

Section 5 – TOPICAL MODULES

Part A – WORK SCHEDULE

**CHECK
ITEM T1**

Is "Worked" (code 170) marked
on the ISS?

8000

1 Yes – Read statement C

2 No – SKIP to Check Item T2, page 56

STATEMENT C →

You said . . . worked during (Read reference period months). These next few questions ask about . . . 's work schedule during a typical week that . . . worked during that 4-month period.

1a. How many employers did . . . work for during a typical week?

(Count self-employed as one employer.)

8002

- 1 1
2 2
3 3 +

If two or more employers, ask items 1b–h for the first job, then repeat for the second job.

JOB 1

JOB 2

b. How many hours per day did . . . work that week?

8004

: Hours

8006

: Hours

c. How many days did . . . work during that week?

8008

Days

8010

Days

d. Which days of the week were these?

Mark (X) all that apply.

8012

1 Monday through Friday

8016

2 Sunday

8020

3 Monday

8024

4 Tuesday

8028

5 Wednesday

8032

6 Thursday

8036

7 Friday

8040

8 Saturday

8044

x5 All days

8014

1 Monday through Friday

8018

2 Sunday

8022

3 Monday

8026

4 Tuesday

8030

5 Wednesday

8034

6 Thursday

8038

7 Friday

8042

8 Saturday

8046

x5 All days

e. During that week, at what time of day did . . . begin work most days?

8048

: { 1 a.m.
2 p.m.
(Time)

8050

8052

: { 1 a.m.
2 p.m.
(Time)

8054

f. At what time of day did . . . end work most days?

8056

: { 1 a.m.
2 p.m.
(Time)

8058

8060

: { 1 a.m.
2 p.m.
(Time)

8062

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – WORK SCHEDULE (Continued)

1g. Which of the following best describes ...'s work schedule at this job?

*Read categories.
Mark (X) only one.*

	JOB 1	JOB 2
	<p>8064</p> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify ↓</p> <p>_____</p> <p>_____</p>	<p>8066</p> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify ↓</p> <p>_____</p> <p>_____</p>

h. What is the MAIN reason ... works (Read shift description marked in item 1g)?

Mark (X) only one.

	VOLUNTARY REASONS	VOLUNTARY REASONS
	<p>8068</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p align="center">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>	<p>8070</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p align="center">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>

CHECK ITEM T1.1

*Refer to item 1a.
Is box 2 or 3 marked?*

<p>8072</p> <p>1 <input type="checkbox"/> Yes – Ask items 1b through 1h for next job</p> <p>2 <input type="checkbox"/> No – Go to Check Item T2, page 56</p>	<p><i>Go to Check Item T2, page 56</i></p>
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NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE

