

Section 5 – TOPICAL MODULES

Part A – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES

CHECK ITEM T1

Refer to cc item 24.

Is . . . 15–17 years of age?

8000

- 1 Yes – SKIP to Check Item T3
2 No

(These next few questions concern any payments . . . may have made for the living expenses of someone not living in this household.)

1 a. During the past 12 months did . . . make any regular payments for the support of someone who was not living in . . . 's household? Exclude payments for children temporarily away at school. Include alimony or child support payments. Exclude joint payments already recorded.

8002

- 1 Yes
2 No – SKIP to Check Item T3

b. Were any of these payments for the support of . . . 's child or children under 18 years of age?

8004

- 1 Yes
2 No – SKIP to item 1f

c. For how many children did . . . make support payments?

8006

Children

d. How much did . . . pay in child support during the past 12 months?

8008

\$ 00

x1 DK

e. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?

8010

- 1 Yes
2 No – SKIP to Check Item T3

f. For how many (other) persons did . . . make support payments?

8012

Persons

g. How is this person (are these persons) related to . . . ?

(Complete 1g–1i for first two persons mentioned.)

FIRST PERSON

SECOND PERSON

8014

- 1 Parent
2 Spouse
3 Ex-spouse
4 Child 18 or older
5 Other relative
6 Nonrelated

8016

- 1 Parent
2 Spouse
3 Ex-spouse
4 Child 18 or older
5 Other relative
6 Nonrelated

h. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?

8018

- 1 Private home or apartment
2 Nursing home
3 Someplace else

8020

- 1 Private home or apartment
2 Nursing home
3 Someplace else

i. How much did . . . pay for the support of this person during the past 12 months?

8022

\$ 00

x1 DK

8024

\$ 00

x1 DK

CHECK ITEM T2

Is the entry in 1f "3" or more?

8026

- 1 Yes
2 No – SKIP to Check Item T3

1j. How much did . . . pay during the past 12 months for support of the other persons that we have not talked about already?

8028

\$ 00

x1 DK

x2 Ref.

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – SUPPORT FOR NONHOUSEHOLD MEMBERS/WORK-RELATED EXPENSES (Continued)

CHECK ITEM T3	Refer to item 1b, page 13. Number of employers . . . worked for during the reference period	8030	1 <input type="checkbox"/> None – SKIP to part B, page 48 2 <input type="checkbox"/> One 3 <input type="checkbox"/> Two or more
If two or more jobs, ask 2a–2f for first job, then repeat for second job. (Now I have a few questions about . . . 's work-related expenses.)		JOB IN SECTION 2, PART A1	
2a. Not counting commuting costs or expenses an employer pays, did . . . have any work related expenses such as union dues, licenses, permits, special tools, or uniforms on this job?		8032	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 2c
		8034	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 2c
b. How much were . . . 's annual expenses for such items?		8036	\$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK
		8038	\$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK
c. During a typical week, does . . . do some driving in order to get to work? (Mark "Yes" if . . . is driven to work by a household member.)		8040	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 2e
		8042	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 2e
d. How many miles does . . . usually drive to and from work in a typical week? (If . . . is driven by a household member, count these miles.)		8044	<input type="text"/> <input type="text"/> <input type="text"/> Miles
		8046	<input type="text"/> <input type="text"/> <input type="text"/> Miles
e. Does . . . have any (other) expenses getting to and from work? (Include parking expenses, tolls, bus fares, etc.)		8048	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T4
		8050	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
f. How much are these (other) expenses in a typical week?		8052	\$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK
		8054	\$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM T4	Is "Two or more" marked in Check Item T3?	8056	1 <input type="checkbox"/> Yes – Ask items 2a–2f for second employer 2 <input type="checkbox"/> No
		Go to Check Item T5	
CHECK ITEM T5	Refer to cc item 27. Is . . . the designated parent or guardian of any children under 15 years of age?	8058	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part B, page 48
2g. Did . . . have any work-related child care expenses during the past 4 months?		8060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part B, page 48
h. How much were . . . 's child care expenses during a typical week?		8062	\$ <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK

GO to part B, page 48

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – MARITAL HISTORY

CHECK ITEM T6	Refer to cc item 26a. What is . . . 's current marital status?	8064	1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married — SKIP to part C, page 50	} Go to Statement A or item 3
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READ ONCE PER HOUSEHOLD

STATEMENT A → These next questions will ask for some information about marital history, changes in residence, and about children born to members of this household. The information will help us understand how these events affect our nation's economic situation.

