PLAN COVER A FOCAL CHILD?
<input type="checkbox"/> YES → GO TO E26A
<input type="checkbox"/> NO → GO TO BOX E25

E26A. Does (your/POLICYHOLDER's) plan cover dental care?

[CODE "YES" IF R SAYS THAT A SEPARATE PLAN FROM THE EMPLOYER COVERS DENTAL CARE.]

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

GO TO BOX E25

BOX E29
HAS E29 BEEN ASKED FOR ALL DIRECT POLICIES HELD BY TARGET GROUP MEMBERS?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO E29 FOR NEXT POLICY
HAS E29A BEEN ASKED FOR ALL DIRECT POLICIES HELD BY NON-TARGET GROUP MEMBERS?
<input type="checkbox"/> YES → GO TO BOX E33
<input type="checkbox"/> NO → GO TO E29A FOR NEXT POLICY

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.

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 BOX E32A)
NO..... 2 (GO TO E30)

E29A. 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 (you/COVERED TARGET MEMBERS) (is/are) covered under (your/POLICYHOLDER's) 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 BOX E32A)
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
NO..... 2

BOX E32A	
DOES THE PLAN COVER A FOCAL CHILD?	
<input type="checkbox"/>	YES → GO TO E32A
<input type="checkbox"/>	NO → GO TO BOX E33

E32A. Does (your/POLICYHOLDER's) plan cover dental care?

[CODE "YES" IF R SAYS THAT A SEPARATE PLAN FROM THE EMPLOYER COVERS DENTAL CARE]

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

BOX E33

ARE ANY OF THE FOLLOWING FAMILY MEMBERS COVERED BY A MEDICAID PLAN (E19 = 1)?

- MKA/RESPONDENT
- OLDEST FOCAL CHILD
- YOUNGEST FOCAL CHILD
- SPOUSE/PARTNER

IF YES, GO TO E33 FOR FIRST LISTED PERSON WITH MEDICAID. ELSE, CONTINUE.

ARE ANY OF THE FOLLOWING FAMILY MEMBERS COVERED BY A SCHIP PLAN?

- MKA/RESPONDENT
- OLDEST FOCAL CHILD
- YOUNGEST FOCAL CHILD
- SPOUSE/PARTNER

IF YES, GO TO E33 FOR FIRST LISTED PERSON WITH SCHIP. ELSE, GO TO SAMPLE BOX.

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

Under (Medicaid {or STATE NAME FOR MEDICAID/SCHIP PROGRAM}), (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 E36A)
- NO..... 2 (GO TO E34)

E34. Can (you/POLICYHOLDER) go to any doctor or clinic who will accept (Medicaid {or STATE NAME FOR MEDICAID/SCHIP PROGRAM}) or must (you/he/she) choose from a directory, or list of doctors?

- ANY DOCTOR OR CLINIC..... 1 (GO TO SAMPLE BOX)
- MUST CHOOSE FROM DIRECTORY OR LIST 2 (GO TO E36A)

E36A. (STATE MEDICAID PROGRAM/SCHIP PROGRAM) provides care through several different (HMO's/companies or plans). What is the name of the (HMO/company or plan) (you are /COVERED TARGET MEMBER is) signed up with under (STATE MEDICAID PROGRAM/SCHIP PROGRAM)?

[PROBE: It would be the name on your insurance card, not the name of your doctor.]

[LIST TOP 6 STATE PROGRAMS]

- 1
- 2
- 3
- 4
- 5
- 6
- NOT SIGNED UP WITH A HEALTH PLAN...8
- OTHER (SPECIFY).....91

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.

GO TO BOX E37.

BOX E37

ARE ANY OF THE FOLLOWING FAMILY MEMBERS UNINSURED?
(DO NOT COUNT AS UNINSURED IF E22 = 2 AND E23 = DK/REF)

- CHILD1
- CHILD2
- SAMPLED ADULT

IF YES, ASK E37 FOR EACH UNINSURED HH MEMBERS.
ELSE 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 (REASK FOR NEXT UNINSURED HH MEMBER. 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 RESPONSE CATEGORIES

FOR OPTION A INTERVIEWS, ONLY INCLUDE SCHIP PROGRAMS AMONG THE POSSIBLE ANSWERS IF ASKING ABOUT:

- THE MKA, IF AGE 18 OR IF THE STATE IS CT, DC, NJ, MN, NY, or WI
- THE SPOUSE/PARTNER, IF AGE 18 OR IF THE STATE IS CT, DC, NJ, MN, NY, or WI
- THE FOCAL CHILDREN FOR THIS MKA.

FOR OPTION B INTERVIEWS, ONLY INCLUDE SCHIP PROGRAMS AMONG THE POSSIBLE ANSWERS IF ASKING ABOUT:

- THE RESPONDENT
- THE SPOUSE/PARTNER.

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)}, {SCHIP 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 UNION1
- INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY2
- MEDICARE3
- CHAMPUS, CHAMP-VA, VA, OTHER MILITARY, OR INDIAN HEALTH SERVICE4
- 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
IF LAST, GO TO BOX E39

BOX E39

ARE ANY OF THE FOLLOWING FAMILY MEMBERS INSURED?
(COUNT AS UNINSURED IF E22 = 2 AND E23 = DK/REF)

- CHILD1
- CHILD2
- SAMPLED ADULT

IF YES, ASK E39-E43 FOR EACH UNINSURED HH MEMBERS. ELSE
GO TO BOX E43A

E39. Earlier you said that (you/NAME) currently (have/has) (TYPES OF PLANS E.G. EMPLOYER, MEDICARE, MEDICAID, ETC). Did (you/NAME) have (this coverage/these types of coverage)(for all of the past 12 months/since he/she was born)?

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

[IF ASKED OF A BABY AGE 0, "SINCE HE/SHE WAS BORN" WILL BE ASKED]

YES.....1 (REASK FOR NEXT PERSON. IF LAST, GO TO BOX E43A)

NO.....2 (GO TO E39A)

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

NUMBER OF MONTHS _____

E40. When (you were not/NAME was not) covered by (TYPES OF COVERAGE) did (you/NAME) have other (health insurance coverage/coverage in the month's since his/her birth)?

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)}, {SCHIP 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, 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/Since NAME was born), was there any time when (you/NAME) had no health insurance?

- YES 1 (GO TO E43)
- NO 2 (REASK E39 FOR NEXT PERSON. IF LAST, GO TO BOX E43A)

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

MONTHS _____

BOX E43A	
DID ANY FOCAL CHILDREN THAT ARE CURRENTLY UNINSURED HAVE INSURANCE IN THE PAST YEAR?	
<input type="checkbox"/>	YES → GO TO E43A
<input type="checkbox"/>	NO → GO TO SECTION F

E43A. Why is (NAME) no longer covered by (Medicaid/STATE MEDICAID NAME/SCHIP/STATE SCHIP NAME)?

- NO LONGER ELIGIBLE 1
- CHILD IS HEALTHY/
DOESN'T NEED INSURANCE 2
- TOO MUCH HASSLE
TO STAY ENROLLED 3
- DID NOT SUBMIT PAPERWORK/
DOCUMENTS OR PAY PREMIUMS..... 4
- DOCTORS WOULD NOT
ACCEPT CHILD'S INSURANCE 5
- OTHER (SPECIFY)..... 91

REASK E43A IF THERE IS A SECOND FOCAL CHILD WHO IS CURRENTLY UNINSURED AND HAD INSURANCE IN THE PAST YEAR. ELSE GO TO SECTION F.

SECTION F: HEALTH CARE USE AND ACCESS

OPTION A INTERVIEW

FINTRO Now I'm going to ask you some questions about health.

[IF THERE IS A SPOUSE/PARTNER, READ: Some of the questions will be about you, others will be about your (spouse/partner) and some will be about both of you.]

F1. [ASK FIRST FOR MKA]

I'd like to talk about (SPOUSE/PARTNER's/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

IS THE SPOUSE/PARTNER THE SUBJECT-A (IS PICKSPOS = 1)?	
<input type="checkbox"/>	YES → GO TO F3
<input type="checkbox"/>	NO → GO TO F2

F2. How is (SUBJECT-A'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-F3C ARE FIRST ASKED FOR MKA

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

- YES 1 (GO TO F3A)
- NO 2 (GO TO BOX F4)

F3A. (Do/Does) (you/SPOUSE/PARTNER) receive help or supervision with personal care such as bathing, eating, dressing or getting around the house because of an impairment or mental health problem?

- YES 1
- NO 2

F3B. (Do/Does) (you/SPOUSE/PARTNER) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping because of an impairment or mental health problem?

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

F3C. (Do/Does) (you/SPOUSE/PARTNER) experience confusion or memory loss or have problems making decisions to the point that it interferes with daily activities?

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

BOX F4
REASK F1–F3C FOR SPOUSE/PARTNER IF ANY
THEN GO TO F4

F4. F4 SHOULD BE ASKED FIRST FOR SUBJECT-A.

{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 (GO TO BOX F5A)
NO.....2 (GO TO BOX F5B)

BOX F5A
IS SUBJECT OF F4 AN ADULT UNDER AGE 50 WHO IS NOT MALE?
 YES → GO TO F5.
 NO → GO TO BOX F5B

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

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

BOX F5B
REASK F4 FOR CHILD1 AND CHILD 2 (IF ANY).
THEN GO TO F6 FOR SUBJECT-A.

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

NUMBER OF VISITS _____

IF CHILD1 OR CHILD2 AND RESPONSE IS GE 2, GO TO F6A
IF CHILD1 OR CHILD2 AND RESPONSE IS 1, GO TO F6B
ELSE GO TO BOX F6

BOX F6
REASK F6 FOR CHILD1 AGE 2 OR OLDER, AND CHILD2 (IF ANY)
THEN GO TO F7 FOR SUBJECT-A

F6A. How many of (his/her) visits to a dentist or dental hygienist that you just told me about were for a general dental exam, check-up, or cleaning?

NUMBER OF VISITS _____

IF CHILD1 GO TO BOX F6
ELSE GO F7 FOR SUBJECT-A

F6B. Was that visit to a dentist or dental hygienist that you just told me about for a general dental exam, check-up, or cleaning?

YES..... 1

NO..... 2

IF CHILD1 GO TO BOX F6
ELSE GO F7 FOR SUBJECT-A

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 _____

REASK F7 FOR CHILD1 AND CHILD2 (IF ANY)
THEN GO TO F8 FOR SUBJECT-A

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? {Do not include treatment for substance abuse or smoking cessation.}

NUMBER OF VISITS _____

REASK F8 FOR CHILD1 AGE 3 OR OLDER, AND CHILD2 (IF ANY)
THEN GO TO F9 FOR SUBJECT-A

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

NUMBER OF VISITS _____

REASK F9 FOR CHILD1 AND CHILD2 (IF ANY)
THEN GO TO F10 FOR SUBJECT-A

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 F10

IS SUBJECT OF F10 AN ADULT UNDER AGE 50 WHO IS NOT MALE?

- YES → GO TO F11
- NO → CONTINUE

IS SUBJECT OF F10 CHILD1 OR CHILD2?

- YES → CONTINUE
- NO → GO TO BOX F16

WERE EITHER F9 OR F10 GREATER THAN 0?

- YES → GO TO F15
- NO → GO TO F13

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?

[IF THE RESPONDENT DOES NOT SEEM TO UNDERSTAND THE QUESTION, SAY: 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

GO TO BOX F16

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 (GO TO F14)

NO..... 2 (GO TO BOX F16)

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

NUMBER OF VISITS _____

GO TO BOX F16

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

NUMBER OF VISITS _____

GO TO BOX F16

BOX F16

REASK F10 FOR CHILD1 AND CHILD2 (IF ANY)

IF F10 HAS BEEN ASKED FOR SUBJECT-A, ANY CHILD1, AND ANY CHILD2, GO TO F16 FOR SUBJECT-A.

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

YES..... 1 (GO TO F17)
NO.....2 (GO TO BOX F18)

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

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

DK/REF GO TO BOX F18
ELSE GO TO F17A

F17A. Is there a particular person (you/NAME) usually see(s) when (you go/(he/she) goes) there?

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

BOX F18

REASK F16 FOR CHILD1 AND CHILD2 (IF ANY)

IF F16 HAS BEEN ASKED FOR SUBJECT-A, ANY CHILD1, AND ANY CHILD2, GO TO F18 FOR SUBJECT-A

F18. Now, I'd like to ask you some questions about experiences (you/SPOUSE/PARTNER) or (NAMES OF FOCAL CHILDREN) may have had getting care in the past 12 months.

During the past 12 months, did (you/SPOUSE/PARTNER) or (NAMES OF FOCAL CHILDREN) not get or postpone getting medical care or surgery when you/(he/she/they) needed it?

YES..... 1 (GO TO F19)
NO.....2 (GO TO F21)

F19. Who was that?

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

IF RESPONSE IS DK/REF, GO TO F21
ELSE GO TO F20

F20. Was lack of insurance or money a reason why (you/ SPOUSE/PARTNER/ CHILD1/CHILD2) did not get the medical care or surgery you needed or was it some other reason?

YES, LACK OF INSURANCE OR MONEY .. 1

NO, SOME OTHER REASON 2

REASK F20 FOR CHILD1 AND CHILD2 (IF ANY)\
THEN GO TO F21 FOR SUBJECT-A

F21. During the past 12 months, did (you/SPOUSE/PARTNER) or (NAMES of FOCAL CHILDREN) not get or postpone getting dental care when (you/he/she/they) needed it?

YES 1 (GO TO F22)

NO 2 (GO TO F27)

F22. Who was that?

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

IF RESPONSE IS DK/REF, GO TO F27
ELSE GO TO F23

F23. Was lack of insurance or money a reason why (you/SPOUSE/PARTNER /CHILD1/CHILD2) did not get the dental care (you/he/she) needed or was it some other reason?

YES, LACK OF INSURANCE OR MONEY .. 1

NO, SOME OTHER REASON 2

REASK F23 FOR CHILD1 AND CHILD2 (IF ANY)
THEN GO TO F27 FOR SUBJECT-A

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

YES 1 (GO TO F28)

NO 2 (GO TO BOX F30)

F28. Who was that?

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

IF RESPONSE IS DK/REF, GO TO BOX F30
ELSE GO TO F29

F29. Was lack of insurance or money a reason why (you/SPOUSE/PARTNER/CHILD1/CHILD2) did not get the drugs you needed or was it some other reason?

YES, LACK OF INSURANCE OR MONEY .. 1

NO, SOME OTHER REASON 2

REASK F29 FOR CHILD1 AND CHILD2 (IF ANY)
THEN GO TO BOX F30

BOX F30

F30 IS ASKED FOR THE FIRST RESPONDENT IN THE HH. F30 IS ASKED FOR THE SECOND HH RESPONDENT (FOR THE ABBREVIATED INTERVIEW) IF HE OR SHE IS NOT IN THE SAME FAMILY AS THE FIRST RESPONDENT.

IF THIS IS A SECOND INTERVIEW WITH A HH MEMBER WHO IS ALSO IN THE SAME FAMILY AS THE FIRST RESPONDENT, SKIP TO SECTION G.

F30. (During/Now thinking about your entire family, during) the last 12 months, about how much did (you/your family) spend on health care; that is money you or someone else in the family paid for things like doctor's visits, hospital stays, or prescription drugs? Please include all out-of-pocket expenses that health insurance did not pay for. Do not include any costs for health insurance premiums or dental care.

[PROBE: Premiums are regular payments people make to their health insurance for themselves and/or members of their family]

\$_____

IF RESPONSE IS DK/REF, GO TO BOX F30A
ELSE GO TO SECTION G

- F30A. Would that be...
- Less than \$5001
 - \$500 to less than \$2,0002
 - \$2,000 to less than \$3,0003
 - \$3,000 to less than \$5,0004
 - \$5,000 or more.....5

GO TO SECTION G

OPTION B INTERVIEW

F1. [F1-F3C ARE ASKED FIRST FOR MKA AFTER B2A]

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

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

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

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

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

- YES 1 (GO TO F3A)
- NO..... 2 (GO TO BOX F4)

F3A. (Do/Does) (you/SPOUSE/PARTNER) receive help or supervision with personal care such as bathing, eating, dressing, or getting around the house because of an impairment or mental health problem?

YES..... 1

NO.....2

F3B. (Do/Does) (you/SPOUSE/PARTNER) receive help or supervision using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping because of an impairment or mental health problem?

YES..... 1

NO.....2

F3C. (Do/Does) (you/SPOUSE/PARTNER) experience confusion or memory loss or have problems making decisions to the point that it interferes with daily activities?

YES..... 1

NO.....2

<p>BOX F4</p> <p>HAS D1 BEEN ASKED ALREADY?</p> <p><input type="checkbox"/> YES → CONTINUE</p> <p><input type="checkbox"/> NO → GO TO DINTRON (THE REST OF SECTION F COMES AFTER SECTION E)</p>

FINTRO Now I'm going to ask you some questions about health.

[IF THERE IS A SPOUSE/PARTNER, READ: Some of the questions will be about you, others will be about your (spouse/partner) and some will be about both of you.]

<p>IF THERE IS A SPOUSE/PARTNER, FIRST ASK F1–F3C FOR SPOUSE/PARTNER, THEN CONTINUE TO F4 IF THERE IS NO SPOUSE/PARTNER, GO TO F4</p>

F4. F4 SHOULD BE ASKED FIRST FOR RESPONDENT

{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 (GO TO BOX F5A)

NO.....2 (GO TO BOX F5B)

BOX F5A

IS SUBJECT OF F4 AN ADULT UNDER AGE 50 WHO IS NOT MALE?

YES → GO TO F5.

NO → GO TO F6 FOR RESPONDENT

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

YES..... 1

NO..... 2

REASK F4 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F6 FOR RESPONDENT

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

NUMBER OF VISITS _____

REASK F6 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F7 FOR RESPONDENT

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

NUMBER OF VISITS _____

REASK F7 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F8 FOR RESPONDENT

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

NUMBER OF VISITS _____

REASK F8 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F9 FOR RESPONDENT

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

NUMBER OF VISITS _____

REASK F9 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F10 FOR RESPONDENT

F10. {During the past 12 months}, how many times (have you/has SPOUSE/PARTNER) 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 F10
IS SUBJECT OF F10 AN ADULT UNDER AGE 50 WHO IS NOT MALE?
 YES → GO TO F11 FOR RESPONDENT
 NO → GO TO F16 FOR RESPONDENT

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

REASK F11 FOR FEMALE SPOUSE/PARTNER (IF ANY)
THEN GO TO F12 FOR RESPONDENT

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

[IF THE RESPONDENT DOES NOT SEEM TO UNDERSTAND THE QUESTION, SAY: 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

REASK F12 FOR FEMALE SPOUSE/PARTNER (IF ANY)
THEN GO TO F16 FOR RESPONDENT

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

YES..... 1 (GO TO F17)
NO.....2 (GO TO BOX F18)

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

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

DK/REF GO TO BOX F18
ELSE GO TO F17A

F17A. Is there a particular person (you/NAME) usually see(s) when (you go/(he/she) goes) there?

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

BOX F18
HAS F16 BEEN ASKED FOR SPOUSE/PARTNER (IF ANY)?
 YES → GO TO F18 FOR RESPONDENT
 NO → GO TO F16 FOR SPOUSE/PARTNER

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

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

YES..... 1 (IF THERE IS A SPOUSE/PARTNER, GO TO F19. ELSE GO TO F20)
NO.....2 (GO TO F21)

F19. Who was that?

[PROBE: Anyone else?]

IF RESPONSE IS DK/REF, GO TO F21
ELSE GO TO F20

F20. Was lack of insurance or money a reason why (you/SPOUSE/PARTNER) did not get the medical care or surgery you needed or was it some other reason?

YES, LACK OF INSURANCE OR MONEY .. 1

NO, SOME OTHER REASON 2

REASK F20 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F21 FOR RESPONDENT

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

YES 1 (IF NO SPOUSE/PARTNER, GO TO F23. ELSE GO TO F22)

NO 2 (IF NO SPOUSE/PARTNER, GO TO F23. ELSE GO TO F22)

F22. Who was that?

[PROBE: Anyone else?]

IF RESPONSE IS DK/REF, GO TO F27
ELSE GO TO F23

F23. Was lack of insurance or money a reason why (you/SPOUSE/PARTNER) did not get the dental care (you/he/she) needed or was it some other reason?

YES, LACK OF INSURANCE OR MONEY .. 1

NO, SOME OTHER REASON 2

REASK F23 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO F27 FOR RESPONDENT

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

YES..... 1 (IF NO SPOUSE/PARTNER, GO TO F29. ELSE GO TO F28)

NO.....2 (IF NO SPOUSE/PARTNER, GO TO F29. ELSE GO TO BOX F30)

F28. Who was that?

