

***SURVEY OF PROGRAM DYNAMICS (SPD)
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GENERAL REFERENCE SECTION

stateref

REFERENCE: PERMISSIBLE STATE CODES

AL=Alabama	IA=Iowa	NJ=New Jersey	VT=Vermont
AK=Alaska	KS=Kansas	NM=New Mexico	VA=Virginia
AZ=Arizona	KY=Kentucky	NY=New York	WA=Washington
AR=Arkansas	LA=Louisiana	NC=N. Carolina	WV=W. Virginia
CA=California	ME=Maine	ND=N. Dakota	WI=Wisconsin
CO=Colorado	MD=Maryland	OH=Ohio	WY=Wyoming
CT=Connecticut	MA=Massachusetts	OK=Oklahoma	
DE=Delaware	MI=Michigan	OR=Oregon	
DC=Dist. Colum.	MN=Minnesota	PA=Pennsylvania	
FL=Florida	MS=Mississippi	RI=Rhode Island	
GA=Georgia	MO=Missouri	SC=S. Carolina	
HI=Hawaii	MT=Montana	SD=S. Dakota	
ID=Idaho	NE=Nebraska	TN=Tennessee	
IL=Illinois	NV=Nevada	TX=Texas	(PRESS ENTER)
IN=Indiana	NH=New Hampshire	UT=Utah	→ _

REFERENCE SCREEN SHIFT-F10 - THIS REFERENCE SCREEN SHOWS INFORMATION THAT PERTAINS TO FUNCTION KEYS

Keymap

F1	BACK one item
F2	FORWARD one item (item must be answered)
F3	NEXT UNANSWERED item
F4	JUMP MENU
F7	Enter NOTES
F9	SKIP to next person
F10	Skip to END
Shift-F1	Current household information
Shift-F3	Current household members (Names only)
Shift-F5	SPANISH translation
Shift-F6	WINDOW toggle (jump to 2nd window)
Shift-F7	View NOTES
Shift-F8	Who's the RESPONDENT?
Shift-F9	Contact person information

_ (PRESS ENTER)

REFERENCE SCREEN SHIFT-F1: HH COMPOSITION SCREEN

HH_COMP1

THIS SCREEN IS NOT AVAILABLE UNTIL THE QUESTIONNAIRE PORTION OF THE INTERVIEW.

PRESS ENTER TO CONTINUE _

Note: After Questionnaire Portion Of The Interview (After HHRESP), The "HH_COMP" Screen Looks Like This.

HH_COMP2 This screen presents the current HH composition.

Number of persons in HH:
Person currently interviewed:

LN	NAME	RELAT	P S A A E G MAR R X E STAT	S A E R P F D A N N U C	O R I
----	------	-------	----------------------------------	-------------------------------	-------------

(roster persons)

PRESS ENTER TO CONTINUE ____

REFERENCE SCREEN SHIFT-F3 - NAMES OF HH MEMBERS

HHNAME

CURRENT HOUSEHOLD MEMBERS

LINE NAME

(roster persons)

__ (PRESS ENTER)

Note: After Questionnaire Portion Of The Interview (After HHRESP), The "WHOAMI" Screen Looks Like This.

WHOAMI

The current respondent is:

(roster begin persons)

__ (PRESS ENTER)

(REFERENCE SCREEN SHIFT-F4 - Display Previous Wave Household Roster)

HHLWAVE This screen presents the household composition as of LAST interview.

Household telephone number:(Area Code))(Phone - Number)(Extension)
Household address:

HH Respondent: **Only show when HH Roster have more then one member**

Number of persons recorded in HH:

O				P S A		S
S				A E G	MAR	P
P	LN	NAME	RELAT	R X E	STAT	N

(roster persons)

PRESS ENTER TO CONTINUE

(REFERENCE SCREEN SHIFT-F9 - THIS SCREEN PRESENTS THE CONTACT PERSON'S INFORMATION.)

CP_SUM

NAME 1: CP1 NAME
CP1 ADDRESS
CP RELATIONSHIP
TELEPHONE NO.: (area code) (numbere)-(suffix) **EXT:**

ONLY SHOW WHEN CONTACT PERSONS ARE MORE THEN ONE

NAME 2: CP2 NAME
CP2 ADDRESS
CP2 RELATIONSHIP
TELEPHONE NO.: (area code) (numbere)-(suffix) **EXT:**

- (1) Change information for Contact Person #1
- (2) Change information for Contact Person #2
- (P) PROCEED - All information correct

—
SHOW OPTION #2 WHEN CONTACT PERSONS ARE MORE THEN ONE

(Reference Screen - THIS SCREEN PRESENTS THE CONTACT PERSON # 1)

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CP1

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

Current telephone: _____

Reference Screen - THIS SCREEN PRESENTS THE CONTACT PERSON # 2

CP2

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

Current telephone: _____

FRONT SECTION

START CENSUS CAPI SYSTEM

SPD
THE SURVEY OF PROGRAM DYNAMICS

PSU:
SEGMENT: CASE STATUS IS:

DATE IS: APPOINTMENT:
TIME IS:

- (P) Proceed - PERSONAL INTERVIEW
- (A) Set appointment for visit or callback
- (Q) Quit -- Do Not Attempt now
- (R) Ready to transmit, no more follow-up needed (**#Only show when CASE is ready for transmission**)

Set_Outcome

INSTRUCTIONS: This screen is used to set whatever outcome or action code is desired for this case.

It should only be used as a last resort. Headquarters staff will review all cases where this screen has been used.

Old Outcome: (fill outcome)
New Outcome: _____

Old Action Code: (fill action)
New Action Code: _____

DIAL

FR INSTRUCTION: **TELEPHONE INTERVIEWS ARE ALLOWED ONLY
AS A LAST RESORT**

PRESS SHIFT-F4 TO REVIEW HOUSEHOLD COMPOSITION

Dial this number: Area Code: (___) Phone Number: ___ - ___ Ext: ___
Secondary number: Area Code: (___) Phone Number: ___ - ___ Ext: ___

- (1) Someone answers - BEGIN INTERVIEW
- (2) Someone answers - SET APPOINTMENT
- (3) No contact - answer machine/busy/no answer
- (4) New telephone number or telephone disconnected
- (5) Not attempted now

(This Screen Calls Reference Screen (SHIFT-F4 "HHLWAVE") - Display Previous Wave Household Roster.)

HHAPPT1

FR INSTRUCTION: SHIFT-F4 TO SEE HOUSEHOLD ROSTER;
INTRODUCE YOURSELF TO RESPONDENT

HH RESPONDENT FROM PREVIOUS WAVE:

STREET ADDRESS:

TELEPHONE NUMBER: (Area Code) (Phone #) EXT:

ASK: Is there a convenient time I can contact your household to complete this interview?

- (1) YES - Set appointment for interview
- (2) No - Cannot set up appointment
- (3) ALL sample persons moved to new address

DASSIST

Enter address or (S) for SAME, if no change needed

FR INSTRUCTION: Call directory assistance in your area
if necessary to obtain the correct telephone
number for this household.

(PRESS SHIFT-F4 TO DISPLAY HOUSEHOLD ROSTER AND ADDRESS
FROM PREVIOUS WAVE)

What is the new telephone number for the (fill RESPNAME)
household?

CURRENT NUMBER: Area Code: ___ Telephone: ___ - ___ Ext: ___

___ - ___ - ___

HHAPPT2

When would be a convenient time to conduct an
interview with your household?