CHECK ITEM T7	Now I have a few questions about . . . 's marital history. 3. How many times has . . . been married?	8066	1 <input type="checkbox"/> 1 — SKIP to Check Item T10 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 +
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CHECK ITEM T7	4a. In what month and year did . . . get married for the first time?	8068	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8070	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T7	b. Did . . . 's first marriage end in widowhood or in divorce?	8072	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
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CHECK ITEM T7	c. In what month and year was . . . (widowed/divorced)?	8074	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8076	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T7	Is "Widowhood" marked in item 4b?	8078	1 <input type="checkbox"/> Yes — SKIP to Check Item T8 2 <input type="checkbox"/> No
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CHECK ITEM T7	4d. In what month and year did . . . actually stop living with his/her spouse?	8080	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8082	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T8	Refer to item 3. How many times has . . . been married?	8084	1 <input type="checkbox"/> 2 — SKIP to Check Item T10 2 <input type="checkbox"/> 3 +
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CHECK ITEM T8	5a. In what month and year did . . . get married for the second time?	8086	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8088	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T8	b. Did . . . 's second marriage end in widowhood or in divorce?	8090	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
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CHECK ITEM T8	c. In what month and year was . . . (widowed/divorced)?	8092	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8094	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

CHECK ITEM T9	Is "Widowhood" marked in item 5b?	8096	1 <input type="checkbox"/> Yes — SKIP to Check Item T10 2 <input type="checkbox"/> No
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CHECK ITEM T9	5d. In what month and year did . . . actually stop living with his/her second spouse?	8098	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8100	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – MIGRATION HISTORY

7. (Now I have some questions about places where ... has lived in the past, and where ... was born.)
In what month and year did ... move into this house/apartment/mobile home?
 (If ... lived here more than once, record the last month and year ... moved.)

8120 Month x1 Don't know
 8122 Year x1 Don't know
 8124 x7 Always lived here/born here – SKIP to Check Item T15

8a. **In what state or foreign country did ... last live before moving here?**
 (Include transfers due to service in the Armed Forces. Exclude vacations or temporary travels where no usual residence was mentioned.)
 (Enter code from Flashcard Y)

8126 Code
 x1 Don't know

 Name

b. **During what period of time did ... last live in (place in 8a)?**

8128 FROM Month x1 Don't know
 8130 Year x1 Don't know
 8132 TO Month x1 Don't know
 8134 Year x1 Don't know
 8136 x8 Lived there since birth
 8138 x1 Don't know

(SHOW FLASHCARD Z)

9a. **What categories on this card best describe the reasons for ...'s (most recent) move to this current residence?**
 (Enter codes for all reasons mentioned.)

8140 8142
 8144 8146
 8148 8150

CHECK ITEM T13 Are two or more codes entered in item 9a?
 8152 1 Yes
 2 No – SKIP to Check Item T14

9b. **Of the reasons just mentioned, which one is the MAIN reason for ...'s (most recent) move?**
 (Enter code from item 9a.)

