Section 5 — TOPICAL MODULES

Part A — RECIPIENCY HISTORY

CHECK ITEM T1 — *Refer to cc item 24.* Is . . . 18 years of age or older?

8052 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T12, page 55*

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

CHECK ITEM T2 — *Refer to the ISS.* Is "Food stamps" (code 27) marked?

8054 1 ☐ Yes
2 ☐ No — *SKIP to 1b*

1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?

8056 1 ☐ Yes — *SKIP to 1d*
2 ☐ No — *SKIP to Check Item T3*

b. Has . . . ever applied for the Federal Government's Food Stamp Program?

8058 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T3*

c. Has . . . ever been authorized to receive food stamps?

8060 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T3*

d. *When did* . . . first start receiving food stamps?

8062 ☐☐ Month x1 ☐ DK

8064 1 9 ☐☐ Year x1 ☐ DK

e. For how long did . . . receive food stamps that time?

8066 ☐☐ Months
8068 OR
8070 ☐☐ Years
x1 ☐ DK

f. How many times in all have there been when . . . received food stamps?

8072 ☐☐ Times
x1 ☐ DK

NOTES

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — RECIPIENCY HISTORY (Continued)

CHECK ITEM T3 — *Refer to cc item 27.*
Is . . . a designated parent or guardian of children under 18 years old who live in this household?

8074 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T5*

CHECK ITEM T4 — *Refer to the ISS.*
Is "AFDC" (code 20) marked?

8076 1 ☐ Yes
2 ☐ No — *SKIP to 2b*

2a. Besides this period of time, have there been any other times when . . . received AFDC (ADC)?

8078 1 ☐ Yes — *SKIP to 2d*
2 ☐ No — *SKIP to Check Item T5*

b. Has . . . ever applied for benefits from the program called AFDC — Aid to Families With Dependent Children (or ADC)?

8080 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T5*

c. Has . . . ever received AFDC (ADC) benefits?

8082 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T5*

d. When did . . . first start receiving AFDC (ADC) benefits?

8084 ☐☐ Month x1 ☐ DK
8086 1 9 ☐☐ Year x1 ☐ DK

e. For how long did . . . receive AFDC (ADC) that time?

8088 ☐☐ Months
OR
8090 ☐☐ Years
8092 x1 ☐ DK

f. How many times in all have there been when . . . received AFDC (ADC)?

8094 ☐☐ Times
x1 ☐ DK

CHECK ITEM T5 — *Refer to the ISS.*
Is "SSI" (codes 3 or 4) marked?

8096 1 ☐ Yes
2 ☐ No — *SKIP to 3b*

3a. Besides this period of time, have there been any other times when . . . received SSI benefits?

8098 1 ☐ Yes — *SKIP to 3d*
2 ☐ No — *SKIP to Check Item T6*

b. Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?

8100 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T6*

c. Has . . . ever received SSI benefits?

8102 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T6*

d. When did . . . first start receiving SSI?

8104 ☐☐ Month x1 ☐ DK
8106 1 9 ☐☐ Year x1 ☐ DK

e. For how long did . . . receive SSI that time?

8108 ☐☐ Months
OR
8110 ☐☐ Years
8112 x1 ☐ DK

CHECK ITEM T6 — *Refer to the ISS.*
Is "Medicaid" (code 173) marked?

8114 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T8*

CHECK ITEM T7 — *Refer to the ISS.*
Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?

8116 1 ☐ Yes — *SKIP to Check Item T8*
2 ☐ No

Section 5 — TOPICAL MODULES (Continued)

Part A — RECIPIENCY HISTORY (Continued)

4. **Earlier we recorded that . . . was covered by** *(Use local name for Medicaid).*

***When did . . .'s* period of Medicaid coverage first begin?**

8118 ☐☐ Month — x1 ☐ DK

8120 1 9 ☐☐ Year — x1 ☐ DK

8122 x3 ☐ Never covered by Medicaid

CHECK ITEM T8 *Refer to item 24a, page 8.* Was . . . covered by a health insurance plan? (Is item 24a, page 8 marked "Yes"?)