HHAPPT3

Before I go, let me verify some information:

Is your address still (READ ADDRESS BELOW) ?

(ADDRESS1)
(ADDRESS2)
(City, State Zip5+4)

- (1) Yes
- (2) No
- (3) Address correction - HH did not move

(Q) End interview

—

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HHAPPT4

Enter address or (S) for SAME, if no change needed

Current listing: (ADDRESS1)
(ADDRESS2)

Current listing: (City)

Current listing: (State)
__ (H) HELP

Current Listing: (Zip5+4)
____-____

CURRENT NUMBER: (Area Code) (Phone#) Ext:
____ - ____ - ____

HHAPPT5

FR INSTRUCTION: PRESS SHIFT-F4 TO DISPLAY PREVIOUS WAVE
HOUSEHOLD ROSTER

I have listed (PRESS SHIFT-F4) as living in this household.

Are ALL of these people still living here?

- (1) Yes
 - (2) No

 - (Q) End interview
-

HHAPPT99

Thank you for your assistance. I will visit your household on (date).

FR INSTRUCTION: This household has persons who have moved since
the last interview; you may wish to review procedures
for movers before the interview.

REMEMBER: Deal with mover cases early in the interview period, so
that you have sufficient time to locate and interview
the people who moved.

PRESS ENTER TO CONTINUE

RECALL

PEOPLE WITH INCOMPLETE SECTIONS

(1) EMPLOYMENT & EARNINGS

LINE NAME

(roster Persons)

(2) INCOME SOURCES

(roster Persons)

(3) EDUC ENROLLMENT, WK TRNG ...

(roster begin Persons)

(4) CHILD CARE ...

(roster begin Persons)

INTRO_D

Those persons listed on the right have not finished those sections.

You can resume the interview with a person in a section, or on the first question where the interview was interrupted (Item No.).

(P) To resume on first skipped question: ITEM NO.

(S) Pick a section & person

(T) Type ABC Screen

—

PEOPLE WITH INCOMPLETE SECTIONS

1. EMPLOYMENT & EARNINGS

LINE NAME

(L_NO) (FULLNAME)

2. INCOME SOURCES

(L_NO) (FULLNAME)

3. EDUC ENROLLMENT, WK TRNG ...

(L_NO) (FULLNAME)

INTRO_D2

Which section do you want to start with?

(1) Employment & Earnings

(2) Income sources

(3) Educ. enrollment, work training, disability, health care

(4) Child Care

—

PEOPLE WITH INCOMPLETE SECTIONS

1. EMPLOYMENT & EARNINGS

LINE NAME

(L_NO) (FULLNAME)

2. INCOME SOURCES

(L_NO) (FULLNAME)

3. EDUC ENROLLMENT, WK TRNG

(L_NO) (FULLNAME)

4) CHILD CARE ...

(FULLNAME)

RESP

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FR: This interview will resume on
Item: (Last Open Question)

LINE NAME
(roster persons)

WHO'S THE RESPONDENT?

ENTER LINE NUMBER OF RESPONDENT
BELOW (MUST BE 15 OR OLDER)

LINE: __

EM2

A respondent must be 15 or older. This person is listed as
(age) years old.

An age has not been determined for this person. Verify
that this person is 15 or older before continuing.

- (1) To continue with this person (must be 15)
- (2) To pick another respondent
- (3) To arrange a callback

INTRO

Hello. I'm ... from the United States Bureau of the Census. Here is my
identification card (**show ID card**). Last year this household was contacted
concerning a study on the economic situation of people who live in the
United States. In order for us to measure change over time, we need to
update that information. I have some further questions to ask you.

FR: DID RESPONDENT RECEIVE ADVANCE LETTER? (IF NOT, GIVE COPY
AND ALLOW TIME TO READ)

- (1) Inconvenient time
 - (2) Reluctant Respondent - Hold for refusal follow-up
 - (3) Noninterview (Type A/B/C/D)
 - (4) Entire household moved
 - (5) Contacted Incorrect Household - END INTERVIEW
- (P) Proceed

TYPEABC ENTER NONINTERVIEW CODE

- | | |
|------------------------|---|
| TYPE A | TYPE B |
| (1) No one home | (20) ENTIRE HH institutionalized |
| (2) Temporarily absent | |
| (3) Refused | TYPE C |
| (4) Language problem | (29) ENTIRE HH deceased |
| (5) Other Type A | (30) ENTIRE HH moved out of country |
| | (31) ENTIRE HH on active duty in Armed Forces |

MOVER SITUATIONS

- (32) ENTIRE HH Moved to known address OUTSIDE of FR's area
- (33) ENTIRE HH Moved to known address WITHIN FR's area
- (34) ENTIRE HH merged with another SPD HH
- (35) ENTIRE HH Moved and split into several new SPD HH's
- (36) ENTIRE HH Moved - further work needed to obtain address
- (37) Other Type C

TYPE D

- (38) ENTIRE HH Moved, address unknown
- (39) ENTIRE HH Moved within US; RO determined case is outside SPD limits

BCINFO

FR INSTRUCTION: For Type B and C noninterviews, collect the following information.

Date the household left sample: Month: ___ Day: ___

Name of person providing noninterview status

Title of contact person (relative, neighbor, etc.)

Contact person's address: _____

City: _____ State: ___ ZIP Code: _____ - _____

Telephone number; Area Code: (____) Number: _____ - _____ Extension: _____

SPCIFY

Specify the kind of "Other" Noninterview

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TYPC_OTH

Specify the kind of "Other" Noninterview

NI_RACE

Enter the Race of the reference person

- (1) White
 - (2) Black
 - (3) American Indian, Aleut or Eskimo
 - (4) Asian or Pacific Islander
 - (5) Other
 - (D) Don't Know
-

NI_SEX

Enter the Sex of the reference person

- (1) Male
 - (2) Female
-

NI_SIZE

ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household.
Count all children and adults.

__ <1-30>

NI_TENUR

Are the living quarters --

- (1) Owned or being bought by the occupant(s)
 - (2) Rented for cash
 - (3) Occupied without payment of cash rent
-

D_INFO

FR INSTRUCTION:

For Type D noninterviews, collect the following information.

Date the household left sample: Month: __ Day: __

Name of person providing noninterview status

Title of contact person (relative, neighbor, etc.)

Contact person's address: _____

City: _____ State: __ ZIP Code: _____

Telephone number; Area Code: (____) Number: ____-____ Extension: _____

TYPEADIS

**** NOTE TO FR ****

PLEASE DISCUSS THIS CASE WITH YOUR SUPERVISOR
BEFORE DESIGNATING IT AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE
—

GET_NEWAD1

ASK OR VERIFY -

Can you give me the new address of the individuals who
lived in this household?

- (1) Yes
 - (2) No / Address not available yet
-

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GET_NEWAD2

IF ANY PART OF THE ADDRESS IS UNKNOWN OR BLANK,
PRESS ENTER TO LEAVE THOSE FIELDS BLANK.

What is the new address for this/these person(s)?

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____
CITY OR PLACE: _____
STATE: _____

ZIP5 : _____

ZIP4 : _____

TELEPHONE NUMBER: (____) ____-____ Extension: _____

ALFTDATE

DATE OF LAST INTERVIEW:

When did these persons leave?