[PROBE: Anyone else?]

IF RESPONSE IS DK/REF, GO TO BOX F30
ELSE GO TO F29

F29. Was lack of insurance or money a reason why (you/SPOUSE/PARTNER/ CHILD1/CHILD2) did not get the drugs you needed or was it some other reason?

YES, LACK OF INSURANCE OR MONEY ..1

NO, SOME OTHER REASON2

REASK F29 FOR SPOUSE/PARTNER (IF ANY)
THEN GO TO BOX F30

BOX F30

F30 IS ASKED FOR THE FIRST RESPONDENT IN THE HH. F30 IS ASKED FOR THE SECOND HH RESPONDENT (FOR THE ABBREVIATED INTERVIEW) IF HE OR SHE IS NOT IN THE SAME FAMILY AS THE FIRST RESPONDENT.

IF THIS IS A SECOND INTERVIEW WITH A HH MEMBER WHO IS ALSO IN THE SAME FAMILY AS THE FIRST RESPONDENT, SKIP TO SECTION G.

F30. (During/Now thinking about your entire family, during) the last 12 months, about how much did (you/your family) spend on health care; that is money you or someone else in the family paid for things like doctor's visits, hospital stays, or prescription drugs? Please include all out-of-pocket expenses that health insurance did not pay for. Do not include any costs for health insurance premiums or dental care.

[PROBE: Premiums are regular payments people make to their health insurance for themselves and/or members of their family]

\$ _____

IF RESPONSE IS DK/REF, GO TO BOX F30A
ELSE GO TO SECTION G

F30A. Would that be...

- Less than \$500 1
- \$500 to less than \$2,000 2
- \$2,000 to less than \$3,000 3
- \$3,000 to less than \$5,000 4
- \$5,000 or more..... 5

GO TO SECTION G

SECTION G: CHILD CARE (MAIN VERSION)

IS IT JUNE 15–SEPTEMBER 23? <input type="checkbox"/> YES → USE SUMMER VERSION (PAGE G-19) <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.

G1A. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE LAST MONTH.]

First, did (CHILD1) attend Head Start

YES..... 1

NO..... 2

G1B. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE LAST MONTH.]

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.

YES..... 1

NO..... 2

IF CHILD IS LESS THAN 2, GO TO G1D ELSE GO TO G1C
--

G1C. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE LAST MONTH.]

A program that provided before- or after-school care?

YES..... 1

NO..... 2

G1D. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE LAST MONTH.]

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

YES..... 1

NO.....2

G1E. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE LAST MONTH.]

What about child care or babysitting in someone else's home?

YES..... 1

NO.....2

BOX G2
WAS CHILD IN HEAD START (G1A = 1)?
<input type="checkbox"/> YES → GO TO G2
<input type="checkbox"/> NO → GO TO BOX G4

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

HOURS PER WEEK _____ (GO TO G3A)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G4)

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

YES..... 1

NO.....2

BOX G4
WAS CHILD IN NURSERY SCHOOL, PRESCHOOL, PRE-KINDERGARTEN, OR DAY CARE (G1B = 1)?
<input type="checkbox"/> YES → GO TO G4
<input type="checkbox"/> NO → GO TO BOX G8

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 ACROSS PROGRAMS]

HOURS PER WEEK _____ (GO TO G5)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G8)

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

YES..... 1

NO.....2

BOX G8	
WAS CHILD IN BEFORE- OR AFTER-SCHOOL CARE (G1C = 1)?	
<input type="checkbox"/>	YES → GO TO G8
<input type="checkbox"/>	NO → 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?

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999]

HOURS PER WEEK _____ (GO TO B9)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G10)

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

YES..... 1

NO.....2

BOX G10	
DID CHILD RECEIVE CHILD CARE OR BABYSITTING IN RESPONDENT'S HOME (G1D = 1)?	
<input type="checkbox"/>	YES → GO TO G10
<input type="checkbox"/>	NO → GO TO BOX G16

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 _____ (GO TO G11)
LESS THAN ONE HOUR PER WEEK999 (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 _____

BOX G16	
DID CHILD RECEIVE CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G1E = 1)?	
<input type="checkbox"/>	YES → GO TO G16
<input type="checkbox"/>	NO → GO TO BOX G23

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

HOURS PER WEEK _____ (GO TO G17)
LESS THAN ONE HOUR PER WEEK999 (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 (GO TO G22)
NO.....2 (GO TO BOX G23)

G22. How many adults, not counting this person?

[0 MEANS NO OTHER ADULTS]
NUMBER OF ADULTS_____

BOX G23	
IS CHILD1 IN SCHOOL?	
<input type="checkbox"/>	YES → GO TO G23
<input type="checkbox"/>	NO → CONTINUE
IS CHILD1 AGE 3-5??	
<input type="checkbox"/>	YES → GO TO G25
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD2 AGE 6-12?	
<input type="checkbox"/>	YES → GO TO G30A
<input type="checkbox"/>	NO → GO TO BOX G51A

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

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999]

HOURS PER WEEK _____ (GO TO G24)
 LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G25)

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

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

BOX G25	
IS THERE A CHILD1 AGE 3-5?	
<input type="checkbox"/>	YES → GO TO G25
<input type="checkbox"/>	NO → 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 (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 _____ (GO TO G27)
 LESS THAN ONE HOUR PER WEEK999 (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 CHILD2 AGE 6-12?
<input type="checkbox"/> YES → GO TO G30A
<input type="checkbox"/> NO → GO TO BOX G51A

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

G30A. We'd {also} like to know how (CHILD2) spent (his/her) time when (s/he) 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/I'd like you to tell me about the child care arrangements and programs) you used for (CHILD2), at least once a week during the last month.

First, did (CHILD2) attend a program that provided before- or after-school care?

YES..... 1

NO..... 2

G30B. [TYPE OF CHILD CARE USED FOR (CHILD2) AT LEAST ONCE A WEEK IN THE PAST MONTH]

Did (CHILD2) have child care or babysitting in your home {by someone other than you/other than you or your spouse/partner}?

YES..... 1

NO..... 2

G30C. [TYPE OF CHILD CARE USED FOR (CHILD2) AT LEAST ONCE A WEEK IN THE PAST MONTH]

What about child care or babysitting in someone else's home?

YES..... 1

NO..... 2

BOX G31

WAS CHILD2 IN BEFORE- OR AFTER-SCHOOL CARE (G30A = 1)?

YES → GO TO G32

NO → CONTINUE

DID CHILD2 RECEIVE CHILD CARE IN RESPONDENT'S HOME (G30B = 1)?

YES → GO TO G33

NO → CONTINUE

DID CHILD2 RECEIVE CHILD CARE IN SOMEONE ELSE'S HOME (G30C = 1)?

YES → GO TO G39

NO → GO TO BOX G47

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 _____ (GO TO G32)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G33)

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

YES.....1

NO.....2

BOX G33

DID CHILD2 RECEIVE CHILD CARE IN RESPONDENT'S HOME (G30B = 1)?

YES → GO TO G33

NO → CONTINUE

DID CHILD2 RECEIVE CHILD CARE IN SOMEONE ELSE'S HOME (G30C = 1)?

YES → GO TO G39

NO → GO TO BOX G47

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 _____ (GO TO G34)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G47)

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_____

BOX G39

DOES CHILD2 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G30C = 1)?

YES → GO TO G39

NO → GO TO BOX G47

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

HOURS PER WEEK _____ (GO TO G40)

LESS THAN ONE HOUR PER WEEK999 (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 (GO TO G45)

NO.....2 (GO TO BOX G47)

G45. How many adults, not counting this person?

[0 MEANS NO OTHER ADULTS]

NUMBER OF ADULTS_____

BOX G37

IS CHILD2 AGE 6-12?

YES → GO TO G47

NO → GO TO BOX G49

G47. In the last month, about how many hours per week was (CHILD2) typically in school?

HOURS PER WEEK _____

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

YES..... 1

NO.....2

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 (GO TO G50)

NO.....2 (GO TO BOX G51A)

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 _____ (GO TO G51)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G51A)

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

YES..... 1

NO.....2

BOX G51A
ARE THERE ANY UNSELECTED CHILDREN IN THE HH?
<input type="checkbox"/> YES → GO TO G51A
<input type="checkbox"/> NO → GO TO BOX G52

G51A. (Now think about your other (child/children) under age 13/We would like to know how your (child/children) under 13 spend (his/her/their) time when (he was/she was/they were) not with you during the last month.) Last month, (was that child/were those children) in any kind of regular child care arrangement at least once a week, while you worked, looked for a job, or were in school?

YES..... 1

NO.....2

R DOES NOT HAVE OTHER CHILDREN UNDER 13.....3

BOX G52

WAS MKA WORKING, LOOKING FOR WORK, OR IN SCHOOL WHILE ANY CHILDREN UNDER 13 WERE IN CHILD CARE (G3 = 1, G5 = 1, G9 = 1, G11 = 1, G17 = 1, G32 = 1, G34 = 1, G40 = 1, OR G51A = 1)?

YES → GO TO G52

NO → CONTINUE

IS THERE A CHILD2?

YES → GO TO G63

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?]

PER MONTH \$ _____

PER WEEK \$ _____

NO PAYMENT IN LAST MONTH/WEEK.....9

BOX G55A

WAS CHILD1 IN CHILD CARE WHILE MKA WAS WORKING, LOOKING FOR WORK, OR IN SCHOOL (G3A = 1, G5 = 1, G9 = 1, G11 = 1, OR G17 = 1)?

YES → GO TO BOX G55B

NO → CONTINUE

WAS CHILD2 IN CHILD CARE WHILE MKA WAS WORKING, LOOKING FOR WORK, OR IN SCHOOL (G32= 1, G34 = 1 OR G40 = 1)

YES → GO TO BOX G55B

NO → CONTINUE

WERE UNSELECTED CHILDREN IN CHILD CARE WHILE MKA WAS WORKING, LOOKING FOR WORK, OR IN SCHOOL (G51A = 1)?

YES → GO TO BOX G55C

NO → CONTINUE

IS THERE A CHILD2 UNDER 13?

YES → GO TO G63

NO → GO TO SECTION H

BOX G55B	
WERE CHILD CARE ARRANGEMENTS FREE (G52 = 9)?	
<input type="checkbox"/>	YES → GO TO BOX G57
<input type="checkbox"/>	NO → CONTINUE
WAS ONLY ONE CHILD IN CHILD CARE (ONLY CHILD1 OR ONLY CHILD2, AND NO UNSELECTED CHILDREN RECEIVED CARE)?	
<input type="checkbox"/>	YES → GO TO BOX G56
<input type="checkbox"/>	NO → GO TO G55

BOX G55C	
WERE CHILD CARE ARRANGEMENTS FREE (G52 = 9)?	
<input type="checkbox"/>	YES → GO TO G57
<input type="checkbox"/>	NO → CONTINUE
DID ONLY UNSELECTED CHILDREN RECEIVE CARE (CHILD1 AND/OR CHILD2 DID NOT RECEIVE CHILD CARE)?	
<input type="checkbox"/>	YES → GO TO G56
<input type="checkbox"/>	NO → GO TO G55D

G55. Now focus on the child care arrangements and programs you used regularly for (CHILD1/CHILD2). Without including the amount you spent for child care for (CHILD2/CHILD1, your other children under 13), how much, if any, did you pay for just (CHILD1/CHILD2)'s child care arrangements while you worked, were in school, or looked for work 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.]

PER MONTH \$ _____	(GO TO BOX G56)
PER WEEK \$ _____	(GO TO BOX G56)
NO PAYMENT IN LAST MONTH/WEEK.....9	(GO TO G57)

IF G55 = DK/REF, GO TO G55C

G55C. If you cannot provide an exact amount, can you give your best guess as to what portion of your (AMOUNT FROM G53) dollars per (month/week) total costs went to pay for (CHILD1/CHILD2/your other children)'s care? It can be very rough, such as a quarter or a half.

- ALMOST NONE..... 1
- 1/4.....2
- 1/3.....3
- 1/2.....4
- 2/3.....5
- 3/4.....6
- ALMOST ALL.....7
- OTHER (SPECIFY).....91

GO TO BOX G56

G55D. These next few questions are about your child care arrangements for you other children under 13, not including (CHILD1/CHILD2/CHILD1 AND CHILD2). Did you pay for the child care arrangements you used for these other children?

- YES..... 1 (GO TO G56)
- NO.....2 (GO TO G57)

IF G55D = DK/REF GO TO G56

BOX G56	
IF ASKING FOR CHILD1:	
WERE THERE MULTIPLE CHILD CARE ARRANGEMENTS (TWO OR MORE OF THE FOLLOWING: G3A = 1, G5 = 1, G9 = 1, G11 = 1, OR G17 = 1)?	
<input type="checkbox"/>	YES → GO TO G56
<input type="checkbox"/>	NO → GO TO G58
IF ASKING FOR CHILD2:	
WERE THERE MULTIPLE CHILD CARE ARRANGEMENTS (TWO OR MORE OF THE FOLLOWING: G32 = 1 OR G34 = 1 OR G40 = 1)?	
<input type="checkbox"/>	YES → GO TO G56
<input type="checkbox"/>	NO → GO TO G58

G56. In addition to the child care for (CHILD1/CHILD2/your other children) that you paid for, were any of (his/her/their) regular child care arrangements last month free?

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

BOX G57A

WAS THERE FREE CHILD CARE (G56 = 1)?

YES → GO TO G57

NO → CONTINUE TO BOX G57B

BOX G57B

WAS G56 ANSWERED FOR UNSELECTED CHILDREN?

YES → GO TO G58

NO → CONTINUE

WAS G56 ANSWERED FOR CHILD2?

YES → GO TO BOX G55B

NO → CONTINUE

WAS CHILD2 IN CHILD CARE WHILE MKA WAS WORKING,
LOOKING FOR WORK, OR IN SCHOOL (G32 = 1, G34 = 1, G40 = 1)

YES → GO TO BOX G55B

NO → GO TO BOX G57C

BOX G57C

WERE UNSELECTED CHILDREN IN CHILD CARE WHILE MKA WAS
WORKING, LOOKING FOR WORK, OR IN SCHOOL (G51A = 1)?

YES → GO TO BOX G55C

NO → CONTINUE

IS THERE A CHILD2 UNDER 13?

YES → GO TO G63

NO → GO TO SECTION H

G57. (Now thinking about the child care arrangements you use for (CHILD1/CHILD2/your other child(ren))), what person or agencies paid for or provided child care for (CHILD1/CHILD2/your other children) so that you didn't have to pay for it?

[CODE ALL THAT APPLY]

- WELFARE OR SOCIAL SERVICES.....1
- EMPLOYER.....2
- NONRESIDENT PARENT.....3
- RELATIVE OR FRIEND.....4
- OTHER (SPECIFY).....91

IF G57 = 3, GO TO G57A
ELSE, IF G57 = 4, GO TO G57B
ELSE, IF G56 = 1, GO TO G58
ELSE GO TO BOX G57B

G57A. Did the nonresident parent provide the child care for (CHILD1/CHILD2/your other children) personally and not ask for payment, or did they pay the bill for the child care?

PROVIDED CHILD CARE AND
DID NOT ASK FOR PAYMENT1
PAID BILL2
DID BOTH.....3

IF G47 = 4 GO TO G57B ELSE, IF G56 = 1 GO TO G58 ELSE GO TO BOX G57B
--

G57B. Did the relative or friend provide the child care for (CHILD1/CHILD2/your other children) personally and not ask for payment, or did they pay the bill for the child?

PROVIDED CHILD CARE AND
DID NOT ASK FOR PAYMENT1
PAID BILL2
DID BOTH.....3

IF G47 = 4 GO TO G57B ELSE, IF G56 = 1 GO TO G58 ELSE GO TO BOX G57B
--

G58. {Now think about the child care arrangements that you pay for (CHILD1/CHILD2/your other children)}. Sometimes the amount of money that a parent is charged for a child care arrangement or program depends on how much the family earns. This is sometimes called a sliding fee scale. Was the amount you were charged for the child care of (CHILD1/CHILD2/your other children) determined by how much money you earn?

YES 1
NO.....2

G59. Sometimes a parent may pay less than the total cost of a child care arrangement because some other person or agency pays part of the cost. By this I mean a government agency, your employer, or someone else outside your household. Did any person or agency help pay for part of (CHILD1/CHILD2/your other children)'s child care?

YES 1 (GO TO G60)
NO.....2 (GO TO BOX G57B)

G60. What persons or agencies helped to pay for part of (CHILD1/CHILD2/your other children)'s care?

[CODE ALL THAT APPLY]

- WELFARE OR SOCIAL SERVICES..... 1
- EMPLOYER 2
- NONRESIDENT PARENT 3
- RELATIVE OR FRIEND..... 4
- OTHER (SPECIFY)..... 91

GO TO BOX G57B

G63. We would like to know if (CHILD2) spent any time in different activities when (s/he) was not in school during the past month. I'm going to read a list of activities that children are in. I'd like you to tell me if (CHILD2) was in any of these activities I mention at least once a week during the past month.

Please do not include any arrangements that you have already discussed.

Was (CHILD2) in any lessons—either music, computer, or dance—any clubs, or any organized sports, including practices, at least once per week during the last month?

- YES..... 1 (GO TO G64)
- NO..... 2 (GO TO SECTION H)

G64. In the last month, about how many total hours per week was (CHILD2) participating in these activities?

- HOURS PER WEEK _____ (GO TO G65)
- LESS THAN ONE HOUR PER WEEK 999 (GO TO SECTION H)

G65. How many, if any, of these hours did you spend working, looking for a job, or in school?

- HOURS PER WEEK _____
- LESS THAN ONE HOUR PER WEEK 999

GO TO SECTION H

SECTION G: CHILD CARE (SUMMER VERSION)

IS IT JUNE 15–SEPTEMBER 23? <input type="checkbox"/> YES → CONTINUE <input type="checkbox"/> NO → USE MAIN VERSION (PAGE G-1) 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 are interested in knowing what you and your {CHILD/CHILDREN} were doing during the month of May. Now think back to how (CHILD1) spent (his/her) time when (he/she) was not with you during the month of May.

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 month of May.

G1A. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE MONTH OF MAY.]

First, did (CHILD1) attend Head Start

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

G1B. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE MONTH OF MAY.]

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.

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

IF CHILD IS LESS THAN 2, GO TO G1D ELSE GO TO G1C
--

G1C. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE MONTH OF MAY.]

A program that provided before- or after-school care?

YES..... 1

NO.....2

G1D. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE MONTH OF MAY.]

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

YES..... 1

NO.....2

G1E. [TYPE OF CHILD CARE USED FOR (CHILD1) AT LEAST ONCE A WEEK DURING THE MONTH OF MAY.]

What about child care or babysitting in someone else's home?

YES..... 1

NO.....2

BOX G2	
WAS CHILD IN HEAD START (G1A = 1)?	
<input type="checkbox"/>	YES → GO TO G2
<input type="checkbox"/>	NO → GO TO BOX G4

G2. During the month of May, about how many hours per week was (CHILD1) usually cared for in a Head Start Center?

HOURS PER WEEK _____ (GO TO G3A)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G4)

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

YES..... 1

NO.....2

BOX G4	
WAS CHILD IN NURSERY SCHOOL, PRESCHOOL, PRE-KINDERGARTEN, OR DAY CARE (G1B = 1)?	
<input type="checkbox"/>	YES → GO TO G4
<input type="checkbox"/>	NO → GO TO BOX G8

G4. During the month of May, 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 ACROSS PROGRAMS]

HOURS PER WEEK _____ (GO TO G5)
 LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G8)

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

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

BOX G8	
WAS CHILD IN BEFORE- OR AFTER-SCHOOL CARE (G1C = 1)?	
<input type="checkbox"/>	YES → GO TO G8
<input type="checkbox"/>	NO → GO TO BOX G10

G8. During the month of May, about how many hours per week was (CHILD1) usually in a program that provided before- or after-school care?

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE MONTH OF MAY, ENTER 999]

HOURS PER WEEK _____ (GO TO B9)
 LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G10)

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

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

<p>BOX G10</p> <p>DID CHILD RECEIVE CHILD CARE OR BABYSITTING IN RESPONDENT'S HOME (G1D = 1)?</p> <p><input type="checkbox"/> YES → GO TO G10</p> <p><input type="checkbox"/> NO → GO TO BOX G16</p>
--

G10. During the month of May, 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 _____ (GO TO G11)
 LESS THAN ONE HOUR PER WEEK999 (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. Was 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. During the month of May, did this person live with you?

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

G15. During the month of May, not counting (CHILD1), how many other children under age 13 did 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 _____

<p>BOX G16</p> <p>DID CHILD RECEIVE CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G1E = 1)?</p> <p><input type="checkbox"/> YES → GO TO G16</p> <p><input type="checkbox"/> NO → GO TO BOX G23</p>
--

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

HOURS PER WEEK _____ (GO TO G17)
 LESS THAN ONE HOUR PER WEEK999 (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. Was 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. During the month of May, 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. During the month of May, did this person have any other adults helping to care for (your child/the children) on a regular basis?