CHECK ITEM T2	<p><i>Refer to cc items 27 and 24.</i> Is . . . the designated parent or guardian of children under 15 years of age who live in this household?</p>	<p>8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 60</i></p>
CHECK ITEM T3	<p>Is "Worked" (code 170) marked on the ISS?</p>	<p>8102 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T6</i> 2 <input type="checkbox"/> No</p>
CHECK ITEM T4	<p><i>Refer to item 30a, page 13.</i> Was . . . enrolled in school during the reference period?</p>	<p>8103 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<p>1. About how many hours per week did . . . usually spend in school last month?</p>		<p>8104 <input type="text"/> <input type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> Don't know x3 <input type="checkbox"/> Not enrolled last month</p> <p style="text-align: right;">} <i>SKIP to Check Item T6</i></p>
CHECK ITEM T5	<p><i>Refer to item 2a, page 2.</i> Did . . . spend any time looking for work or on layoff from a job during the reference period?</p>	<p>8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 60</i></p>
<p>2. About how many hours per week did . . . usually spend looking for a job last month?</p>		<p>8108 <input type="text"/> <input type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> Don't know x3 <input type="checkbox"/> Did not look for a job last month – <i>SKIP to Check Item T12, page 60</i></p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
CHECK ITEM T6 Refer to cc items 18, 19, 24, and 27. Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom the person is a parent or guardian.	Person No. Age 8114 <input type="text"/> <input type="text"/> <input type="text"/> _____ Name _____	Person No. Age 8116 <input type="text"/> <input type="text"/> <input type="text"/> _____ Name _____	Person No. Age 8118 <input type="text"/> <input type="text"/> <input type="text"/> _____ Name _____
	ASK 3a–4f for the youngest child and then read 3a–4f for the second and third youngest.		
Now we have some questions about how the children in this household were cared for while ... was working (in school/looking for a job). 3a. 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 in school/was looking for a job)? Mark the arrangement in which the child spent the most hours in a typical week last month. Mark (X) only one box.	8120 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 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/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month 14 <input type="checkbox"/> ... did not work, go to school, or look for job last month	8122 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 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/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month	8124 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 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/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month
	b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8126 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8128 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T7 Is box 3–8 marked in item 3a?	8132 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58	8134 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58	8136 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58
3c. Was any money payment usually made for this arrangement?	8138 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58	8140 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to 3f, page 58	8142 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to 3f, page 58
CHECK ITEM T8 Are there 2 or more children listed in Check Item T6?	8144 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3e		
3d. Does ... (or ...'s family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child? ASK OR VERIFY –	8146 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8148 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8150 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
e. In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child) (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8152 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK	8154 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8156 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
3f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job) last month?	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
g. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11
4a. 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/ was looking for a job)? <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>	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 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/while job hunting) <i>SKIP to Check Item T9</i>	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 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/while job hunting) <i>SKIP to Check Item T9</i>	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 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/while job hunting) <i>SKIP to Check Item T9</i>
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3–8 marked in item 4a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f
4c. Was any money payment usually made for this arrangement?	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	8190 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f	8192 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4e		
4d. ASK OR VERIFY – Does . . . (or . . . 's family) pay for (Name of child/ s child care separately, or does the payment for the care you just described also cover some other child?	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
e. ASK OR VERIFY – In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child/ r (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8202 \$ <input type="text"/> <input type="text"/> . 00 Per week x1 <input type="checkbox"/> DK	8204 \$ <input type="text"/> <input type="text"/> . 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> . 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job)?	8208 <input type="text"/> <input type="text"/> Hours <i>SKIP to next child or Check Item T11</i>	8210 <input type="text"/> <input type="text"/> Hours <i>SKIP to next child or Check Item T11</i>	8212 <input type="text"/> <input type="text"/> Hours <i>SKIP to Check Item T11</i>

Section 5 — TOPICAL MODULES (Continued)

Part C — CHILD SUPPORT AGREEMENTS

CHECK ITEM T12	Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children under 21 years of age who live in this household?	8300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part D, page 62
CHECK ITEM T13	Is "Child Support Payments" (code 28) marked on the ISS?	8302	1 <input type="checkbox"/> Yes — SKIP to 2a 2 <input type="checkbox"/> No
1.	These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a
2a.	The following questions relate to the most recent child support agreement. Was this agreement a court-ordered agreement, or some other type of agreement?	8306	1 <input type="checkbox"/> Court-ordered agreement 2 <input type="checkbox"/> Other type of agreement — Specify ↓ _____
b.	In what year was this agreement FIRST reached?	8308	1 9 <input type="text"/> <input type="text"/>
c.	Has the dollar amount ever been changed?	8310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2e
d.	In what year was the amount last changed?	8312	1 9 <input type="text"/> <input type="text"/>
e.	How were the payments to be received? Were they — (Read categories)?	8314	1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare agency? 4 <input type="checkbox"/> Some other method?
f.	ASK OR VERIFY — Is . . . still supposed to receive child support payments?	8316	1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No
g.	Why not?	8318	1 <input type="checkbox"/> Child(ren) over the age limit 2 <input type="checkbox"/> Other parent deceased 3 <input type="checkbox"/> Other parent not working 4 <input type="checkbox"/> Other — Specify ↓ _____ _____ } SKIP to 2l
h.	How regularly are the child support payments received — would you say regularly, occasionally, seldom, or never?	8320	1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Never
i.	What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent child support agreement)?	8322	\$ <input type="text"/> . <input type="text"/> 00 OR x1 <input type="checkbox"/> DK
j.	What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?	8324	\$ <input type="text"/> . <input type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

2k. Which children living here were covered by that agreement?

