

Section 5 – TOPICAL MODULES

Part A – RECIPIENCY HISTORY

Statement A → **Now I have some questions regarding past participation in Government programs.**

CHECK ITEM T1 Was an interview obtained for . . . in Wave 1? **8000** 1 Yes
2 No – SKIP to Check Item T3

INTERVIEWER INSTRUCTION – Look at column (5) of the "Income Roster" on page 5 for income codes 1–10, 20–35, 40, and 41. If the X3 "never received" box is marked for an income code, line through that income code in the "Reciency History Roster" below.

CHECK ITEM T2 Are any income types or special indicators listed in the Reciency History Roster below? **8002** 1 Yes
2 No – SKIP to Check Item T3

1. During our last visit we recorded that . . . received (Read all sources listed below) sometime during the period (8 months ago) through (5 months ago). When did . . . first begin to receive (Read each source)? (In column d, record beginning date of reciency that was occurring sometime in the period 5 to 8 months ago.)

RECIENCY HISTORY ROSTER (ISS Codes 1–10, 20–35, 40, 41, 172, 176)						
Line No. (a)	Source (b)	ISS code (c)	Date reciency began (d)			
			Month OR DK	Year	OR	DK
1		8004 <input type="text"/>	8006 <input type="text"/> x1 <input type="checkbox"/>	8008 1 9 <input type="text"/>		x1 <input type="checkbox"/>
2		8010 <input type="text"/>	8012 <input type="text"/> x1 <input type="checkbox"/>	8014 1 9 <input type="text"/>		x1 <input type="checkbox"/>
3		8016 <input type="text"/>	8018 <input type="text"/> x1 <input type="checkbox"/>	8020 1 9 <input type="text"/>		x1 <input type="checkbox"/>
4		8022 <input type="text"/>	8024 <input type="text"/> x1 <input type="checkbox"/>	8026 1 9 <input type="text"/>		x1 <input type="checkbox"/>
5		8028 <input type="text"/>	8030 <input type="text"/> x1 <input type="checkbox"/>	8032 1 9 <input type="text"/>		x1 <input type="checkbox"/>
6		8034 <input type="text"/>	8036 <input type="text"/> x1 <input type="checkbox"/>	8038 1 9 <input type="text"/>		x1 <input type="checkbox"/>
7		8040 <input type="text"/>	8042 <input type="text"/> x1 <input type="checkbox"/>	8044 1 9 <input type="text"/>		x1 <input type="checkbox"/>
8		8046 <input type="text"/>	8048 <input type="text"/> x1 <input type="checkbox"/>	8050 1 9 <input type="text"/>		x1 <input type="checkbox"/>

CHECK ITEM T3 Refer to cc item 24. Is . . . 18 years of age or older? **8052** 1 Yes
2 No – SKIP to Check Item T10, page 56

CHECK ITEM T4 Refer to item 1, Reciency History Roster. Is "Food stamps" (code 27) listed? **8054** 1 Yes
2 No – SKIP to 2b

2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps? **8056** 1 Yes – SKIP to 2d
2 No – SKIP to Check Item T5

b. Has . . . ever applied for the Federal Government's Food Stamp Program? **8058** 1 Yes
2 No – SKIP to Check Item T5

c. Has . . . ever been authorized to receive food stamps? **8060** 1 Yes
2 No – SKIP to Check Item T5

d. When did . . . first start receiving food stamps?
8062 Month x1 Don't know
8064 1 9 Year x1 Don't know

e. For how long did . . . receive food stamps that time?
8066 Years
 OR
8068 Months
8070 x1 Don't know

f. How many times in all have there been when . . . was authorized to receive food stamps?
8072 Times
 x1 Don't know

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – RECIPIENCY HISTORY (Continued)

CHECK ITEM T5	Refer to cc item 27. Is . . . a designated parent or guardian of children under 18 years old who live in this household?	8074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7	
CHECK ITEM T6	Refer to Item 1, Reciprocity History Roster. Is "AFDC" (code 20) listed?	8076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b	
3a.	Besides this period of time, have there been any other times when . . . received AFDC (ADC)?	8078	1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T7	
b.	Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?	8080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7	
c.	Has . . . ever received AFDC (ADC) benefits?	8082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7	
d.	When did . . . first start receiving AFDC (ADC) benefits?	8084	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8086	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	
e.	For how long did . . . receive AFDC (ADC) that time?	8088	<input type="text"/> <input type="text"/> Years	
			OR	
		8090	<input type="text"/> <input type="text"/> Months	
		8092	x1 <input type="checkbox"/> DK	
f.	How many times in all have there been when . . . received AFDC (ADC)?	8094	<input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	
CHECK ITEM T7	Refer to Item 1, Reciprocity History Roster. Is "SSI" (codes 3 or 4) listed?	8096	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4b	
4a.	Besides this period of time, have there been any other times when . . . received SSI benefits?	8098	1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to Check Item T8	
b.	Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8	
c.	Has . . . ever received SSI benefits?	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8	
d.	When did . . . first start receiving SSI?	8104	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know	
		8106	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know	
e.	For how long did . . . receive SSI that time?	8108	<input type="text"/> <input type="text"/> Years	
			OR	
		8110	<input type="text"/> <input type="text"/> Months	
		8112	x1 <input type="checkbox"/> DK	
CHECK ITEM T8	Refer to cc item 47. Is "Medicaid" (code 173) marked?	8114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10, page 56	
CHECK ITEM T9	Refer to cc item 45. Is "SSI" or "AFDC" (codes 3, 4, or 20) marked for Wave 1?	8116	1 <input type="checkbox"/> Yes – SKIP to Check Item T10, page 56 2 <input type="checkbox"/> No	

