

Section 5 — TOPICAL MODULES

Part A — RECIPIENCY HISTORY

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

CHECK ITEM T1 Refer to cc items 44–47. Was an interview obtained for . . . in Wave 1? 8000 1 Yes
2 No — SKIP to Check Item T3

FIELD REPRESENTATIVE 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.)

RECIPIENCY 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		
			Month	OR DK	Year	OR DK	
1		8004 <input type="text"/>	8006 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8008 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
2		8010 <input type="text"/>	8012 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8014 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
3		8016 <input type="text"/>	8018 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8020 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
4		8022 <input type="text"/>	8024 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8026 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
5		8028 <input type="text"/>	8030 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8032 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
6		8034 <input type="text"/>	8036 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8038 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
7		8040 <input type="text"/>	8042 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8044 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>
8		8046 <input type="text"/>	8048 <input type="text"/>	<input type="checkbox"/> x1 <input type="checkbox"/>	8050 <input type="text"/>	1 9 <input type="text"/>	<input type="checkbox"/> 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?
(If authorized but never received, mark "Don't know.") 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 Months
OR
8068 Years
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, Recipieny 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 1 <input type="text"/> 9 <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"/> Months OR 8090 <input type="text"/> <input type="text"/> Years 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, Recipieny 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 1 <input type="text"/> 9 <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"/> Months OR 8110 <input type="text"/> <input type="text"/> Years 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 A — RECIPIENCY HISTORY (Continued)

5. During our last visit we recorded that . . . was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?

8118 Month x1 Don't know

8120 1 9 Year x1 Don't know

8122 x3 Never covered by Medicaid

CHECK ITEM T10 Refer to item 27a, page 10. Was . . . covered by a health insurance plan? (Is item 27a, page 10 marked "Yes"?)

8124 1 Yes
2 No — SKIP to item 7

6. We have recorded that . . . is covered by a private health insurance plan. For how long has . . . been covered by health insurance without interruption?

8126 Months

OR

8128 Years

8130 x3 Have always had insurance
x1 DK

} SKIP to Check Item T11

7. We have recorded that . . . is not currently covered by a private health insurance plan. When was the last time . . . was covered by private health insurance?

8132 Month x1 Don't know

8134 1 9 Year x1 Don't know

8136 x3 Has never been covered

CHECK ITEM T11 Refer to cc item 19b. Is . . . the reference person?

8138 1 Yes
2 No — SKIP to Check Item T14

CHECK ITEM T12 Refer to cc items 16a and 16b. Is this housing unit public or subsidized?

8140 1 Yes
2 No — SKIP to Check Item T13

8. For how long has . . . been living in public or subsidized housing?

8142 Months

OR

8144 Years

8146 x3 Have always lived in public housing
x1 DK

} SKIP to Check Item T14

CHECK ITEM T13 Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20—27, or code 173?

8148 1 Yes
2 No — SKIP to Check Item T14

9. Is . . . on a waiting list for public or subsidized housing?

8150 1 Yes
2 No

NOTES

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
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STATEMENT D → Now I would like to ask some questions about some of the jobs . . . has held.

CHECK ITEM T15	Refer to cc items 42 and 43. Is there an employer or business listed?	8202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T17
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ASK OR VERIFY –		PGM 8	Name of employer or business
1. What was the name of . . . 's MAIN employer or business during the period (8 months ago) through (5 months ago)?		8204	_____
<i>(If more than one, enter the name of the most recent employer during the period (8 months ago) through (5 months ago).)</i>			

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 ID number
			OR
		8208	<input type="checkbox"/> Business ID 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
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ASK OR VERIFY –		PGM 8	Name of employer or business
2. What was the name of . . . 's MAIN employer or business during the past 4 months?		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 ID number
			OR
		8216	<input type="checkbox"/> Business ID number

3. When did . . . start working for (Read name of employer or business)?		8218	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know (If worked for more than one period of time, ask about most recent period.)
		8220	1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know