8124 1 ☐ Yes
2 ☐ No — *SKIP to item 6*

5. **We have recorded that . . . was covered by a private health insurance plan during the 4-month period. For how long was . . . covered by health insurance without interruption?**

8126 ☐☐ Months
OR
8128 ☐☐ Years
8130 x3 ☐ Have always had insurance
x1 ☐ DK

SKIP to Check Item T9

6. **We have recorded that . . . was not covered by a private health insurance plan during the 4-month period. When was the last time . . . was covered by private health insurance?**

8132 ☐☐ Month — x1 ☐ DK

8134 1 9 ☐☐ Year — x1 ☐ DK

8136 x3 ☐ Has never been covered

CHECK ITEM T9 *Refer to cc item 19b.* Is . . . the reference person?

8138 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T12*

CHECK ITEM T10 *Refer to cc items 16a and 16b.* Is this housing unit public or subsidized?

8140 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T11*

7. **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 T12

CHECK ITEM T11 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 T12*

8. **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 T12 — *Refer to cc item 24.* Is . . . 18 to 64 years old?

8200 1 ☐ Yes
2 ☐ No — *SKIP to Check Item C1, page 59*

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

CHECK ITEM T13 — Is "Worked" (code 170) marked on the ISS?

8210 1 ☐ Yes
2 ☐ No — *SKIP to 4a*

ASK OR VERIFY —

1. What was the name of . . .'s MAIN employer or business during the past 4 months?

PGM 8 Name of employer or business
8212 _____

CHECK ITEM T14 — *Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.* What is the ID number of this employer or business?

PGM 7
8214 ☐ Employer number
OR
8216 ☐ Business number

2. When did . . . start working for *(Read name of employer or business)*?

(If worked for more than one period of time, ask about most recent period)

8218 ☐☐ Month x1 ☐ DK
8220 1 9 ☐☐ Year x1 ☐ DK

CHECK ITEM T15 — *Refer to Check Item T14 above.* Is an "Employer number" entered?

8222 1 ☐ Yes
2 ☐ No — *SKIP to 5a*

3a. About how many persons were employed by . . .'s employer at the location where . . . works (worked)?

8224 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1,000 or more
x1 ☐ DK
} *SKIP to 3d*

b. Did . . .'s employer operate in more than one location?

8226 1 ☐ Yes
2 ☐ No
x1 ☐ DK
} *SKIP to 3d*

c. About how many persons were employed by . . .'s employer at ALL LOCATIONS?

8228 1 ☐ Under 25
2 ☐ 25 to 99
3 ☐ 100 to 499
4 ☐ 500 to 999
5 ☐ 1,000 or more
x1 ☐ DK

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY — Continued

3d. **For how many years has . . . done the kind of work that . . . does on this job?**

8234 ☐☐ Months
OR
8236 ☐☐ Years
8238 x1 ☐ DK
→ *SKIP to 5a*

4a. **When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?**

8240 ☐☐ Month x1 ☐ DK
8242 1 9 ☐☐ Year x1 ☐ DK
→ *SKIP to Check Item T16*

8244 x3 ☐ Never worked for 2 consecutive weeks or more
→ *ASK 4b*

b. **What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business?**

Mark (X) only one.

8246
1 ☐ Taking care of home or family
2 ☐ Ill or disabled
3 ☐ Going to school
4 ☐ Couldn't find work
5 ☐ Didn't want to work
7 ☐ Other — Specify _____
x1 ☐ DK
→ *SKIP to Check Item C1, page 59*

5a. **Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?**

8248 ☐☐ Month x1 ☐ DK
8250 1 9 ☐☐ Year x1 ☐ DK
8252 x3 ☐ Never had another job lasting two weeks or more — *SKIP to Check Item T18*

CHECK ITEM T16 *Refer to item 4a or 5a above.* Is the year 1981 or later?