YES..... 1 (GO TO G22)
 NO..... 2 (GO TO BOX G23)

G22. How many adults, not counting this person?

[0 MEANS NO OTHER ADULTS]

NUMBER OF ADULTS _____

BOX G23	
IS CHILD1 IN SCHOOL?	
<input type="checkbox"/>	YES → GO TO G23
<input type="checkbox"/>	NO → CONTINUE
IS CHILD1 AGE 3-5?	
<input type="checkbox"/>	YES → GO TO G25
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD2 AGE 6-12?	
<input type="checkbox"/>	YES → GO TO G30A
<input type="checkbox"/>	NO → GO TO BOX G51A

G23. During the month of May, about how many hours per week was (CHILD1) typically in school?

[IF CHILD DID NOT HAVE THIS TYPE OF CARE AT LEAST ONCE A WEEK IN THE LAST MONTH, ENTER 999]

HOURS PER WEEK _____ (GO TO G24)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G25)

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

YES..... 1

NO.....2

BOX G25	
IS THERE A CHILD1 AGE 3-5?	
<input type="checkbox"/>	YES → GO TO G25
<input type="checkbox"/>	NO → GO TO BOX G30

G25. Sometimes it is difficult to make arrangements to look after children all the time. During the month of May, 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 did (CHILD1) take care of (himself/herself) {or stay alone with (his/her) brother or sister who is under 13 years old}?

HOURS PER WEEK _____ (GO TO G27)
LESS THAN ONE HOUR PER WEEK999 (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 CHILD2 AGE 6-12?	
<input type="checkbox"/>	YES → GO TO G30A
<input type="checkbox"/>	NO → GO TO BOX G51A

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

G30A. We are interested in what you and your child were doing during the month of May. (Now think/Think) back to 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/I'd like you to tell me about the child care arrangements and programs) you used for (CHILD2), at least once a week during the month of May.

First, did (CHILD2) attend a program that provided before- or after-school care?

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

G30B. [TYPE OF CHILD CARE USED FOR (CHILD2) AT LEAST ONCE A WEEK IN THE PAST MONTH]

Did (CHILD2) have child care or babysitting in your home {by someone other than you/other than you or your spouse/partner}?

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

G30C. [TYPE OF CHILD CARE USED FOR (CHILD2) AT LEAST ONCE A WEEK IN THE PAST MONTH]

What about child care or babysitting in someone else's home?

YES..... 1

NO.....2

BOX G31	
WAS CHILD2 IN BEFORE- OR AFTER-SCHOOL CARE (G30A = 1)?	
<input type="checkbox"/>	YES → GO TO G32
<input type="checkbox"/>	NO → CONTINUE
DID CHILD2 RECEIVE CHILD CARE IN RESPONDENT'S HOME (G30B = 1)?	
<input type="checkbox"/>	YES → GO TO G33
<input type="checkbox"/>	NO → CONTINUE
DID CHILD2 RECEIVE CHILD CARE IN SOMEONE ELSE'S HOME (G30C = 1)?	
<input type="checkbox"/>	YES → GO TO G39
<input type="checkbox"/>	NO → GO TO BOX G47

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

HOURS PER WEEK _____ (GO TO G32)

LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G33)

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

YES..... 1

NO.....2

BOX G33	
DID CHILD2 RECEIVE CHILD CARE IN RESPONDENT'S HOME (G30B = 1)?	
<input type="checkbox"/>	YES → GO TO G33
<input type="checkbox"/>	NO → CONTINUE
DID CHILD2 RECEIVE CHILD CARE IN SOMEONE ELSE'S HOME (G30C = 1)?	
<input type="checkbox"/>	YES → GO TO G39
<input type="checkbox"/>	NO → GO TO BOX G47

G33. During the month of May, 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 _____ (GO TO G34)
LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G47)

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

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

G35. Was 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. During the month of May, did this person live with you?

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

G38. During the month of May, not counting (CHILD2), how many other children under age 13 did 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 _____

BOX G39	
DOES CHILD2 GET CHILD CARE OR BABYSITTING IN SOMEONE ELSE'S HOME (G30C = 1)?	
<input type="checkbox"/>	YES → GO TO G39
<input type="checkbox"/>	NO → GO TO BOX G47

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

HOURS PER WEEK _____ (GO TO G40)
LESS THAN ONE HOUR PER WEEK999 (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. Was 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. During the month of May, 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. During the month of May, did this person have any {other} adults helping to care for (your child/the children) on a regular basis?

YES..... 1 (GO TO G45)
NO.....2 (GO TO BOX G47)

G45. How many adults, not counting this person?

[0 MEANS NO OTHER ADULTS]
NUMBER OF ADULTS _____

BOX G37	
IS CHILD2 AGE 6–12?	
<input type="checkbox"/>	YES → GO TO G47
<input type="checkbox"/>	NO → GO TO BOX G49

G47. During the month of May, about how many hours per week was (CHILD2) typically in school?
 HOURS PER WEEK _____

G48. Were you working, looking for a job, or in school during any of these hours?
 YES..... 1
 NO.....2

G49. Sometimes it is difficult to make arrangements to look after children all the time. During the month of May, 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 (GO TO G50)
 NO.....2 (GO TO BOX G51A)

G50. How many hours per week did (CHILD2) take care of (himself/herself) {or stay alone with (his/her) brother or sister who is under 13 years-old)?
 HOURS PER WEEK _____ (GO TO G51)
 LESS THAN ONE HOUR PER WEEK999 (GO TO BOX G51A)

G51. Were you working, looking for a job, or in school during any of these hours?
 YES..... 1
 NO.....2

BOX G51A	
ARE THERE ANY UNSELECTED CHILDREN IN THE HH?	
<input type="checkbox"/>	YES → GO TO G51A
<input type="checkbox"/>	NO → GO TO BOX G52

G51A. (Now think about your other (child/children) under age 13/We would like to know how your (child/children) under 13 spend (his/her/their) time when (he was/she was/they were) not with you during the month of May.) Now think back to how your (child/children) under 13 spent (his/her/their) time when (he was/she was/they were) not with you during May of this year. During the month of May, (was that child/were those children) in any kind of regular child care arrangement at least once a week, while you worked, looked for a job, or were in school?

- YES.....1
 NO.....2
 R DOES NOT HAVE OTHER CHILDREN UNDER 13.....3

BOX G52	
WAS MKA WORKING, LOOKING FOR WORK, OR IN SCHOOL WHILE ANY CHILDREN UNDER 13 WERE IN CHILD CARE (G3 = 1, G5 = 1, G9 = 1, G11 = 1, G17 = 1, G32 = 1, G34 = 1, G40 = 1, OR G51A = 1)?	
<input type="checkbox"/>	YES → GO TO G52
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → GO TO G63
<input type="checkbox"/>	NO → GO TO SECTION H

G52. Now think back to 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 during the month of May. How much did you pay for all child care arrangements and programs used in May?]

- [IF NECESSARY, SAY: If it is easier, you can tell us what you paid in a typical month.]
- PER MONTH \$ _____
- PER WEEK \$ _____
- NO PAYMENT IN LAST MONTH/WEEK..... 9

BOX G55A

WAS CHILD1 IN CHILD CARE WHILE MKA WAS WORKING,
LOOKING FOR WORK, OR IN SCHOOL (G3A = 1, G5 = 1, G9 = 1, G11
= 1, G17 = 1)?

- YES → GO TO BOX G55B
- NO → CONTINUE

WAS CHILD2 IN CHILD CARE WHILE MKA WAS WORKING,
LOOKING FOR WORK, OR IN SCHOOL (G32= 1, G34= 1, OR G40= 1)

- YES → GO TO BOX G55B
- NO → CONTINUE

WERE UNSELECTED CHILDREN IN CHILD CARE WHILE MKA WAS
WORKING, LOOKING FOR WORK, OR IN SCHOOL (G51A = 1)?

- YES → GO TO BOX G55C
- NO → CONTINUE

IS THERE A CHILD2 UNDER 13?

- YES → GO TO G63
- NO → GO TO SECTION H

BOX G55B

WERE CHILD CARE ARRANGEMENTS FREE (G52 = 9)?

- YES → GO TO BOX G57
- NO → CONTINUE

WAS ONLY ONE CHILD IN CHILD CARE (ONLY CHILD1 OR ONLY
CHILD2, AND NO UNSELECTED CHILDREN RECEIVED CARE)?

- YES → GO TO BOX G56
- NO → GO TO G55

BOX G55C

WERE CHILD CARE ARRANGEMENTS FREE (G52 = 9)?

- YES → GO TO G57
- NO → CONTINUE

DID ONLY UNSELECTED CHILDREN RECEIVE CARE (CHILD1
AND/OR CHILD2 DID NOT RECEIVE CHILD CARE)?

- YES → GO TO G56
- NO → GO TO G55D

G55. Now focus on the child care arrangements and programs you used regularly for (CHILD1/CHILD2) during the month of May. Without including the amount you spent for child care for (CHILD2/CHILD1, your other children under 13), how much, if any, did you pay for just (CHILD1/CHILD2)'s child care arrangements while you worked, were in school, or looked for work in May?

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

- PER MONTH \$ _____ (GO TO BOX G56)
- PER WEEK \$ _____ (GO TO BOX G56)
- NO PAYMENT IN LAST MONTH/WEEK..... 9 (GO TO G57)

IF G55 = DK/REF, GO TO G55C

G55C. If you cannot provide an exact amount, can you give your best guess as to what portion of your (AMOUNT FROM G53) dollars per (month/week) total costs went to pay for (CHILD1/CHILD2/your other children)'s care? It can be very rough, such as a quarter or a half.

- ALMOST NONE.....1
- 1/42
- 1/33
- 1/24
- 2/35
- 3/46
- ALMOST ALL.....7
- OTHER (SPECIFY).....91

GO TO BOX G56

G55D. These next few questions are about your child care arrangements for you other children under 13, not including (CHILD1/CHILD2/CHILD1 AND CHILD2). During the month of May, did you pay for the child care arrangements you used for these other children?

- YES..... 1 (GO TO G56)
- NO.....2 (GO TO G57)

IF G55D = DK/REF GO TO G56

BOX G56

IF ASKING FOR CHILD1:
 WERE THERE MULTIPLE CHILD CARE ARRANGEMENTS (TWO OR MORE OF THE FOLLOWING: G3A = 1, G5 = 1, G9 = 1, G11 = 1, OR G17 = 1)?

YES → GO TO G56
 NO → GO TO G58

IF ASKING FOR CHILD2:
 WERE THERE MULTIPLE CHILD CARE ARRANGEMENTS (TWO OR MORE OF THE FOLLOWING: G32 = 1, G34 = 1, OR G40 = 1)?

YES → GO TO G56
 NO → GO TO G58

G56. In addition to the child care for (CHILD1/CHILD2/your other children) that you paid for, were any of (his/her/their) regular child care arrangements last month free during May?

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

BOX G57A

WAS THERE FREE CHILD CARE (G56 = 1)?

YES → GO TO G57
 NO → CONTINUE TO BOX G57B

BOX G57B

WAS G56 ANSWERED FOR UNSELECTED CHILDREN?

YES → GO TO G58
 NO → CONTINUE

WAS G56 ANSWERED FOR CHILD2?

YES → GO TO BOX G55B
 NO → CONTINUE

WAS CHILD2 IN CHILD CARE WHILE MKA WAS WORKING, LOOKING FOR WORK, OR IN SCHOOL (G32=1, G34=1, OR G40=1)?

YES → GO TO BOX G55B
 NO → GO TO BOX G57C

BOX G57C	
WERE UNSELECTED CHILDREN IN CHILD CARE WHILE MKA WAS WORKING, LOOKING FOR WORK, OR IN SCHOOL (G51A = 1)?	
<input type="checkbox"/>	YES → GO TO BOX G55C
<input type="checkbox"/>	NO → CONTINUE
IS THERE A CHILD2 UNDER 13?	
<input type="checkbox"/>	YES → GO TO G63
<input type="checkbox"/>	NO → GO TO SECTION H

G57. (Now thinking about the child care arrangements you use for (CHILD1/CHILD2/your other child(ren))), what person or agencies paid for or provided child care for (CHILD1/CHILD2/your other children) so that you didn't have to pay for it?

[CODE ALL THAT APPLY]

- WELFARE OR SOCIAL SERVICES..... 1
- EMPLOYER 2
- NONRESIDENT PARENT 3
- RELATIVE OR FRIEND..... 4
- OTHER (SPECIFY)..... 91

IF G57 = 3, GO TO G57A ELSE, IF G57 = 4, GO TO G57B ELSE, IF G56 = 1, GO TO G58 ELSE GO TO BOX G57B
--

G57A. Did the nonresident parent provide the child care for (CHILD1/CHILD2/your other children) personally and not ask for payment, or did they pay the bill for the child care?

- PROVIDED CHILD CARE AND DID NOT ASK FOR PAYMENT 1
- PAID BILL 2
- DID BOTH..... 3

IF G47 = 4 GO TO G57B ELSE, IF G56 = 1 GO TO G58 ELSE GO TO BOX G57B
--

G57B. Did the relative or friend provide the child care for (CHILD1/CHILD2/your other children) personally and not ask for payment, or did they pay the bill for the child?

- PROVIDED CHILD CARE AND DID NOT ASK FOR PAYMENT1
- PAID BILL2
- DID BOTH.....3

IF G47 = 4 GO TO G57B
ELSE, IF G56 = 1 GO TO G58
ELSE GO TO BOX G57B

G58. {Now think about the child care arrangements that you pay for (CHILD1/CHILD2/your other children)}. Sometimes the amount of money that a parent is charged for a child care arrangement or program depends on how much the family earns. This is sometimes called a sliding fee scale. During the month of May, was the amount you were charged for the child care of (CHILD1/CHILD2/your other children) determined by how much money you earn?

- YES 1
- NO.....2

G59. Sometimes a parent may pay less than the total cost of a child care arrangement because some other person or agency pays part of the cost. By this I mean a government agency, your employer, or someone else outside your household. During the month of May, did any person or agency help pay for part of (CHILD1/CHILD2/your other children)'s child care?

- YES 1 (GO TO G60)
- NO.....2 (GO TO BOX G57B)

G60. What persons or agencies helped to pay for part of (CHILD1/CHILD2/your other children)'s care?

[CODE ALL THAT APPLY]

- WELFARE OR SOCIAL SERVICES.....1
- EMPLOYER2
- NONRESIDENT PARENT3
- RELATIVE OR FRIEND.....4
- OTHER (SPECIFY).....91

GO TO BOX G57B

G63. We would like to know if (CHILD2) spent any time in different activities when (he/she) was not in school during the month of May. I'm going to read a list of activities that children are in. I'd like you to tell me if (CHILD2) was in any of these activities I mention at least once a week during the month of May.

Please do not include any arrangements that you have already discussed.

Was (CHILD2) in any lessons—either music, computer, or dance—any clubs, or any organized sports, including practices, at least once per week during the month of May?

YES 1 (GO TO G64)

NO 2 (GO TO SECTION H)

G64. During the month of May, about how many total hours per week was (CHILD2) participating in these activities?

HOURS PER WEEK _____ (GO TO G65)

LESS THAN ONE HOUR PER WEEK999 (GO TO SECTION H)

G65. How many, if any, of these hours did you spend working, looking for a job, or in school?

HOURS PER WEEK _____

LESS THAN ONE HOUR PER WEEK999

GO TO SECTION H

SECTION H: NONRESIDENTIAL PARENT

BOX H1A

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

BOX H1B

ARE ANY OF THESE CONDITIONS TRUE?

- CHILD IS A FOSTER CHILD1
- CHILD LIVES WITH TWO ADOPTIVE PARENTS
- CHILD LIVES WITH TWO MARRIED ADOPTIVE OR BIOLOGICAL PARENTS

IF ANY OF THE BOXES ARE CHECKED, SKIP SECTION H FOR THIS CHILD. IF NONE OF THE BOXES ARE CHECKED, GO TO BOX H1C.

BOX H1C

ARE ANY OF THESE CONDITIONS TRUE?

- THE MKA IS THE CHILD'S BIOLOGICAL PARENT AND HAS BEEN MARRIED.
- THE MKA IS THE CHILD'S BIOLOGICAL PARENT, AND THE CHILD USUALLY LIVES ELSEWHERE (D5 = 1 FOR THE CHILD)
- THE MKA IS NOT THE CHILD'S BIOLOGICAL PARENT.

IF ANY OF THE BOXES ARE CHECKED, ASK H7 FOR THE CHILD. IF NONE OF THE BOXES ARE CHECKED, GO TO BOX H1E.

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 (s/he) was (born/adopted)?

YES..... 1

NO.....2

BOX H1E	
DOES THE CHILD USUALLY LIVE ELSEWHERE (D5 = 1 FOR THE CHILD)?	
<input type="checkbox"/>	YES → GO TO NEXT CHILD. IF LAST, GO TO SEC I.
<input type="checkbox"/>	NO → CONTINUE
IS CHILD'S BIOLOGICAL/ADOPTIVE/FOSTER FATHER IN THE HOUSEHOLD?	
<input type="checkbox"/>	YES → GO TO BOX H9
<input type="checkbox"/>	NO → GO TO H1

SECTION H: NONRESIDENTIAL PARENT—FATHER

Now I have some questions about (CHILD)'s (biological/adoptive/foster/biological, adoptive or foster) (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 ALL1

MORE THAN ONCE A WEEK..... 2

ABOUT ONCE A WEEK3

ONE TO THREE TIMES A MONTH4

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 (GO TO BOX H5)
NO.....2 (GO TO BOX H9)

BOX H5
DOES CHILD'S BIOLOGICAL FATHER MAKE FINANCIAL CONTRIBUTIONS (H3 = 1)?
<input type="checkbox"/> YES → GO TO H5
<input type="checkbox"/> NO → GO TO BOX H9

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, or..... 2
None?3

BOX H9
IS CHILD'S BIOLOGICAL/ADOPTIVE/FOSTER MOTHER IN THE HOUSEHOLD?
<input type="checkbox"/> YES → GO TO BOX H9
<input type="checkbox"/> NO → GO TO H1

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

YES..... 1 (GO TO H10)
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 ALL1
- MORE THAN ONCE A WEEK.....2
- ABOUT ONCE A WEEK3
- ONE TO THREE TIMES A MONTH4
- 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 (GO TO BOX H13)
- NO.....2 (IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1C. ELSE GO TO SECTION I)

BOX H13	
DOES CHILD'S BIOLOGICAL MOTHER MAKE FINANCIAL CONTRIBUTIONS (H11 = 1)?	
<input type="checkbox"/>	YES → GO TO H13
<input type="checkbox"/>	NO → IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1C. ELSE, GO TO SECTION I.

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

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

- The full amount,1
- A partial amount, or.....2
- None?3 (IF THERE IS A CHILD2 WHO HAS NOT BEEN ASKED ABOUT, GO TO BOX H1C. ELSE GO TO SECTION I)

SECTION I: EMPLOYMENT AND EARNINGS

QUESTIONS I2 THROUGH I28 AND I30 THROUGH I70 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

BOX I2A
IS THE SUBJECT AGE 20 OR OLDER, OR AGE UNKNOWN?
<input type="checkbox"/> YES → GO TO I2A
<input type="checkbox"/> NO → GO TO I2C

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

None..... 11

IF DK/REF, GO TO BOX I2B ELSE, IF I2 = 1, GO TO I5 ELSE GO TO I3
--

<p>BOX I2B</p> <p>IS THE SUBJECT OF I2 AGE 20 OR OLDER (OR IF AGE UNKNOWN, IS AGE OVER 40)?</p> <p><input type="checkbox"/> YES → GO TO I2B</p> <p><input type="checkbox"/> NO → GO TO I2C</p>

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

<p>IF EMPLOYED (I2 = 1), GO TO I5 ELSE GO TO I3</p>

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

YES 1

NO 2

<p>IF EMPLOYED (I2 = 1), GO TO I5 ELSE GO TO I3</p>

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

- 1999 or earlier [that's 3 years ago or earlier] 1 (GO TO I4)
- 2000 [that's 2 years ago] 2 (GO TO I4)
- 2001 [that's last year] 3 (GO TO I4)
- 2002 [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 I3OV2A)

NO 2 (GO TO I4)

I3OV2A. [Are you/Is (SPOUSE/PARTNER)] on a temporarily lay-off because [your/(his/her)] employer did not have enough work?

YES 1 (GO TO I3OV2B)

NO 2 (GO TO I3OV2C)

DK/REF GO TO I4

I3OV2B. [Do you/Does (SPOUSE/PARTNER)] currently receive unemployment compensation?