CHECK ITEM T19	Refer to Check Items T16 or T18 above. Is an "Employer ID number" entered?	8222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
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4a. About how many persons 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
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b. 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
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c. About how many persons 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
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d. Was . . . a member of a labor union or a member 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
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e. 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
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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"/> <input type="text"/> Months } OR 8236 <input type="text"/> <input type="text"/> Years } <i>SKIP to 6a</i> 8238 x1 <input type="checkbox"/> DK</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"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know } <i>SKIP to Check Item T20</i> 8242 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know } 8244 x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more } <i>ASK 5b</i></p>
<p>b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business? Mark (X) only one.</p>	<p>8246 1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other — Specify _____ } <i>SKIP to Check Item T23, page 60</i> x1 <input type="checkbox"/> DK</p>
<p>6a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<p>8248 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8250 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know 8252 x3 <input type="checkbox"/> Never had another job lasting two weeks or more — <i>SKIP to Check Item T22</i></p>
<p>CHECK ITEM T20 Refer to item 5a or 6a above. Is the year 1979 or later?</p>	<p>8254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T22</i></p>
<p>6b. What was the name of . . .'s employer or business at that time?</p>	<p>PGM 8 Name of employer or business 8256 _____</p>
<p>c. What kind of company, business, or industry was (Name of employer or business)?</p>	<p>PGM 8 8258 _____</p>
<p>d. Was that business or industry mainly — (Read categories)</p>	<p>PGM 8 8260 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 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 8262 _____</p>
<p>f. What were . . .'s most important activities or duties?</p>	<p>PGM 8 8264 _____</p>
<p><i>ASK OR VERIFY —</i> g. Did . . . work for an employer on that job or was . . . self-employed?</p>	<p>PGM 7 8266 1 <input type="checkbox"/> Worked for an employer 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"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8270 1 9 <input type="text"/> <input type="text"/> 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)? Mark (X) only one.</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 – Specify <input type="checkbox"/></p>
<p>7a. In what year did . . . first work six straight months or longer at some 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 – SKIP to Check Item T23, page 60 x1 <input type="checkbox"/> DK – SKIP to Check Item T22</p>
<p>b. Since (Year in 7a) has . . . always worked at least six months during the year?</p>	<p>8276 <input type="checkbox"/> Yes – SKIP to Check Item T23, page 60 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – SKIP to Check Item T23, page 60</p>
<p>c. How many years were there when . . . worked at least 6 months during the year?</p>	<p>8278 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T21 Refer to item 7a. Is the year in item 7a 1979 or later?</p>	<p>8280 <input type="checkbox"/> Yes – SKIP to 8a <input type="checkbox"/> No</p>
<p>7d. Since the beginning of 1979 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 Refer to item 7a above, or item 3, page 57. 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 – SKIP to Check Item T23, page 60</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? (If dates in both 7a and 3, use earlier date.)</p>	<p>8286 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T23, page 60</p>
<p>b. About how many times has . . . gone 6 months or longer without working at a paid 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 paid 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"/> 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"/> x1 <input type="checkbox"/> DK</p>
<p>d. What was the main reason . . . did not work at a paid job or business during that time? Mark (X) only one.</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 – Specify <input type="checkbox"/></p>

Section 5 – TOPICAL MODULES – Continued

Part C – WORK DISABILITY HISTORY

CHECK ITEM T23	Refer to cc item 24. What is ...'s age?	8300	1 <input type="checkbox"/> 15 years old – SKIP to Statement F, page 62 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to Statement F, page 62
STATEMENT E → 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	1 <input type="checkbox"/> Yes – SKIP to 1a 2 <input type="checkbox"/> No
CHECK ITEM T25	Refer to cc, item 47. Is "Disabled" (code 171) marked on the control card for ...?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
1a.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8306	1 <input type="checkbox"/> Yes – SKIP to 1c 2 <input type="checkbox"/> No – SKIP to Statement F, page 62
b.	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	8308	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Statement F, page 62
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
		8314	OR x3 <input type="checkbox"/> Person was limited before person became of working age – SKIP to 2a x5 <input type="checkbox"/> Person became limited after retiring – SKIP to Statement F, page 62
d.	Was ... employed at the time ...'s work limitation began?	8316	1 <input type="checkbox"/> Yes – SKIP to 2a 2 <input type="checkbox"/> 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
		8322	OR x3 <input type="checkbox"/> Had never been employed before work limitation began
2a.	ASK OR VERIFY – (SHOW FLASHCARD EE) What health condition is the main reason for ...'s work limitation?	8324	Code <input type="text"/> <input type="text"/> Name of health condition _____
b.	ASK OR VERIFY – Was this condition caused by an accident or injury?	8326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T26
c.	Where did the accident or injury take place – was it (Read categories) – Mark (X) only one.	8328	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
CHECK ITEM T26	Is "Worked" (code 170) marked on the ISS?	8330	1 <input type="checkbox"/> Yes – SKIP to Check Item T27 2 <input type="checkbox"/> No
3a.	Does ...'s health or condition prevent ... from working at a job or business?	8332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
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 } SKIP to Statement F, page 62
		8338	OR x3 <input type="checkbox"/> Has never been able to work at a job – SKIP to Statement F, page 62

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
3 Not able to work — *SKIP to Statement F, page 62*

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

8344

- 1 Regularly
2 Only occasionally or irregularly
3 Not able to work — *SKIP to Statement F, page 62*

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 F

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 items 31b and 31c.
Has . . . completed the 12th grade?

- 8400 1 No, has not completed 12th grade
2 Yes, has completed 12th grade — SKIP to item 3a

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

8402 Month x1 Don't know

8404 1 9 Year x1 Don't know

- 8406 1 Currently attending — SKIP to Check Item T32, page 65
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 1 9 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, a university, or a technical, business, or vocational school beyond high school?