8154 Code

CHECK ITEM T14 Are any of the codes listed in item 9a equal to 01–08?
 8156 1 Yes
 2 No – SKIP to Check Item T16

10a. **Did ... or someone in ...'s household pay for all of that move, or did a relative, an employer, or someone else not living in the household help pay? (If paid by other than a HH member, ask who primarily paid.)**

8158 1 Paid all by self or other HH member – SKIP to Check Item T16
 2 Relative
 3 Employer
 4 Someone else

b. **What proportion of the moving expenses were paid by this (other person/employer)?**

8160 1 All of the costs
 2 Half or more but not all
 3 Less than half } SKIP to Check Item T16

CHECK ITEM T15 Is "Always lived here" box marked in item 7?
 8162 1 Yes – Enter state code for current residence into item 11a
 2 No

CHECK ITEM T16 Is "Lived there since birth" box marked in item 8b?
 8164 1 Yes – Enter code from item 8a into item 11a
 2 No

ASK OR VERIFY –

11a. **In what state or foreign country was ...'s mother living when ... was born?**
 (Enter code from Flashcard Y)

8166 Place of birth code
 x1 Don't know

 Name

ASK OR VERIFY –

b. **In what state or foreign country was ...'s mother born?**
 (Enter code from Flashcard Y)

8168 Place of birth code
 x1 Don't know

 Name

ASK OR VERIFY –

c. **In what state or foreign country was ...'s father born?**
 (Enter code from Flashcard Y)

8170 Place of birth code
 x1 Don't know

 Name

Section 5 – TOPICAL MODULES (Continued)

Part C – MIGRATION HISTORY (Continued)

<p>CHECK ITEM T17 Refer to item 11a, page 50. Is . . . 's place of birth code equal to 62-99?</p>	<p align="center">8172</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 14</i></p>
<p>12. Is . . . a citizen of the United States?</p>	<p align="center">8174</p> <p>1 <input type="checkbox"/> Yes, naturalized citizen 2 <input type="checkbox"/> Yes, born abroad of American parent or parents – <i>SKIP to item 14</i> 3 <input type="checkbox"/> No</p>
<p>13. In what year did . . . come to the United States to stay?</p>	<p align="center">8176</p> <p align="center">1 9 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x6 <input type="checkbox"/> Before 1901</p>
<p>(Now I have a few questions about . . . 's places of residence.)</p> <p>14. Aside from . . . 's current residence, does . . . regularly live at another residence for 30 or more days during the year? (Include time spent away at school, or at a vacation or second home whether owned or rented. The days need not be consecutive but must be at the same address.)</p>	<p align="center">8178</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part D, page 52</i></p>
<p>15. In what state or foreign country is the other residence located? (Enter code from Flashcard Y)</p>	<p align="center">8180</p> <p align="center"><input type="text"/> <input type="text"/> Code</p> <p align="right">Name _____</p> <p>x8 <input type="checkbox"/> Same state as current residence</p>
<p>16. Which residence does . . . consider to be . . . 's usual residence?</p>	<p align="center">8182</p> <p>1 <input type="checkbox"/> Current residence 2 <input type="checkbox"/> Other residence (listed in item 15)</p>
<p>17. How many days during a year does . . . spend at the other residence?</p>	<p align="center">8184</p> <p>1 <input type="checkbox"/> 270 days or more 2 <input type="checkbox"/> 180 to 269 days 3 <input type="checkbox"/> 90 to 179 days 4 <input type="checkbox"/> 30 to 89 days</p>

GO to part D, page 52

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – FERTILITY HISTORY

CHECK ITEM T18	Refer to cc items 24 and 28. What is . . . 's age and sex?	8186	<input type="checkbox"/> Female, 15 + years old – <i>SKIP to item 19a</i> <input type="checkbox"/> Male, 18 + years old – <i>SKIP to item 18</i> <input type="checkbox"/> Male, 15–17 years old
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CHECK ITEM T19	Refer to cc item 26a. What is . . . 's current marital status?	8187	<input type="checkbox"/> Married, spouse present <input type="checkbox"/> Married, spouse absent <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married – <i>SKIP to part E</i>
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STATEMENT B → Now I have a few questions about the number of children, if any, that have been born to . . .