YES 1

NO 2

GO TO I5

I3OV2C. [Are you/Is (SPOUSE/PARTNER)] temporarily out of work because of sick leave, vacation, a strike, bad weather, or comp-time?

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 I49A)

RETIRED 2 (GO TO BOX I49A)

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) 91 (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 (GO TO I6)

I6. [Are you/Is (SPOUSE/PARTNER)] working as an...

Unpaid worker in a family
business or farm, 1

Unpaid worker in a non-family job, or 2

(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)

18. [Do you/Does (SPOUSE/PARTNER)] currently have more than one employer?

YES 1 (GO TO I9)

NO 2 (GO TO I10)

19. How many employers [do you/does (SPOUSE/PARTNER)] have?

NUMBER _____

110. {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 nonprofit organization, or something else?

THE GOVERNMENT 1 (GO TO I11)

A PRIVATE COMPANY 2 (GO TO I11)

OTHER INDIVIDUAL OR FAMILY BESIDES OWN 3 (GO TO I11)

MAINLY SELF-EMPLOYED 4 (GO TO BOX I11)

UNPAID WORKER IN OWN FAMILY'S BUSINESS OR FARM 5 (GO TO BOX I11)

DOES NOT HAVE A REGULAR EMPLOYER OR WORK ONLY OCCASIONALLY 6 (GO TO BOX I11)

NONPROFIT ORGANIZATION 7 (GO TO I11)

DK/REF GO TO I11

BOX I11	
DOES THE SUBJECT HAVE MULTIPLE JOBS ((I8 NE 2) OR (I5 = 3 OR 4) OR (I7 = 2)?	
<input type="checkbox"/>	YES → GO TO I27
<input type="checkbox"/>	NO → GO TO I28

111. What kind of industry is this?

[IF QUESTION IS NOT UNDERSTOOD, ASK: What do they make or do where (you work/ (SPOUSE/PARTNER) works)?]

IF THE SUBJECT IS WORKING FOR A PRIVATE COMPANY (I10 = 2) GO TO I11B ELSE 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

IF THE SUBJECT IS WORKING FOR THE GOVERNMENT (I10 = 1) GO TO BOX I17 ELSE GO TO I15

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 _____

DK/REF GO TO I16 OTHER RESPONSES GO TO I17

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

LESS THAN 50 1

50 OR MORE 2

BOX I17

IS THE SUBJECT THE POLICYHOLDER FOR AN EMPLOYER/UNION HEALTH PLAN (CHECK E3)?

- YES → CONTINUE
- NO → GO TO I19

HAS THE SUBJECT WORKED FOR THEIR CURRENT EMPLOYER FOR AT LEAST TWO YEARS (CHECK I13/I14)?

- YES → GO TO I18
- NO → GO TO I17

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 (GO TO I18)

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

DK/REF GO TO I22A

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

ALL OF THE COST 1

PART OF THE COST 2

NONE OF THE COST 3

GO TO BOX I22A

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 I22A)

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

YES 1

NO..... 2

BOX I22A

DOES SUBJECT WORK FOR THE GOVERNMENT, A PRIVATE COMPANY, ANOTHER INDIVIDUAL OR FAMILY, OR A NONPROFIT ORGANIZATION (I10 = 1, 2, 3, OR 7)?

- YES → GO TO I22A
- NO → CONTINUE

IS SUBJECT A POLICYHOLDER (PER E3, E9, E11, OR E24)?

- YES → GO TO I26
- NO → CONTINUE

HAS SUBJECT WORKED FOR CURRENT EMPLOYER FOR AT LEAST TWO YEARS (I13/I14 = 2 YEARS OR MORE)?

- YES → CONTINUE
- NO → GO TO I25

IS SUBJECT'S EMPLOYER UNIDENTIFIED (I10 = DK/REF)?

- YES → GO TO I26
- NO → CONTINUE

DOES SUBJECT NOT HAVE ONE REGULAR EMPLOYER (I8 = 1, DK, OR REF) OR (I5 = 3 OR 4) OR (I7 = 2)?

- YES → GO TO I27
- NO → GO TO I28

I22A. [Are you/Is (SPOUSE/PARTNER)] entitled to any fully paid leave, such as sick leave or vacation leave from [your/(his, her)] employer?

[DO NOT INCLUDE HOLIDAYS, SUCH AS NEW YEAR'S DAY]

YES..... 1 (GO TO I22B)

NO.....2 (GO TO I22C)

I22B. Including vacation days, sick leave, personal days and other forms of paid leave, how many days of leave with full pay [are you/Is (SPOUSE/PARTNER)] entitled to receive each year?

Please do not include national holidays or regular days off, such as weekends, in your count. Was it...

1 to 5 days 1

6 to 10 days 2

11 to 15 days 3

16 or more days? 4

I22C. [Are you/Is (SPOUSE/PARTNER)] able to take paid or unpaid (paternity/maternity) leave and return to [your/(his, her)] employer?

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

BOX I25	
IS SUBJECT A POLICYHOLDER (PER E3, E9, E11, OR E24)?	
<input type="checkbox"/>	YES → GO TO I26
<input type="checkbox"/>	NO → CONTINUE
HAS SUBJECT WORKED FOR CURRENT EMPLOYER FOR AT LEAST TWO YEARS (I13/I14 = 2 YEARS OR MORE)?	
<input type="checkbox"/>	YES → GO TO I26
<input type="checkbox"/>	NO → GO TO I25

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 [your/(his/her)] main job?

[NOTE: INCLUDE OVERTIME IF USUALLY WORK OVERTIME]

HOURS _____

BOX I27	
DOES SUBJECT NOT HAVE ONE REGULAR EMPLOYER (I8 = 1, DK, OR REF) OR (I5 = 3 OR 4) OR (I7 = 2)?	
<input type="checkbox"/>	YES → GO TO I27
<input type="checkbox"/>	NO → 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 _____

I28. [Do you/Does (SPOUSE/PARTNER)] mostly work between 6 AM and 6 PM?

YES..... 1

NO..... 2

BOX I29A
IS SUBJECT THE SPOUSE/PARTNER?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO BOX I29B
DOES MKA/RESPONDENT HAVE A JOB (I2 = 1)?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO BOX I29B
ARE THERE CHILDREN UNDER AGE 13 IN THE HOUSEHOLD (NUMKID13 > 0)?
<input type="checkbox"/> YES → GO TO I29
<input type="checkbox"/> NO → GO TO BOX I29B

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 I29B
IS SUBJECT AN UNPAID WORKER FOR A NON-FAMILY JOB (I6 = 2)?
<input type="checkbox"/> YES → GO TO I46
<input type="checkbox"/> NO → CONTINUE
IS SUBJECT AN UNPAID WORKER FOR A FAMILY BUSINESS OR FARM (I6 = 1 OR I10 = 5)?
<input type="checkbox"/> YES → GO TO BOX I49A
<input type="checkbox"/> NO → CONTINUE
IS SUBJECT MAINLY SELF EMPLOYED (I5 = 2 OR I7 = 2 OR I10 = 4)?
<input type="checkbox"/> YES → GO TO I36
<input type="checkbox"/> NO → GO TO I30

I30. {For the purpose of this survey, it is important to obtain some information on how much [you are/(SPOUSE/PARTNER) is] paid on [your/(his/her) main job?}

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

- YES..... 1 (GO TO I31)
- NO.....2 (GO TO BOX I33)

I31. What is [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.]

PER HOUR \$ _____

BOX I33	
WAS SUBJECT ONLY OCCASIONALLY EMPLOYED (I6 = 3 OR I10 = 6)?	
<input type="checkbox"/>	YES → GO TO BOX I41A
<input type="checkbox"/>	NO → CONTINUE
COULD SUBJECT REPORT HOURLY PAY (I30 = 1 AND I31 NE DK)	
<input type="checkbox"/>	YES → GO TO BOX I41A
<input type="checkbox"/>	NO → GO TO I33

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 (GO TO I35)
- WEEKLY2 (GO TO BOX I41A)
- B-WEEKLY3 (GO TO BOX I41A)
- TWICE A MONTH.....4 (GO TO BOX I41A)
- MONTHLY5 (GO TO BOX I41A)
- ANNUALLY6 (GO TO BOX I41A)

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

HOURS _____ (GO TO BOX I41A)

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 (GO TO I40)

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

YES..... 1 (GO TO I41)

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

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

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

AMOUNT \$ _____

BOX I42	
WAS SUBJECT SELF-EMPLOYED (I5 = 2)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX I41A
WAS SUBJECT THE POLICYHOLDER FOR AN EMPLOYER/UNION PLAN (PER E3 OR E5)?	
<input type="checkbox"/>	YES → GO TO I42
<input type="checkbox"/>	NO → GO TO BOX I41A

I42. [Have you/Has (SPOUSE/PARTNER)] worked for an employer in the last two years?

YES..... 1 (GO TO I43)
NO..... 2 (GO TO BOX I41A)

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

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

<p>BOX I41A</p> <p>DOES SUBJECT HAVE MULTIPLE EMPLOYERS (I8 = 1)?</p> <p><input type="checkbox"/> YES → GO TO I41A</p> <p><input type="checkbox"/> NO → CONTINUE</p> <p>IS SUBJECT MAINLY SELF-EMPLOYED (I7 = 2 OR I10 = 4)?</p> <p><input type="checkbox"/> YES → GO TO I41B</p> <p><input type="checkbox"/> NO → CONTINUE</p> <p>IS SUBJECT SELF-EMPLOYED BUT MAINLY WORKING FOR AN EMPLOYER (I7 NE 2 AND I10 NE 4)?</p> <p><input type="checkbox"/> YES → GO TO I41C</p> <p><input type="checkbox"/> NO → GO TO BOX I49A</p>

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?

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

AMOUNT _____ (GO TO BOX I49A)

I41B. You mentioned that in addition to being self-employed, [you/(SPOUSE/PARTNER), 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?

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

AMOUNT _____ (GO TO BOX I49A)

I41C. You mentioned that in addition to working for an employer, [you are/(SPOUSE/PARTNER 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?

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

AMOUNT _____ (GO TO BOX I49A)

I46. During the last 4 weeks [have you/has (SPOUSE/PARTNER)] been actively looking for {paid} work?

YES..... 1 (GO TO I46A)

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

I46A. [Do you/Does (SPOUSE/PARTNER)] currently receive Unemployment Compensation?

YES..... 1

NO..... 2

BOX I49A	
DID SUBJECT WORK THIS YEAR OR LAST YEAR (I2 = 1 OR I13 = 3 OR 4)?	
<input type="checkbox"/>	YES → GO TO I49A
<input type="checkbox"/>	NO → CONTINUE
DID SUBJECT LAST WORK THREE OR MORE YEARS AGO (I3 = 1)?	
<input type="checkbox"/>	YES → GO TO BOX I51
<input type="checkbox"/>	NO → GO TO I49B

I49A. I have a few questions about the work [you/(SPOUSE/PARTNER)] did last year. During all of 2001, 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]

NUMBER _____

WEEKS 1

MONTHS 2

0 OR DK/REF GO TO BOX I51 ELSE GO TO I50

I49B. During 2001, 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 (GO TO I49C)
NO 2 (GO TO BOX I51)

I49C. During all of 2001, 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]

[ASK FOR MONTHS IF WEEKS IS UNKNOWN]

[CODE 0 WEEKS IF DID NOT WORK]

NUMBER _____

WEEKS 1

MONTHS 2

BOX I51

WAS SUBJECT WORKING FOR ALL OF LAST YEAR [(I49A = NA OR 0) AND (I49C = NA OR 0) AND (I49B NE 1)]?

- YES → GO TO BOX I71
 NO → CONTINUE

DID SUBJECT NEVER WORK FOR THE PAST TWO YEARS (I42 = 2)?

- YES → GO TO I65
 NO → CONTINUE

IS SUBJECT CURRENTLY WORKING (I2 = 1)?

- YES → CONTINUE
 NO → GO TO I54

IS SUBJECT NEITHER WORKING FOR AN EMPLOYER NOR SELF-EMPLOYED (I5 NE 1, 2, 3 AND I10 NE 5, 6)?

- YES → GO TO I54
 NO → CONTINUE

IS SUBJECT EITHER WORKING FOR AN EMPLOYER OR SELF-EMPLOYED, AND NEITHER AN UNPAID NOR OCCASIONAL WORKER (I5 = 1, 2, 3 AND I10 NE 5, 6)?

- YES → GO TO I51
 NO → GO TO I53

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

[INCLUDE OVERTIME, IF USUALLY WORKED OVERTIME]

HOURS _____

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 (GO TO I53)

MAINLY SELF-EMPLOYED 2 (GO TO I65)

EQUALLY DIVIDED BETWEEN WORKING FOR AN EMPLOYER AND SELF-EMPLOYED 3 (GO TO I53)

MAINLY UNPAID WORK..... 4 (GO TO I66)

I53. Please, think about the main job [you/(SPOUSE/PARTNER)] had during 2001.

Before taxes and other deductions, how much did [you(SPOUSE/PARTNER)] earn from your/(SPOUSE/PARTNER)'s] main job during 2001, 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: \$_____

IF DK AND I30 = 1, GO TO I53A ELSE GO TO I65B
--

I53A. [Were you/Was (SPOUSE/PARTNER)] paid by the hour last year?

YES..... 1 (GO TO I53B)

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, or [were you/was (SPOUSE/PARTNER)] self-employed, or both?

- WORKED FOR EMPLOYER ONLY1 (GO TO I57)
- SELF-EMPLOYED ONLY2 (GO TO I62)
- BOTH WORKED FOR EMPLOYER AND SELF-EMPLOYED3 (GO TO I56)
- NONE OF THE ABOVE4 (GO TO I55)

I55. [Were you/Was (SPOUSE/PARTNER)] working as an...

- unpaid worker in family business or farm only, 1
- an unpaid worker in a non-family job only, or 2
- 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 2001?

- WORKING FOR AN EMPLOYER..... 1 (GO TO I57)
- SELF-EMPLOYMENT.....2 (GO TO I62)
- BOTH ARE EQUALLY IMPORTANT.....3 (GO TO I57)

I57. {Please, think about the main job [you/(SPOUSE/PARTNER)] had during 2001.}

Last year, was [your/(SPOUSE/PARTNER)'s] main employer the government, a private company, a nonprofit organization, or something else?

- THE GOVERNMENT 1 (GO TO I58)
- A PRIVATE COMPANY2 (GO TO I58)
- OTHER INDIVIDUAL OR FAMILY BESIDES OWN3 (GO TO I58)
- MAINLY SELF-EMPLOYED4 GO TO I62)
- UNPAID WORKER IN OWN FAMILY'S BUSINESS OR FARM.....5 (GO TO I58)
- DID NOT HAVE A REGULAR EMPLOYER OR WORKED ONLY OCCASIONALLY6 (GO TO I60)
- NONPROFIT ORGANIZATION7 (GO TO I58)

158. What kind of industry was it?

[IF QUESTION IS NOT UNDERSTOOD, ASK: What do they make or do where [you/(SPOUSE/ PARTNER)] worked?]

BOX 159	
DOES SUBJECT WORK FOR A PRIVATE COMPANY (I57 = 2)?	
<input type="checkbox"/>	YES → GO TO I58B
<input type="checkbox"/>	NO → GO TO I59

158B. Is this business or organization mainly manufacturing or something else?

MANUFACTURING 1

SOMETHING ELSE 2

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

160. How many hours per week did [you/(SPOUSE/PARTNER)] usually work per week in 2001?

[INCLUDE OVERTIME IF USUALLY WORKED OVERTIME]

HOURS _____

BOX 161	
WAS SUBJECT AN UNPAID WORKER LAST YEAR (I55 = 1, 2)?	
<input type="checkbox"/>	YES → GO TO I66
<input type="checkbox"/>	NO → GO TO I61

161. Before taxes and other deductions, how much did [you/(SPOUSE/PARTNER)] earn from [your/(SPOUSE/PARTNER)'s] main job during 2001, including tips, bonuses, and commissions?

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

AMOUNT \$ _____

IF DK, GO TO I61A ELSE GO TO I65B

I61A. [Were you/Was (SPOUSE/PARTNER)] paid by the hour last year?

YES 1 (GO TO I61B)

NO 2 (BO 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 \$ _____

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 2001?

HOURS _____

I65. What were [your/(SPOUSE/PARTNER)'s] net earnings from [your/(SPOUSE/PARTNER)'s] business or farm after expenses during 2001?

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

AMOUNT \$ _____

IF DK/REF GO TO I68 ELSE GO TO I66

I65B. How many employers did [you/(SPOUSE/PARTNER)] have in 2001?

NUMBER _____

BOX I66

WERE ANY INCOME QUESTIONS (I49A, I49C, I51, I53, I53B, I60, I61, I61B, OR I65) ANSWERED DK/REF?

- YES → GO TO I68
- NO → GO TO I66

I66. {In addition to the amounts we just discussed} Did [you/(SPOUSE/PARTNER)] earn any money from any other work during 2001, whether from an employer or as self-employed, including tips, bonuses, or commissions?

- YES..... 1 (GO TO I67)
- NO.....2 (GO TO BOX I71)

DK/REF GO TO BOX I71A

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 \$ _____

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 (GO TO BOX I71)
- ABOVE.....2 (GO TO I69)

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 (GO TO BOX I71)
- ABOVE.....2 (GO TO I70)

170. Below or above \$[THREE TIMES THE POVERTY LINE COMPUTED FOR THE WHOLE FAMILY?]

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

BELOW OR AT 1

ABOVE.....2

BOX I71	
IS THERE A SPOUSE/PARTNER THAT ¹² HAS NOT BEEN ASKED FOR?	
<input type="checkbox"/>	YES → GO TO I2 FOR SPOUSE/PARTNER
<input type="checkbox"/>	NO → CONTINUE
IS THERE ANYONE IN THE HH BESIDES THE RESPONDENT AND SPOUSE/PARTNER WHO IS AGE 15 OR OLDER?	
<input type="checkbox"/>	YES → GO TO I71
<input type="checkbox"/>	NO → GO TO SECTION J

171. We are interested also in the total earnings received in 2001 by other members of your family. That would include {DISPLAY NAMES}.

[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 2001?

YES..... 1 (GO TO BOX I72)

NO.....2 (GO TO SECTION J)

BOX I72	
IS THERE MORE THAN ONE PERSON IN THE HH BESIDES THE RESPONDENT AND SPOUSE/PARTNER WHO ARE AGE 15 OR OLDER?	
<input type="checkbox"/>	YES → GO TO I72
<input type="checkbox"/>	NO → GO TO I73

172. Who worked for pay in 2001?

[PROBE: Anyone else?]

DK/REF GO TO SECTION J ELSE GO TO I73
--

173. 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.]

\$ _____

DK/REF GO TO I74 ELSE GO TO BOX I77
--

174. 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 BOX I77)

ABOVE.....2 (GO TO I75)

175. 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 BOX I77)

ABOVE.....2 (GO TO I76)

176. Below or above \$[THREE 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

BOX I72
WAS I73 ANSWERED FOR EACH PERSON LISTED IN I72?
<input type="checkbox"/> YES → GO TO I72 FOR NEXT PERSON
<input type="checkbox"/> NO → GO TO SECTION J

SECTION J: FAMILY INCOME

- J1. 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 2001 by members of your family, including {PROVIDE THE NAMES OF EACH FAMILY MEMBER}.

At any time during 2001, even for one month, did anybody receive any cash assistance, welfare, or emergency help from a state or county welfare program such as {STATE TANF PROGRAM} or {STATE NAME FOR GENERAL ASSISTANCE}?⁸

- YES..... 1 (GO TO BOX J2)
NO.....2 (OPTION A INTERVIEWS GO TO J1A.
OPTION B INTERVIEWS GO TO J6.)

DK/REF GO TO J6

- J1A. Just to be sure, in 2001, did anybody receive cash assistance from a state or county welfare program, on behalf of children in the household?

- YES..... 1 (GO TO BOX J2)
NO.....2 (GO TO J6)

BOX J2	
DOES THE STATE HAVE A SPECIFIC TANF PROGRAM?	
<input type="checkbox"/>	YES → GO TO J2B
<input type="checkbox"/>	NO → GO TO J2

- J2B. Was this assistance received from {STATE TANF PROGRAM}?

- YES..... 1 (GO TO J3)
NO.....2 (GO TO J2)

- J2. Was this assistance received 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 Aid to Families with Dependent Children, or AFDC.]

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

⁸ State-specific TANF and General Assistance program names appear in Appendix.

J3. Was this assistance received from {STATE NAME FOR GENERAL ASSISTANCE}?

YES..... 1

NO..... 2

J3A. Was this assistance a one-time, lump sum cash payment from a state or county welfare program?

