

Section 5 — TOPICAL MODULES

Part A — CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS

CHECK ITEM T1	Refer to cc item 27. Is . . . the designated parent or guardian of children under 15 years of age who live in this household?	8000 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T6, page 48
CHECK ITEM T2	Is "Worked" marked on the ISS for . . . ?	8002 1 <input type="checkbox"/> Yes — SKIP to Check Item T4 2 <input type="checkbox"/> No
CHECK ITEM T3	Refer to section 1, item 30a, page 12. Was . . . enrolled in school during the reference period?	8003 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T6, page 48

CHECK ITEM T4 Refer to cc items 18, 19a, and 24. Enter person numbers, names, and ages of children under 15, who are household members, beginning with the youngest. Ask 1a—1f for youngest child and then repeat for second and third youngest child.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	Person No. 8004 <input type="text"/>	Person No. 8006 <input type="text"/>	Person No. 8008 <input type="text"/>
	Name _____	Name _____	Name _____
	Age _____	Age _____	Age _____

1a. Now we have a few questions about how the children are cared for while . . . works (is in school). During (Last month) what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was enrolled in school)? Mark the arrangement in which the child spent the most hours in a typical week. Mark (X) only one box.	8010 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48 14 <input type="checkbox"/> . . . did not work (not enrolled in school) last month } SKIP to Check Item T6, page 48	8012 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48	8014 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) 13 <input type="checkbox"/> Child not born as of last month } SKIP to next child or Check Item T6, page 48
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b. Where was (Name of child) usually cared for under this arrangement?	8016 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify _____	8018 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify _____	8020 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place — Specify _____
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c. Was (Name of child) usually cared for this way during all of the hours that . . . worked (was in school)?	8022 1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No	8024 1 <input type="checkbox"/> Yes — SKIP to next child or Check Item T5 2 <input type="checkbox"/> No	8026 1 <input type="checkbox"/> Yes — SKIP to Check Item T5 2 <input type="checkbox"/> No
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TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
1d. About how many hours per week was (Name of child) usually cared for under this arrangement while . . . was at work (in school)?	8028 <input type="text"/> <input type="text"/> Hours	8030 <input type="text"/> <input type="text"/> Hours	8032 <input type="text"/> <input type="text"/> Hours
e. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school)? <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i> <i>Mark (X) only one box.</i>	8034 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to next child or Check Item T5</i> </div>	8036 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to next child or Check Item T5</i> </div>	8038 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 15+ 3 <input type="checkbox"/> Child's brother/sister under 15 4 <input type="checkbox"/> Child's grandparent 5 <input type="checkbox"/> Other relative of child 6 <input type="checkbox"/> Nonrelative of child 7 <input type="checkbox"/> Child in day/group care center 8 <input type="checkbox"/> Child in nursery/preschool 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class) <div style="text-align: right; margin-top: 10px;"> <i>SKIP to Check Item T5</i> </div>
f. Where was (Name of child) usually cared for under this other arrangement?	8040 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____	8042 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____	8044 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place – <i>Specify</i> _____
CHECK ITEM T5 Are any of the children cared for by a "Grandparent," "Other relative of child," "Nonrelative of child," "Day/Group care center," or "Nursery or preschool"? (Codes 4, 5, 6, 7, or 8 marked in 1a or 1e)	8046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T6, page 48</i>		
2a. Did . . . (or . . . 's family) usually pay (cash) for any of the child care that . . . 's children received? <i>Include cost of preschool and nursery school; exclude cost of kindergarten, elementary or secondary school.</i>	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2c</i>		
b. In a typical week, how much did . . . (or . . . 's family) pay for child care (for all children receiving child care)?	8050 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK		
c. (Besides any cash payment) Did . . . pay for any child care through a noncash arrangement such as providing room and board or exchanging child care services?	8052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		
3. During the month of (last month) did . . . (or . . . 's spouse) lose any time from work (school) because the person who usually took care of the child (children) was not available?	8054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK		