18. How many children, IF ANY, is . . . the father of? <i>(If previously married, include all children born in previous and current marriages. Do not count adopted, foster or stepchildren.)</i>	8188	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know	} <i>SKIP to part E, page 54</i>
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19a. How many children, if any, has . . . ever had? <i>(Do not count stillbirths, adopted, foster, or stepchildren.)</i>	8190	<input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None – <i>SKIP to Check Item T27, page 53</i>
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b. Are all of . . . 's children currently living in this household?	8192	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item T21</i>
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CHECK ITEM T20	Refer to cc item 24. Verify the birth date of . . . 's first and last child (if more than one child ever born) and enter the person number of the child(ren).	8194	Month	Year	Person number	} <i>SKIP to Check Item T24</i>
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		8196	Month	Year	Person number	
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

CHECK ITEM T21	Refer to item 19a. How many children has . . . ever had?	8206	<input type="checkbox"/> One child – <i>SKIP to item 21a</i> <input type="checkbox"/> 2 + children
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20a. In what month and year was . . . 's last child born?	8208	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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CHECK ITEM T22	Refer to item 20a. Was . . . 's last child born on or after January 1, 1960?	8212	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to item 21a</i>
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20b. With whom does the child live now?	8214	<input type="checkbox"/> Resides in this household – <i>Go to Check Item T23</i> Resides elsewhere <input type="checkbox"/> In his/her own household With relatives <input type="checkbox"/> With own father <input type="checkbox"/> With own grandparent(s) <input type="checkbox"/> With adoptive parents <input type="checkbox"/> With other relatives With nonrelatives <input type="checkbox"/> In foster care/foster family <input type="checkbox"/> In an institution (hospital) <input type="checkbox"/> In school <input type="checkbox"/> In correctional facility <input type="checkbox"/> Other <input type="checkbox"/> Deceased <input type="checkbox"/> DK	} <i>SKIP to item 21a</i>
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CHECK ITEM T23	Write the person number of the last child.	8216	<input type="text"/> <input type="text"/> <input type="text"/> Person number of last child
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21a. In what month and year was . . . 's (first) child born?	8218	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
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CHECK ITEM T24	Refer to item 21a or to Check Item T20. Was . . . 's (first) child born on or after January 1, 1960?	8222	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item T27, page 53</i>
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Section 5 – TOPICAL MODULES (Continued)

Part D – FERTILITY HISTORY (Continued)

<p>ASK OR VERIFY –</p> <p>21b. With whom does the child live now?</p>	<p>8224 1 <input type="checkbox"/> Resides in this household – Go to Check Item T25</p> <p align="center">Resides elsewhere</p> <p>2 <input type="checkbox"/> In his/her own household</p> <p align="center">With relatives</p> <p>3 <input type="checkbox"/> With own father</p> <p>4 <input type="checkbox"/> With own grandparent(s)</p> <p>5 <input type="checkbox"/> With adoptive parents</p> <p>6 <input type="checkbox"/> With other relatives</p> <p align="center">With nonrelatives</p> <p>7 <input type="checkbox"/> In foster care/foster family</p> <p>8 <input type="checkbox"/> In an institution (hospital)</p> <p>9 <input type="checkbox"/> In school</p> <p>10 <input type="checkbox"/> In correctional facility</p> <p>11 <input type="checkbox"/> Other</p> <p>12 <input type="checkbox"/> Deceased</p> <p>13 <input type="checkbox"/> DK</p>
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SKIP to item 22a

<p>CHECK ITEM T25 Write the person number of the (first) child.</p>	<p>8226 <input type="text"/> <input type="text"/> <input type="text"/> Person number of (first) child</p>
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<p>22a. Before the birth of ...'s (first) child, did ... ever work for pay continuously for six months or more either part time or full time?</p>	<p>8228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Did ... work for pay at a job at any time when ... was pregnant with ...'s (first) child?</p>	<p>8230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 22g</p>
<p>c. Did ... work 35 hours or more per week at the last job ... held before the birth of ...'s (first) child?</p>	<p>8232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>d. How long before the birth of ...'s (first) child did ... stop working?</p>	<p>8234 <input type="text"/> <input type="text"/> Number of months</p> <p>x3 <input type="checkbox"/> Less than a month</p> <p>x4 <input type="checkbox"/> Never stopped/worked right up to delivery</p>
<p>e. Did ... quit or was ... let go from this job, or did ... take maternity leave or unpaid leave of absence (either before the birth of the child or up to 6 weeks after the child's birth)?</p> <p>Mark all that apply</p>	<p>8236 1 <input type="checkbox"/> Quit</p> <p>8238 2 <input type="checkbox"/> Let go</p> <p>8240 3 <input type="checkbox"/> Maternity/sick/other paid leave</p> <p>8242 4 <input type="checkbox"/> Unpaid leave of absence</p> <p>8244 5 <input type="checkbox"/> Never stopped working – SKIP to Check Item T27</p>