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY

CHECK ITEM T14	Refer to cc item 24. Is ... 18 to 64 years old?	8200	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T23, page 60
STATEMENT B → Now I would like to ask some questions about some of the jobs ... has held.			
CHECK ITEM T15	Refer to cc item 42 or 43. Is there an employer or business listed?	8202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T17
ASK OR VERIFY – 1. What was the name of ...'s MAIN employer or business during the period (8 months ago) through (5 months ago)? (If more than one, enter name of latest employer)		PGM 8	Name of employer or business
		8204	_____
		_____	_____
CHECK ITEM T16	Refer to cc item 42 or 43. What is the ID number of this employer or business?	PGM 7	
		8206	<input type="checkbox"/> Employer number
			OR
		8208	<input type="checkbox"/> Business number
		} SKIP to 3	
CHECK ITEM T17	Is "Worked" (code 170) marked on the ISS?	8210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
ASK OR VERIFY – 2. What was the name of ...'s MAIN employer or business during the past 4 months?		PGM 8	Name of employer or business
		8212	_____
		_____	_____
CHECK ITEM T18	Refer to Check Item E3, page 16, Check Item E6, page 18, Check Item S1, page 20, or Check Item S7, page 22. What is the ID number of this employer or business?	PGM 7	
		8214	<input type="checkbox"/> Employer number
			OR
		8216	<input type="checkbox"/> Business number
3. When did ... start working for (Read name of employer or business)? (If worked for more than one period of time, ask about latest period)		8218	<input type="text" value="0"/> <input type="text" value="0"/> Month x1 <input type="checkbox"/> Don't know
		8220	<input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="0"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T19	Refer to Check Items T16 or T18 above. Is "Employer number" entered.	8222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
4a. About how many persons are (were) employed by ...'s employer at the location where ... works (worked)?		8224	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more } SKIP to 4d x1 <input type="checkbox"/> DK
b. Does (Did) ...'s employer operate in more than one location?		8226	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4d x1 <input type="checkbox"/> DK
c. About how many persons are (were) employed by ...'s employer at ALL LOCATIONS?		8228	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK
d. Is (Was) ... a member of a labor union or of an employee association similar to a union at that job?		8230	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
e. Is (Was) ... covered by a union or employee association contract at that job?		8232	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY – Continued

<p>4f. For how many years has . . . done the kind of work that . . . does on this job?</p>	<p>8234 <input type="text" value=""/> <input type="text" value=""/> Years</p> <p align="center">OR</p> <p>8236 <input type="text" value="0"/> <input type="text" value="7"/> Months</p> <p>8238 x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to 6a</p>
<p>5a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<p>8240 <input type="text" value="6"/> <input type="text" value="1"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8242 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="8"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8244 x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more</p> <p align="right">} ASK 5b</p> <p align="right">} SKIP to Check Item T20</p>
<p>b. What is the main reason . . . never worked 2 consecutive weeks or more at a job or business?</p>	<p>8246</p> <p>1 <input type="checkbox"/> Taking care of home or family</p> <p>2 <input type="checkbox"/> Ill or disabled</p> <p>3 <input type="checkbox"/> Going to school</p> <p>4 <input type="checkbox"/> Couldn't find work</p> <p>5 <input type="checkbox"/> Didn't want to work</p> <p>7 <input type="checkbox"/> Other</p> <p>x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to Check Item T23, page 60</p>
<p>6a. Before this job when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<p>8248 <input type="text" value="2"/> <input type="text" value=""/> Month x1 <input type="checkbox"/> Don't know</p> <p>8250 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="0"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8252 x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T22</p>
<p>CHECK ITEM T20 Refer to item 5a or 6a above. Is the year 1976 or later?</p>	<p>8254</p> <p>1 <input checked="" type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T22</p>
<p>6b. What was the name of . . . 's employer or business at that time?</p>	<p>PGM 8 Name of employer or business</p> <p>8256 _____</p>
<p>C. What kind of company, business, or industry was (Name of employer or business)?</p>	<p>PGM 8</p> <p>8258 _____</p>
<p>d. Was that business or industry mainly – (Read categories)</p>	<p>PGM 8</p> <p>8260</p> <p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Wholesale trade?</p> <p>3 <input type="checkbox"/> Retail trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on that job?</p>	<p>PGM 8</p> <p>8262 _____</p>
<p>f. What were . . . 's most important activities or duties?</p>	<p>PGM 8</p> <p>8264 _____</p>
<p>g. Did . . . work for an employer on that job or was . . . self-employed?</p>	<p>PGM 7</p> <p>8266</p> <p>1 <input type="checkbox"/> Worked for an employer</p> <p>2 <input type="checkbox"/> Self-employed</p>
<p>h. When did . . . START working for (Name of employer or business)?</p>	<p>8268 <input type="text" value="5"/> <input type="text" value="2"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8270 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="0"/> Year x1 <input type="checkbox"/> Don't know</p>

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY (Continued)

<p>6i. What was the main reason . . . stopped working for (Name of employer or business)?</p>	<p>8272 <input type="checkbox"/> Layoff, plant closed <input type="checkbox"/> Discharged <input type="checkbox"/> Job was temporary and ended <input type="checkbox"/> Found a better job <input type="checkbox"/> Retirement/old age <input type="checkbox"/> Did not like working conditions <input type="checkbox"/> Dissatisfied with earnings <input type="checkbox"/> Did not like location <input type="checkbox"/> Going to school <input type="checkbox"/> Became pregnant/had child <input type="checkbox"/> Health reasons <input type="checkbox"/> Other family or personal reasons <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p>7a. In what year did . . . first work six straight months or longer at a regular job or business?</p>	<p>8274 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Never worked 6 straight months at a job or business – <i>SKIP to Check Item T23, page 60</i> x1 <input type="checkbox"/> DK – <i>SKIP to 8a</i></p>
<p>b. Since (Year in 7a) has . . . always worked at least six months during the year?</p>	<p>8276 <input type="checkbox"/> Yes – <i>SKIP to Check Item T23, page 60</i> <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T23, page 60</i></p>
<p>c. How many years were there when . . . worked at least 6 months?</p>	<p>8278 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T21 <i>Refer to item 7a.</i> Is the year in item 7a 1976 or later?</p>	<p>8280 <input type="checkbox"/> Yes – <i>SKIP to 8a</i> <input type="checkbox"/> No</p>
<p>7d. Since 1976 how many years have there been when . . . worked at least 6 months during the year?</p>	<p>8282 x5 <input type="checkbox"/> All years OR <input type="text"/> <input type="text"/> Years OR x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T22 <i>Refer to item 7a above, or item 3, page 57.</i> Is there a year entered in item 7a or in item 3 (page 57)?</p>	<p>8284 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 60</i></p>
<p>8a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since (Year in item 7a or 3), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?</p>	<p>8286 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item T23, page 60</i></p>
<p>b. About how many times has . . . gone 6 months or longer without working at a job or business?</p>	<p>8288 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. When was the last time that . . . went 6 months or longer without working at a job or business?</p>	<p align="center">FROM</p> <p>8290 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p>8292 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>d. What was the main reason . . . did not work at a job or business during that time?</p>	<p>8294 <input type="checkbox"/> Took care of family or home <input type="checkbox"/> Own illness or disability <input type="checkbox"/> Could not find work <input type="checkbox"/> Going to school <input type="checkbox"/> Became pregnant/had child <input type="checkbox"/> Other – <i>Specify</i> _____</p>