YES..... 1

NO..... 2

J6. In 2001, did anybody receive Food Stamps or a {STATE EBT CARD}?

YES..... 1

NO..... 2

BOX J5	
DOES ANYONE IN THE HH GET CASH ASSISTANCE (J1 = 1 OR J1A = 1)?	
<input type="checkbox"/>	YES → GO TO J5
<input type="checkbox"/>	NO → GO TO J7

J5. In 2001, 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 PREVIOUS QUESTION (J6)]

YES..... 1

NO..... 2

J7. [In 2001, did anybody receive] child support?

YES..... 1

NO..... 2

J8. [In 2001, did anybody receive] foster care payments?

YES..... 1

NO..... 2

J9. [In 2001,] did anybody receive financial assistance from friends or relatives not living here?

YES..... 1

NO.....2

J10. [In 2001,] did anybody receive unemployment compensation?

YES..... 1

NO.....2

J12. [In 2001, did anybody receive] Supplemental Security Income, or SSI?

YES..... 1

NO.....2

J11A. [In 2001, did anybody receive] workers' compensation?

YES..... 1

NO.....2

J11B. [In 2001, did anybody receive] veterans' benefits?

YES..... 1

NO.....2

J13A. [In 2001, did anybody receive] Social Security disability benefits, or SSDI?

YES..... 1

NO.....2

J13B. [In 2001, did anybody receive] private disability insurance payments?

YES..... 1

NO.....2

BOX J13

DID NOBODY RECEIVE SUPPLEMENTAL SECURITY, WORKER'S
COMPENSATION, VETERAN'S BENEFITS, SOCIAL SECURITY
DISABILITY, OR PRIVATE DISABILITY PAYMENTS (J12 = 2, J11A = 2,
J11B = 2, J13A = 2, AND J13B = 2)?

YES → GO TO J12A

NO → GO TO J13

J12A. According to the information you have provided, no one in your family received cash benefits because of a disability, injury, health condition or impairment in 2001? Is that correct?

- YES 1 (GO TO J13)
- NO 2 (GO TO J12B)

J12B. What type of income was it? Was it...

[CODE ALL THAT APPLY—UP TO THREE TYPES]

- Supplemental Security Income, 1
- Workers' compensation, 2
- Veteran's benefits, 3
- Social Security disability benefits, or 4
- Private disability insurance payments? 5
- OTHER (SPECIFY) 91

J13. [In 2001, did anybody receive] Social Security retirement benefits or payments to survivors from the U.S. government?

- YES 1
- NO 2

J14. [In 2001, 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 2001,] 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 2001, did anybody receive] income from rental property?

- YES 1
- NO 2

J17. In 2001, did anybody receive income from any other source that I haven't mentioned?

YES..... 1 (GO TO J18)

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 J19A
DID FAMILY RECEIVE TANF/AFDC IN 2001 (J2 = 1 OR J2B = 1)?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO BOX J23
IS THIS AN OPTION A (CHILD) INTERVIEW?
<input type="checkbox"/> YES → GO TO J19A
<input type="checkbox"/> NO → CONTINUE
IS THERE MORE THAN ONE PERSON IN THE HH?
<input type="checkbox"/> YES → GO TO J19B
<input type="checkbox"/> NO → GO TO J21

J19A. Was the cash assistance from {STATE TANF PROGRAM} just for the (child/children), just for (you/adults), or for both?

THE (CHILD/CHILDREN) ONLY1

(YOU/ADULTS) ONLY.....2

BOTH3

DK/REF GO TO BOX J23 ELSE GO TO J19B

J19B. [ASK IF NECESSARY: Who in the family was the cash assistance for?]

[PROBE: Anybody else?]

J21. How much did (you/NAME) receive from {STATE TANF PROGRAM} during 2001? 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.....1
TOTAL FOR THE YEAR.....2
ONE-TIME PAYMENT.....3

DK/REF GO TO J22
ONE-TIME PAYMENT GO TO BOX J23
ELSE GO TO J22

J22. For how many months did (you/NAME) receive a {STATE TANF PROGRAM} check during 2001?

MONTHS _____

BOX J23

HAS J21 BEEN ANSWERED FOR EACH PERSON LISTED IN J19B?
 YES → CONTINUE
 NO → GO TO J21 FOR NEXT PERSON

DID FAMILY RECEIVE STATE GENERAL ASSISTANCE IN 2001
(J3 = 1)?
 YES → CONTINUE
 NO → GO TO BOX J26

IS THERE MORE THAN ONE ADULT IN THE FAMILY?
 YES → GO TO J23
 NO → GO TO J24

J23. To whom was the {STATE NAME FOR GENERAL ASSISTANCE} payment made during 2001?

[PROBE: Anybody else?]

J24. How much {STATE NAME FOR GENERAL ASSISTANCE} did (you/NAME) receive during 2001? 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.....1
TOTAL FOR THE YEAR.....2
ONE-TIME PAYMENT.....3

DK/REF GO TO J25
ONE-TIME PAYMENT GO TO BOX J26
ELSE GO TO J25

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

MONTHS _____

BOX J26

HAS J24 BEEN ANSWERED FOR EACH PERSON LISTED IN J23?
 YES → CONTINUE
 NO → GO TO J24 FOR NEXT PERSON

DID FAMILY RECEIVE EMERGENCY PAYMENTS IN 2001 (J3A = 1)?
 YES → CONTINUE
 NO → GO TO BOX J30

IS THERE MORE THAN ONE ADULT IN THE FAMILY?
 YES → GO TO J26
 NO → GO TO J27

J26. Who received the one-time, cash payment from a welfare program?

[PROBE: Anybody else?]

J27. How much was the payment that (you/NAME) received?

AMOUNT \$ _____

BOX J30	
HAS J27 BEEN ANSWERED FOR EACH PERSON LISTED IN J26?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J27 FOR NEXT PERSON
DID FAMILY RECEIVE FOOD STAMPS IN 2001 (J6 = 1)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J34
IS THERE MORE THAN ONE ADULT IN THE FAMILY BESIDES THE RESPONDENT AND SPOUSE/PARTNER?	
<input type="checkbox"/>	YES → GO TO J30
<input type="checkbox"/>	NO → GO TO J31

J30. Who was authorized to receive Food Stamps in 2001?

[PROBE: Anybody else?]

BOX J30A	
IS ONLY ONE ADULT LISTED IN J30?	
<input type="checkbox"/>	YES → GO TO J31
<input type="checkbox"/>	NO → CONTINUE
ARE ONLY TWO ADULTS WHO ARE MARRIED/PARTNERS LISTED IN J30?	
<input type="checkbox"/>	YES → GO TO J31
<input type="checkbox"/>	NO → CONTINUE
IS ONLY ONE CHILD AND NO ADULTS LISTED IN J30?	
<input type="checkbox"/>	YES → GO TO J32
<input type="checkbox"/>	NO → GO TO J30A

J30A. Did (EVERYONE LISTED IN J30) (both/all) receive food stamps as a group or did they receive food stamp benefits separately?

AS A GROUP.....	1	(GO TO J31)
SEPARATELY	2	(GO TO J32)

J31. (Was/Were) (EVERYONE LISTED IN J30) Food Stamp benefits or {STATE EBT CARD} just for the (child/children) just for (you/adults), or for both?

THE (CHILD/CHILDREN) ONLY 1
(YOU/ADULTS) ONLY 2
BOTH 3

J32. How much did (EVERYONE LISTED IN J30) receive in Food Stamps in 2001? 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 2001?

MONTHS _____

BOX J34	
DID FAMILY RECEIVE CHILD SUPPORT IN 2001 (J7 = 1)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J38
IS THERE MORE THAN ONE ADULT IN THE FAMILY?	
<input type="checkbox"/>	YES → GO TO J34
<input type="checkbox"/>	NO → GO TO J35

J34. Who received child support in 2001?

[PROBE: Anybody else?]

J35. How much child support did (you/NAME) receive in 2001? 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 1 (GO TO J36)
TOTAL FOR THE YEAR 2 (GO TO BOX J38)

DK/REF GO TO BOX J38

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

MONTHS _____

BOX J38	
HAS J35 BEEN ANSWERED FOR EACH PERSON LISTED IN J34?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J35 FOR NEXT PERSON
DID FAMILY RECEIVE FOSTER CARE IN 2001 (J8 = 1)?	
<input type="checkbox"/>	YES → GO TO J38
<input type="checkbox"/>	NO → GO TO BOX J40

J38. How much in foster care payments did your family receive in 2001? 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 1 (GO TO J39)

TOTAL FOR THE YEAR 2 (GO TO BOX J40)

DK/REF GO TO BOX J40

J39. For how many months did your family receive foster care payments during 2001?

MONTHS _____

BOX J40	
DID FAMILY RECEIVE FINANCIAL ASSISTANCE FROM FRIENDS/ RELATIVES IN 2001 (J9 = 1)?	
<input type="checkbox"/>	YES → GO TO J40
<input type="checkbox"/>	NO → GO TO BOX J43

J40. Who received financial assistance from friends or relatives in 2001?

[PROBE: Anybody else?]

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

ONE PAYMENT 1 (GO TO J40V1)
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 PAYMENT \$ _____ (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 \$ _____

GO TO BOX J43

BOX J43	
HAS J41 BEEN ANSWERED FOR EACH PERSON LISTED IN J40?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J41 FOR NEXT PERSON
DID FAMILY RECEIVE UNEMPLOYMENT COMPENSATION IN 2001 (J10 = 1)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J49
IS THERE MORE THAN ONE ADULT IN THE FAMILY?	
<input type="checkbox"/>	YES → GO TO J43
<input type="checkbox"/>	NO → GO TO J44

J43. Who received unemployment compensation in 2001?

[PROBE: Anybody else?]

J44. How much unemployment compensation did (you/NAME) receive in 2001? 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 (GO TO J45)
MONTHLY AMOUNT 2 (GO TO J45)
TOTAL FOR THE YEAR 3 (GO TO BOX J49)

DK/REF GO TO BOX J49

J45. For how many (weeks/months) did (you/NAME) receive this during 2001?

NUMBER _____

BOX J49	
HAS J44 BEEN ANSWERED FOR EACH PERSON LISTED IN J43?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J44 FOR NEXT PERSON
DID FAMILY RECEIVE SSI BENEFITS IN 2001 (J12 = 1 OR J12B = 1)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J46

J49. Were the SSI benefits received on behalf of a child, an adult, or both?

CHILD 1
ADULT 2
BOTH 3

J50. Who received Supplemental Security Income (SSI) during 2001?

[PROBE: Anybody else?]

J51. How much Supplemental Security Income did (you/NAME) receive in 2001? 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 1 (GO TO J52)

TOTAL FOR THE YEAR 2 (GO TO BOX J46)

DK/REF GO TO BOX J46

J52. For how many months did (you/NAME) receive Supplemental Security Income payments during 2001?

MONTHS _____

BOX J46	
HAS J51 BEEN ANSWERED FOR EACH PERSON LISTED IN J50?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J51 FOR NEXT PERSON
DID FAMILY RECEIVE WORKERS' COMPENSATION IN 2001 (J11A = 1 OR J12B = 2)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J70

J46. Who received workers' compensation in 2001?

[PROBE: Anybody else?]

J47. How much workers' compensation did (you/NAME) receive in 2001? 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 (GO TO J48)

MONTHLY AMOUNT 2 (GO TO J48)

TOTAL FOR THE YEAR 3 (GO TO BOX J70)

DK/REF GO TO BOX J70

J48. For how many (weeks/months) did (you/NAME) receive these payments during 2001?

NUMBER _____

BOX J70	
HAS J47 BEEN ANSWERED FOR EACH PERSON LISTED IN J46?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J46 FOR NEXT PERSON
DID FAMILY RECEIVE VETERANS' BENEFITS IN 2001 (J11B = 1 OR J12B = 3)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J73
IS THERE MORE THAN ONE ADULT IN THE FAMILY?	
<input type="checkbox"/>	YES → GO TO J70
<input type="checkbox"/>	NO → GO TO J71

J70. Who received veterans' benefits in 2001?

[PROBE: Anybody else?]

J71. How much veterans' benefits did (you/NAME) receive in 2001? 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 (GO TO J72)

MONTHLY AMOUNT 2 (GO TO J72)

TOTAL FOR THE YEAR 3 (GO TO BOX J73)

DK/REF GO TO BOX J73

J72. For how many (weeks/months) did (you/NAME) receive these benefits during 2001?

NUMBER _____

BOX J73

HAS J71 BEEN ANSWERED FOR EACH PERSON LISTED IN J70?

- YES → CONTINUE
- NO → GO TO J71 FOR NEXT PERSON

DID FAMILY RECEIVE SOCIAL SECURITY BENEFITS IN 2001
(J13A = 1 OR J12B = 4)?

- YES → CONTINUE
- NO → GO TO BOX J76

IS THERE MORE THAN ONE ADULT IN THE FAMILY?

- YES → GO TO J73
- NO → GO TO J74

J73. Who received Social Security disability benefits in 2001?

[PROBE: Anybody else?]

J74. How much Social Security disability benefits did (you/NAME) receive in 2001? 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 (GO TO J75)

MONTHLY AMOUNT 2 (GO TO J75)

TOTAL FOR THE YEAR 3 (GO TO BOX J76)

DK/REF GO TO BOX J76

J75. For how many (weeks/months) did (you/NAME) receive these payments during 2001?

NUMBER _____

BOX J76

HAS J74 BEEN ANSWERED FOR EACH PERSON LISTED IN J73?

- YES → CONTINUE
- NO → GO TO J74 FOR NEXT PERSON

DID FAMILY RECEIVE PRIVATE DISABILITY BENEFITS IN 2001
(J13B = 1 OR J12B = 5)?

- YES → CONTINUE
- NO → GO TO BOX J79

IS THERE MORE THAN ONE ADULT IN THE FAMILY?

- YES → GO TO J76
- NO → GO TO J77

J76. Who received private disability insurance in 2001?

[PROBE: Anybody else?]

J77. How much private disability insurance did (you/NAME) receive in 2001? 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 (GO TO J78)

MONTHLY AMOUNT 2 (GO TO J78)

TOTAL FOR THE YEAR 3 (GO TO BOX J79)

DK/REF GO TO BOX J79

J78. For how many (weeks/months) did (you/NAME) receive these payments during 2001?

NUMBER _____

BOX J79

HAS J77 BEEN ANSWERED FOR EACH PERSON LISTED IN J76?

- YES → CONTINUE
- NO → GO TO J77 FOR NEXT PERSON

DID FAMILY RECEIVE OTHER DISABILITY PAYMENTS IN 2001
(J12B = 91)?

- YES → CONTINUE
- NO → GO TO BOX J53

IS THERE MORE THAN ONE ADULT IN THE FAMILY?

- YES → GO TO J79
- NO → GO TO J80

J79. Who received {OTHER DISABILITY} in 2001?

[PROBE: Anybody else?]

J80. How much did (you/NAME) receive in 2001? 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 (GO TO J81)

MONTHLY AMOUNT 2 (GO TO J81)

TOTAL FOR THE YEAR 3 (GO TO BOX J53)

DK/REF GO TO BOX J53

J81. For how many (weeks/months) did (you/NAME) receive these payments during 2001?

NUMBER _____

BOX J70

HAS J54 BEEN ANSWERED FOR EACH PERSON LISTED IN J53?

- YES → CONTINUE
- NO → GO TO J54 FOR NEXT PERSON

DID FAMILY RECEIVE PENSION/ANNUITY BENEFITS IN 2001
(J14 = 1)?

- YES → CONTINUE
- NO → GO TO BOX J59

IS THERE MORE THAN ONE ADULT IN THE FAMILY?

- YES → GO TO J56
- NO → GO TO J57

J56. Who received pension or annuity income in 2001? Please give me only one name if two or more people shared income from the same pension or annuity.

[PROBE: Anybody else?]

J57. How much pension or annuity income did (you/NAME) receive during 2001? 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..... 1 (GO TO J58)

TOTAL FOR THE YEAR..... 2 (GO TO BOX J59)

ONE LUMP-SUM PAYMENT 3 (GO TO BOX J59)

DK/REF GO TO BOX J59

J58. For how many months did (you/NAME) receive this during the year?

MONTHS _____

BOX J59	
HAS J57 BEEN ANSWERED FOR EACH PERSON LISTED IN J56?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J57 FOR NEXT PERSON
DID FAMILY RECEIVE INTEREST/DIVIDENDS IN 2001 (J15 = 1)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J61
IS THERE MORE THAN ONE ADULT IN THE FAMILY?	
<input type="checkbox"/>	YES → GO TO J59
<input type="checkbox"/>	NO → GO TO J60

J59. Who received interest or dividends in 2001? Please give me only one name if two or more people shared income from the same account.

[PROBE: Anybody else?]

J60. How much interest or dividends did (you/NAME) receive last year, in total?

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

AMOUNT \$ _____

BOX J61	
HAS J60 BEEN ANSWERED FOR EACH PERSON LISTED IN J59?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J60 FOR NEXT PERSON
DID FAMILY RECEIVE RENTAL INCOME IN 2001 (J16 = 1)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX J63
IS THERE MORE THAN ONE ADULT IN THE FAMILY?	
<input type="checkbox"/>	YES → GO TO J61
<input type="checkbox"/>	NO → GO TO J62

J61. Who received rental property income in 2001? Please give me only one name if two or more people shared income from the same property.

[PROBE: Anybody else?]

J62. How much rental property income did (you/NAME) receive in 2001 in total, after expenses?

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

AMOUNT \$ _____

BOX J63	
HAS J62 BEEN ANSWERED FOR EACH PERSON LISTED IN J61?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO J62 FOR NEXT PERSON
DID FAMILY RECEIVE OTHER INCOME IN 2001 (J17 = 1)?	
<input type="checkbox"/>	YES → GO TO J63
<input type="checkbox"/>	NO → GO TO BOX J66

J63. Who received {NAME OF SOURCE OF INCOME MENTIONED IN J18} in 2001?

[PROBE: Anybody else?]

J64. How much {NAME OF SOURCE OF INCOME IN J18} did (you/NAME) receive in 2001 in total?

AMOUNT A. \$ _____

AMOUNT B. \$ _____

AMOUNT C. \$ _____

AMOUNT D. \$ _____

BOX J66A	
HAS J64 BEEN ANSWERED FOR EACH PERSON LISTED IN J63?	
<input type="checkbox"/>	YES → GO TO BOX J66B
<input type="checkbox"/>	NO → GO TO J63 FOR NEXT PERSON

BOX J66B

CALCULATE ANNUAL FAMILY INCOME FROM PREVIOUS YEAR BASED ON NON-MISSING ITEMS 49A-I67 FOR R AND SPOUSE/PARTNER, AMOUNTS IN I71-I73 FOR FAMILY, AND AMOUNTS FOR ITEMS J1-J65A AND J70-J78.

CONDITION (A)

IF I69 OR I75 = 2 (FOR ANY FAMILY MEMBER), SET POVERTY FLAG VARIABLE = 2, AND GO TO CONDITION (B).

ELSE, COMPARE CALCULATED FAMILY INCOME TO POVERTY TABLE:

IF \leq 200% POVERTY AND NO DATA ARE MISSING, SET POVERTY FLAG VARIABLE = 1, AND SET POVERT3 FLAG = 1, AND GO TO SECTION K.

ELSE, IF $>$ 200% POVERTY EVEN WITH MISSING DATA, SET POVERTY FLAG VARIABLE = 2 AND GO TO CONDITION (B).

ELSE, IF \leq 200% POVERTY AND DATA ARE MISSING, GO TO J66

CONDITION (B)

IF I70 OR I76 = 2 (FOR ANY FAMILY MEMBER), SET POVERT3 FLAG VARIABLE = 2, AND GO TO SECTION K.

ELSE, COMPARE CALCULATED FAMILY INCOME TO POVERTY TABLE:

IF \leq 300% POVERTY AND NO DATA ARE MISSING, SET POVERT3 FLAG VARIABLE = 1, AND GO TO SECTION K.

ELSE, IF $>$ 300% POVERTY EVEN WITH MISSING DATA, SET POVERT3 FLAG VARIABLE = 2 AND GO TO SECTION K.

ELSE, IF \leq 300% POVERTY AND DATA ARE MISSING, GO TO J66C.

J66A. 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 2001. Would you say that this income was below or above \${POVERTY LINE COMPUTED FOR FAMILY}?

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

- AT OR BELOW..... 1 (GO TO SECTION K)
- ABOVE..... 2 (GO TO J66B)

J66B. [Would you say this income was...] below or above \${TWICE POVERTY LINE COMPUTED FOR FAMILY}?

AT OR BELOW 1 (GO TO SECTION K)

ABOVE.....2 (GO TO J66C)

J66C. [Would you say this income was...] below or above \${THREE TIMES POVERTY LINE COMPUTED FOR FAMILY}?