8326 x3 None
x5 All

OR

Person No. Name

8328

8330

8332

l. What child custody arrangements did that agreement specify?

8334

- 1 Visitation arrangements with the other parent
2 Shared living arrangements
3 Other arrangements – *Specify* ↓

- 4 No custody arrangements specified in the agreement

ASK OR VERIFY –

m. Does . . . know the current address of the other parent?

8336

- 1 Yes
2 No
3 Other parent deceased – *SKIP to Check Item T14*

n. Does the other parent now live in this state?

8338

- 1 Yes
2 No
x1 Don't know } *SKIP to Check Item T14*

o. Does the other parent now live in this city or county?

8340

- 1 Yes
2 No
x1 Don't know

CHECK ITEM T14

Refer to cc items 24 and 25.
Does . . . have more than one child under 21 years of age who lives in this household?

8342

- 1 Yes
2 No – *SKIP to 3a*

2p. (Other than the support agreement/payments discussed above), were any of . . . 's other children in this household covered by another child support agreement?

8344

- 1 Yes
2 No

3a. Has . . . ever contacted a public agency (such as the child support enforcement office) for aid in obtaining child support?

8346

- 1 Yes
2 No – *SKIP to part D, page 62*

b. In what year did . . . last contact that agency?

8348

1 **9**

c. What type of help did . . . need (most recently)?

Mark (X) all that apply.

8350

8352

8354

8356

8358

8360

- 1 Locate the other parent
2 Establish paternity/maternity
3 Establish support obligation
4 Enforce support order
5 Obtain collection
6 Other – *Specify* ↓

d. Did . . . receive any help from that agency?

8362

- 1 Yes
2 No – *SKIP to part D, page 62*

e. What kind of help did . . . receive (most recently)?

Mark (X) all that apply.

8364

8366

8368

8370

8372

8374

- 1 Locate the other parent
2 Establish paternity/maternity
3 Establish support obligation
4 Enforce support order
5 Obtain collection
6 Other – *Specify* ↓

Go to part D

Section 5 – TOPICAL MODULES (Continued)

Part D – 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">8400</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16, page 63</i></p>
<p>2. Did . . . make regular payments, lump-sum payments, or both?</p>	<p align="center">8402</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">8404</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 5b</i></p>
<p>b. For how many children did . . . make support payments?</p>	<p align="center">8406</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Children x1 <input type="checkbox"/> DK</p>
<p>c. Were any of these payments the result of a court-order or some other kind of written agreement?</p>	<p align="center">8408</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4c</i></p>
<p><i>ASK OR VERIFY –</i> d. Was this/these agreement(s) a court-ordered agreement or some other type of agreement? <i>Mark (X) all that apply.</i></p>	<p align="center">8410</p> <p>1 <input type="checkbox"/> Court-order</p> <p align="center">8412</p> <p>2 <input type="checkbox"/> Other agreement – <i>Specify</i> ↓</p>
<p>These next few questions relate to the most recent court-ordered and/or written child support agreement for . . . 's child(ren).</p>	
<p>3e. In what year was this agreement FIRST reached?</p>	<p align="center">8414</p> <p align="center">1 9 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p>f. Has the dollar amount ever been changed?</p>	<p align="center">8416</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3h</i></p>
<p>g. In what year was the amount last changed?</p>	<p align="center">8418</p> <p align="center">1 9 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p>h. Is . . . still supposed to pay child support?</p>	<p align="center">8420</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>i. How much did . . . pay in child support under this agreement during the past 12 months?</p>	<p align="center">8422</p> <p align="center">\$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>j. Were these payments made by withholding money from . . . 's paycheck?</p>	<p align="center">8424</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4a. (Other than the most recent support agreement/ payments discussed above), were any of . . . 's other children outside of this household under age 21 covered by any other court-ordered and/or written child support agreement?</p>	<p align="center">8426</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4c</i></p>
<p>b. How much did . . . pay in child support for this/these arrangement(s) during the past 12 months?</p>	<p align="center">8428</p> <p align="center">\$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>c. (Other than the agreement discussed above) were any child support payments made without a written child support agreement for . . . 's children under age 21?</p>	<p align="center">8430</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>d. How much did . . . pay for child support under this arrangement during the past 12 months?</p>	<p align="center">8432</p> <p align="center">\$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