ENTER NUMERIC VALUES FOR MONTH AND DAY

MONTH: ____
DAY: ____

AVERDATE

I would like to verify that
these persons left before (MONTH) 1st.
Is that correct?

- (1) Yes
 - (2) No (JUMP BACK TO ALFTDATE)
-

ARSNLFT

Why did these persons leave the household?
ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (10) Other

— — —

ALFTMAIN

What is the main reason these persons
left the household?

Display Reasons

__<1-10>

VERADD

What is your exact address?

CURRENT ADDR: _____

- (1) Address correct as listed
- (2) Some additions/changes to address are needed
- (H) Help

—

STATE FIELD CAN NOT BE BLANK - SELECT CHOICE 2 AND UPDATE

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ADDWARN

FR INSTRUCTION:

If the entire household has moved to a new address, DO NOT use the address change screen. Entire-household mover cases should be spawned from the TYPEABC screen. Enter (S) at the prompt to spawn a mover case (or cases).

- (N) No changes needed
- (S) Spawn mover case(s) from TYPEABC screen
- (P) Proceed to the address change screen

—

CHGADD

CURRENT _____
ADDRESS _____

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: _____
ZIP5: _____
ZIP4: _____

CURRENT TELEPHONE NUMBER:

Area Code: _____ Telephone: _____ - _____ Extension: _____

CHGMAIL

FR: Please enter the correct mailing address below.

CURRENT ADDRESS _____

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: _____
ZIP5: _____
ZIP4: _____

ACCESS

**** DO NOT READ TO RESPONDENT ****

IS ACCESS TO THIS UNIT

- (1) Direct
- (2) Through another unit
- (H) Help

—

UNIT_CMB

**** DO NOT READ TO RESPONDENT ****

This household must be combined with the household through which access is gained. Determine if the household is in or out of the SPD sample.

- (1) Combined with HH in SPD sample
- (2) Combined with HH NOT in SPD sample

—

LIVQRT

**** DO NOT READ TO RESPONDENT ****

Enter type of living quarters

HOUSING UNIT

- (1) House, apartment, flat
- (2) HU in nontransient hotel, motel, etc.
- (3) HU permanent, in transient hotel, motel, etc.
- (4) HU in rooming house
- (5) Mobile home or trailer with NO permanent room added
- (6) Mobile home or trailer with one or more permanent rooms added
- (7) HU not specified above

GROUP QUARTERS UNIT

- (8) Quarters not HU in rooming or boarding house
 - (9) Unit not permanent in transient hotel, motel, etc.
 - (11) Student quarters in college dormitory
 - (12) OTHER GROUP QUARTERS UNIT not specified above
-

UNITS

ASK IF NOT APPARENT

How many housing units, both occupied and vacant,
are there in this structure?

- (1) One, detached
 - (2) One, attached
 - (3) Two
 - (4) 3-4
 - (5) 5-9
 - (6) 10-19
 - (7) 20-49
 - (8) 50 or more
-

VERMAIL

Is your mailing address:

ADDRESS: _____

- (1) Yes
- (2) No
- (H) Help

—

CHVMAIL

FR: Please enter the correct mailing address below.

If entry is correct, press the ENTER key, (H - Help for State abbreviations)

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: _____
ZIP5: _____
ZIP4: _____

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TENURE

Are your living quarters --

- (1) Owned or being bought by you or someone
in your household
 - (2) Rented for cash
 - (3) Occupied without payment of cash rent
-

VERFYTEN

Previously, we recorded that your living quarters were
(owned or being bought by you or someone in your household/rented for
cash/occupied without payment of cash rent).

Is that correct?

- (1) Yes
 - (2) No
-

NEWTEN

ENTER CORRECT LIVING QUARTERS STATUS

- (1) Owned or being bought by you or someone
in your household
 - (2) Rented for cash
 - (3) Occupied without payment of cash rent
-

PUBHSE

Is this residence in a public housing project, that is,
is it owned by a local housing authority?

- (1) Yes
 - (2) No
 - (D) Don't Know
 - (H) Help
-

GVTRNT

Is the Federal, State or local government paying part or all of the rent for this residence?

- (1) Yes
 - (2) No
 - (D) Don't Know
 - (H) Help
-

PHSEC8

Is this through Section 8 or some other government program?

- (1) Section 8
 - (2) Some other government program
 - (3) Not sure
-

RNTMON

During which months in 1999 did your household receive rental assistance through Section 8?

During which months in 1999 did your household receive rental assistance?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- ___ 1 JAN
- ___ 2 FEB
- ___ 3 MAR
- ___ 4 APR
- ___ 5 MAY
- ___ 6 JUN

- ___ 7 JUL
- ___ 8 AUG
- ___ 9 SEP
- ___ 10 OCT
- ___ 11 NOV
- ___ 12 DEC

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STLLIV	LINE NAME
During our last interview we listed (READ NAMES) as living at this residence. Do all of these persons live here now?	----- SHOW HOUSEHOLD ROSTER
(1) Yes (2) No —	

NOTLIV

LEFT LINE	NAME	RELATIONSHIP
1		
2	Roster names	

Which of these persons do not live here now? ENTER NO. _____

LFTDATE

DATE OF LAST INTERVIEW:

When did (name) leave?

MONTH: —

DAY: —

YEAR: — (4 DIGITS)

VERDATE

I would like to verify that (Name) left before (MONTH) 1, 1999. Is that correct?

(1) Yes
(2) No

 —

RSNLFT

Why did (Name) leave the household?

___ ENTER ALL THAT APPLY - (N) FOR NO MORE

- ___ (1) Deceased
 - ___ (2) Institutionalized
 - ___ (3) On active duty in the Armed Forces
 - ___ (4) Moved outside of U.S.
 - ___ (5) Separation or divorce
 - ___ (6) Marriage
 - ___ (7) Became employed/unemployed
 - ___ (8) Due to job change - other
 - ___ (9) Listed in error in prior interview
 - ___ (10) Other
- ___

LFTMAIN

What is the main reason (Name) left the household?

- (1) Deceased
 - (2) Institutionalized
 - (3) On active duty in the Armed Forces
 - (4) Moved outside of U.S.
 - (5) Separation or divorce
 - (6) Marriage
 - (7) Became employed/unemployed
 - (8) Due to job change - other
 - (9) Listed in error in prior interview
 - (10) Other
- ___

WHOELSE

PEOPLE WHO HAVE MOVED TO THE SAME ADDRESS

LEFT LINE NAME RELATIONSHIP

roster persons

Did anyone else who lived here last time go
to live with **(READ NAME(S) ABOVE)**?
(1-Yes, 2-No) _____

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NEWADD

What is the new address for **READ NAMES ABOVE?**

FR: Do you know the new address? (1=yes, 2=no) _____

Number and Street:

_____ADR1

_____ADR2

City: _____CITY County: _____CTY

State: _____STATE (H) HELP

ZIP5: _____

ZIP4: _____ TELEPHONE NUMBER _____ - _____EXT

FRAREA

QUESTION TO FR:

Is this address within your interview area?

- (1) Yes
- (2) No
- (3) Further work needed to obtain address

MORLEAV

LEFT LINE	NAME	RELATIONSHIP
1		
2	Roster names	

Is anyone else who lived here last time currently not living here? (1=yes, 2=no) _____

NEWMBR

(Is there anyone else living or staying here now, who I have not listed?/Is anyone else living or staying here now who I have not listed, including any newborn babies?)