8418 Month x1 Don't know

8420 1 9 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, technical, or business 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 1 9 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 1 9 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 1 9 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 65 <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 type="checkbox"/> x1 DK } SKIP to Check Item T32, page 65
	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) or Comprehensive Employment Training Act (CETA) <input type="checkbox"/> 8450 2 Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN) <input type="checkbox"/> 8452 3 Food Stamps Work Program <input type="checkbox"/> 8454 4 Other program sponsored by the Welfare Program or AFDC <input type="checkbox"/> 8456 5 Veterans' Training Programs <input type="checkbox"/> 8458 6 No
	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 Don't know <input type="checkbox"/> 8500 1 9 [] [] Year x1 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 Currently attending <input type="checkbox"/> x4 Less than 1 week <input type="checkbox"/> x1 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

Go to Check Item T32, page 65

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – MARITAL HISTORY (Continued)

<p>CHECK ITEM T36 Has a Wave 2 interview been obtained for ...'s spouse?</p>	8638	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Statement H</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household</p>
<p>4a. In what month and year did ... get married (most recently)?</p>	8640	<p><input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p>
	8642	<p>1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM T37 Refer to Check Item T32. What is ...'s current marital status?</p>	8644	<p>1 <input type="checkbox"/> Married, spouse present } <i>SKIP to Statement H</i> 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated – <i>SKIP to item 4c</i></p>
<p>4b. In what month and year was ... (widowed/divorced)?</p>	8646	<p><input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p>
	8648	<p>1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>CHECK ITEM T38 Refer to Check Item T37. Is "Widowed" marked?</p>	8650	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Statement H</i> 2 <input type="checkbox"/> No</p>
<p>4c. When did ... actually stop living with ...'s (most recent) spouse?</p>	8652	<p><input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p>
	8654	<p>1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>

GO to Statement H

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – MIGRATION HISTORY

STATEMENT H

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

<p>1. When did . . . move into this home/apartment/mobile home?</p>	<p>8700 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8702 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>x4 <input type="checkbox"/> Always lived here – <i>SKIP to Check Item T40, page 68</i></p>
<p>2. Before living here, where did . . . live? <i>(Refer to Flashcard GG for State or country code.)</i></p>	<p>8704 1 <input type="checkbox"/> Same state, same county 2 <input type="checkbox"/> Same state, different county <input type="checkbox"/> Different State – <i>Specify code</i></p> <p>8706 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK } <i>SKIP to item 6</i></p> <p><input type="checkbox"/> Different country – <i>Specify code</i></p> <p>8708 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK }</p>
<p>3. During what period of time did . . . live there?</p>	<p>8709 x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T40, page 68</i></p> <p>FROM</p> <p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8712 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>TO</p> <p>8714 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8716 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>4. Has . . . ever lived in another State or foreign country?</p>	<p>8718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 7</i></p>
<p>5. What State or foreign country was that? <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i></p>	<p>8720 Specify code <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> Don't know</p>
<p>6. During what period of time did . . . live there?</p>	<p>FROM</p> <p>8722 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8724 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>TO</p> <p>8726 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8728 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>7. In what State or foreign country was . . . born? <i>(Enter code from Flashcard GG.)</i></p>	<p>8730 Specify code <input type="text"/> <input type="text"/> _____</p>
<p>CHECK ITEM T39 <i>Refer to item 7 above.</i> Does the code in item 7 equal a foreign country code of 62–92 or 99?</p>	<p>8732 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T40, page 68</i></p>
<p>8. Is . . . a naturalized citizen of the United States?</p>	<p>8734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents – <i>SKIP to Check Item T40, page 68</i></p>
<p>9. When did . . . come to the United States to stay?</p>	<p>8736 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x5 <input type="checkbox"/> Before 1901</p>

Section 5 – TOPICAL MODULES (Continued)

Part G – FERTILITY HISTORY (Continued)

4a. When was . . . 's first child born?

8792 Month x1 Don't know

8794 Year x1 Don't know

**CHECK
ITEM T46**

Refer to item 4a.
Was . . . 's first child born on
or after January 1, 1970?

8796 1 Yes
2 No – *SKIP to Check Item T48, page 70*

ASK OR VERIFY –

4b. With whom does the child live now?

8798 1 **Resides in this household** – *Go to Check Item T47*

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 T48, page 70*

**CHECK
ITEM T47**

Write the person number of
the first child.

8800 Person number of first child

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part H – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T48	What is the composition of this household?	9266	<input type="checkbox"/> One person HH	} SKIP to Check Item C1, page 75
			<input type="checkbox"/> Two person HH consisting of husband and wife	
			<input type="checkbox"/> Two person HH consisting of non-relatives	
			<input type="checkbox"/> Other	

CHECK ITEM T49	Is this the Reference Person's questionnaire?	9268	<input type="checkbox"/> Yes
			<input type="checkbox"/> 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 J

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
		a.	b.	c.	d.	e.	f.
	Person No.						
	ROSTER						
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