<p>5a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?</p>	<p>8434 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16</i></p>				
<p>b. For how many (other) persons did . . . make support payments?</p>	<p>8436 <input type="text"/> <input type="text"/> Persons x1 <input type="checkbox"/> DK</p>				
<p><i>ASK 5c–5e 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="vertical-align: top;"> <p>8438 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative</p> </td> <td style="vertical-align: top;"> <p>8440 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative</p> </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	<p>8438 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative</p>	<p>8440 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Nonrelative</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;"> <tbody> <tr> <td style="width:50%; vertical-align: top;"> <p>8442 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p> </td> <td style="width:50%; vertical-align: top;"> <p>8444 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>	<p>8442 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>	<p>8444 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else</p>		
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<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="width:50%; vertical-align: top;"> <p>8446 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p> </td> <td style="width:50%; vertical-align: top;"> <p>8448 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p> </td> </tr> </tbody> </table>	<p>8446 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>	<p>8448 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>		
<p>8446 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>	<p>8448 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T15 Is the entry in item 5b "03" or more?</p>	<p>8450 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T16</i></p>				
<p>6. 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>8452 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK</p>				
<p>CHECK ITEM T16 Refer to item 27h, page 10. Did . . . have a family plan health insurance policy?</p>	<p>8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part E, page 64</i></p>				
<p><i>ASK OR VERIFY –</i> 7a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . . 's household?</p>	<p>8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part E, page 64</i></p>				
<p>b. How many persons outside of . . . 's household were covered by . . . 's policy?</p>	<p>8458 <input type="text"/> <input type="text"/> Number x1 <input type="checkbox"/> DK</p>				
<p><i>ASK OR VERIFY –</i> c. How were these persons related to . . . ? <i>Mark (X) all that apply.</i></p>	<p>8460 1 <input type="checkbox"/> Child(ren) 8462 2 <input type="checkbox"/> Spouse 8464 3 <input type="checkbox"/> Other – <i>Specify</i> ↓ _____</p>				

Go to part E, page 64

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – HOME HEALTH 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?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8500</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 66</i>				
2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8502</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 66</i>				
3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8504</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>				
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>	<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="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8506</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </td> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8508</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8506</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8508</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help
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ASK OR VERIFY – c. Is (Person mentioned above) a household member?	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:50%; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8510</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8514</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8518</div> 2 <input type="checkbox"/> No </td> <td style="width:50%; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8512</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8516</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8520</div> 2 <input type="checkbox"/> No </td> </tr> </tbody> </table>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8510</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8514</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8518</div> 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8512</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8516</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8520</div> 2 <input type="checkbox"/> No		
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4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8522</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>				
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>	<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="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8524</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </td> <td style="padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8526</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8524</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8526</div> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help
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Section 5 – TOPICAL MODULES (Continued)

Part E – HOME HEALTH CARE (Continued)