LN NAME

SHOW HOUSEHOLD ROSTER

FMRMBR

INACTIVE HOUSEHOLD MEMBERS

FR NOTE: Is the new household member you just added shown on the list of former household members?

LINE NAME

(IF YES, ENTER LINE NUMBER)

(N) No, not shown

LINE: ____

MOREFMR

Did anyone else on this list rejoin this household?

- (1) Yes
- (2) No

ADDFMR

Who is that?

(N) No more

LINE: ____

NEWNAME

What is the name of the new person?
Please include middle and maiden names.
(PRESS ENTER, IF NO MIDDLE OR MAIDEN NAME)

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____
MAIDEN NAME _____

Has he/she ever gone by any other last name?
(PRESS ENTER, IF NO OTHER LAST NAME)

OTHER NAME _____

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NEWRES

Does (Name) usually live here?

- (1) Yes
- (2) No

NEWURE

Does (Name) have some other residence where he/she usually lives?

- (1) Yes
- (2) No

NOLIST

Since (Name) does not usually live here and has another residence he/she will not be included in this survey.

___ (PRESS ENTER)

ENTDATE

When did (Name) begin living here?

- (B) If person lived at this address before sample person(s) entered.

MONTH: ___
DAY: ___
YEAR: _____ (4 DIGITS)

VERDAT

I would like to verify that (Name) joined this household before (MONTH) 1st. Is that correct?

- (1) Yes
- (2) No

RSNENT

Why did (Name) join this household?

___ ENTER ALL THAT APPLY - (N) FOR NO MORE

- ___ (1) Birth
- ___ (2) Marriage
- (___) (3) Returned to household after missing one or more waves)
- ___ (4) Due to separation or divorce
- ___ (5) From an institution
- ___ (6) From Armed Forces barracks
- ___ (7) From outside the U.S.
- (___) (8) Should have been listed as member in last interview)
- ___ (9) Became employed/unemployed
- ___ (10) Job change - other
- ___ (11) Lived at this address before sample person(s) entered
- ___ (12) Other

ENTMAIN

What was the main reason (Name) entered the household?

- (1) Birth
- (2) Marriage
- ((3)Returned to household after missing one or more waves)
- (4) Due to separation or divorce
- (5) From an institution
- (6) From Armed Forces barracks
- (7) From outside the U.S.
- ((8) Should have been listed as member in last interview)
- (9) Became employed/unemployed
- (10) Job change - other
- (11) Lived at this address before sample person(s) entered
- (12) Other

NEWSEX

ASK IF NOT APPARENT:

Is (Name) Male or Female?

- (1) Male
- (2) Female

Survey of Program Dynamics

HHRESP WHO'S THE RESPONDENT? ENTER LINE NUMBER OF RESPONDENT (MUST BE 15 OR OLDER) LINE: ____	LN NAME ----- SHOW HOUSEHOLD ROSTER
---	--

EM1

(A respondent must be 15 or older. This person is listed as (AGE) years old./An age has not been determined for this person. Verify that this person is 15 or older before continuing.)

- (1) To continue with this person (must be 15)
- (2) To pick another respondent
- (3) To arrange a callback

NEWRP

FR NOTE: Last time we recorded that (Name) was the person or one of the persons who owned or rented the home. (He/She) no longer lives here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER ____

EM1B

A reference person must be 15 or older. This person is listed as (age) years old.

An age has not been determined for this person. Verify that this person is 15 or older before continuing.

- (1) To continue
- (2) To pick another reference person
- (3) To arrange a callback

NEWRP2

FR NOTE: Last time we recorded that (Name) was the person or one of the persons who owned or rented the home. (He/She) no longer lives here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER ____

NEWRP3

FR NOTE: Last time we recorded that (Name) owned or rented the home.

Now that your address has changed, I need to know if (Name) is the person or one of the persons who owns or rents this home.

- (1) Yes, same person owns/rents home
- (2) No, someone else owns/rents home

NEWRP4

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER ____

SPOUSE3

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Earlier I recorded (NAME3) was (NAME2)'s spouse.

You have just reported (NAME1) is also (NAME2) spouse. Which is correct?

- (1) (NAME3) is the correct spouse. Change relationship entry of (NAME1)
 - (2) (NAME1) is the correct spouse. Change relationship entry of (NAME3)
-

SPOUSE4

Please turn to flashcard A. What is (NAME1)'s relationship to (NAME2)?

- (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
-

DAD1

You have reported both (NAME3) and (NAME1) are parents of (NAME2)

Is that correct?

- (1) No, change relationship to reference person code for (NAME1)
 - (2) No, change relationship to reference person code for (NAME3)
 - (3) Yes, this is correct.
(One is natural father, one is step-father, for example)
-

Survey of Program Dynamics

DAD2

Please look at flashcard A. What is (NAME3)'s relationship to (NAME2)?

- (21) Unmarried Partner
 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
-

MOM1

You have reported both (NAME3) and (NAME1) are parents of (NAME2)

Is that correct?

- (1) No, change relationship to reference person code for (NAME1)
 - (2) No, change relationship to reference person code for (NAME3)
 - (3) Yes, this is correct.
(One is natural mother, one is step-mother, for example)
-

MOM2

Please look at flashcard A. What is (NAME3)'s relationship to (NAME2)?

- (21) Unmarried Partner
 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
-

RPDAD

I've recorded that (Name) is (NAME2)'s father. Is (NAME2) his biological, step, adopted or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
-

RPDAD2

Is (NAME2) also his adopted child?

- (1) Yes
 - (2) No
-

RPMOM

I've recorded that (NAME1) is (NAME2)'s mother. Is (NAME2) her biological, step, adopted or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
-

RPMOM2

Is (NAME2) also her adopted child?

- (1) Yes
 - (2) No
-

INTROCC

Now I will briefly review a little information about the people who live here.

— (PRESS ENTER)

Survey of Program Dynamics

AGECHK

I have listed that (your/name's) age is (AGE) (this month).
Is that correct?

- (1) Yes
 - (2) No
- _____

NUBDAY

What is (your/name's) date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

BIRTH MONTH

PREVIOUS ANSWER: _____

DAY OF MONTH

PREVIOUS ANSWER: _____

BIRTH YEAR

PREVIOUS ANSWER: _____

DOB

What is (your/name's) date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

ENTER MONTH: _____

ENTER DAY: _____

ENTER 4 DIGIT YEAR: _____

DOBA

Would you say (Name) Is:

- (1) (AGE1) years of age?
 - (2) (AGE2) years of age?
 - (N) Neither is correct
- _____

VERAGE

That would make (you/name) (AGE).
Is that correct?

- (1) Yes, age is correct
- (2) No, age is not correct

—

AGEGES

ENTER YOUR BEST ESTIMATE OF (NAME)'s AGE:

—

OLDMS

Last time I recorded (your/name's) marital status as (STATUS).
Is that (your/his/her) current marital status?

- (1) Yes
- (2) No

—

OLDSP

Last time I recorded that (you/name) (were/was)
married to (Name). Is that currently correct?

- (1) Yes
- (2) No

—

MS

What is (your/name)'s current Marital Status?