Section 5 – TOPICAL MODULES – Continued

Part C – WORK DISABILITY HISTORY

CHECK ITEM T23	Refer to cc item 24. What is ...'s age?	8300	<input type="checkbox"/> 15 years old – <i>SKIP to Statement D, page 62</i> <input type="checkbox"/> 2 16 to 67 years old <input type="checkbox"/> 3 68 years old or older – <i>SKIP to Statement D, page 62</i>
STATEMENT C → Now I want to talk about any health or physical condition ... may have that affected ...'s ability to work.			
CHECK ITEM T24	Is "Disabled" (code 171) marked on the ISS for ...?	8302	<input type="checkbox"/> 1 Yes – <i>SKIP to 1a</i> <input type="checkbox"/> 2 No
CHECK ITEM T25	Refer to cc, item 47. Is "Disabled" (code 171) marked on the control card for ...?	8304	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 1b</i>
1 a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8306	<input type="checkbox"/> 1 Yes – <i>SKIP to 1c</i> <input type="checkbox"/> 2 No – <i>SKIP to Statement D, page 62</i>
b.	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	8308	<input type="checkbox"/> 1 Yes – <i>Mark "171" on ISS</i> <input type="checkbox"/> 2 No – <i>SKIP to Statement D, page 62</i>
c.	When did ... become limited in the kind or amount of work that ... could do at a job?	8310	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8312	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
			OR
		8314	<input type="checkbox"/> x3 Person was limited before person became of working age – <i>SKIP to 2a</i> <input type="checkbox"/> x5 Person became limited after retiring – <i>SKIP to Statement D, page 62</i>
d.	Was ... employed at the time ...'s work limitation began?	8316	<input type="checkbox"/> 1 Yes – <i>SKIP to 2a</i> <input type="checkbox"/> 2 No
e.	When was the last time ... worked before ...'s work limitation began?	8318	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8320	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
			OR
		8322	<input type="checkbox"/> x3 Had never been employed before work limitation began
	<i>ASK OR VERIFY – (SHOW FLASHCARD EE)</i>		Code Name of health condition
2 a.	What health condition is the main reason for ...'s work limitation?	8324	<input type="text"/> <input type="text"/> _____ _____
	<i>ASK OR VERIFY –</i>		
b.	Was this condition caused by an accident or injury?	8326	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to Check Item T26</i>
c.	Where did the accident or injury take place – was it (Read categories) – <i>Mark (X) only one.</i>	8328	<input type="checkbox"/> 1 On the job? <input type="checkbox"/> 2 During service in the Armed Forces? <input type="checkbox"/> 3 In the home? <input type="checkbox"/> 4 Somewhere else?
CHECK ITEM T26	Is "Worked" (code 170) marked on the ISS?	8330	<input type="checkbox"/> 1 Yes – <i>SKIP to Check Item T27</i> <input type="checkbox"/> 2 No
3 a.	Does ...'s health or condition prevent ... from working at a job or business?	8332	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – <i>SKIP to 4a</i>
b.	When did ... become unable to work at a job?	8334	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8336	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
			OR
		8338	<input type="checkbox"/> x3 Has never been able to work at a job – <i>SKIP to Statement D, page 62</i>

Section 5 – TOPICAL MODULES (Continued)

Part C – WORK DISABILITY HISTORY (Continued)

**CHECK
ITEM T27**

Refer to item 8a, page 4.

Did . . . usually work 35 or more hours per week during the reference period?

8340

- 1 Yes – SKIP to 4b
2 No

4a. Is . . . now able to work at a full-time job or is . . . only able to work part-time?

8342

- 1 Full-time
2 Part-time

b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?

8344

- 1 Regularly
2 Only occasionally or irregularly

c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?

8346

- 1 Yes, able to do same kind of work
2 No, not able to do same kind of work
3 Did not work before limitation began

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – EDUCATION AND TRAINING HISTORY

STATEMENT D

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T28

Refer to cc item 31b.

Was . . . 's highest grade attended grade 12 or less? (Codes 00–12 in cc item 31b)

- 8400** 1 Yes
2 No – *SKIP to item 3a*

1. When did . . . last attend elementary or high school?

- 8402** Month x1 Don't know
8404 Year x1 Don't know
8406 1 Currently attending – *SKIP to Check Item T32, page 64*
2 Never attended

2. Has . . . received a high school diploma? (Include GED's.)

- 8408** 1 Yes
2 No – *SKIP to Check Item T31*

3a. When did . . . receive a high school diploma?

- 8410** Month x1 Don't know
8412 Year x1 Don't know

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

- 8414** 1 Public
2 Private, church-related
3 Private, not church-related
4 Did not attend high school
x1 DK

CHECK ITEM T29

Refer to cc item 31b.

Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)

- 8416** 1 Yes
2 No – *SKIP to Check Item T31*

4a. When did . . . first attend college or a university?

- 8418** Month x1 Don't know
8420 Year x1 Don't know

b. What is the highest degree beyond a high school diploma that . . . has earned?

- 8422** 1 PhD or equivalent
2 Professional degree such as Dentistry, Medicine, Law, or Theology
3 Master's degree
4 Bachelor's degree
5 Associate degree
6 Vocational certificate or diploma
7 Has not earned a degree } *SKIP to 4f*
x1 DK

c. When did . . . receive that degree?

- 8424** Month x1 Don't know
8426 Year x1 Don't know

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

- 8428** Code Field of study
x1 Don't know

CHECK ITEM T30

Refer to item 4b above.

Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

- 8430** 1 Yes
2 No – *SKIP to Check Item T31*

4e. When did . . . receive his/her Bachelor's degree?

- 8432** Month x1 Don't know
8434 Year x1 Don't know } *SKIP to Check Item T31*

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

- 8436** Code Field of study
x1 Don't know

g. When was the last time that . . . was a student at a college or university?

- 8438** Month x1 Don't know
8440 Year x1 Don't know
 OR
8442 1 Is still a student

Section 5 – TOPICAL MODULES (Continued)

Part D – EDUCATION AND TRAINING HISTORY (Continued)

CHECK ITEM T31	Refer to cc item 24. Is . . . 65 years of age or older?	<input type="checkbox"/> 8444 1 Yes – SKIP to Check Item T32, page 64 <input type="checkbox"/> 2 No
	5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?	<input type="checkbox"/> 8446 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/> x1 DK } SKIP to Check Item T32, page 64
	b. Was any of this training sponsored by any of the following programs (Read categories)? Mark (X) all that apply.	<input type="checkbox"/> 8448 1 Job Training Partnership Act (JTPA) <input type="checkbox"/> 8450 2 Comprehensive Employment Training Act (CETA) <input type="checkbox"/> 8452 3 Work Incentive Program (WIN) <input type="checkbox"/> 8454 4 Trade Adjustment Assistance Act <input type="checkbox"/> 8456 5 Veterans' Training Programs <input type="checkbox"/> 8458 6 No – SKIP to 5d
	c. What type of training program is (was) this? Mark (X) all that apply.	<input type="checkbox"/> 8460 1 Classroom training—job skills <input type="checkbox"/> 8462 2 Classroom training—basic education <input type="checkbox"/> 8464 3 On-the-job training <input type="checkbox"/> 8466 4 Job search assistance <input type="checkbox"/> 8468 5 Work experience <input type="checkbox"/> 8470 6 Other
	d. Where did . . . receive this training? Mark (X) all that apply.	<input type="checkbox"/> 8472 1 Apprenticeship program <input type="checkbox"/> 8474 2 Business, commercial, or vocational school <input type="checkbox"/> 8476 3 Junior or community college <input type="checkbox"/> 8478 4 Program completed at a 4 year college or graduate school <input type="checkbox"/> 8480 5 High school vocational program <input type="checkbox"/> 8482 6 Training program at work <input type="checkbox"/> 8484 7 Military (exclude basic training) <input type="checkbox"/> 8486 8 Correspondence course <input type="checkbox"/> 8488 9 Training or experience received on previous job <input type="checkbox"/> 8490 10 Sheltered workshop <input type="checkbox"/> 8492 11 Vocational rehabilitation centers <input type="checkbox"/> 8494 12 Other
	e. Does . . . use this training on . . . 's (most recent) job?	<input type="checkbox"/> 8496 1 Yes <input type="checkbox"/> 2 No
	f. When did . . . start this (most recent) training? <i>(If more than one training occurred, ask about the most recent one.)</i>	<input type="checkbox"/> 8498 [] [] Month x1 <input type="checkbox"/> Don't know <input type="checkbox"/> 8500 1 9 [] [] Year x1 <input type="checkbox"/> Don't know
	g. For how many weeks did . . . attend this (most recent) training program?	<input type="checkbox"/> 8502 [] [] Weeks <input type="checkbox"/> 8504 x3 <input type="checkbox"/> Currently attending <input type="checkbox"/> x4 <input type="checkbox"/> Less than 1 week <input type="checkbox"/> x1 <input type="checkbox"/> Don't know
	h. Who paid for this (most recent) program? Mark (X) all that apply.	<input type="checkbox"/> 8506 1 Self or family <input type="checkbox"/> 8508 2 Employer <input type="checkbox"/> 8510 3 Federal, State, or local government <input type="checkbox"/> 8512 4 Someone else

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FAMILY BACKGROUND

CHECK ITEM T32	Refer to cc item 24. What is . . . 's age?	8550	1 <input type="checkbox"/> 24 years old or younger } <i>SKIP to Check Item T34</i> 2 <input type="checkbox"/> 65 years old or older } 3 <input type="checkbox"/> 25 to 64 years old
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STATEMENT E → Now I would like to ask some questions about the family . . . grew up in, around the time of . . . 's 16th birthday.