5a. Because of . . . 's health or condition, did . . . need help to prepare meals?	8540	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i>																								
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>	8542	<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="text-align: center;">RELATIVE</td> <td style="text-align: center;">RELATIVE</td> </tr> <tr> <td>1 <input type="checkbox"/> Son</td> <td>1 <input type="checkbox"/> Son</td> </tr> <tr> <td>2 <input type="checkbox"/> Daughter</td> <td>2 <input type="checkbox"/> Daughter</td> </tr> <tr> <td>3 <input type="checkbox"/> Spouse</td> <td>3 <input type="checkbox"/> Spouse</td> </tr> <tr> <td>4 <input type="checkbox"/> Parent</td> <td>4 <input type="checkbox"/> Parent</td> </tr> <tr> <td>5 <input type="checkbox"/> Other relative</td> <td>5 <input type="checkbox"/> Other relative</td> </tr> <tr> <td style="text-align: center;">NONRELATIVE</td> <td style="text-align: center;">NONRELATIVE</td> </tr> <tr> <td>6 <input type="checkbox"/> Friend or neighbor</td> <td>6 <input type="checkbox"/> Friend or neighbor</td> </tr> <tr> <td>7 <input type="checkbox"/> Paid help</td> <td>7 <input type="checkbox"/> Paid help</td> </tr> <tr> <td>8 <input type="checkbox"/> Other nonrelative</td> <td>8 <input type="checkbox"/> Other nonrelative</td> </tr> <tr> <td>9 <input type="checkbox"/> Did not receive help</td> <td>9 <input type="checkbox"/> Did not receive help</td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	RELATIVE	RELATIVE	1 <input type="checkbox"/> Son	1 <input type="checkbox"/> Son	2 <input type="checkbox"/> Daughter	2 <input type="checkbox"/> Daughter	3 <input type="checkbox"/> Spouse	3 <input type="checkbox"/> Spouse	4 <input type="checkbox"/> Parent	4 <input type="checkbox"/> Parent	5 <input type="checkbox"/> Other relative	5 <input type="checkbox"/> Other relative	NONRELATIVE	NONRELATIVE	6 <input type="checkbox"/> Friend or neighbor	6 <input type="checkbox"/> Friend or neighbor	7 <input type="checkbox"/> Paid help	7 <input type="checkbox"/> Paid help	8 <input type="checkbox"/> Other nonrelative	8 <input type="checkbox"/> Other nonrelative	9 <input type="checkbox"/> Did not receive help	9 <input type="checkbox"/> Did not receive help
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NONRELATIVE	NONRELATIVE																									
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9 <input type="checkbox"/> Did not receive help	9 <input type="checkbox"/> Did not receive help																									
ASK OR VERIFY – C. Is (Person mentioned above) a household member?	8548	1 <input type="checkbox"/> Yes Person number <table style="margin-left: 40px;"> <tr> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> </tr> </table>																								
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	8554	2 <input type="checkbox"/> No																								
	8552	<table style="margin-left: 40px;"> <tr> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> </tr> </table>																								
	8556	2 <input type="checkbox"/> No																								
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?	8558	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i>																								
e. How many meals a week did . . . usually receive?	8560	<table style="margin-left: 40px;"> <tr> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> </tr> </table> x1 <input type="checkbox"/> DK																								
6a. Did . . . need help from another person in order to get around outside the house?	8562	1 <input type="checkbox"/> Unable to leave the house – <i>SKIP to 7a</i> 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No – <i>SKIP to 7a</i>																								
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>	8564	<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="text-align: center;">RELATIVE</td> <td style="text-align: center;">RELATIVE</td> </tr> <tr> <td>1 <input type="checkbox"/> Son</td> <td>1 <input type="checkbox"/> Son</td> </tr> <tr> <td>2 <input type="checkbox"/> Daughter</td> <td>2 <input type="checkbox"/> Daughter</td> </tr> <tr> <td>3 <input type="checkbox"/> Spouse</td> <td>3 <input type="checkbox"/> Spouse</td> </tr> <tr> <td>4 <input type="checkbox"/> Parent</td> <td>4 <input type="checkbox"/> Parent</td> </tr> <tr> <td>5 <input type="checkbox"/> Other relative</td> <td>5 <input type="checkbox"/> Other relative</td> </tr> <tr> <td style="text-align: center;">NONRELATIVE</td> <td style="text-align: center;">NONRELATIVE</td> </tr> <tr> <td>6 <input type="checkbox"/> Friend or neighbor</td> <td>6 <input type="checkbox"/> Friend or neighbor</td> </tr> <tr> <td>7 <input type="checkbox"/> Paid help</td> <td>7 <input type="checkbox"/> Paid help</td> </tr> <tr> <td>8 <input type="checkbox"/> Other nonrelative</td> <td>8 <input type="checkbox"/> Other nonrelative</td> </tr> <tr> <td>9 <input type="checkbox"/> Did not receive help</td> <td>9 <input type="checkbox"/> Did not receive help</td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	RELATIVE	RELATIVE	1 <input type="checkbox"/> Son	1 <input type="checkbox"/> Son	2 <input type="checkbox"/> Daughter	2 <input type="checkbox"/> Daughter	3 <input type="checkbox"/> Spouse	3 <input type="checkbox"/> Spouse	4 <input type="checkbox"/> Parent	4 <input type="checkbox"/> Parent	5 <input type="checkbox"/> Other relative	5 <input type="checkbox"/> Other relative	NONRELATIVE	NONRELATIVE	6 <input type="checkbox"/> Friend or neighbor	6 <input type="checkbox"/> Friend or neighbor	7 <input type="checkbox"/> Paid help	7 <input type="checkbox"/> Paid help	8 <input type="checkbox"/> Other nonrelative	8 <input type="checkbox"/> Other nonrelative	9 <input type="checkbox"/> Did not receive help	9 <input type="checkbox"/> Did not receive help
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ASK OR VERIFY – C. Is (Person mentioned above) a household member?	8568	1 <input type="checkbox"/> Yes Person number <table style="margin-left: 40px;"> <tr> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> </tr> </table>																								
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	8576	2 <input type="checkbox"/> No																								
	8570	1 <input type="checkbox"/> Yes Person number <table style="margin-left: 40px;"> <tr> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> </tr> </table>																								
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	8578	2 <input type="checkbox"/> No																								