AT OR BELOW 1

ABOVE.....2

GO TO SECTION K

SECTION K: WELFARE PROGRAM PARTICIPATION

BOX K1	
IS THIS AN OPTION B (ADULT) INTERVIEW?	
<input type="checkbox"/>	YES → GO TO BOX K22
<input type="checkbox"/>	NO → CONTINUE
DID RESPONDENT, SPOUSE/PARTNER, OR ANY OF RESPONDENT'S CHILDREN UNDER 18 RECEIVE TANF/AFDC IN 2001 (PER J19B)?	
<input type="checkbox"/>	YES → GO TO K1A
<input type="checkbox"/>	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. (You told me that someone in your household received cash assistance last year.) Have you ever received benefits from TANF, (which used to be called) AFDC, (or STATE-SPECIFIC TANF PROGRAM) in your name or in that of any of your children?

[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 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 a TANF or AFDC check for yourself or any of you children?

[INCLUDE ANY CHILD R HAS EVER BEEN RESPONSIBLE FOR, EVEN IF CHILD IS NOT CURRENTLY LIVING IN HH.]

YEAR _____ (GO TO BOX K4)

DK/REF GO TO K3

K3. Was that more than 5 years ago?

YES..... 1

NO..... 2

BOX K4
DID THEY RECEIVE TANF/AFDC LAST YEAR OR TWO YEARS AGO (J2 = 1 OR K2 = 2000, 2001, OR 2002)?
<input type="checkbox"/> YES → GO TO K16
<input type="checkbox"/> NO → GO TO K4

K4. Did you or your children receive any TANF or AFDC benefits since January 2000?

[INCLUDE ANY MINOR CHILD WHO MAY HAVE LIVED WITH R SINCE 1/00, 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 BOX K16A)

NO..... 2 (GO TO K18B)

BOX K16A
IS THE MKA'S SPOUSE/PARTNER IN THE HOUSEHOLD?
<input type="checkbox"/> YES → GO TO K16B
<input type="checkbox"/> NO → GO TO K16A

K16A. Are the TANF or AFDC benefits to provide for...
just the children, or..... 1
you and the children?..... 2

GO TO K18B

K16B. Are the TANF or AFDC benefits to provide for...
just the children, or..... 1
you and the children?..... 2
you, (NAME of S/P) and the children, or..... 3
(NAME of S/P) and the children?..... 4

K18B. Have you {ever} been told by the welfare agency that there is a limit to how long you can receive benefits {if you someday need to go back on benefits}?

YES..... 1 (GO TO K18C)
NO..... 2 (GO TO BOX K20)

K18C. For how much longer (can you receive assistance/could you receive assistance if you needed it)?

NUMBER _____
MONTHS 1
YEARS 2

BOX K20	
IS SOMEONE CURRENTLY RECEIVING TANF/AFDC (K16 = 1)?	
<input type="checkbox"/>	YES → GO TO K5
<input type="checkbox"/>	NO → GO TO K20

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 _____

GO TO K6

K5. Since January 2000, was there any time when you stopped receiving TANF or AFDC benefits for more than one month?

YES..... 1 (GO TO K5A)
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 RAISE2
GOT A BETTER JOB.....3
MARRIED/REARRIED.....4
MOVED IN WITH FAMILY5
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

K10A. In the first 3 months after leaving welfare, did you get help from government programs with the following needs for your family...

Child Care?

- YES 1
- NO 2

K10B. Health insurance, such as Medicaid?

- YES 1
- NO 2

K10C. Help with expenses?

- YES 1
- NO 2

K11. In the first 3 months after leaving welfare, did you get any help from a government program finding a job or special training for a job?

- YES 1
- NO 2

GO TO BOX K19A

K13. Since January 2000, were your TANF or AFDC benefits ever reduced by the welfare department?

- YES 1 (GO TO K14)
- NO 2 (GO TO BOX 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 KNOWN AND GREATER THAN 200% OF POVERTY?	
<input type="checkbox"/>	YES → GO TO BOX K22
<input type="checkbox"/>	NO → CONTINUE
IS FAMILY RECEIVING TANF/AFDC CURRENTLY (K16 = 1)?	
<input type="checkbox"/>	YES → GO TO BOX K22
<input type="checkbox"/>	NO → CONTINUE
DID FAMILY RECEIVE TANF/AFDC IN 2001 (J2 = 1 OR J2B = 1)?	
<input type="checkbox"/>	YES → GO TO BOX K22
<input type="checkbox"/>	NO → GO TO K19

K19. I know you are not receiving TANF or AFDC, but you may have inquired about such government assistance. Since January 1, 2001, 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 MKA/RESPONDENT, SPOUSE/PARTNER, OR ANY OF R'S CHILDREN UNDER 18 RECEIVE FOOD STAMPS LAST YEAR (J6 = 1 OR FAMILY MEMBER IS NAMED AT J30)?	
<input type="checkbox"/>	YES → GO TO K22A
<input type="checkbox"/>	NO → GO TO K22

K22. (Now I would like to ask about whether you had experience with a particular government program before last year.) (You told me that someone in your household received food stamps last year.) 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 _____

DK/REF GO TO K24
ELSE GO TO BOX K25

K24. Was that more than 5 years ago?

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

BOX K25
DID ANYONE RECEIVE FOOD STAMPS IN THE PAST TWO YEARS
(J6 = 1 OR K23 = 2000, 2001, OR 2002)?
 YES → GO TO K30
 NO → GO TO K25

K25. Did you or your children receive any food stamps since January 2000?

[INCLUDE ANY MINOR CHILD WHO MAY HAVE LIVED WITH R SINCE 1/00, 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
NO.....2

GO TO K26

K34A. When did you last receive food stamps?

MONTH _____ YEAR _____

GO TO K27

K26. Since January 2000, 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 RAISE2
- 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	
IS FAMILY INCOME KNOWN AND ABOVE 200% OF POVERTY?	
<input type="checkbox"/>	YES → GO TO BOX K35
<input type="checkbox"/>	NO → GO TO K33

K33. Have you ever applied for food stamps during the last 2 years?

YES..... 1

NO..... 2

BOX K35
IS THIS AN OPTION B (ADULT) INTERVIEW?
<input type="checkbox"/> YES → GO TO K41
<input type="checkbox"/> NO → CONTINUE
IS FAMILY INCOME KNOWN AND MORE THAN 300% OF POVERTY?
<input type="checkbox"/> YES → GO TO BOX K35B
<input type="checkbox"/> NO → CONTINUE
DID MKA OR CHILDREN RECEIVE FOOD STAMPS SINCE JANUARY 2000 (K25 = 1)?
<input type="checkbox"/> YES → GO TO BOX K35B
<input type="checkbox"/> NO → GO TO K41

BOX K35B
ARE ANY CHILDREN UNDER AGE 6?
<input type="checkbox"/> YES → GO TO K35
<input type="checkbox"/> NO → GO TO BOX K36

K35. During 2001, 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
ARE ANY CHILDREN AGE 5 OR OLDER?
<input type="checkbox"/> YES → GO TO K36
<input type="checkbox"/> NO → GO TO BOX K38

K36. {During 2001, 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
IS FAMILY INCOME UNKNOWN, OR 200% OR LESS OF POVERTY (POVERTY = 1 OR 3)?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO BOX K39
DID ANY CHILD RECEIVE FREE CHILD CARE FROM WELFARE/ SOCIAL SERVICES (G57 = 1)?
<input type="checkbox"/> YES → GO TO BOX K39
<input type="checkbox"/> NO → CONTINUE
DID FAMILY RECEIVE GOVERNMENT HELP WITH CHILD CARE (K10A = 1)
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO K38
DID FAMILY LAST RECEIVE TANF/AFDC WITHIN THE PAST YEAR (PER K5A OR K20)
<input type="checkbox"/> YES → GO TO GO TO BOX K39
<input type="checkbox"/> NO → GO TO K38

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

[DO NOT INCLUDE DEPENDENT CARE TAX CREDIT]

YES..... 1 (GO TO BOX K39)

NO.....2 (GO TO K38A)

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 MONEY1
- ASSISTANCE NOT AVAILABLE2
- PUT ON WAITING LIST3
- DISCOURAGED/GAVEUP/
TOO MUCH HASSLE4
- DECIDED DIDN'T WANT/NEED
HELP FROM GOVERNMENT5
- OTHER (SPECIFY).....91

BOX K39
IS FAMILY INCOME 300% OF POVERTY OR LESS OR UNKNOWN (POVERT3 = 1 OR 3)?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO K41
HAS THE MKA HEARD OF SCHIP/MEDICAID (B6 NE 2 OR B7NE 2)?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO K41
IS THERE A CHILD1?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO BOX K39B
ARE ALL THESE CONDITIONS TRUE FOR CHILD1: E19 NE 1, E21 NE 1, E21B NE 1, E23 NE (5, 6, 7), E38 NE (5, 6, 7), AND E41 NE (5, 6, 7)?
<input type="checkbox"/> YES → GO TO K39 FOR CHILD1
<input type="checkbox"/> NO → GO TO BOX K39B

BOX K39B
ARE ALL THESE CONDITIONS TRUE FOR CHILD2: E19 NE 1, E21 NE 1, E21B NE 1, E23 NE (5, 6, 7), E38 NE (5, 6, 7), AND E41 NE (5, 6, 7)?
<input type="checkbox"/> YES → GO TO K39 FOR CHILD2
<input type="checkbox"/> NO → GO TO BOX K40C

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 (GO TO K39A)

DK/REF GO TO BOX K40C

K39A. What was the main reason you did not inquire about Medicaid {or (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

GO TO BOX K40C

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 K40B)
NO 2 (GO TO K40A)

DK/REF GO TO BOX K40C

K40A. What was the main reason you did not complete an application for Medicaid, {or (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

GO TO BOX K40C

K40B. What is the current status of your application?

TOLD CHILD NOT ELIGIBLE 1
DIDN'T HAVE PAPERS
NECESSARY TO ENROLL 2
DECIDED IT WASN'T WORTH
FOLLOWING THROUGH THE
APPLICATION PROCESS 3
WAITING FOR DECISION 4
CHILD GOT OTHER
INSURANCE COVERAGE 5
OTHER (SPECIFY) 91

BOX K40C

ARE ALL THESE CONDITIONS TRUE FOR CHILD: E19 NE 1, E21 NE 1, E21B NE 1, E23 NE (5, 6, 7), E38 NE (5, 6, 7), AND E41 NE (5, 6, 7)?

- YES → CONTINUE
- NO → GO TO BOX K41

DOES CHILD HAVE HEALTH CARE COVERAGE (E22 = 1)?

- YES → GO TO K40C
- NO → GO TO K40D

K40C. If you were told that (CHILD1/CHILD2) was eligible for Medicaid {or (State Medicaid name)} {or (State CHIP name)}, would you want to enroll (him/her)?

- YES 1 (GO TO BOX K41)
- NO 2 (GO TO K40E)
- IT DEPENDS 3 (GO TO BOX K41)

K40D. If you were told that (CHILD1/CHILD2) was eligible for Medicaid {or (State Medicaid name)} {or (State CHIP name)}, would you drop (his/her) current coverage and enroll (him/her) in Medicaid instead?

- YES 1 (GO TO BOX K41)
- NO 2 (GO TO K40F)
- IT DEPENDS 3 (GO TO BOX K41)

K40E. Why would you not want to enroll (him/her)?

- DON'T WANT PUBLIC PROGRAM 1
- CHILD DOESN'T NEED INSURANCE 2
- HASSLES OF APPLYING 3
- OTHER (SPECIFY) 91

GO TO BOX K41

K40F. Why would you not want to drop your current coverage to enroll (him/her) in Medicaid {or (State Medicaid name)} {or (State CHIP name)}?

- LIKE CURRENT COVERAGE/PROVIDER AND DON'T WANT TO CHANGE 1
- DON'T WANT PUBLIC PROGRAM 2
- HASSLES OF APPLYING 3
- CURRENT COVERAGE IS FREE OR DOESN'T COST MUCH 4
- PREFER TO HAVE SAME SOURCE OF COVERAGE FOR ENTIRE FAMILY 5
- OTHER (SPECIFY) 91

<p>BOX K41</p> <p>HAS BOX K39B BEEN ANSWERED?</p> <p><input type="checkbox"/> YES → CONTINUE</p> <p><input type="checkbox"/> NO → GO TO BOX K39B</p>
--

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 (GO TO K42)
- NO 2 (GO TO K46)

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

- YES 1 (GO TO K43)
- NO 2 (GO TO K46)

K43. Did you receive the Earned Income Tax Credit in any year between 1999 and 2002?

- YES 1
- NO 2

K46. For your family, who was primarily responsible for getting together the information to complete your most recent federal income tax return? Was it...

- You 1 (GO TO K46A)
- (SPOUSE/PARTNER) 2 (GO TO K46A)
- You and (SPOUSE/PARTNER) 3 (GO TO K46A)
- Someone else 4 (GO TO K46A)
- Or did you not have to file taxes? 5 (GO TO BOX K47)

K46A. Did a community service group or paid preparer such as H&R Block help you or your family complete your tax return?

- YES 1
- NO 2

BOX K47

IS THIS AN A2 OR B2 (SECOND MKA) INTERVIEW?
 YES → GO TO SECTION L
 NO → CONTINUE

IS FAMILY INCOME 300% OF POVERTY OR LESS OR UNKNOWN
(POVERT3 = 1 OR 3)?
 YES → CONTINUE
 NO → GO TO BOX K48

DID ANYONE RECEIVE CHILD SUPPORT (J7 = 1)?
 YES → GO TO BOX K48
 NO → CONTINUE

DOES A CHILD'S BIOLOGICAL PARENT LIVE ELSEWHERE (H1 = 1
OR H9 = 1)?
 YES → GO TO K47
 NO → GO TO BOX K48

K47. Sometimes family income changes dramatically from one year to the next. We have just one or two questions to ask about income you may have started to receive this year (in 2002).

You said earlier that your family did not receive child support last year (in 2001). Has anyone in your family received child support this year?

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

BOX K48

IS FAMILY INCOME 300% OF POVERTY OR LESS OR UNKNOWN
(POVERT3 = 1 OR 3)?
 YES → CONTINUE
 NO → GO TO BOX K48

DID ANYONE RECEIVE SSI OR SSDI (J12 = 1, J13A = 1, OR
J12B = 1, 4)?
 YES → GO TO SECTION L
 NO → CONTINUE

DOES MKA OR SPOUSE/PARTNER HAVE A DISABILITY THAT
LIMITS THEIR ABILITY TO WORK (F3 = 1)?
 YES → GO TO K48
 NO → GO TO SECTION L

K48. You said earlier that your family did not receive disability benefits from SSI or SSDI last year (in 2001). Has anyone in your family received either of these disability benefits this year (in 2002)?

YES..... 1

NO.....2

GO TO SECTION L

SECTION L: EDUCATION AND TRAINING

L1-L4 ARE FIRST ASKED FOR RESPONDENT

- L1. What is the highest grade or level of regular school (you/SPOUSE/PARTNER) (have/has) 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 “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

IS L1 = DK?

- YES → GO TO L2
 NO → CONTINUE

DOES R HAVE A SPOUSE/PARTNER?

- YES → CONTINUE
 NO → GO TO BOX L5

HAVE L1-L4 BEEN ANSWERED FOR SPOUSE/PARTNER?

- YES → GO TO BOX L5
 NO → GO TO L1 FOR SPOUSE/PARTNER.

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/JJ/LLB; ETC.)..... 6 (GO TO BOX L5A)
- NONE..... 7 (GO TO BOX L5A)

L3. (Just to confirm,) (have you/has SPOUSE/PARTNER) earned (a GED or high school diploma/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 (GO TO L4A)
- HIGH SCHOOL DIPLOMA 2 (GO TO L4A)
- VOC/TECH/BUSINESS CERTIFICATE
OR DIPLOMA 3 (GO TO BOX L5A)
- OTHER 4 (GO TO BOX L5A)

L4A. Did (you/SPOUSE/PARTNER) get (your/his/her/his or her) (high school diploma/GED) recently, that is, since January 2001?

- YES 1
- NO 2

BOX L5A	
IS THERE A SPOUSE/PARTNER?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO BOX L5B
HAS L1 BEEN ASKED FOR SPOUSE/PARTNER?	
<input type="checkbox"/>	YES → GO TO BOX L5B
<input type="checkbox"/>	NO → GO TO L1 FOR SPOUSE/PARTNER

BOX L5B	
IS INCOME ABOVE OR BELOW 200% OF POVERTY?	
<input type="checkbox"/>	ABOVE → GO TO L12
<input type="checkbox"/>	BELOW OR AT → CONTINUE
<input type="checkbox"/>	NOT KNOWN → CONTINUE

JOB TRAINING

L5. Now, I'd like to talk to you about training and other activities last year. During 2001, [you/or (SPOUSE/PARTNER) work in an unpaid job provided by the government?

YES..... 1 (GO TO L6)
 NO..... 2 (GO TO L9)

L6. [IF KNOWN, RECORD WITHOUT ASKING]:

Who? _____, _____

BOX L7	
ASK L7 AND L8 FOR EACH RELEVANT PERSON NAMED IN L6	

L7. Was the unpaid job (you/NAME IN L6) had a requirement for welfare—that is, to get TANF, which used to be called AFDC, Food Stamps, or General Assistance?

YES..... 1 (GO TO L8)
 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 (GO TO L10)

NO..... 2 (GO TO L12)

L10. [IF KNOWN, RECORD WITHOUT ASKING]:

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 (GO TO L13)

NO..... 2 (GO TO BOX L4)

L13.[IF KNOWN, RECORD WITHOUT ASKING]:

Who? _____, _____

BOX I14
DOES THE RESPONDENT HAVE A BACHELOR'S DEGREE OR HIGHER [(L1 = 1, 2, 4, 5, 7, 9, OR -7) OR (L2 = 1, 2, 3, 4, 7, OR -8)]?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO L14
DOES THE RESPONDENT HAVE A SPOUSE/PARTNER?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO BOX L16
DOES THE SPOUSE/PARTNER HAVE A BACHELOR'S DEGREE OR HIGHER [(L1 = 1, 2, 4, 5, 7, 9, OR -7) OR (L2 = 1, 2, 3, 4, 7, OR -8)]?
<input type="checkbox"/> YES → GO TO BOX L16
<input type="checkbox"/> NO → GO TO L14

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 (GO TO L15A)
NO.....2 (GO TO BOX L15B)

L15A. [IF KNOWN, RECORD WITHOUT ASKING]:

Who? _____, _____

BOX L16
ARE ANY OF THESE CONDITIONS TRUE FOR THE RESPONDENT OR SPOUSE/PARTNER? (CHECK IF TRUE)
<input type="checkbox"/> SUBJECT HAS AN AA, BA, OR GRADUATE/PROFESSIONAL DEGREE (L1 = 9, 10, 11, OR 12 OR L2 = 4, 5, OR 6)
<input type="checkbox"/> SUBJECT HAD A HS DIPLOMA OR GED PRIOR TO THE START OF LAST YEAR (L4A = 2)
<input type="checkbox"/> SUBJECT IS 25 OR OLDER AND HAS A HS DIPLOMA (AGE GE 25 AND (L1 = 5 OR L2 = 2 OR L4 = 2))
IF ANY BOXES ARE CHECKED, GO TO BOX L18. ELSE, GO TO L16

L16. In 1998, did [you/or (SPOUSE/PARTNER)] take classes to earn a regular high school diploma or GED?

- YES..... 1 (GO TO L17)
NO.....2 (GO TO BOX L18)

L17.[IF KNOWN, RECORD WITHOUT ASKING]

Who? _____, _____

BOX L18
HAVE RESPONDENT OR SPOUSE/PARTNER EVER EARNED A GED OR HIGH SCHOOL DIPLOMA (L3 = 1, -7, OR -8 OR L2 = 1, 2, 3, 4, 5, OR 6, OR L1 = 4, 5, 9, 10, 12, -7, OR -8)?
<input type="checkbox"/> YES → GO TO L18
<input type="checkbox"/> NO → 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 (GO TO L19)

NO.....2

(GO TO SECTION M)

L19. [IF KNOWN, RECORD WITHOUT ASKING]:

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)?	
<input type="checkbox"/>	YES → GO TO M5
<input type="checkbox"/>	NO → CONTINUE
<input type="checkbox"/>	DK/REF → GO TO M5

M4. Did you move here from another place in this state, or from out of state?

IN-STATE..... 1

OUT-OF-STATE2

M5. How many bedrooms are there in your home?