1. When . . . was 16 years old, how many older and younger brothers and sisters did . . . have? Include stepbrothers and stepsisters, and adopted children. <i>(Probe for the number of older and younger siblings)</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8551</td> <td style="width:10%;">x3</td> <td><input type="checkbox"/> No brothers or sisters</td> <td></td> </tr> <tr> <td>8552</td> <td><input type="checkbox"/></td> <td>Older Brothers</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8554</td> <td><input type="checkbox"/></td> <td>Younger brothers</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8556</td> <td><input type="checkbox"/></td> <td>Older sisters</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8558</td> <td><input type="checkbox"/></td> <td>Younger sisters</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8560</td> <td><input type="checkbox"/></td> <td>Total</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> </table>	8551	x3	<input type="checkbox"/> No brothers or sisters		8552	<input type="checkbox"/>	Older Brothers	x1 <input type="checkbox"/> Don't know	8554	<input type="checkbox"/>	Younger brothers	x1 <input type="checkbox"/> Don't know	8556	<input type="checkbox"/>	Older sisters	x1 <input type="checkbox"/> Don't know	8558	<input type="checkbox"/>	Younger sisters	x1 <input type="checkbox"/> Don't know	8560	<input type="checkbox"/>	Total	x1 <input type="checkbox"/> Don't know
8551	x3	<input type="checkbox"/> No brothers or sisters																							
8552	<input type="checkbox"/>	Older Brothers	x1 <input type="checkbox"/> Don't know																						
8554	<input type="checkbox"/>	Younger brothers	x1 <input type="checkbox"/> Don't know																						
8556	<input type="checkbox"/>	Older sisters	x1 <input type="checkbox"/> Don't know																						
8558	<input type="checkbox"/>	Younger sisters	x1 <input type="checkbox"/> Don't know																						
8560	<input type="checkbox"/>	Total	x1 <input type="checkbox"/> Don't know																						

2a. When . . . was 16, was . . . living with: <i>(Interviewer: Read only as many categories to respondent as are necessary to determine who the guardians were. Mark only one box.)</i>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8562</td> <td style="width:10%;"></td> <td>1 <input type="checkbox"/> Both natural parents } <i>SKIP to 3a</i></td> </tr> <tr> <td></td> <td></td> <td>2 <input type="checkbox"/> Natural mother and stepfather . . }</td> </tr> <tr> <td></td> <td></td> <td>3 <input type="checkbox"/> Natural father and stepmother . . }</td> </tr> <tr> <td></td> <td></td> <td>4 <input type="checkbox"/> Natural mother only parent present</td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/> Natural father only parent present</td> </tr> <tr> <td></td> <td></td> <td>6 <input type="checkbox"/> Other</td> </tr> </table>	8562		1 <input type="checkbox"/> Both natural parents } <i>SKIP to 3a</i>			2 <input type="checkbox"/> Natural mother and stepfather . . }			3 <input type="checkbox"/> Natural father and stepmother . . }			4 <input type="checkbox"/> Natural mother only parent present			5 <input type="checkbox"/> Natural father only parent present			6 <input type="checkbox"/> Other
8562		1 <input type="checkbox"/> Both natural parents } <i>SKIP to 3a</i>																	
		2 <input type="checkbox"/> Natural mother and stepfather . . }																	
		3 <input type="checkbox"/> Natural father and stepmother . . }																	
		4 <input type="checkbox"/> Natural mother only parent present																	
		5 <input type="checkbox"/> Natural father only parent present																	
		6 <input type="checkbox"/> Other																	

b. When . . . was 16, who was . . . living with that was the head of the family?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8564</td> <td style="width:10%;"></td> <td>1 <input type="checkbox"/> Father</td> <td></td> </tr> <tr> <td></td> <td></td> <td>2 <input type="checkbox"/> Grandfather</td> <td></td> </tr> <tr> <td></td> <td></td> <td>3 <input type="checkbox"/> Some other male</td> <td></td> </tr> <tr> <td></td> <td></td> <td>4 <input type="checkbox"/> Mother }</td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/> Grandmother }</td> </tr> <tr> <td></td> <td></td> <td>6 <input type="checkbox"/> Some other female . . . }</td> </tr> <tr> <td></td> <td></td> <td>7 <input type="checkbox"/> Not applicable – <i>SKIP to Check Item T34</i></td> </tr> </table>	8564		1 <input type="checkbox"/> Father				2 <input type="checkbox"/> Grandfather				3 <input type="checkbox"/> Some other male				4 <input type="checkbox"/> Mother }			5 <input type="checkbox"/> Grandmother }			6 <input type="checkbox"/> Some other female . . . }			7 <input type="checkbox"/> Not applicable – <i>SKIP to Check Item T34</i>
8564		1 <input type="checkbox"/> Father																							
		2 <input type="checkbox"/> Grandfather																							
		3 <input type="checkbox"/> Some other male																							
		4 <input type="checkbox"/> Mother }																							
		5 <input type="checkbox"/> Grandmother }																							
		6 <input type="checkbox"/> Some other female . . . }																							
		7 <input type="checkbox"/> Not applicable – <i>SKIP to Check Item T34</i>																							

3a. When . . . was 16, what was . . . 's (father's/stepfather's or person marked in item 2b) occupation?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8566</td> <td style="width:10%;">x1</td> <td><input type="checkbox"/> Did not have a paying job or business – <i>SKIP to 4</i></td> </tr> <tr> <td>PGM 8</td> <td></td> <td><i>Write in occupation</i></td> </tr> <tr> <td>8568</td> <td></td> <td>_____</td> </tr> </table>	8566	x1	<input type="checkbox"/> Did not have a paying job or business – <i>SKIP to 4</i>	PGM 8		<i>Write in occupation</i>	8568		_____
8566	x1	<input type="checkbox"/> Did not have a paying job or business – <i>SKIP to 4</i>								
PGM 8		<i>Write in occupation</i>								
8568		_____								

b. What kind of business or industry was he working for? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">PGM 8</td> <td style="width:10%;"></td> <td>_____</td> </tr> <tr> <td>8570</td> <td></td> <td>_____</td> </tr> </table>	PGM 8		_____	8570		_____
PGM 8		_____					
8570		_____					