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T6	Is . . . the female parent of children under 21 years of age who live in this household?	8056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
CHECK ITEM T7	Is "Child Support Payments" (code 28) marked on the ISS?	8058 1 <input type="checkbox"/> Yes – <i>SKIP to 6a</i> 2 <input type="checkbox"/> No
CHECK ITEM T8	Refer to cc item 26a. What is . . . 's marital status?	8060 1 <input type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed – <i>SKIP to part B, page 50</i> 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married } <i>SKIP to 5</i>
ASK OR VERIFY – 4a. Has . . . ever been divorced?		8062 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
b. Does . . . have any children living here from a marriage that ended in divorce?		8064 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part B, page 50</i>
5. These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?		8066 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7a</i>
6a. Was . . . 's (most recent) child support agreement a voluntary written agreement, a court-ordered agreement, or something else?		8068 1 <input type="checkbox"/> Voluntary written agreement 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other – <i>Specify</i> _____
b. How were the payments to be received? Were they – (Read categories)?		8070 1 <input type="checkbox"/> Directly from the father? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare agency? 4 <input type="checkbox"/> Some other method?
c. Which children living here were covered by that agreement?		8072 <input type="checkbox"/> All OR Person No. Name 8074 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ 8076 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ 8078 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
d. Did the agreement specify joint custody of the children?		8080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Does . . . know the current address of the father?		8082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6h</i> 3 <input type="checkbox"/> Father deceased – <i>SKIP to 6j</i>
f. Does the father now live in this state?		8084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6h</i>
g. Does the father now live in this city or county?		8086 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
ASK OR VERIFY – h. Is . . . still supposed to receive child support payments?		8088 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7a</i>
i. How regularly are the child support payments received – would you say regularly, occasionally, seldom, or never?		8090 1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Never

Section 5 – TOPICAL MODULES (Continued)

Part A – CHILD CARE ARRANGEMENTS/CHILD SUPPORT AGREEMENTS (Continued)

6j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months?

8092 \$. **00**

OR

x1 DK

k. What is the total amount that . . . actually received in child support payments during the past 12 months?

8094 \$. **00**

OR

x3 None

OR

x1 DK

7a. Has . . . ever contacted a child support enforcement office for aid in obtaining child support?

8096 1 Yes
2 No – SKIP to part B, page 50

b. Did . . . receive any help from that office?

8098 1 Yes
2 No – SKIP to part B, page 50

c. What type of help did the office provide?

Mark (X) all that apply.

- 8100** 1 Locate the father
- 8102** 2 Establish paternity
- 8104** 3 Establish support obligation
- 8106** 4 Enforce support order
- 8108** 5 Obtain collection
- 8110** 6 Other – Specify _____

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS

<p>1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . .'s household? <i>(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)</i></p>	<p align="center">8200</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10</p>				
<p>2. Did . . . make regular payments, lump-sum payments, or both?</p>	<p align="center">8202</p> <p>1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both</p>				
<p>3a. Were any of these payments for the support of . . .'s child or children under 21 years of age?</p>	<p align="center">8204</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4b x1 <input type="checkbox"/> DK</p>				
<p>b. For how many children did . . . make support payments?</p>	<p align="center">8206</p> <p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children x1 <input type="checkbox"/> DK</p>				
<p>c. How much did . . . pay in child support during the past 12 months?</p>	<p align="center">8208</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>				
<p>4a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . .'s household?</p>	<p align="center">8210</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10</p>				
<p>b. For how many (other) persons did . . . make support payments?</p>	<p align="center">8212</p> <p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Persons x1 <input type="checkbox"/> DK</p>				
<p><i>ASK 4c–4e FOR THE FIRST TWO PERSONS MENTIONED</i></p> <p>c. How is this person related to . . . <i>Mark (X) only one box.</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST PERSON</th> <th style="width:50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p align="center">8214</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p> </td> <td style="padding: 5px;"> <p align="center">8216</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p> </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<p align="center">8214</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p>	<p align="center">8216</p> <p>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child 21 or older 5 <input type="checkbox"/> Other relative 6 <input type="checkbox"/> Nonrelated</p>
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<p>d. 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?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST PERSON</th> <th style="width:50%; text-align: center;">SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> <td style="padding: 5px;"> <p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>
FIRST PERSON	SECOND PERSON				
<p align="center">8218</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p align="center">8220</p> <p>1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>				
<p>e. How much did . . . pay for the support of this person during the past 12 months?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="padding: 5px;"> <p align="center">8222</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> </td> <td style="padding: 5px;"> <p align="center">8224</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p> </td> </tr> </tbody> </table>	<p align="center">8222</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>	<p align="center">8224</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>		
<p align="center">8222</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>	<p align="center">8224</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T9 Is the entry in 4b "03" or more?</p>	<p align="center">8226</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10</p>				
<p>5. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?</p>	<p align="center">8228</p> <p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>				
<p>CHECK ITEM T10 Refer to section 1, item 27g, page 10. Did . . . have a family plan health insurance policy?</p>	<p align="center">8230</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part C, page 52</p>				