NUMBER OF BEDROOMS _____

BOX M6	
DOES FAMILY OWN OR RENT HOME (M1 = 1, 2, -7, -8)?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → 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	
IS THE HOME OWNED OR BEING BOUGHT BY A HH MEMBER? (M1 = 1 AND M6 = 0)	
<input type="checkbox"/>	YES → GO TO M6A
<input type="checkbox"/>	NO → CONTINUE
IS THE HOME PAID FOR? (M1 = 1 OR M6 = P)	
<input type="checkbox"/>	YES → GO TO BOX M7A
<input type="checkbox"/>	NO → GO TO M6B

M6A. Is there a mortgage, Home Equity Loan, or other type of loan on this house or apartment?

YES..... 1 (GO TO M6B)
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 \$_____

BOX M7A	
ARE BOTH THESE CONDITIONS TRUE:	
<input type="checkbox"/>	HOME IS RENTED FOR CASH (M1 = 2)
<input type="checkbox"/>	FAMILY INCOME IS LESS THAN OR EQUAL TO 200% OF POVERTY, OR INCOME IS UNKNOWN
IF BOTH BOXES ARE CHECKED, GO TO M71 ELSE GO TO BOX M8A	

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 M8A1
IS D8B = 1 FOR RESPONDENT?
<input type="checkbox"/> YES → GO TO M8A FOR RESPONDENT
<input type="checkbox"/> NO → GO TO BOX M8A2

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?⁹

YES..... 1 (GO TO M8C)

NO.....2 (GO TO M8E)

M8C. Were these contributions part of a child support order?

YES..... 1

NO.....2

⁹ There is no screen M8B. M8A has been set up with displays to function as both M8A and M8B.

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)

IF M8D = -7, -8 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/her) 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

BOX M8A2	
IS D8B = 1 FOR SPOUSE/PARTNER?	
<input type="checkbox"/>	YES → GO TO M8A FOR SPOUSE/PARTNER
<input type="checkbox"/>	NO → GO TO M9A

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 TRUE3

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 BOX M9E)

M9D. How often did this happen? Was it...

- almost every month,..... 1
- some months but not every month, or2
- only 1 or 2 months?3

BOX M9E	
IS FAMILY INCOME LESS THAN OR EQUAL TO 200% OF POVERTY, OR UNKNOWN?	
<input type="checkbox"/>	YES → GO TO M9E
<input type="checkbox"/>	NO → GO TO M10

M9E. In the last 12 months, since (name of current month) of last year, did (you/you or other adults in your family) ever get emergency food from a church, a food pantry, or food bank?

- YES 1 (GO TO M9F)
- NO.....2 (GO TO M10)

M9F. How often did this happen? Was it...

- almost every month,..... 1
- some months but not every month, or2
- only 1 or 2 months?3

M9G. Where did you usually receive emergency food in the last 12 months? Was it...

- a church or church-related group,..... 1
- a community group, 2
- a government agency, 3
- or some other organization
or group? (SPECIFY).....91

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 M11)
- NO..... 2 (GO TO BOX M12)

M11. During the last 12 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent, or utility bills?

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

BOX M12	
IS THIS A TELEPHONE HH?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO M12PERS
IS THIS AN INTERVIEW TYPE A1, B1, OR B4?	
<input type="checkbox"/>	YES → GO TO M12
<input type="checkbox"/>	NO → GO TO SECTION N

M12. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

[IF NEEDED: Do not include temporary loss of service due to storms, damaged wires, or phone company maintenance.]

- 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

M14. Besides (RESPONDENT'S TELEPHONE NUMBER), do you have other telephone numbers in your household, not including cell phones?

YES 1 (GO TO M15)
NO 2 (GO TO SECTION N)

IF M14 = DK, GO TO M18

M15. Including computer and fax phone numbers, how many of these additional phone numbers are for home use?

NUMBER _____

IF M15 = 1, GO TO M16
IF M15 = -7 OR -8, GO TO SECTION N
IF M15 > 1, GO TO M17

M16. Is this additional phone number used for a computer or fax machine?

YES 1 (GO TO M20)
NO 2 (GO TO SECTION N)

M17. Of these (number of phone numbers) additional home use phone numbers, how many are used for a computer or fax machine?

NUMBER _____

IF M17 = 1, GO TO M20
IF M17 = 0, -7, OR -8, GO TO SECTION N
IF M17 > 1, GO TO M19

M18. Do you have any additional phone numbers for computer or fax machines?

YES 1 (GO TO M19)
NO 2 (GO TO SECTION N)

M19. How many of these (number of phone numbers) phone numbers used for computers or faxes are ever answered for talking?

NUMBER _____

IF M19 = 1, GO TO M21 IF M19 = 0, -7, OR -8, GO TO SECTION N IF M19 > 1, GO TO M22
--

M20. Is it ever answered for talking?

YES 1 (GO TO M21)
NO 2 (GO TO SECTION N)

M21. Is this phone number used for a computer or fax line answered for...

personal calls, 1
business calls, or 2
both? 3

GO TO SECTION N

M22. Of these (number of phone numbers that are answered, how many are answered for non-business related calls?

NUMBER _____

GO TO SECTION N

M12PERS. During the past 12 months, has your household ever had telephone service?

YES 1 (GO TO M13PERS)
NO 2 (GO TO SECTION N)

M13PERS. During the past 12 months, 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

GO TO SECTION N

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

CHILDREN UNDER 20 IN THE FAMILY FOR WHOM THIS MKA IS RESPONSIBLE

N2. How much of the time during the past month have you:

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

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 MKA RESPONDING FOR A CHILD2?	
<input type="checkbox"/>	YES → GO TO N3
<input type="checkbox"/>	NO → 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

BOX N4

WHAT IS CHILD'S AGE?

- 6-11 → GO TO N4
- 12-17 → GO TO N5
- DK/REF → GO TO BOX N5X

N4. [I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for (CHILD2) during the past month.]

a. (He/she) feels worthless or inferior.

Often true 1
Sometimes true 2
Never true 3

b. (He/she) has been nervous, high strung, or tense.

Often true 1
Sometimes true 2
Never true 3

c. (He/she) acts too young for (his/her) age.

Often true 1
Sometimes true 2
Never true 3

GO TO BOX N5X

N5. [I am going to read a list of items that sometimes describe children. For each item please tell me if it has been often true, sometimes true, or never true for (CHILD2) during the past month.]

a. (He/she) has trouble sleeping.

Often true 1
Sometimes true 2
Never true 3

b. (He/she) lies or cheats.

Often true 1
Sometimes true 2
Never true 3

c. (He/she) does poorly at schoolwork.

Often true 1
Sometimes true 2
Never true 3

BOX N5X	
WHAT IS CHILD'S AGE?	
<input type="checkbox"/>	0 → GO TO N5Y
<input type="checkbox"/>	1-5 → GO TO N5X
<input type="checkbox"/>	ELSE → GO TO BOX N6

N5X. How many days in the past week did you or any family member read stories or tell stories to (CHILD1)?

NUMBER OF DAYS _____

N5Y. How often in the past month have you or any family member taken (CHILD1) on any kind of outing, such as to the park, grocery store, a church, or a playground? Would you say...

- Once a month or less,..... 1
- About two or three times a month..... 2
- Several times a week, or 3
- About once a day 4

BOX N6	
IS THERE A CHILD2?	
<input type="checkbox"/>	YES → GO TO N6
<input type="checkbox"/>	NO → GO TO N12A

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	
WHAT IS CHILD2'S AGE?	
<input type="checkbox"/>	6-11 → GO TO N8A
<input type="checkbox"/>	12-17 → GO TO N8B
<input type="checkbox"/>	DK/REF → GO TO N12A

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

NO.....2

GO TO BOX N8C

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	
DID RESPONDENT ANSWER YES (1) TO N6, N7, N8A, OR N8B?	
<input type="checkbox"/>	YES → GO TO N12A
<input type="checkbox"/>	NO → CONTINUE
DID RESPONDENT ANSWER NO (2) TO N6, N7, N8A, OR N8B?	
<input type="checkbox"/>	YES → GO TO N8C
<input type="checkbox"/>	NO → GO TO N12A

N8C. Has (CHILD2) participated in any other organized activities during the past year?

YES..... 1

NO.....2

N12A. (Since (CHILD) was born has (he/she)/During the past 12 months has (CHILD)) had any accidents or injuries that required medical attention?

YES..... 1

NO.....2

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

GO TO SECTION O

SECTION O: RACE, ETHNICITY AND NATIVITY

O1. {I would like to find out a little more about the background of some of the people that live in this household.}

(Are you/Is NAME) of Spanish or Hispanic Origin?

YES1 (GO TO O1OV)

NO.....2 (GO TO O3)

O1OV. What group [for example, Mexican, Mexican-American, Puerto Rican, Cuban, or some other group]?

MEXICAN,
MEXICAN-AMERICAN, CHICANO..... 1

PUERTO RICAN..... 2

CUBAN 3

OTHER (SPECIFY) _____ 91

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

[PROBE BY READING CATEGORIES IF NECESSARY]

[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

BOX O6

O1–O3 SHOULD BE REPEATED FOR THE FOLLOWING
CONDITIONS:

- SPOUSE/PARTNER, IF IN HH
- CHILD1, IF MKA OR SPOUSE/PARTNER ARE NOT CHILD'S
BIOLOGICAL PARENTS, OR IF MKA AND SPOUSE/
PARTNER'S ANSWERS AT O3 ARE NOT THE SAME
- CHILD2, IF MKA OR SPOUSE/PARTNER ARE NOT
CHILD'S BIOLOGICAL PARENTS, OR IF MKA AND
SPOUSE/PARTNER'S ANSWERS AT O3 ARE NOT THE SAME

AFTER ANSWERING ALL APPROPRIATE QUESTIONS, GO TO O6.

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 BOX 09)
- PUERTO RICO2 (GO TO BOX 09)
- OTHER U.S. TERRITORY
(AMERICAN SAMOA, GUAM,
MARSHALL ISLANDS, NORTHERN
MARIANAS ISLANDS,
OR U.S. VIRGIN ISLANDS) 3 (GO TO BOX 09)
- CANADA4 (GO TO 07)
- CHINA.....5 (GO TO 07)
- CUBA6 (GO TO 07)
- DOMINICAN REPUBLIC 7 (GO TO 07)
- EL SALVADOR8 (GO TO 07)
- GERMANY9 (GO TO 07)
- INDIA..... 10 (GO TO 07)
- JAMAICA 11 (GO TO 07)
- KOREA 12 (GO TO 07)
- MEXICO..... 13 (GO TO 07)
- PHILIPPINES..... 14 (GO TO 07)
- RUSSIA..... 15 (GO TO 07)
- VIETNAM 16 (GO TO 07)
- OTHER COUNTRY (SPECIFY).....91 (GO TO 07)

O7. (Are you/Is (NAME)) a citizen of the United States?

- YES 1 (GO TO 08)
- NO.....2 (GO TO 09)

O8. (Were you/Was (he/she)) born a citizen of the United States or did (you/he/she) became a citizen of the U.S. through naturalization?

- BORN A CITIZEN 1 (GO TO BOX 09)
- NATURALIZED2 (GO TO 09)

O9. When did (you/NAME) come to live in the United States?

[CODE YEAR or # of YEARS AGO]

SPECIFIC YEAR _____

OF YEARS AGO _____

IF RESPONSES TO O9 INDICATE THAT A CHILD ENTERED THE U.S. BEFORE THE PARENT, GO TO O9VER. ELSE, IF O9 = DK, GO TO O9DK. ELSE, GO TO BOX O9.

O9VER. I have recorded that (CHILD) entered the US in (YEAR CHILD ENTERED) and (you/NAME) entered the US in (YEAR PARENT ENTERED).

Did (CHILD) enter the US before (you/NAME)?

YES..... 1

NO.....2

GO TO BOX O9

O9DK. Did (you/NAME) come to live in the United States before 1997?

YES..... 1

NO.....2

BOX O9
GO TO O6 FOR NEXT HOUSEHOLD MEMBER.
IF ALL APPROPRIATE QUESTIONS O6–O9 HAVE BEEN ASKED FOR EACH HOUSEHOLD MEMBER, GO TO SECTION P.

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?]

- a. Welfare makes people work less than they would if there wasn't a welfare system

Strongly agree..... 1
Agree 2
Disagree..... 3
Strongly disagree 4

- b. Welfare helps people get on their feet when facing difficult situations such as unemployment, a divorce, or a death in the family.

Strongly agree..... 1
Agree 2
Disagree..... 3
Strongly disagree 4

- c. Welfare encourages young women to have babies before marriage.

Strongly agree..... 1
Agree 2
Disagree..... 3
Strongly disagree 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?]

- a. A single mother can bring up a child as well as a married couple. Do you strongly agree, agree, disagree, or strongly disagree?

Strongly agree..... 1
Agree 2
Disagree..... 3
Strongly disagree 4

- b. A working mother can establish just as warm and secure a relationship with her children as a mother who does not work.

Strongly agree..... 1
Agree 2
Disagree..... 3
Strongly disagree 4

c. People who want children ought to get married

- Strongly agree..... 1
- Agree2
- Disagree.....3
- Strongly disagree4

d. When children are young, mothers should not work outside the home.

- Strongly agree..... 1
- Agree2
- Disagree.....3
- Strongly disagree4

BOX P3
IS THIS A TELEPHONE HH?
<input type="checkbox"/> YES → CONTINUE
<input type="checkbox"/> NO → GO TO P8

P3. So that we can group households geographically, may I have your zip code?

ZIP CODE _____

P5. We appreciate your completing the interview and I would like to (verify/collect) your address so that we can send you {{DOLLAR AMOUNT}}/a letter) to thank you for your cooperation.

(I have your mailing address as.../ Please give me mailing address, starting with your first and last name...)

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BOX P8
IDENTIFY "NO INCOME" FAMILIES

ARE ANY OF THE FOLLOWING CONDITIONS TRUE FOR A1 OR A3 INTERVIEWS?

- RESPONDENT AND SPOUSE/PARTNER ARE UNEMPLOYED (I5 = -1)
- NO SSI LAST YEAR (J12 NE 1 AND J12B NE 1)
- NO SSDI LAST YEAR (J13A NE 1 AND J12B NE 4)
- NO SOCIAL SECURITY LAST YEAR (J13 NE 1)
- NO TANF THIS YEAR (K16 NE 1)
- NO SSI OR SSDI THIS YEAR (K48 NE 1)
- NO UNEMPLOYMENT (I3OV2B NE 1 AND I46A NE 1)
- FAMILY INCOME **EXCLUDING FOOD STAMPS** IS LESS THAN OR EQUAL TO 50% OF POVERTY, OR IS UNKNOWN
- FAMILY INCOME WAS NOT REPORTED AS BEING ABOVE THE POVERTY LEVEL (J66A NE 2)

IF ANY OF THESE BOXES ARE CHECKED, GO TO P8A. ELSE, GO TO BOX P9.

P8A. In order to more fully understand how families make ends meet, the Urban Institute, the organization running this study, might want to contact you again. If someone from the Urban Institute did contact you, they would offer you \$50 for participating in another interview. Is it okay if we share your information with them, and they will call you to see if you would like to participate in another interview?

YES..... 1 (GO TO P8B)
 NO..... 2 (GO TO P9)

P8B. (Is this number (PHONE NUMBER) the best one to/Is there a number we could) use to get in touch with you?

YES..... 1 (IF TELEPHONE HH, GO TO P8D. ELSE, GO TO P8C)
 NO..... 2 (IF NON-TELEPHONE HH, GO TO BOX P8. ELSE, GO TO P8C)

P8C. What telephone number should we use?

PHONE NUMBER _____

IF P8C = DK/REF GO TO BOX P9
 ELSE, GO TO P8D

P8D. What days and times are generally the best to get in touch with you at this number?

BOX P9	
IS THIS A NONTELEPHONE HH?	
<input type="checkbox"/>	YES → GO TO P8E
<input type="checkbox"/>	NO → CONTINUE
IS INTERVIEW IN GROUPS 5–8?	
<input type="checkbox"/>	YES → GO TO P10
<input type="checkbox"/>	NO → CONTINUE
IS INTERVIEW IN GROUPS 1–4?	
<input type="checkbox"/>	YES → CONTINUE
<input type="checkbox"/>	NO → GO TO P9
WERE SCREENER AND EXTENDED RESPONDENT THE SAME?	
<input type="checkbox"/>	YES → SCDB_1
<input type="checkbox"/>	NO → GO TO P9

P8E Now I will again need to speak with (FIELD INTERVIEWER), the interviewer. I may need to speak with someone else in your household in just a moment. Thank you very much for taking the time to answer our questions.

[ASK R TO HAND THE TELEPHONE TO THE FIELD INTERVIEWER]

[IF P8B = 2 OR P8C = DK/REF, INSTRUCT THE FIELD INTERVIEWER TO GIVE THE RESPONDENT A CALL-IN CARD WITH 800 NUMBER.]

END OF INTERVIEW

P9. Thank you very much for taking the time to answer our questions.

END OF INTERVIEW

APPENDIX A. STATE PROGRAM NAME FILLS

{DISPLAY1} LISTS MEDICAID PROGRAM FILLS BY STATE

{DISPLAY1}	PatientFirst or SOBRA	ALABAMA
	Medical Assistance	ALASKA
	AHCCCS [“Access”]	ARIZONA
	ConnectCare	ARKANSAS
	Medi-Cal	CALIFORNIA
	BLANK	COLORADO
	Connecticut Access	CONNECTICUT
	Diamond State Health Plan	DELAWARE
	Medical Assistance	DISTRICT OF COLUMBIA
	MediPass	FLORIDA
	Medical Assistance or a program called Better Health Care	GEORGIA
	Medical Assistance or QUEST	HAWAII (B8 AND SEC E)
	Medical Assistance	HAWAI’I (B7)
	Medical Assistance or Healthy Connections	IDAHO
	BLANK	ILLINOIS
	Hoosier Healthwise	INDIANA (B8 AND SEC E)
	BLANK	INDIANA (B7)
	Medical Assistance or MediPAS	IOWA
	PrimeCare, Community Care Kansas or HealthConnect	KANSAS
	Medical Assistance or KenPAC	KENTUCKY
	Medical Assistance or CommunityCARE	LOUISIANA
	Medical Assistance or PrimeCare	MAINE
	Medical Assistance or MD Health Choice	MARYLAND (B8 AND SEC E)
	Medical Assistance	MARYLAND (B7)

	Medical Assistance or MassHealth	MASSACHUSETTS (B8 AND SEC E)
	Medical Assistance	MASSACHUSETTS (B7)
	Medical Assistance	MICHIGAN
	Medical Assistance (MA) or the Prepaid Medical Assistance Program (PMAP)	MINNESOTA
	HealthMACS	MISSISSIPPI
	MC Plus	MISSOURI (B8 AND SEC E)
	BLANK	MISSOURI (B7)
	Passport to Health	MONTANA
	Primary Care Plus or Health Connection	NEBRASKA
	MAPnet	NEVADA
	BLANK	NEW HAMPSHIRE
	Family Medical Assistance or New Jersey Care	NEW JERSEY (B8 AND SEC E)
	Medical Assistance	NEW JERSEY (B7)
	SALUD! or Primary Care Network	NEW MEXICO
	Family Health Plan	NEW YORK (B8 AND SEC E)
	BLANK	NEW YORK (B7)
	Carolina Access	NORTH CAROLINA
	North Dakota Access to Care	NORTH DAKOTA
	Healthy Start	OHIO (B8 AND SEC E)
	BLANK	OHIO (B7)
	SoonerCare	OKLAHOMA (B8 AND SEC E)
	BLANK	OKLAHOMA (B7)
	Medical Assistance or the Oregon Health Plan	OREGON
	Medical Assistance or Health Choices	PENNSYLVANIA
	Medical Assistance or RiteCare	RHODE ISLAND
	Medical Assistance, Health Options	SOUTH CAROLINA

	PRIME or the South Dakota Medicaid Managed Care Program	SOUTH DAKOTA
	TennCare	TENNESSEE
	Medical Assistance or the State of Texas Access Reform (STAR)	TEXAS
	BLANK	UTAH
	Dr. Dynasaur or Vermont Health Access Program (VHAP)	VERMONT (B8 AND SEC E)
	BLANK	VERMONT (B7)
	Medical Assistance, Medallion, or Options	VIRGINIA
	Medical Assistance, Healthy Options or Basic Health Plan	WASHINGTON
	West Virginia Physician Assured Access (PAAS) or Mountain Health Trust	WEST VIRGINIA
	Badger Care	WISCONSIN (B8 AND SEC E)
	Medical Assistance or Title 19 or Healthy Start	WISCONSIN (B7)
	BLANK	WYOMING