<p>CHECK ITEM T26 Refer to item 22e. Is category 3, "Maternity/sick/other paid leave," marked in item 22e?</p>	<p>8246 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to item 22g</p>
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<p>22f. Did ...'s employer pay for all or part of ...'s leave through maternity benefits or sick pay?</p>	<p>8248 1 <input type="checkbox"/> Yes, all 2 <input type="checkbox"/> Yes, part 3 <input type="checkbox"/> No</p>
<p>ASK OR VERIFY –</p> <p>g. Did ... work for pay at any time after the birth of ...'s (first) child?</p>	<p>8250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T27</p>
<p>h. In what month and year did ... first begin working after the birth of ...'s (first) child?</p>	<p>8252 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8254 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>i. When ... FIRST began working after the birth of ...'s (first) child, did ... work 35 hours or more per week?</p>	<p>8256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

<p>CHECK ITEM T27 Refer to cc item 24. Is ... 18 to 44 years old and a self respondent?</p>	<p>8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Skip to part E, page 54</p>
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<p>23. Do you expect to have any (more) children?</p>	<p>8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to part E, page 54</p>
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<p>24. How many (more) children do you expect to have?</p>	<p>8262 <input type="text"/> <input type="text"/> Number</p> <p>x1 <input type="checkbox"/> DK</p>
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<p>25. When do you expect to have your next (first) child?</p>	<p>8264 1 <input type="checkbox"/> Within a year 2 <input type="checkbox"/> 1 + but less than 2 years 3 <input type="checkbox"/> 2 + but less than 3 years 4 <input type="checkbox"/> 3 + but less than 5 years 5 <input type="checkbox"/> 5 + years x1 <input type="checkbox"/> DK</p>
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GO to part E, page 54

Section 5 – TOPICAL MODULES (Continued)

Part E – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T28

What is the composition of this household?

8266

- 1 One person HH
- 2 Two person HH consisting of husband and wife
- 3 Two person HH consisting of non-relatives
- 4 Other

} SKIP to section 6, page 56

CHECK ITEM T29

Is this the Reference Person's questionnaire?

8268

- 1 Yes
- 2 No – SKIP to section 6, page 56

Pretranscribe each person's name and person number into column headings a – n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT F

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate.

For each person number listed on the left side of this page, ask question 26 and enter codes from Flashcard AA.

ASK OR VERIFY –		Name	Name	Name	Name	Name	Name
26. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?		8272 a.	8274 b.	8276 c.	8278 d.	8280 e.	8282 f.
ROSTER		Person No.					
8300	Name Person No.						
8330	Name Person No.	8332					
8360	Name Person No.	8362	8364				
8390	Name Person No.	8392	8394	8396			
8420	Name Person No.	8422	8424	8426	8428		
8450	Name Person No.	8452	8454	8456	8458	8460	
8480	Name Person No.	8482	8484	8486	8488	8490	8492
8510	Name Person No.	8512	8514	8516	8518	8520	8522
8540	Name Person No.	8542	8544	8546	8548	8550	8552
8570	Name Person No.	8572	8574	8576	8578	8580	8582
8600	Name Person No.	8602	8604	8606	8608	8610	8612
8630	Name Person No.	8632	8634	8636	8638	8640	8642
8660	Name Person No.	8662	8664	8666	8668	8670	8672
8690	Name Person No.	8692	8694	8696	8698	8700	8702

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