8254
1 ☐ Yes
2 ☐ No — *SKIP to Check Item T18*

5b. **What was the name of . . .'s employer or business at that time?**

PGM 8 8256 Name of employer or business _____

c. **What kind of company, business, or industry was** *(Name of employer or business)***?**

PGM 8 8258 _____

d. **Was that business or industry mainly —** *(Read categories)*

PGM 8 8260
1 ☐ **Manufacturing?**
2 ☐ **Wholesale trade?**
3 ☐ **Retail trade?**
4 ☐ **Some other kind of business?**

e. **What kind of work was . . . doing on that job?**

PGM 8 8262 _____ _____

f. **What were . . .'s most important activities or duties?**

PGM 8 8264 _____ _____

g. **Did . . . work for an employer on that job or was . . . self-employed?**

PGM 7 8266
1 ☐ Worked for an employer
2 ☐ Self-employed

h. **When did . . . START working for** *(Name of employer or business)***?**

8268 ☐☐ Month x1 ☐ DK
8270 1 9 ☐☐ Year x1 ☐ DK

Section 5 — TOPICAL MODULES (Continued)

Part B — EMPLOYMENT HISTORY (Continued)

5i. **What was the main reason . . . stopped working for** *(Name of employer or business)*?

8272
1 ☐ Layoff, plant closed
2 ☐ Discharged
3 ☐ Job was temporary and ended
4 ☐ Found a better job
5 ☐ Retirement/old age
6 ☐ Did not like working conditions
7 ☐ Dissatisfied with earnings
8 ☐ Did not like location
9 ☐ Going to school
10 ☐ Became pregnant/had child
11 ☐ Health reasons
12 ☐ Other family or personal reasons
13 ☐ Other — *Specify* →

_____

6a. **In what year did . . . first work six straight months or longer at some job or business?**

8274 1 9 ☐☐
X3 ☐ Never worked 6 straight months at a job or business — *SKIP to Check Item C1, page 59*
X1 ☐ DK — *SKIP to Check Item T18*

b. **Since** *(Year in 6a)* **has . . . always worked at least six months during the year?**

8276
1 ☐ Yes —*SKIP to Check Item C1, page 59*
2 ☐ No
X1 ☐ DK — *SKIP to Check Item C1, page 59*

c. **How many years were there when . . . worked at least 6 months during the year?**

8278 ☐☐ Years
X1 ☐ DK

CHECK ITEM T17 *Refer to item 6a.* Is the year in item 6a 1981 or later?

8280
1 ☐ Yes — *SKIP to 7a*
2 ☐ No

6d. **Since the beginning of 1981 how many years have there been when . . . worked at least 6 months during the year?**

8282 X5 ☐ All years
OR
☐☐ Years
OR
X1 ☐ DK

CHECK ITEM T18 *Refer to item 6a above, or item 2.* Is there a year entered in item 6a or in item 2?

8284
1 ☐ Yes
2 ☐ No — *SKIP to Check Item C1, page 59*

7a. **(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 6a or 2)*, **have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?** *(If dates in both 6a and 2, use earliest date.)*

8286
1 ☐ Yes
2 ☐ No — *SKIP to Check Item C1, page 59*

b. **About how many times has . . . gone 6 months or longer without working at a paid job or business?**

8288 ☐☐ Times
X1 ☐ DK

c. **When was the last time that . . . went 6 months or longer without working at a paid job or business?**

FROM
8290 1 9 ☐☐
X1 ☐ DK
TO
8292 1 9 ☐☐
X1 ☐ DK

d. **What was the main reason . . . did not work at a paid job or business during that time?**

Mark only one.

8294
1 ☐ Took care of family or home
2 ☐ Own illness or disability
3 ☐ Could not find work
4 ☐ Going to school
5 ☐ Became pregnant/had child
6 ☐ Other — *Specify* →

_____

} *Go to Check Item C1, page 59*