4. What is the highest grade of school . . . 's (father/stepfather or the person marked in item 2b) ever completed?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">PGM 7</td> <td style="width:10%;"></td> <td></td> </tr> <tr> <td>8572</td> <td></td> <td>1 <input type="checkbox"/> Never attended</td> </tr> <tr> <td></td> <td></td> <td>2 <input type="checkbox"/> Elementary 1–8</td> </tr> <tr> <td></td> <td></td> <td>3 <input type="checkbox"/> High school 1–3</td> </tr> <tr> <td></td> <td></td> <td>4 <input type="checkbox"/> High school graduate</td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/> College 1–3</td> </tr> <tr> <td></td> <td></td> <td>6 <input type="checkbox"/> College 4</td> </tr> <tr> <td></td> <td></td> <td>7 <input type="checkbox"/> College 5 or more</td> </tr> <tr> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> </table>	PGM 7			8572		1 <input type="checkbox"/> Never attended			2 <input type="checkbox"/> Elementary 1–8			3 <input type="checkbox"/> High school 1–3			4 <input type="checkbox"/> High school graduate			5 <input type="checkbox"/> College 1–3			6 <input type="checkbox"/> College 4			7 <input type="checkbox"/> College 5 or more			x1 <input type="checkbox"/> DK
PGM 7																												
8572		1 <input type="checkbox"/> Never attended																										
		2 <input type="checkbox"/> Elementary 1–8																										
		3 <input type="checkbox"/> High school 1–3																										
		4 <input type="checkbox"/> High school graduate																										
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		6 <input type="checkbox"/> College 4																										
		7 <input type="checkbox"/> College 5 or more																										
		x1 <input type="checkbox"/> DK																										

CHECK ITEM T33	Refer to item 2a. Is box 1, 2, or 3 marked in item 2a?	8574	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T34</i>
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5a. When . . . was 16, what was . . . 's (mother's/stepmother's or person marked in item 2b) occupation?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8576</td> <td style="width:10%;">x1</td> <td><input type="checkbox"/> Did not have a paying job or business – <i>SKIP to 6</i></td> </tr> <tr> <td>PGM 8</td> <td></td> <td><i>Write in occupation</i></td> </tr> <tr> <td>8578</td> <td></td> <td>_____</td> </tr> </table>	8576	x1	<input type="checkbox"/> Did not have a paying job or business – <i>SKIP to 6</i>	PGM 8		<i>Write in occupation</i>	8578		_____
8576	x1	<input type="checkbox"/> Did not have a paying job or business – <i>SKIP to 6</i>								
PGM 8		<i>Write in occupation</i>								
8578		_____								

b. What kind of business or industry was she working for? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">PGM 8</td> <td style="width:10%;"></td> <td>_____</td> </tr> <tr> <td>8580</td> <td></td> <td>_____</td> </tr> </table>	PGM 8		_____	8580		_____
PGM 8		_____					
8580		_____					

6. What is the highest grade of school . . . 's (mother/stepmother or the person marked in item 2b) ever completed?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">PGM 7</td> <td style="width:10%;"></td> <td></td> </tr> <tr> <td>8582</td> <td></td> <td>1 <input type="checkbox"/> Never attended</td> </tr> <tr> <td></td> <td></td> <td>2 <input type="checkbox"/> Elementary 1–8</td> </tr> <tr> <td></td> <td></td> <td>3 <input type="checkbox"/> High school 1–3</td> </tr> <tr> <td></td> <td></td> <td>4 <input type="checkbox"/> High school graduate</td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/> College 1–3</td> </tr> <tr> <td></td> <td></td> <td>6 <input type="checkbox"/> College 4</td> </tr> <tr> <td></td> <td></td> <td>7 <input type="checkbox"/> College 5 or more</td> </tr> <tr> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> </table>	PGM 7			8582		1 <input type="checkbox"/> Never attended			2 <input type="checkbox"/> Elementary 1–8			3 <input type="checkbox"/> High school 1–3			4 <input type="checkbox"/> High school graduate			5 <input type="checkbox"/> College 1–3			6 <input type="checkbox"/> College 4			7 <input type="checkbox"/> College 5 or more			x1 <input type="checkbox"/> DK
PGM 7																												
8582		1 <input type="checkbox"/> Never attended																										
		2 <input type="checkbox"/> Elementary 1–8																										
		3 <input type="checkbox"/> High school 1–3																										
		4 <input type="checkbox"/> High school graduate																										
		5 <input type="checkbox"/> College 1–3																										
		6 <input type="checkbox"/> College 4																										
		7 <input type="checkbox"/> College 5 or more																										
		x1 <input type="checkbox"/> DK																										

Section 5 – TOPICAL MODULES (Continued)

Part F – MARITAL HISTORY

CHECK ITEM T34

Refer to cc item 26a.

What is . . . 's current marital status?

8600

- 1 Married, spouse present
- 2 Married, spouse absent
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married – SKIP to Statement G, page 67

STATEMENT F

Now I have a few questions about . . . 's marital history.

1. How many times has . . . been married?

8602

- 1 1 – SKIP to Check Item T38, page 66
- 2 2
- 3 3
- 4 4 +

2a. In what month and year did . . . get married for the first time?

8604

Month x1 Don't know

8606

Year x1 Don't know

b. Did . . . 's first marriage end in widowhood or in divorce?

8608

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8610

Month x1 Don't know

8612

Year x1 Don't know

CHECK ITEM T35

Refer to item 2b above.

Is "Widowhood" marked in item 2b?

8614

- 1 Yes – SKIP to Check Item T36
- 2 No

2d. In what month and year did . . . actually stop living with . . . 's spouse?

8616

Month x1 Don't know

8618

Year x1 Don't know

CHECK ITEM T36

Refer to item 1.

How many times has . . . been married?

8620

- 1 2 – SKIP to Check Item T38, page 66
- 2 3 +

3a. In what month and year did . . . get married for the second time?

8622

Month x1 Don't know

8624

Year x1 Don't know

b. Did . . . 's second marriage end in widowhood or in divorce?

8626

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8628

Month x1 Don't know

8630

Year x1 Don't know

CHECK ITEM T37

Refer to item 3b.

Is "Widowhood" marked?

8632

- 1 Yes – SKIP to Check Item T38, page 66
- 2 No

3d. In what month and year did . . . actually stop living with . . . 's second spouse?