- ((1) Married, SPOUSE PRESENT)
- (2) Married, SPOUSE ABSENT
- (3) Widowed
- (4) Divorced
- (5) Separated
- (6) Never married

—

Survey of Program Dynamics

LNSP ENTER LINE NUMBER OF (NAME)'s SPOUSE. (ASK IF NECESSARY)	LISTING OF ELIGIBLE SPOUSES
(N) No one listed	----- LINE NAME

SPSSX1

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
(1)	To correct Line (L_NO)'s SEX entry	
(2)	To correct Line (X)'s SEX entry	
(3)	Neither SEX entry is incorrect	

SPSSX2

You said (NAME3) is (NAME1)'s spouse.
Is that correct?

- (1) Yes
 - (2) No
- _____

ENDMAR

In what month and year (were you/was (name)/ (widowed/divorced)?

MONTH _____
YEAR _____

LSTMAR

In what month and year did (you/name) get married most recently?

MONTH _____
YEAR _____

FMAR

In what month and year did (you/name) get married?

MONTH _____
YEAR _____

EVRWID

(Have/Has) (you/name) EVER been widowed?

- (1) Yes
- (2) No

EVRDIV

(Have/Has) (you/name) EVER been divorced?

- (1) Yes
- (2) No

AFEVER

Did (you/name) ever serve on active duty in the
U.S. Armed Forces?

- (1) Yes
- (2) No

Survey of Program Dynamics

AFWHEN

From a previous interview, we recorded that (you/name) served on active duty in the U.S. Armed Forces, but we don't have a record of the times served. When did (you/name) serve on active duty?

(ENTER ALL THAT APPLY)

When did (you/name) serve on active duty?

- (N) No more
- (X) Information is wrong, never served in Armed Forces
- (H) Why are different service periods displayed?

ANSWER: ____

Did (you/name) serve on active duty any other times?

- ____(1) August 1990 to present (including Persian Gulf War)
- ____(2) September 1980 to July 1990
- ____(3) May 1975 to August 1980
- ____((4) Vietnam Era (Aug.'64 - April '75))
- ____((5) Other service (All other periods))

AFNOW

(Are/Is) (you/name) now on active duty in the Armed Forces?

- (1) Yes
- (2) No

OLDED

I have recorded that (your/name's) highest level of school completed or highest degree received is:
(Education Level)

Is that still correct?

- (1) Yes
 - (2) No
-

EDUCA

FLASHCARD B

What is the highest level of school (you/name) (have/has) completed or the highest degree (you/he/she) (have/has) received?

- (31) Less than 1st grade
 - (32) 1st,2nd,3rd or 4th grade
 - (33) 5th or 6th grade
 - (34) 7th or 8th grade
 - (35) 9th grade
 - (36) 10th grade
 - (37) 11th grade
 - (38) 12th grade, no diploma
 - (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (e.g., GED)
 - (40) Some college but no degree
 - (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
 - (42) Associate degree in college - Occupational/vocational program
 - (43) Associate degree in college - Academic program
 - (44) Bachelors degree (For example: BA, AB, BS)
 - (45) Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 - (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
 - (47) Doctorate degree (For example: PhD, EdD)
-

Survey of Program Dynamics

EDUCB

(Have/has) (you/name) completed high school by means of a GED or other equivalency test or program?

- (1) Yes
 - (2) No
- _____

LNMMOM

LINE NAME

LIST OF ELIGIBLE FEMALES

Is (your/name's) mother a member of this household?
(SEE LIST ABOVE FOR ELIGIBLE PEOPLE)

Enter (N), if not listed above

LINE NO. _____

TYPMOM

(NAME) is the parent.

(Are/Is) (you/name) her biological, step, adopted, or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
- _____

TYPMOM2

(Are/Is) (you/name) also (Name)'s adopted child?

- (1) Yes
 - (2) No
- _____

STEPMOM

Is (Name) also her stepchild?

- (1) Yes
 - (2) No
-

LNDAD

LIST OF ELIGIBLE MALES

LINE NAME

List Eligible males

Is (your/name's) father a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE FATHER'S LINE NUMBER

TYPDAD

(Name) is the parent.

(Are/Is) (you/name) his biological, step, adopted,
or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
-

TYPDAD2

(Are/Is) (NAME1) also (NAME3)'s adopted child?

- (1) Yes
 - (2) No
-

Survey of Program Dynamics

STEPDAD

Is (Name) also his stepchild?

- (1) Yes
- (2) No

—

OLDGRD

I have listed that (NAME2) is (Name)'s guardian.
Is that correct ?

- (1) Yes
- (2) No

—

LNGD

Who in this household is most knowledgeable person
about (Name) and (his/her) activities?

(N) Not listed

—

LISTING OF ELIGIBLE GUARDIANS

LINE NAME

roster persons

NEWRACE

FLASHCARD C

Which of the categories (on this card) best describes (your/name's) race?

IF TELEPHONE INTERVIEW, READ CATEGORIES TO RESPONDENT

IF NECESSARY: READ CATEGORIES TO RESPONDENT

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

OTHRAC

Enter the specific race reported.

ORIGIN

FLASHCARD D

What is (your/name's) origin or descent?

(READ CATEGORIES IF NECESSARY FOR TELEPHONE INTERVIEWS)

- | | | |
|---------------------|-------------------------|--|
| (1) Canadian | (20) Mexican | (30) African-American or Afro-American |
| (2) Dutch | (21) Mexican-American | (31) American Indian, Eskimo or Aleut |
| (3) English | (22) Chicano | (32) Arab |
| (4) French | (23) Puerto Rican | (33) Asian |
| (5) French-Canadian | (24) Cuban | (34) Pacific Islander |
| (6) German | (25) Central American | (35) West Indian |
| (7) Hungarian | (26) South American | (39) Another group not listed |
| (8) Irish | (27) Dominican Republic | (40) American |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | | |
| (11) Russian | | |
| (12) Scandinavian | | |
| (13) Scots-Irish | | |
| (14) Scottish | | |
| (15) Slovak | | |
| (16) Welsh | | |
| (17) Other European | | |

Survey of Program Dynamics

BCNTRY

FLASHCARD E

What country (was/were) (name/you) born in?

- | | | |
|--------------------------|-------------------------|-------------------------|
| (301) Canada | (383) Guyana | (315) Mexico |
| (206) Cambodia | (342) Haiti | (316) Nicaragua |
| (207) China | (314) Honduras | (385) Peru |
| (379) Colombia | (209) Hong Kong | (231) Philippines |
| (337) Cuba | (117) Hungary | (128) Poland |
| (339) Dominican Republic | (210) India | (129) Portugal |
| (380) Ecuador | (212) Iran | (72) Puerto Rico |
| (312) El Salvador | (119) Ireland/Eire | (192) Russia |
| (139) England | (120) Italy | (140) Scotland |
| (109) France | (343) Jamaica | (238) Taiwan |
| (110) Germany | (215) Japan | (239) Thailand |
| (116) Greece | (217) Korea/South Korea | (351) Trinidad & Tobago |
| (313) Guatemala | (221) Laos | (242) Vietnam |
- (57) United States
(M) More countries
-

BCNTRY_1

What country (were/was) (you/name) born in?