Section 5 – TOPICAL MODULES (Continued)

Part E – HOME HEALTH 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">8580</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8a</i></p>
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<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>	<p>FIRST HELPER</p>	<p>SECOND HELPER</p>
	<p align="center">RELATIVE</p> <p>8582 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help</p>	<p align="center">RELATIVE</p> <p>8584 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p align="center">NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help</p>

<p><i>ASK OR VERIFY –</i> C. Is (Person mentioned above) a household member?</p>	<p>8586 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8590 <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/></p> <p>8594 2 <input type="checkbox"/> No</p>	<p>8588 1 <input type="checkbox"/> Yes</p> <p align="center">Person number</p> <p>8592 <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/></p> <p>8596 2 <input type="checkbox"/> No</p>
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<p><i>ASK OR VERIFY –</i> 8a. During the past month, did . . . (or . . . 's family) pay for any of the help that . . . received?</p>	<p align="center">8598</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T17</i></p>
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<p>b. How much was paid for such help during (Read last month)?</p>	<p>8600 \$ <input style="width:60px; height:20px;" type="text"/> . <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
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<p>CHECK ITEM T17</p> <p><i>Refer to item 6a, page 65.</i> Was . . . unable to leave the house or did . . . need help to get around outside the house?</p>	<p align="center">8602</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T18, page 68</i> 2 <input type="checkbox"/> No</p>
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STATEMENT D → **These next few questions concern help . . . may have given to persons who needed assistance for 3 months or more with personal care, housework, meal preparation, shopping, or getting around outside the home.**

<p>9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household? (Exclude professional care givers who are paid for this assistance.)</p>	<p align="center">8604</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18, page 68</i></p>
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<p>b. How many persons did . . . help in this way?</p>	<p align="center">8606</p> <p>1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three or more</p>
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NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – HOME HEALTH CARE (Continued)

9c. How was (were) this person (these people) related to . . . ?

FIRST PERSON HELPED

- 8608** 1 Parent
 2 Brother/sister
 3 Child
 4 Grandparent
 5 Other relative
 6 Not a relative

SECOND PERSON HELPED

- 8610** 1 Parent
 2 Brother/sister
 3 Child
 4 Grandparent
 5 Other relative
 6 Not a relative

THIRD PERSON HELPED

- 8612** 1 Parent
 2 Brother/sister
 3 Child
 4 Grandparent
 5 Other relative
 6 Not a relative

10. During the last month, did . . . give any of the following kinds of help?

- | | YES | NO |
|--|--|----------------------------|
| a. Help someone dress, eat, bathe, or get to the bathroom? | 8614 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Help someone with housework such as washing dishes, straightening up, or light cleaning? | 8616 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Prepare a meal? | 8618 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Take someone shopping, to a doctor, or somewhere else outside the home? | 8620 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Help someone by keeping track of their money or bills? | 8622 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

11. During the past month, about how many days were there when . . . gave personal care help to someone?

8624 Days
 x1 DK

12. During the past month, about how many hours a week did . . . spend providing personal care help?

8626 Hours
 x1 DK

(Enter "99" if 100 or greater.)