{DISPLAY2} LISTS SCHIP PROGRAM FILLS BY STATE

{DISPLAY2}	AL Kids (“all kids”)	ALABAMA
	Denali Kid Care	ALASKA
	KidsCare	ARIZONA
	ARKids First (“are kids first”)	ARKANSAS
	The Healthy Families Program	CALIFORNIA
	Child Health Plan Plus	COLORADO
	The HUSKY Plan	CONNECTICUT
	Delaware Healthy Children’s Program	DELAWARE
	DC Healthy Families	DISTRICT OF COLUMBIA
	MediKids or Healthy Kids	FLORIDA
	PeachCare for Kids	GEORGIA
	QUEST or Children’s Health Insurance Program (CHIP)	HAWAII (B6 AND SEC E)
	Children’s Health Insurance Program (CHIP)	HAWAII (B8)
	Idaho Children’s Health Insurance Program (CHIP)	IDAHO
	KidCare	ILLINOIS
	Hoosier Healthwise	INDIANA (B6 AND SEC E)
	BLANK	INDIANA (B8)
	HAWK-I (“hawk eye”)	IOWA
	HealthWave	KANSAS
	KCHIP (“kay chip”)	KENTUCKY
	LaCHIP (“la chip”)	LOUISIANA
	Cub Care	MAINE
	HealthChoice or Maryland Children’s Health Program	MARYLAND (B6 AND SEC E)
	Maryland Children’s Health Program	MARYLAND (B8)
	MassHealth	MASSACHUSETTS (B6 AND SEC E)

	BLANK	MASSACHUSETTS (B8)
	MiChild (“my child”)	MICHIGAN
	MinnesotaCare	MINNESOTA
	Mississippi Children’s Health Insurance Program (CHIP)	MISSISSIPPI
	MC Plus Program	MISSOURI (B6 AND SEC E)
	BLANK	MISSOURI (B8)
	Montana’s Children’s Health Insurance Plan (CHIP)	MONTANA
	Kids Connection	NEBRASKA
	Nevada Check Up	NEVADA
	Healthy Kids	NEW HAMPSHIRE
	New Jersey KidCare or New Jersey FamilyCare	NEW JERSEY (B6 AND SEC E)
	New Jersey KidCare	NEW JERSEY (B8)
	New MexiKids	NEW MEXICO
	Child Health Plus or Family Health Plus	NEW YORK (B6 AND SEC E)
	Child Health Plus	NEW YORK (B8)
	North Carolina Health Choice	NORTH CAROLINA
	Healthy Steps	NORTH DAKOTA
	Healthy Start	OHIO (B6 AND SEC E)
	BLANK	OHIO (B8)
	SoonerCare	OKLAHOMA (B6 AND SEC E)
	BLANK	OKLAHOMA (B8)
	Oregon Children’s Health Insurance Program (CHIP)	OREGON
	Pennsylvania CHIP	PENNSYLVANIA
	BLANK	RHODE ISLAND
	Partners for Healthy Children	SOUTH CAROLINA
	South Dakota Children’s Health Insurance Program (CHIP)	SOUTH DAKOTA

	BLANK	TENNESSEE
	Texas Children's Health Insurance Program (CHIP)	TEXAS
	Utah Children's Health Insurance Program (CHIP)	UTAH
	Dr. Dynasaur or Vermont Health Access Plan (VHAP)	VERMONT (B6 AND SEC E)
	BLANK	VERMONT (B8)
	[<i>The</i>] Family Access [<i>to Medical Insurance Security Plan</i>] (FAMIS) or Virginia Children's Medical Security Insurance [<i>Plan</i>]	VIRGINIA
	Washington Children's Health Insurance Program (CHIP)	WASHINGTON
	West Virginia's Children's Health Insurance Program (WV CHIP)	WEST VIRGINIA
	BadgerCare	WISCONSIN (B6 AND SEC E)
	BLANK	WISCONSIN (B8)
	Wyoming KidCare	WYOMING

{DISPLAY3} LISTS OTHER STATE PROGRAM FILLS BY STATE

{DISPLAY3}	General Relief Medical or CAMA (Chronic and Acute Medical Assistance program)	ALASKA
	California Children’s Services	CALIFORNIA
	Healthy Steps or the General Assistance Program	CONNECTICUT
		DELAWARE
		DISTRICT OF COLUMBIA
	General Assistance Program	ILLINOIS
	Iowa Coverage for Unemployed Workers	IOWA
	MediKan	KANSAS
	Healthy Kids, CenterCare Program, or Medical Security Plan	MASSACHUSETTS
	MinnesotaCare or the Minnesota General Assistance Medical Program	MINNESOTA
	General Relief Medical Assistance	MISSOURI
	State Disability Program	NEBRASKA
	Medical General Assistance	NEVADA
	General Assistance	NEW HAMPSHIRE
	Health Access New Jersey or General Assistance Medical	NEW JERSEY
	Home Relief	NEW YORK
	General Assistance Medical or Healthy Families	NORTH DAKOTA
	Ohio Disability Assistance Medical Program	OHIO
	General Assistance Medical Program	PENNSYLVANIA
	General Public Assistance Medical Program	RHODE ISLAND
	Utah Medical Assistance Program	UTAH
		VIRGINIA
	Basic Health Plan, Children’s Health Program, or General Assistance Unemployable Program (GA-U)	WASHINGTON
	Healthy Start or General Relief Medical	WISCONSIN

APPENDIX B. STATE PROGRAM NAME FILLS

For use in question E36A as {DISPLAY7} through {DISPLAY12}, as needed.

Note: Alaska and Wyoming are not included because they do not have Medicaid managed care plans.

State	Plan
AL	Maternity Care Program
AL	Partnership Hospital Program
AL	Patient 1st
AL	PCCM (Primary Care Case Management)
AR	Connect Care/PCCM
AZ	AZ (Arizona) Physicians IPA
AZ	Cigna Community Choice
AZ	Health Choice Arizona
AZ	Maricopa Managed Care Systems
AZ	Mercy Care Plan
AZ	Phoenix Health Plan/Community Connection
CA	Alameda Alliance for Health
CA	Blue Cross of California
CA	Caloptima
CA	Health Net
CA	Inland Empire Health Plan
CA	LA Care Health Plan
CO	Colorado Access
CO	Community Health Plan of the Rockies
CO	Kaiser
CO	Primary Care Physician Program
CO	Rocky Mountain HMO
CO	United Healthcare of Colorado
CT	BlueCare
CT	Community Health Network of Connecticut
CT	Physicians Health Services
CT	Preferred One
DC	Americaid Community Care
DC	American Preferred Provider
DC	Capital Community Health Plan
DC	DC Chartered Health Plan
DC	George Washington University (GWU) Health Plan
DC	Health Right
DE	Coventry/DelawareCare
DE	First State Health Plan
FL	Foundation Health

FL	Humana Family Health Plan
FL	Medipass/PCCM
FL	Physicians Healthcare Plans
FL	Staywell Health Plan
FL	United Healthcare Plans of Florida
GA	Georgia Better Health Care/PCCM
HI	Aloha Care
HI	HMSA-Medical
HI	Kaiser Permanente
HI	Kapiolani HealthHawaii
HI	Queens Hawaii Care
HI	Straub
IA	Coventry Health Care
IA	Iowa Health Solutions
IA	John Deere Health Plan
IA	Medipass/PCCM
IA	United Health Care of the Midlands
ID	Healthy Connections/PCCM
IL	Americaid Community Care
IL	Harmony Health Plan
IL	Managed Health Services (MHS)
IL	Maxicare (MaxiHealth)
IL	PCCM (PrimeStep)
IL	United HealthCare of Illinois
KS	FirstGuard Health Plan Kansas
KS	HealthConnect
KY	Kentucky Health Select
KY	Kentucky Patient Access and Care (KenPAC)
KY	Passport Health Plan
LA	Community Care Program
MA	Boston Medical Center HealthNet Plan
MA	Fallon Community Health Plan
MA	Neighborhood Health Plan
MA	Network Health
MA	Primary Care Clinician Plan
MD	AMERICAID Community Care
MD	FreeState Health Plan
MD	Helix Family Choice
MD	Maryland Physicians Care
MD	Priority Partner MCO
MD	United Health Care
ME	Maine PrimeCare
ME	NylCare Health Plans of Maine
MI	Community Choice
MI	Great Lakes Health Plan

MI	HealthPlus of Michigan
MI	Onmicare Health Plan
MI	Total Health Care
MI	Wellness Plan
MN	Blue Plus
MN	Health Partners
MN	Itasca Medical Care
MN	Medica
MN	Metropolitan Health Plan
MN	UCARE
MO	Blue Advantage+ Plus
MO	Care Partners
MO	Community Care Plus
MO	Family Health Partners
MO	FirstGuard
MO	HealthCare USA
MS	HEALTHMACS
MT	Blue Cross Blue Shield
MT	Passport to Health
MT	Yellowstone Community Health Plan
NC	Access II
NC	Carolina Access
NC	IPA of North Carolina/Southcare
NC	Metrolina (FQHC)
NC	United HealthCare
NC	Wellness Plan of North Carolina
ND	Altru Health Plan
ND	North Dakota Access and Care Program
NE	Primary Care Plus
NE	Share Advantage
NE	The Wellness Option
NH	Anthem Blue Cross/Blue Shield
NJ	Aetna US Healthcare
NJ	AmeriChoice of New Jersey
NJ	AMERIGROUP New Jersey
NJ	Horizon Mercy
NJ	Physicians Health Services of New Jersey
NJ	University Health Plans
NM	Cimarron
NM	Lovelace
NM	Presbyterian Salud (Health)
NV	Health Plan of Nevada
NV	NevadaCare/Nevada Health Solutions
NV	United HealthCare of Nevada
NY	Americhoice

NY	Catholic Services Health Plan/Fidelis
NY	Excellus
NY	Health First
NY	HIP Combined
NY	MetroPlus Health Plan
OH	Dayton Area Health Plan
OH	Emerald HMO
OH	Qualchoice Health Plan
OH	Summacare
OH	Supermed HMO
OH	Total Health Care Plan
OK	Bluelincs
OK	Communitycare
OK	Heartland
OK	Prime Advantage
OK	SoonerCare PCCM
OR	Care Oregon
OR	Kaiser Permanente
OR	ODS Health Plan
OR	Providence Health Plan
OR	Regence HMO
PA	Family Care Network
PA	Gateway Health Plan
PA	Health Partners of Philadelphia
PA	Keystone Mercy Health Plan
PA	Three Rivers Health Plans/MedPLUS
PA	UPMC Health Plan/Best Health Care Plan
RI	Coordinated Health Partners
RI	Neighborhood Health Plan of Rhode Island
RI	United HealthCare of Northeast
SC	PCCM
SC	Physicians Enhanced Program (PEP)
SC	Select Health of South Carolina
SD	PRIME/PCCM
TN	Memphis Managed Care Corp. (TLC)
TN	Omnicare Health Plan
TN	Preferred Health Partnership/PHP
TN	Tennessee Managed Care Network (ACCESS MED PLUS)
TN	Volunteer State Health Plan (Bluecare)
TN	Xantus Health Care
TX	ACCESS
TX	HMO Blue
TX	Parkland Community Health Plan
TX	PCA

TX	Superior Health Plan
TX	Texas Health Network–Birch & Davis/PCCM
UT	Altius
UT	American Family Care
UT	Healthy U
UT	IHC Health Plans
UT	MedChoice (UnitedHealthcare)
VA	Chartered Health Plan
VA	Healthkeepers Plus, Inc.
VA	Medallion/PCCM
VA	Sentara Family Care
VA	Southern Health Services
VT	PC PLUS/PCCM
WA	Aetna US Healthcare of Washington
WA	BHP Plus
WA	Community Health Plans of Washington
WA	Primera Blue Cross
WA	Qual-Med
WA	Regence
WI	Altrium Health Plan
WI	Humana/Wisconsin Health Organization
WI	Managed Health Services
WI	Network Health Plan
WI	Security Health Plan
WI	United Health Care
WV	Carelink Health Plan
WV	Health Plan of the Upper Ohio Valley
WV	Physician Assured Access System/PCCM

APPENDIX C. SEC J & K STATE PROGRAM NAME FILLS

{DISPLAY7} LISTS TANF PROGRAM FILLS BY STATE

State	TANF Program Name
Alabama	Family Assistance Program (FA)
Alaska	Alaska Temporary Assistance Program (ATAP) (<i>A-tap</i>)
Arizona	Employing and Moving People off Welfare and Encouraging Responsibility (EMPOWER)
Arkansas	Transitional Employment Assistance Program (TEA) (<i>tea</i>)
California	CalWORKS
Colorado	Colorado Works
Connecticut	Jobs First Temporary Family Assistance (TFA)
Delaware	A Better Chance (ABC)
Washington, DC	Project on Work, Employment and Responsibility (POWER) (<i>power</i>)
Florida	Work and Gain Economic Self-Sufficiency (WAGES) (<i>wages</i>)
Georgia	WorkFirst
Hawaii	TANF/TAONF (<i>T-A-O-N-F</i>)
Idaho	Temporary Assistance for Families in Idaho (TAFI) (<i>taffy</i>)
Illinois	--
Indiana	--
Iowa	Family Investment Program (FIP) (<i>fip</i>)
Kansas	Kansas Works
Kentucky	Kentucky's Transitional Assistance Program (K-TAP) (<i>K-tap</i>)
Louisiana	Family Independence Temporary Assistance Program (FITAP) (<i>Fi-tap</i>)
Maine	TANF/ASPIRE-JOBS
Maryland	Family Independence Program (FIP) (<i>fip</i>)
Massachusetts	Transitional Aid to Families with Dependent Children (TAFDC) (<i>T-A-F-D-C</i>)
Michigan	Family Independence Program (FIP) (<i>fip</i>)
Minnesota	Minnesota Family Investment Program (MFIP) (<i>M-fip</i>)
Mississippi	New Direction
Missouri	Beyond Welfare

State	TANF Program Name
Montana	Families Achieving Independence in Montana (FAIM) (<i>fame</i>)
Nebraska	Employment First
Nevada	--
New Hampshire	New Hampshire Employment Program (NHEP) & Family Assistance Program (FAP)
New Jersey	Work First New Jersey (WFNJ)
New Mexico	NM Works
New York	TANF/Family Assistance Program
North Carolina	Work First
North Dakota	Training, Education, Employment, and Management (TEEM) (<i>team</i>)
Ohio	Ohio Works First (OWF) (<i>O-W-F</i>)
Oklahoma	--
Oregon	TANF-Basic/TANF-UN
Pennsylvania	--
Rhode Island	Family Independence Program (FIP) (<i>fip</i>)
South Carolina	Family Independence Program (FIP) (<i>fip</i>)
South Dakota	TANF WORK Program
Tennessee	Families First
Texas	Texas Works
Utah	Family Employment Program (FEP) (<i>F-E-P</i>)
Vermont	Aid to Needy Families with Children (ANFC) (<i>A-N-F-C</i>) or Reach Up (RU) (<i>R-U</i>)
Virginia	Virginia Independence Program (VIP) (<i>V-I-P or vip</i>) or Virginia Initiative for Employment, Not Welfare (VIEW) (<i>V-I-E-W or view</i>)
Washington	Washington WorkFirst Temporary Assistance to Needy Families
West Virginia	West Virginia Works
Wisconsin	Wisconsin Works (W-2)
Wyoming	Personal Opportunities With Employment Responsibility (POWER) (<i>power</i>)

{DISPLAY8} LISTS GENERAL ASSISTANCE PROGRAM FILLS BY STATE

State	State Program Name for General Assistance
Alabama	--
Alaska	General Relief and Interim Assistance
Arizona	General Assistance
Arkansas	--
California	General Relief
Colorado	The Aid to the Needy Disabled
Connecticut	State Administered General Assistance (SAGA) (<i>S-A-G-A or saga</i>)
Delaware	General Assistance
District of Columbia	General Public Assistance for Children
Florida	--
Georgia	--
Hawaii	General Assistance
Idaho	General Assistance
Illinois	Transitional Assistance and Family and Children Assistance
Indiana	Poor Relief
Iowa	General Assistance
Kansas	General Assistance
Kentucky	--
Louisiana	--
Maine	General Assistance
Maryland	Transitional Emergency Medical and Housing Assistance
Massachusetts	Emergency Aid to the Elderly, Disabled, and Children (EAEDC) or Emergency Assistance (EA)
Michigan	State Disability Assistance
Minnesota	General Assistance
Mississippi	--
Missouri	General Relief
Montana	--

State	State Program Name for General Assistance
Nebraska	State Disability Program and General Assistance
Nevada	Direct Assistance Service
New Hampshire	City Welfare
New Jersey	Work First New Jersey/ General Assistance
New Mexico	General Assistance
New York	Safety Net Assistance
North Carolina	--
North Dakota	--
Ohio	Disability Assistance
Oklahoma	--
Oregon	General Assistance and Temporary Assistance
Pennsylvania	General Assistance
Rhode Island	General Public Assistance
South Carolina	--
South Dakota	Poor Relief
Tennessee	--
Texas	--
Utah	General Assistance/Self-Sufficiency/Working Toward Employment
Vermont	General Assistance
Virginia	General Relief
Washington	General Assistance
West Virginia	--
Wisconsin	General Relief
Wyoming	--

{DISPLAY9} LISTS FOOD STAMP CARD FILLS BY STATE

State	Card Name
Alabama	Benefit Security or EBT
Alaska	Quest
Arizona	Arizona Quest
Arkansas	Benefit Security or EBT
California	EBT
Colorado	Colorado Quest
Connecticut	EBT
Delaware	--
Washington, DC	Capital Access
Florida	Benefit Security or EBT
Georgia	Benefit Security or EBT
Hawaii	EBT
Idaho	EBT or Quest
Illinois	Link
Indiana	Hoosier Works
Iowa	EBT
Kansas	Kansas Vision
Kentucky	Benefit Security or EBT
Louisiana	Louisiana Purchase Automated Benefit
Maine	--
Maryland	Independence
Massachusetts	EBT
Michigan	Bridge
Minnesota	EBT
Mississippi	--
Missouri	Benefit Security or EBT

State	Card Name
Montana	Montana Access
Nebraska	EBT
Nevada	EBT
New Hampshire	EBT
New Jersey	Families First
New Mexico	EBT
New York	EBT
North Carolina	EBT or ATM
North Dakota	EBT
Ohio	Direction
Oklahoma	Access
Oregon	Oregon Trail Card or EBT System
Pennsylvania	Pennsylvania Access
Rhode Island	EBT
South Carolina	EBT
South Dakota	EBT
Tennessee	Benefit Security or EBT
Texas	Lone Star
Utah	Utah Horizon or EBT
Vermont	Vermont Express
Virginia	Cardinal
Washington	EBT Quest
West Virginia	--
Wisconsin	Quest
Wyoming	EBT or Smart

APPENDIX D. QUESTIONS IN SECOND MKA INTERVIEWS

This table shows the items asked when interviewing a second MKA in a household. For items specific to focal children in sections B, C (both Main and Summer versions), F, G (both Main and Summer versions), H, N, and O, only items about the focal child of MKA are asked.

Section	A2 Interview	A3 Interview
B. Health Status and Satisfaction	B1–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–D9B	D8b–D8B1, D9A–D9B
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, M8A–M8E, M9A–M9G, M10–M11
N. Issues, Problems, Social Services	Entire section	Entire section
O. Race, Ethnicity, and Nativity	O1–O3	O1–O3
P. Closing Section	Entire section	Entire section

APPENDIX E. QUESTIONS IN OPTION B INTERVIEWS

This table shows which items were asked in different types of Option B (Childless Adult) interviews.

Some items were worded differently or not asked if the respondent was the only person in the family or household.

Section	B1, B4 Interviews	B2	B3, B5 Interviews
B. Health Status and Satisfaction	B1–B2A, F1–F3 (F1–F3 asked about the respondent)	B1–B2A, F1–F3 (F1–F3 asked about the respondent)	B1–B2A, F1–F3 (F1–F3 asked about the respondent)
D. Household Roster	Entire section, skip items D7A–D7E and D10–D12	D8b–D8B1, D9A–D9B	D8b–D8B1, D9A–D9B
E. Health Care Coverage	Entire section (E37–E43A asked of both respondent and spouse/partner)	Entire section (E37–E43A asked of both respondent and spouse/partner)	Entire section (E37–E43A asked of both respondent and spouse/partner)
F. Health Care Use and Access	Items F1–F3C are asked about the spouse/partner; Items F4–F12, F16–F18, F20, F21, F23, F27, and F29 are asked about both the respondent and the spouse/partner	Items F1–F3C are asked about the spouse/partner; Items F4–F12, F16–F18, F20, F21, F23, F27, and F29 are asked about both the respondent and the spouse/partner	Items F1–F3C are asked about the spouse/partner; Items F4–F12, F16–F18, F20, F21, F23, F27, and F29 are asked about both the respondent and the spouse/partner
I. Employment and Earnings	Entire section (skip I29)	Entire section, skip items I19–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, M8, M8A–M8E, M10–M11
N. Issues, Problems, 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