- | | | |
|----------------------|----------------------|---------------------|
| (200) Afghanistan | (103) Belgium | (415) Egypt |
| (60) American Samoa | (300) Bermuda | (417) Ethiopia |
| (375) Argentina | (376) Bolivia | (507) Fiji |
| (185) Armenia | (377) Brazil | (108) Finland |
| (102) Austria | (205) Burma | (421) Ghana |
| (501) Australia | (378) Chile | (138) Great Britain |
| (130) Azores | (311) Costa Rica | (340) Grenada |
| (333) Bahamas | (155) Czech Republic | (66) Guam |
| (202) Bangladesh | (105) Czechoslovakia | (126) Holland |
| (334) Barbados | (106) Denmark | (211) Indonesia |
| (310) Belize | (338) Dominica | |
- (M) More countries
(57) United States
-

BCNTRY_2

- | | | |
|--------------------|----------------------------|---------------------------|
| (213) Iraq | (440) Nigeria | (134) Spain |
| (214) Israel | (142) Northern Ireland | (136) Sweden |
| (216) Jordan | (127) Norway | (137) Switzerland |
| (427) Kenya | (229) Pakistan | (237) Syria |
| (183) Latvia | (253) Palestine | (240) Turkey |
| (222) Lebanon | (317) Panama | (78) U.S. Virgin Islands |
| (184) Lithuania | (72) Puerto Rico | (195) Ukraine |
| (224) Malaysia | (132) Romania | (180) USSR |
| (436) Morocco | (233) Saudi Arabia | (387) Uruguay |
| (126) Netherlands | (234) Singapore | (388) Venezuela |
| (514) New Zealand | (156) Slovakia/Slovak Rep. | (147) Yugoslavia |
| (449) South Africa | | |
- (M) More countries
(B) Previous screen
(57) United States
-

BCNTRY_3

The country you have named is not on my list. Can you tell me what part of the world that country is in? **(READ LIST IF NECESSARY)**

- | | | |
|-----------------------|--------------------|-----------------------|
| (353) Caribbean | (148) Europe | (245) Asia |
| (318) Central America | (252) Middle East | (527) Pacific Islands |
| (389) South America | (468) North Africa | (555) Elsewhere |
| (304) North America | (462) Other Africa | |
- (B) Previous screen
-

CITIZEN

(Are/Is) (you/name) a U.S. citizen?

- (1) Yes
(2) No
-

NATCIT

(Are/Is) (you/name) a citizen through naturalization or (were/was) (you/name) born abroad of American parents?

- (1) Naturalized citizen
(2) Born abroad of American parents
-

Survey of Program Dynamics

NATMONYR

In what month and year did (you/Name) become a citizen of the U.S.?

MONTH: _____ (ENTER DIGITS)

(0) Enter 0, if before 1900

YEAR: _____ (ENTER DIGITS)

E1

FR: The year just entered comes before the person's birth year.
If the previous answer is wrong, press F1 to back up and change the answer.

If the previous answer is correct, use the jump menu (press F4) to correct the person's year of birth. You can return to this point in the interview by pressing F3.

____ (PRESS ENTER)

OTHLANG

(Do/Does) (you/name) speak some language other than English at home?

- (1) Yes
- (2) No - speaks only English

WHATLANG

What is this language? **(MARK ONLY ONE. IF MORE THAN ONE, PROBE: WHAT IS THE MAIN LANGUAGE, OTHER THAN ENGLISH?)**

- (1) Spanish
- (2) Asian language (e.g., Chinese, Japanese, Vietnamese)
- (3) Other European language (e.g., French, German, Polish)
- (4) Other - specify

SPECIFY: _____

ENGLISH

How well (do/does) (you/name) speak English?

READ CATEGORIES

- (1) Very Well
- (2) Well
- (3) Not well
- (4) Not at all

WD1

I have listed the following people as living here now (READ LIST).

Since May 1999, did any of these people live somewhere else for a total of 30 days or more, not counting vacations or business trips?

DO NOT INCLUDE TIME PRIOR TO JOINING HOUSEHOLD

(1-Yes, 2-No)

(N) No more

Who lived elsewhere? _____
Anyone else?

LINE NAME

SHOW HOUSEHOLD ROSTER

W3

Since May 1999, during which months did (you/Name) live away from this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period; use "A" for ALL; use "0" to erase; use "N" for no more.

FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____
FROM _____ TO _____ FROM _____ TO _____ FROM _____ TO _____

** 1999 **

** 1999 **

** 2000 **

** 2000 **

___(5) MAY
___(6) JUN
___(7) JUL
___(8) AUG

___(9) SEP
___(10) OCT
___(11) NOV
___(12) DEC

___(13) JAN
___(14) FEB
___(15) MAR
___(16) APR

___(17) MAY
___(18) JUN
___(19) JUL

Survey of Program Dynamics

W4A

During that time, (were/was) (you/name) living alone or (were/was) (you/he/she) living with other people?

- (1) Living alone
 - (2) Living with other people
-

W4B

(Were/Was) (you/name) living in a house or apartment or (were/was) (you/he/she) living in a group setting such as a dormitory, nursing home, prison, or emergency shelter?

- (1) House or apartment
 - (2) Group setting
-

W4C

How (are/is) (you/name) related to the person who owned or rented that house or apartment?

- (1) Spouse
 - (2) Child
 - (3) Parent
 - (4) Brother/Sister
 - (5) Other relative
 - (6) Nonrelative
-

W5

Besides the people living here now, was there anyone else who lived in this household for a total of 30 days or more, not counting vacations, since May 1999?

DO NOT INCLUDE ANYONE PREVIOUSLY LISTED ON ROSTER

- (1) Yes
 - (2) No
-

W6

(What are the names of the other people who lived here?/And what is that person's name?)

FIRST: _____
MIDDLE: _____
LAST: _____

Anyone else?

- (1) Yes
- (2) No

W7

Since May 1999, during which months did (Name) live in this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period; use "A" for ALL; use "0" to erase; use "N" for no more.

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

** 1999 **

** 1999 **

** 2000 **

** 2000 **

- ___(5) MAY
- ___(6) JUN
- ___(7) JUL
- ___(8) AUG

- ___(9) SEP
- ___(10) OCT
- ___(11) NOV
- ___(12) DEC

- ___(13) JAN
- ___(14) FEB
- ___(15) MAR
- ___(16) APR

- ___(17) MAY
- ___(18) JUN
- ___(19) JUL

TSEX

ASK IF NOT APPARENT:

Is (Name's) Male or Female?

- (1) Male
- (2) Female

Survey of Program Dynamics

TRRP

FLASHCARD A

Which one of the responses listed best describes (your/name's) relationship to (REF NAME)?

- (20) Spouse (Husband/Wife)
 - (21) Unmarried Partner
 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
- _____

TAGE

What is (your/name's) age?

AGE: ____

TM

During the time (Name) was living in this household, did (he/she) contribute any money toward paying household expenses?

- (1) Yes
 - (2) No
- _____

SSN

What is (your/name's) Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

CBSSN

This information is especially important to the survey.
If I were to call you later do you think I might be able to
get the information then?

- (1) Yes
- (2) No

CHANGE

FR: VERIFY & CORRECT INFORMATION. FOR INCORRECT INFORMATION, ASK:

"I need to verify some of the information I have collected for ...