Section 5 – TOPICAL MODULES (Continued)

Part B – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

6a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . . 's household?

8232

- 1 Yes
2 No – SKIP to part C, page 52

b. How many persons outside of . . . 's household were covered by . . . 's policy?

8234

Number
x1 DK

c. How were these persons related to . . . ?

Mark (X) all that apply.

8236

1 Children

8238

2 Spouse

8240

3 Other

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – JOB OFFERS

<p>CHECK ITEM T11</p>	<p>Refer to section 1, item 2a (page 2) or 7a (page 3). Did . . . spend any time during the reference period looking for work or on layoff?</p>	<p>8300</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part D, page 53</p>
<p>1. We noted earlier that . . . spent some time looking for work or on layoff during the past 4 months. During that time did . . . receive any job offers that . . . did not take?</p>	<p>8302</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part D, page 53</p>	<p>8304</p> <p>1 <input type="checkbox"/> Did not want that kind of work 2 <input type="checkbox"/> Pay too low 3 <input type="checkbox"/> Job too far away 4 <input type="checkbox"/> Lack transportation 5 <input type="checkbox"/> Job was only temporary 6 <input type="checkbox"/> Couldn't arrange child care 7 <input type="checkbox"/> Hours were not satisfactory 8 <input type="checkbox"/> Other job conditions were not satisfactory 9 <input type="checkbox"/> Inadequate benefits 10 <input type="checkbox"/> Other – Specify _____</p>
<p>2. What is the main reason . . . did not accept the (most recent) job offer?</p> <p><i>Mark (X) only one box.</i></p>	<p>3. What wage or salary was offered?</p>	<p>8306 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> Per hour</p> <p align="center">OR</p> <p>8308 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; background-color: #cccccc;" type="text" value="00"/> Per week</p> <p align="center">OR</p> <p>8310 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; background-color: #cccccc;" type="text" value="00"/> Per month</p> <p align="center">OR</p> <p>8312 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; background-color: #cccccc;" type="text" value="00"/> Per year</p> <p align="center">OR</p> <p>8314 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>NOTES</p>		

Section 5 – TOPICAL MODULES (Continued)

Part D – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES

<p>These next few questions are about . . . 's health.</p> <p>1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>8316</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p>2a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</p>	<p>8318</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3</p>
<p>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</p>	<p>8320 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</p>	<p>8322</p> <p>1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No</p>
<p>d. How many nights in all did . . . spend in a hospital during the past 12 months?</p>	<p>8324 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>e. How many of these nights were in the past 4 months?</p>	<p>8326 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>8328 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)</p>	<p>8330 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } SKIP to 5a</p>
<p>b. How many of these visits or calls were in the past 4 months?</p>	<p>8332 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>5a. Is there a particular clinic, health center, doctor's office or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?</p>	<p>8334</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T12</p>
<p>b. To what kind of place does . . . usually go? Mark (X) only one.</p>	<p>8336</p> <p>1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Other – Specify _____</p>

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE

1. Were there times in the past month when . . . needed help with things like personal care, housework, preparing meals, or getting to the store or doctor because . . . had a health problem or condition?