Go to part F, page 68

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – DISABILITY STATUS OF CHILDREN

<p>CHECK ITEM T18 <i>Refer to cc item 27.</i></p> <p>Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	<p>8700</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part G</i></p>		
<p>1 a. Do any of . . . 's children (under 18) in this household have a long lasting physical, mental, or emotional condition which limits their ability to walk, run, or play?</p>	<p>8702</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i></p>		
<p>b. Which children? <i>Enter children by age, oldest first.</i></p>	<p>8704</p>	<p>Person No. [][][] Name _____</p>	<p>8706</p>	<p>Person No. [][][] Name _____</p>
<p><i>(SHOW FLASHCARD II)</i></p> <p>c. What health condition is the main reason (Name of child) has this difficulty?</p>	<p>8710</p>	<p>Code [][] Name of condition _____ _____</p>	<p>8712</p>	<p>Code [][] Name of condition _____ _____</p>
<p>d. Would you say (Name of child)'s limitation is severe, moderate, or minor?</p>	<p>8716</p>	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>	<p>8718</p>	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>
<p>2 a. Do any of . . . 's children (under 18) in this household have a long lasting physical, mental, or emotional condition which limits their ability to learn or do regular school work?</p>	<p>8722</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part G</i></p>		
<p>b. Which children? <i>Enter children by age, oldest first.</i></p>	<p>8724</p>	<p>Person No. [][][] Name _____</p>	<p>8726</p>	<p>Person No. [][][] Name _____</p>
<p><i>(SHOW FLASHCARD II)</i></p> <p>c. What health condition is the main reason (Name of child) has this difficulty?</p>	<p>8730</p>	<p>Code [][] Name of condition _____ _____</p>	<p>8732</p>	<p>Code [][] Name of condition _____ _____</p>
<p>d. Would you say (Name of child)'s limitation is severe, moderate, or minor?</p>	<p>8736</p>	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>	<p>8738</p>	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>

Go to part G, page 69

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – 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 align="center">8816</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 align="center">8818</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i></p>
<p>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</p>	<p align="center">8820</p> <p><input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i></p>	<p align="center">8821</p> <p>1 <input type="checkbox"/> Child birth</p> <p align="center">8822</p> <p>2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches)</p> <p align="center">8823</p> <p>3 <input type="checkbox"/> Other medical</p>
<p>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</p>	<p align="center">8824</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>e. How many nights in all did . . . spend in a hospital during the past 12 months?</p>	<p align="center">8825</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>f. How many of these nights were in the past 4 months?</p>	<p align="center">8826</p> <p>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 align="center">8828</p> <p>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 align="center">8830</p> <p><input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } <i>SKIP to 5a</i></p>
<p>b. How many of these visits or calls were in the past 4 months?</p>	<p align="center">8832</p> <p><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 align="center">8834</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T19, page 70</i></p>

Section 5 – TOPICAL MODULES (Continued)

Part G – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES (Continued)