(P) All correct **Or** Enter LINE NUMBER of Person Needing a CHANGE

_____ **"SHIFT-F6" TO DISPLAY FULL ROSTER**

LN	NAME	R A C	O R I	E D U	S S N
----	------	-------------	-------------	-------------	-------------

Show Household Roster

CHG_ WHAT

What change is needed for: (Name)

- (M) Mistake -- no changes needed
- (2) Name
- (3) Educational attainment
- (4) Race
- (5) Origin
- (6) Social Security Number _____

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

LN	NAME	RAC	ORI	EDU	SSN
----	------	-----	-----	-----	-----

Show Household Roster

Survey of Program Dynamics

FIXNAME

What is the name of the person living or staying here? Please include middle and maiden names.
PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____
MAIDEN NAME _____

Has he/she ever gone by any other last name?
PRESS ENTER IF NO "OTHER" NAME

OTHER NAME _____

FIXEDUC

FLASHCARD B

- What is the highest level of school (you/name) (has/have) completed or the highest degree (you/he/she) (have/has) received?
- (31) Less than 1st grade
 - (32) 1st,2nd,3rd or 4th grade
 - (33) 5th or 6th grade
 - (34) 7th or 8th grade
 - (35) 9th grade
 - (36) 10th grade
 - (37) 11th grade
 - (38) 12th grade, no diploma
 - (39) HIGH SCHOOL GRADUATE - high school DIPLOMA or equivalent (For example: GED)
 - (40) Some college but no degree
 - (41) Diploma or certificate from a vocational, technical, trade or business school beyond the High School level
 - (42) Associate degree in college - Occupational/vocational program
 - (43) Associate degree in college - Academic program _____
 - (44) Bachelors degree (For example: BA, AB, BS)
 - (45) Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
 - (46) Professional School Degree (For example: MD,DDS,DVM,LLB,JD)
 - (47) Doctorate degree (For example: PhD, EdD)

FIX_ED_B

(Have/Has) (you/name) completed high school by means of a GED or other equivalency test or program?

- (1) Yes
 - (2) No
- _____

FIXRACE FLASHCARD C

Which of the categories on this card best describes (your/name's) race?

- (1) White
- (2) Black
- (3) American Indian, Aleut, or Eskimo
- (4) Asian or Pacific Islander
- (5) Other Race

FIX_ORAC

Enter the specific race reported.

FIXORIG FLASHCARD D

Which of the categories on this card best describes (your/name's) origin or descent?

- | | | |
|---------------------|-------------------------|--|
| (1) Canadian | (20) Mexican | (30) African-American or Afro-American |
| (2) Dutch | (21) Mexican-American | (31) American Indian, Eskimo or Aleut |
| (3) English | (22) Chicano | (32) Arab |
| (4) French | (23) Puerto Rican | (33) Asian |
| (5) French-Canadian | (24) Cuban | (34) Pacific Islander |
| (6) German | (25) Central American | (35) West Indian |
| (7) Hungarian | (26) South American | (39) Another group not listed |
| (8) Irish | (27) Dominican Republic | (40) American |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | | |
| (11) Russian | | |
| (12) Scandinavian | | |
| (13) Scotch-Irish | | |
| (14) Scottish | | |
| (15) Slovak | | |
| (16) Welsh | | |
| (17) Other European | | |

FIXSSN

What is (your/name's) Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

____ - ____ - _____

Survey of Program Dynamics

CHG_MORE

Are any more changes needed for: (Name)

(1-Yes, 2-No)

FALLOUT

FR INSTRUCTION:

ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW (NO LONGER LIVE IN THE HOUSEHOLD./ARE UNDER THE AGE OF 15./ARE CURRENTLY SERVING IN THE ARMED FORCES.)

THIS HOUSEHOLD IS NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING: (RESTART THE CASE IN CASE MANAGEMENT./ PRESS F1; BACKUP AND VERIFY AGE IN THE AGECHK SCREEN./PRESS F1; CHANGE ARMED FORCES STATUS IN THE AFNOW SCREEN.)

IF THIS INFORMATION IS CORRECT,
PRESS ENTER TO CLOSE OUT THE CASE.

H_MSNGPRSN

This question is intended to verify that there are no other persons in the household. Studies have shown that persons will occasionally forget to mention certain persons in the household who would qualify for SPD interviews, such as temporary roomers, persons who live or stay in that unit part of the month, etc.

PRESS "ENTER" TO EXIT HELP _____

H_LIVEAT

Part of the housing unit definition includes the idea that people living in a unit will either live together OR eat together.

PRESS "ENTER" TO EXIT HELP _____

H_OTHLIV

Part of the housing unit definition includes the idea that people living in a unit will either live together or eat together, and that no other persons in the structure (i.e., in another unit or room) live or eat with this household.

PRESS "ENTER" TO EXIT HELP ____

H_XACCESS

If the people who do not live or eat with the household members have direct access to a separate living arrangement, from the outside or through a common hallway, mark "Yes".

PRESS "ENTER" TO EXIT HELP ____

H_USUAL

This is the usual place of residence if this address is the household member's sole address, or if the household member has 2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP ____

H_NXTLIV

The household member usually lives here if this address is the his/her sole address, or if the household member has 2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP ____

H_TRRP2

- o The CHILD response includes natural, step, and adoptive children. Foster children are classified as code 27.
- o The PARENT response does NOT include in-laws; they are classified as code 26.
- o UNMARRIED PARTNERS live together in a housing unit as if they were married partners.
- o HOUSEMATE/ROOMMATES share a housing unit and living expenses for economic reasons.
- o ROOMER/BOARDERS pay rent to live in the reference person's home.

PRESS "ENTER" TO EXIT HELP ____

H_AGESES

If the respondent does not know a person's age, enter the best estimate of the person's age in this screen. Age is important to the CAPI questionnaire's ability to skip correctly for specific questions.

PRESS "ENTER" TO EXIT HELP ____

H_VERAGE

Age is calculated as of the last day of the interview month. If calculated age is not correct, answering "No" will permit you to correct the date of birth entries from the previous screen.

PRESS "ENTER" TO EXIT HELP ____

H_MS

- o If the person's spouse is NOT a household member but he/she reports being married, mark "Married, spouse ABSENT"
- o If the person is separated from his/her spouse because of mutual agreement or by a legal decree but he/she is not yet divorced, mark "Separated".
- o If the person reports having been married but the marriage was annulled, mark the "never married" category.

PRESS "ENTER" TO EXIT HELP ____

H_AFWHEN

The CAPI instrument will display only those service periods that are appropriate to the age of the person. Note that you may record up to 4 time periods of active duty service.

PRESS "ENTER" TO EXIT HELP ____

H_EDUCA

This item provides information on the current educational level of persons. Be sure the level marked was completed. For example, persons may have attended college but not completed a degree; in this case, code 40 should be marked. For persons who have completed elementary, junior high, or high school as the highest level of education, determine the highest grade or year completed. Do not assume "junior high" falls in the 7th or 8th grade category. Some junior highs begin with the 6th grade and some end with the 10th grade.

- (31) Enter this code for persons who have not completed at least the 1st grade. They may have no schooling or completed only nursery school or kindergarten.
- (38) Enter only those who have completed the 12th grade or year but DO NOT have a high school diploma or the equivalent.

PRESS "SHIFT-F6" TO EXIT HELP

- (39) High school graduate indicates the person has received a high school diploma or the equivalent such as a GED. Include any persons who have completed less than 12 years of school but who have obtained a diploma.
- (40) Enter this category for those who have attended some college and have not yet received a degree. "College" indicates a school that grants college or university degrees, it does not include vocational, technical, business or trade school certificates or diplomas.

PRESS "SHIFT-F6" TO EXIT HELP

- (41) Vocational, technical, trade or business schools include things such as beauty schools, schools for dental assistants, secretarial schools, nursing schools which do not award college degrees, and electrician certification. Schools such as these may award a diploma, certification or license as their final degree.