8400

- 1 Yes
2 No – SKIP to 9a

2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?

8402

- 1 Yes
2 No – SKIP to 9a

3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?

8404

- 1 Yes
2 No – SKIP to 4a

b. Who helped . . . with such things? Anyone else?

(Mark up to two helpers; one in each column. If only one helper, mark first column.)

FIRST HELPER

SECOND HELPER

RELATIVE

8406

- 1 Son
2 Daughter
3 Other relative

NONRELATIVE

- 4 Friend or neighbor
5 Employee
6 Other nonrelative

RELATIVE

8408

- 1 Son
2 Daughter
3 Other relative

NONRELATIVE

- 4 Friend or neighbor
5 Employee
6 Other nonrelative

ASK OR VERIFY –

C. Is (Person mentioned above) a household member?

8410

- 1 Yes
Person number

8414

[][][]

8418

- 2 No

8412

- 1 Yes
Person number

8416

[][][]

8420

- 2 No

4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?

8422

- 1 Yes
2 No – SKIP to 5a

b. Who helped . . . with such things? Anyone else?

(Mark up to two helpers; one in each column. If only one helper, mark first column.)

FIRST HELPER

SECOND HELPER

RELATIVE

8424

- 1 Son
2 Daughter
3 Other relative

NONRELATIVE

- 4 Friend or neighbor
5 Employee
6 Other nonrelative

RELATIVE

8426

- 1 Son
2 Daughter
3 Other relative

NONRELATIVE

- 4 Friend or neighbor
5 Employee
6 Other nonrelative

ASK OR VERIFY –

C. Is (Person mentioned above) a household member?

8428

- 1 Yes
Person number

8432

[][][]

8436

- 2 No

8430

- 1 Yes
Person number

8434

[][][]

8438

- 2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE (Continued)

<p>5a. Because of . . . 's health or condition, did . . . need help to prepare meals?</p>	<p align="center">8440</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>			
<p>b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i></p>	<p>FIRST HELPER</p>	<p>SECOND HELPER</p>		
<p>ASK OR VERIFY – C. Is (Person mentioned above) a household member?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">8442</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">8444</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> </tr> </table>		<p align="center">8442</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>	<p align="center">8444</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>
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<p align="center">8446</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8450</p> <p align="center">[][]</p> <p align="center">8454</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">8448</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8452</p> <p align="center">[][]</p> <p align="center">8456</p> <p>2 <input type="checkbox"/> No</p>			
<p>d. During the past 4 months, did . . . receive any meals provided by a community service, either delivered to the home or served in a group setting?</p>	<p align="center">8458</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>			
<p>e. How many meals a week did . . . usually receive?</p>	<p align="center">8460</p> <p align="center">[][]</p> <p align="center">x1 <input type="checkbox"/> DK</p>			
<p>6a. Did . . . need help from another person in order to get around outside the house?</p>	<p align="center">8462</p> <p>1 <input type="checkbox"/> Unable to leave the house – SKIP to 7a 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No – SKIP to 7a</p>			
<p>b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i></p>	<p>FIRST HELPER</p>	<p>SECOND HELPER</p>		
<p>ASK OR VERIFY – C. Is (Person mentioned above) a household member?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">8464</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">8466</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> </tr> </table>		<p align="center">8464</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>	<p align="center">8466</p> <p>RELATIVE</p> <p>1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>
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<p>ASK OR VERIFY – C. Is (Person mentioned above) a household member?</p>	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">8468</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8472</p> <p align="center">[][]</p> <p align="center">8476</p> <p>2 <input type="checkbox"/> No</p> </td> <td style="width:50%; border: none; vertical-align: top;"> <p align="center">8470</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8474</p> <p align="center">[][]</p> <p align="center">8478</p> <p>2 <input type="checkbox"/> No</p> </td> </tr> </table>		<p align="center">8468</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8472</p> <p align="center">[][]</p> <p align="center">8476</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">8470</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8474</p> <p align="center">[][]</p> <p align="center">8478</p> <p>2 <input type="checkbox"/> No</p>
<p align="center">8468</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8472</p> <p align="center">[][]</p> <p align="center">8476</p> <p>2 <input type="checkbox"/> No</p>	<p align="center">8470</p> <p>1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p align="center">8474</p> <p align="center">[][]</p> <p align="center">8478</p> <p>2 <input type="checkbox"/> No</p>			
<p>NOTES</p>				