8634

Month x1 Don't know

8636

Year x1 Don't know

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – MARITAL HISTORY (Continued)

CHECK ITEM T38	Has a Wave 2 interview been obtained for ...'s spouse?	8638	<input type="checkbox"/> Yes – <i>SKIP to Statement G</i> <input type="checkbox"/> No <input type="checkbox"/> No, no spouse in household
4a.	In what month and year did ... get married (most recently)?	8640	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8642 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T39	Refer to Check Item T34. What is ...'s current marital status?	8644	<input type="checkbox"/> Married, spouse present } <i>SKIP to Statement G</i> <input type="checkbox"/> Married, spouse absent } <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated – <i>SKIP to item 4c</i>
4b.	In what month and year was ... (widowed/divorced)?	8646	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8648 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T40	Refer to Check Item T39. Is "Widowed" marked?	8650	<input type="checkbox"/> Yes – <i>SKIP to Statement G</i> <input type="checkbox"/> No
4c.	When did ... actually stop living with ...'s (most recent) spouse?	8652	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8654 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know

GO to Statement G

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – MIGRATION HISTORY

STATEMENT G

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

1. When did . . . move into this home/apartment/mobile home?

8700 Month x1 Don't know
 8702 **1 9** Year x1 Don't know
 x4 Always lived here – SKIP to Check Item T42, page 68

2. Before living here, where did . . . live?

(Refer to Flashcard GG for State or country code.)

8704 1 Same state, same county
 2 Same state, different county
 Different State – Specify code
 8706 x1 DK } SKIP to item 6
 Different country – Specify code
 8708 x1 DK

3. During what period of time did . . . live there?

8709 x4 Lived there since birth – SKIP to Check Item T42, page 68
 FROM
 8710 Month x1 Don't know
 8712 **1 9** Year x1 Don't know
 TO
 8714 Month x1 Don't know
 8716 **1 9** Year x1 Don't know

4. Has . . . ever lived in another State or foreign country?

8718 1 Yes
 2 No – SKIP to item 7

5. What State or foreign country was that?

(If more than one, ask for most recent.)
 (Enter code from Flashcard GG.)

Specify code
 8720
 x1 Don't know

6. During what period of time did . . . live there?

8721 x4 Lived there since birth – SKIP to Check Item T42, page 68
 FROM
 8722 Month x1 Don't know
 8724 **1 9** Year x1 Don't know
 TO
 8726 Month x1 Don't know
 8728 **1 9** Year x1 Don't know

7. In what State or foreign country was . . . born?

(Enter code from Flashcard GG.)

Specify code
 8730

CHECK ITEM T41

Refer to item 7 above.
 Does the code in item 7 equal a foreign country code of 62–92 or 99?

8732 1 Yes
 2 No – SKIP to Check Item T42, page 68

8. Is . . . a naturalized citizen of the United States?

8734 1 Yes
 2 No
 3 No, born abroad of American parent or parents – SKIP to Check Item T42, page 68

9. When did . . . come to the United States to stay?

8736 **1 9**
 x5 Before 1901

Section 5 — TOPICAL MODULES (Continued)

Part H — FERTILITY HISTORY

CHECK ITEM T42	Refer to cc items 24 and 28. What is . . . 's age and sex?	8750	<input type="checkbox"/> Female — Read Statement H and then SKIP to item 2a <input type="checkbox"/> Male, 18+ years old <input type="checkbox"/> Male, 15–17 years old — SKIP to Check Item T53, page 70																										
STATEMENT H → Now I have a few questions about the number of children, if any, that have been born to . . .																													
	1. 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>	8752	<input type="checkbox"/> <input type="checkbox"/> Number x3 <input type="checkbox"/> None x1 <input type="checkbox"/> Don't Know																										
	2a. How many children, if any, has . . . ever had? <i>(Do not count stillbirths, adopted, foster, or stepchildren.)</i>	8754	<input type="checkbox"/> <input type="checkbox"/> Number x3 <input type="checkbox"/> None — SKIP to Check Item T53, page 70																										
CHECK ITEM T43	Refer to cc item 24. Is . . . 65 years of age or older?	8756	<input type="checkbox"/> Yes — SKIP to Check Item T53, page 70 <input type="checkbox"/> No																										
	2b. Are all of . . . 's children currently living in this household?	8758	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T45																										
CHECK ITEM T44	Refer to cc item 24. Verify the birth date of . . . 's first, second, and last child (if more than one child ever born) and enter the person number of the child(ren).		<table style="width:100%; border:none;"> <tr> <td style="width:10%;"></td> <td style="width:15%;">Month</td> <td style="width:15%;">Year</td> <td style="width:15%;">Person number</td> <td rowspan="6" style="font-size:3em; vertical-align:middle;">}</td> <td rowspan="6" style="vertical-align:middle;">SKIP to Check Item T53, page 70</td> </tr> <tr> <td>First child</td> <td>8760 <input type="checkbox"/> <input type="checkbox"/></td> <td>8762 <input type="checkbox"/> <input type="checkbox"/></td> <td>8764 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Second child</td> <td>8766 <input type="checkbox"/> <input type="checkbox"/></td> <td>8768 <input type="checkbox"/> <input type="checkbox"/></td> <td>8770 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Last child</td> <td>8772 <input type="checkbox"/> <input type="checkbox"/></td> <td>8774 <input type="checkbox"/> <input type="checkbox"/></td> <td>8776 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Month</td> <td>Year</td> <td>Person number</td> </tr> <tr> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>		Month	Year	Person number	}	SKIP to Check Item T53, page 70	First child	8760 <input type="checkbox"/> <input type="checkbox"/>	8762 <input type="checkbox"/> <input type="checkbox"/>	8764 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Second child	8766 <input type="checkbox"/> <input type="checkbox"/>	8768 <input type="checkbox"/> <input type="checkbox"/>	8770 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Last child	8772 <input type="checkbox"/> <input type="checkbox"/>	8774 <input type="checkbox"/> <input type="checkbox"/>	8776 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Month	Year	Person number		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Month	Year	Person number	}	SKIP to Check Item T53, page 70																								
First child	8760 <input type="checkbox"/> <input type="checkbox"/>	8762 <input type="checkbox"/> <input type="checkbox"/>	8764 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																										
Second child	8766 <input type="checkbox"/> <input type="checkbox"/>	8768 <input type="checkbox"/> <input type="checkbox"/>	8770 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																										
Last child	8772 <input type="checkbox"/> <input type="checkbox"/>	8774 <input type="checkbox"/> <input type="checkbox"/>	8776 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																										
	Month	Year	Person number																										
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																										
CHECK ITEM T45	Refer to item 2a. How many children has . . . ever had?	8778	<input type="checkbox"/> One child — SKIP to item 5a <input type="checkbox"/> 2+ children																										
	3a. When was . . . 's last child born?	8780	<input type="checkbox"/> <input type="checkbox"/> Month x1 <input type="checkbox"/> Don't know 8782 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year x1 <input type="checkbox"/> Don't know																										
CHECK ITEM T46	Refer to item 3a. Was . . . 's last child born on or after January 1, 1965?	8784	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T48																										
	ASK OR VERIFY — 3b. With whom does the child live now?	8786	<input type="checkbox"/> Resides in this household — Go to Check Item T47 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 parent(s) <input type="checkbox"/> With other relative(s) 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																										
CHECK ITEM T47	Write the person number of the last child.	8788	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person number of last child																										
CHECK ITEM T48	Refer to item 2a. How many children has . . . ever had?	8790	<input type="checkbox"/> 2 — SKIP to item 5a <input type="checkbox"/> 3+																										
	4a. When was . . . 's second child born?	8792	<input type="checkbox"/> <input type="checkbox"/> Month x1 <input type="checkbox"/> Don't know 8794 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year x1 <input type="checkbox"/> Don't know																										