<p>5b. To what kind of place does . . . usually go?</p> <p><i>Mark (X) only one.</i></p>	<p align="center">8836</p> <p>1 <input type="checkbox"/> Doctor's office (or HMO)</p> <p>2 <input type="checkbox"/> VA hospital</p> <p>3 <input type="checkbox"/> Military hospital</p> <p>4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military)</p> <p>5 <input type="checkbox"/> Hospital emergency room</p> <p>6 <input type="checkbox"/> Company or industry clinic</p> <p>7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic)</p> <p>8 <input type="checkbox"/> Other – <i>Specify</i> ↓</p> <hr style="width: 80%; margin-left: 0;"/>
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<p>CHECK ITEM T19</p> <p><i>Refer to item 27a, page 10.</i></p> <p>Is . . . covered by a health insurance plan?</p>	<p align="center">8838</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to part H</i></p> <p>2 <input type="checkbox"/> No</p>
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<p>CHECK ITEM T20</p> <p>Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?</p>	<p align="center">8840</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to part H</i></p> <p>2 <input type="checkbox"/> No</p>
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<p>6. I have recorded that . . . is not covered by a health insurance plan. Is that correct?</p>	<p align="center">8842</p> <p>1 <input type="checkbox"/> Correct</p> <p>2 <input type="checkbox"/> Incorrect – covered by some other plan – <i>SKIP to part H</i></p>
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<p><i>(SHOW FLASHCARD JJ)</i></p> <p>7. Which answer on this card best describes why . . . is not covered by health insurance?</p> <p><i>Mark (X) only one.</i></p>	<p align="center">8844</p> <p>1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment</p> <p>2 <input type="checkbox"/> Employer does not offer health insurance</p> <p>3 <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age</p> <p>4 <input type="checkbox"/> Too expensive; can't afford health insurance</p> <p>5 <input type="checkbox"/> Dissatisfied with previous health insurance</p> <p>6 <input type="checkbox"/> Don't believe in health insurance</p> <p>7 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance</p> <p>8 <input type="checkbox"/> Able to go to VA or military hospital for medical care</p> <p>9 <input type="checkbox"/> Covered by some other health plan</p> <p>10 <input type="checkbox"/> Other – <i>Specify</i> ↓</p> <hr style="width: 80%; margin-left: 0;"/>
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Go to part H

<p>NOTES</p>	
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Section 5 – TOPICAL MODULES – Continued

Part H – FUNCTIONAL ACTIVITIES

The next few questions are about ...'s health and ability to perform certain activities.

1 a. Does ... have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if ... usually wears them? **8900** 1 Yes
2 No – SKIP to Check Item T21

b. Is ... able to do this at all? **8902** 1 Yes
2 No

CHECK ITEM T21 Is ... a self-respondent? **8904** 1 Yes – Mark 1c through 1e by observation
2 No – ASK 1c through 1e

1 c. Does ... have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if ... usually wears one.) **8906** 1 Yes
2 No – SKIP to 1e

d. Is ... able to do this at all? **8908** 1 Yes
2 No

e. Does ... have any trouble having his/her speech understood? **8910** 1 Yes
2 No

2. MARK BY OBSERVATION IF APPARENT. Does ... generally use an aid to help ... get around such as crutches, a cane, or a wheelchair? **8912** 1 Yes
2 No

These next questions ask whether ...'s health or condition affects ...'s ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.)

3 a. Does ... have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries? **8914** 1 Yes
2 No – SKIP to 3c

b. Is ... able to do this at all? **8916** 1 Yes
2 No

c. Does ... have any difficulty walking for a quarter of a mile – about 3 city blocks? **8918** 1 Yes
2 No – SKIP to 3e

d. Is ... able to do this at all? **8920** 1 Yes
2 No

e. Does ... have any difficulty walking up a flight of stairs without resting? **8922** 1 Yes
2 No – SKIP to 3g

f. Is ... able to walk up a flight of stairs without the help of another person? **8924** 1 Yes
2 No

g. Does ... have any difficulty getting around outside the house by ...'s self? **8926** 1 Yes
2 No – SKIP to 3i

h. Does ... need the help of another person in order to get around outside the house? **8928** 1 Yes
2 No

i. Does ... have any difficulty getting around inside the house by ...'s self? **8930** 1 Yes
2 No – SKIP to 3k

j. Does ... need the help of another person in order to get around inside the house? **8932** 1 Yes
2 No

k. Does ... have any difficulty getting into and out of bed by ...'s self? **8934** 1 Yes
2 No – SKIP to Check Item C1, page 75

l. Does ... need the help of another person in order to get in and out of bed? **8936** 1 Yes
2 No

Go to Check Item C1, page 75

NOTES