Section 5 – TOPICAL MODULES (Continued)

Part E – LONG-TERM CARE (Continued)

<p>7a. (Because of . . . 's health or condition) did . . . need the help of another person for keeping track of money and bills?</p>	<p align="center">8480</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8a</p>				
<p>b. Who helped . . . with such things? Anybody else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p align="center">RELATIVE</p> <p>8482 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> <td style="vertical-align: top;"> <p align="center">RELATIVE</p> <p>8484 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p> </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<p align="center">RELATIVE</p> <p>8482 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>	<p align="center">RELATIVE</p> <p>8484 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>4 <input type="checkbox"/> Friend or neighbor 5 <input type="checkbox"/> Employee 6 <input type="checkbox"/> Other nonrelative</p>
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<p>ASK OR VERIFY – c. Is (Person mentioned above) a household member?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:50%; vertical-align: top;"> <p>8486 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8490 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p> <p>2 <input type="checkbox"/> No</p> </td> <td style="width:50%; vertical-align: top;"> <p>8488 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8492 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p> <p>2 <input type="checkbox"/> No</p> </td> </tr> </tbody> </table>	<p>8486 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8490 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p> <p>2 <input type="checkbox"/> No</p>	<p>8488 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8492 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p> <p>2 <input type="checkbox"/> No</p>		
<p>8486 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8490 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p> <p>2 <input type="checkbox"/> No</p>	<p>8488 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8492 <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/></p> <p>2 <input type="checkbox"/> No</p>				
<p>ASK OR VERIFY – 8a. During the past month did . . . (or . . . 's family) pay for any of the help that . . . received?</p>	<p align="center">8494</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T14</p>				
<p>b. How much was paid for such help during (Read last month)?</p>	<p>8496 \$ <input style="width:100px; height:20px;" type="text"/> . <input style="width:30px; height:20px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T14 Refer to 6a. Was . . . unable to leave the house or did . . . need help to get around outside the house?</p>	<p align="center">8498</p> <p>1 <input type="checkbox"/> Yes – SKIP to part F, page 59 2 <input type="checkbox"/> No</p>				
<p>These next few questions concern helping others with personal care, housework, meal preparation, shopping, or getting around outside the home.</p> <p>9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household?</p>	<p align="center">8500</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to part F, page 59</p>				
<p>b. How many persons did . . . help in this way?</p>	<p align="center">8502</p> <p>1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more</p>				

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – DISABILITY STATUS OF CHILDREN

CHECK ITEM T15	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in the household?	8600	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item M1, page 60
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1 a.	Do any of . . . 's children (under 18) in this household, have a long lasting physical condition that limits their ability to walk, run, or play?	8602	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
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b.	Which children? Enter children by age, oldest first.	8604 Person No. [][] Name _____	8606 Person No. [][] Name _____	8608 Person No. [][] Name _____
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2 a.	Do any of . . . 's children (under 18) have a long lasting mental or emotional problem that limits their ability to learn (or do regular schoolwork)?	8610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T16
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b.	Which children? Enter children by age, oldest first.	8612 Person No. [][] Name _____	8614 Person No. [][] Name _____	8616 Person No. [][] Name _____
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CHECK ITEM T16	Are any children 5–17 years old listed in 1b or 2b?	8618	1 <input type="checkbox"/> Yes – Ask item 3 for each child 5–17 years old listed in 1b or 2b 2 <input type="checkbox"/> No – SKIP to Check Item M1, page 60
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3.	Is (Name of child) able to attend a regular school? Enter children by age, oldest first.	8620 Person No. [][] Name _____ 8626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8622 Person No. [][] Name _____ 8628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	8624 Person No. [][] Name _____ 8630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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NOTES