Section 5 – TOPICAL MODULES (Continued)

Part H – FERTILITY HISTORY (Continued)

CHECK ITEM T49

Refer to item 4a.
Was . . . 's second child born on or after January 1, 1965?

8796

- 1 Yes
2 No – SKIP to item 5a

ASK OR VERIFY –
4b. With whom does the child live now?

8798

- 1 **Resides in this household** – Go to Check Item T50
- Resides elsewhere**
- 2 In his/her own household
- With relatives**
- 3 With own father
4 With own grandparent(s)
5 With adoptive parent(s)
6 With other relative(s)
- With nonrelatives**
- 7 In foster care/foster family
8 In an institution (hospital)
9 In school
10 In correctional facility
11 Other
12 Deceased
13 DK
- } SKIP to item 5a

CHECK ITEM T50

Write the person number of the second child.

8800

Person number of second child

5a. When was . . . 's (first) child born?

8802

Month

x1 Don't know

8804

1 9

Year

x1 Don't know

CHECK ITEM T51

Refer to item 5a.
Was . . . 's (first) child born on or after January 1, 1965?

8806

- 1 Yes
2 No – SKIP to Check Item T53, page 70

ASK OR VERIFY –
5b. With whom does the child live now?

8808

- 1 **Resides in this household** – Go to Check Item T52
- Resides elsewhere**
- 2 In his/her own household
- With relatives**
- 3 With own father
4 With own grandparent(s)
5 With adoptive parent(s)
6 With other relative(s)
- With nonrelatives**
- 7 In foster care/foster family
8 In an institution (hospital)
9 In school
10 In correctional facility
11 Other
12 Deceased
13 DK
- } SKIP to Check Item T53, page 70

CHECK ITEM T52

Write the person number of the (first) child.

8810

Person number of first child

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T53

What is the composition of this household?

9266

- 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 Check Item C1, page 75*

CHECK ITEM T54

Is this the Reference Person's questionnaire?

9268

- 1 Yes
- 2 No – *SKIP to Check Item C1, page 75*

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 I

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 1 and enter codes from Flashcard HH.

ASK OR VERIFY –		Name	Name	Name	Name	Name	Name
1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a – n)?		9272	9274	9276	9278	9280	9282
	ROSTER	a.	b.	c.	d.	e.	f.
	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.	Person No.
9300	Name						
	Person No.						
9330	Name	9332					
	Person No.						
9360	Name	9362	9364				
	Person No.						
9390	Name	9392	9394	9396			
	Person No.						
9420	Name	9422	9424	9426	9428		
	Person No.						
9450	Name	9452	9454	9456	9458	9460	
	Person No.						
9480	Name	9482	9484	9486	9488	9490	9492
	Person No.						
9510	Name	9512	9514	9516	9518	9520	9522
	Person No.						
9540	Name	9542	9544	9546	9548	9550	9552
	Person No.						
9570	Name	9572	9574	9576	9578	9580	9582
	Person No.						
9600	Name	9602	9604	9606	9608	9610	9612
	Person No.						
9630	Name	9632	9634	9636	9638	9640	9642
	Person No.						
9660	Name	9662	9664	9666	9668	9670	9672
	Person No.						
9690	Name	9692	9694	9696	9698	9700	9702
	Person No.						

GO to Check Item C1, page 75

Section 5 – TOPICAL MODULES (Continued)

Part I – HOUSEHOLD RELATIONSHIPS (Continued)

NOTES

| Name |
|---|---|---|---|---|---|---|---|
| 9284
Person No.
[][][][] | 9286
Person No.
[][][][] | 9288
Person No.
[][][][] | 9290
Person No.
[][][][] | 9292
Person No.
[][][][] | 9294
Person No.
[][][][] | 9296
Person No.
[][][][] | 9298
Person No.
[][][][] |
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| | | | | | | | |
| 9524 | | | | | | | |
| 9554 | 9556 | | | | | | |
| 9584 | 9586 | 9588 | | | | | |
| 9614 | 9616 | 9618 | 9620 | | | | |
| 9644 | 9646 | 9648 | 9650 | 9652 | | | |
| 9674 | 9676 | 9678 | 9680 | 9682 | 9684 | | |
| 9704 | 9706 | 9708 | 9710 | 9712 | 9714 | 9716 | |