If uncertain, ask if the school granted the individual a college degree. If the program lasted 2 years or more and the degree awarded was an Associate, Bachelor's, Master's, or Doctorate, do not check code 41.

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(42) Associate's degrees are generally granted from 2-year institutions. If the major field of study followed an occupational or vocational track preparing one for a specific technical job or career upon completion of the program, mark this category.

PRESS "SHIFT-F6" TO EXIT HELP

(43) An academic program of an Associate's degree includes fields in the humanities/liberal arts, social sciences, and general sciences and is often used as preparation for a 4-year (Bachelor's) degree.

(44) Mark this entry if the degree completed is a Bachelor's degree (generally granted by four-year institutions). This includes Bachelor's of Arts and Bachelor's of Science.

(45) Mark this if a Master's degree was granted from a university or college program. These include Master of Science, Arts, Social Work, Business Administration.

(46) A professional degree is granted from a graduate or professional school, post-baccalaureate. This includes medical (MD), law (JD), dental (DDS), theological, or veterinarian (DVM) degrees.

PRESS "SHIFT-F6" TO EXIT HELP

(47) Mark this entry for persons who have completed a Doctor of Philosophy (PhD), Doctor of Education (EdD), or other doctoral degree.

PRESS "ENTER" TO EXIT HELP ____

H_RACE

Enter the race as reported by the respondent. If the person reports a race not listed, select "other race" and enter the reported race in the next screen provided.

If more than one race is reported, or the respondent is uncertain, ask "Which race does ... most closely identify with?" and record the race reported. If the respondent is unable to provide a single response, ask the race of the person's mother (if not already reported) and record the race of the person's mother. If the respondent is unable to report a single race for the mother, record the first race originally mentioned for the same person.

PRESS "ENTER" TO EXIT HELP ____

H_ORIGIN

Enter the origin as reported by the respondent. If the person reports more than one origin, ask him/her to select only one choice. If the person has difficulty selecting only one, determine the origin of the person's mother, and enter that code in the space provided.

PRESS "ENTER" TO EXIT HELP ____

H_SSN

WHY DOES THE CENSUS BUREAU WANT TO KNOW MY SOCIAL SECURITY NUMBER?

"The Survey of Income and Program Participation collects social security numbers so we can obtain information that was provided to other government agencies. This helps us avoid asking questions for which information is already available and helps ensure the accuracy and completeness of the survey results. We protect administrative records information that we obtain from these agencies from unauthorized use just as the survey responses are protected. Providing your social security number is voluntary."

PRESS "ENTER" TO EXIT HELP ____

H_SPOUSE2

If the person reports more than one spouse, or reports a spouse of the same sex, this screen will appear. Resolve the inconsistency.

PRESS "ENTER" TO EXIT HELP ____

H_DAD1

This screen appears when a person reports having 2 fathers.

PRESS "ENTER" TO EXIT HELP ____

H_MOM1

This screen appears when a person reports having 2 mothers.

PRESS "ENTER" TO EXIT HELP ____

Survey of Program Dynamics

H_RPDAD

- o A natural child is the biological child of both the reference person and his/her spouse.
- o An adopted child must have been legally adopted and not be a child of the reference person's spouse.
- o A stepchild is the biological child of the spouse of the reference person.
- o Foster children are placed in a household by a government agency or a representative of a government agency.
- o If the person's child is both step and adopted, answer adopted.

PRESS "ENTER" TO EXIT HELP ____

H_EVRDIV

If the person has been married but the marriage was annulled, consider the marriage as having never occurred.

PRESS "ENTER" TO EXIT HELP ____

H_SPSSX1

This question appears if the sex entry for the person's spouse appears to be incorrect.

PRESS "ENTER" TO EXIT HELP ____

H_LNMOM

If the person's mother is not a member of this household, enter "N" in the space provided. Otherwise, enter the line number of the person's mother in the space provided.

PRESS "ENTER" TO EXIT HELP ____

H_LNDAD

If the person's father is not a member of this household, enter "N" in the space provided. Otherwise, enter the line number of the person's father in the space provided.

PRESS "ENTER" TO EXIT HELP ____

H_LNGD

A guardian has legal custody and/or responsibility for a minor child under the age of 18.

PRESS "ENTER" TO EXIT HELP ____

H_CBSSN

The CAPI instrument will allow you to enter the person's SSN after the interview is completed. You will need to schedule an appointment to call the respondent and collect this information.

PRESS "ENTER" TO EXIT HELP ____

H_CHANGE

EDUCATION CODES

- | | |
|-------------------------------|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |
| (38) 12th grade, no diploma | (For example: PhD, EdD) |
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA
or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical,
trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program

PRESS "SHIFT-F6" TO EXIT HELP

ORIGIN CODES

- | | | |
|---------------------|-------------------------|---|
| (1) Canadian | (20) Mexican | (30) African-American or
Afro-American |
| (2) Dutch | (21) Mexican-American | (31) American Indian,
Eskimo or Aleut |
| (3) English | (22) Chicano | (32) Arab |
| (4) French | (23) Puerto Rican | (33) Asian |
| (5) French-Canadian | (24) Cuban | (34) Pacific Islander |
| (6) German | (25) Central American | (35) West Indian |
| (7) Hungarian | (26) South American | (39) Another group not listed |
| (8) Irish | (27) Dominican Republic | (40) American |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | | |
| (11) Russian | | |
| (12) Scandinavian | | |
| (13) Scotch-Irish | | |
| (14) Scottish | | |
| (15) Slovak | | |
| (16) Welsh | | |
| (17) Other European | | |

PRESS "ENTER" TO EXIT HELP ____

EMPLOYMENT AND EARNINGS

9A

START SECTION: EMPLOYMENT & EARNINGS

The next few questions are about (your/name's) work-related activities
LAST YEAR, that is, from January to December 1999.

Did (you/name) work at a job or business AT ANY TIME during 1999?

- (1) Yes
 - (2) No
 - ((3) Retired)

 - (H) Help
- _____

10

Did (you/name) do any temporary, part-time, or seasonal work, even for a few days,
in 1999?

- (1) Yes
 - (2) No
 - (3) Retired
- _____

11

Did (you/name) spend any time on layoff from a job in 1999?

- (1) Yes
 - (2) No
- _____

12

When (you/name) were laid off, did (your/his/her) employer give (you/him/her) a
date to return to work?

- (1) Yes
 - (2) No
- _____

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13

(Were/was) (you/name) given any indication that (he/she/you) would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

—

14

In which month and year (were/was) (you/name) laid off?

__ Month ____ Year

14_VER

Year of layoff reported was (YEAR), is that correct?

- (1) Yes
 - (2) No, return to previous question to correct
-

15 **FLASHCARD 1999 CALENDAR**

Which weeks (were you/was name) on layoff in 1999?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

16 Did (you/name) spend any time looking for work in 1999?

- (1) Yes
- (2) No

- (H) Help

—

17 **FLASHCARD 1999 CALENDAR**

Which weeks (were you/was name) looking for work in 1999?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

_ 1	_ 8	_ 15	_ 22	_ 29	_ 36	_ 43	_ 50
_ 2	_ 9	_ 16	_ 23	_ 30	_ 37	_ 44	_ 51
_ 3	_ 10	_ 17	_ 24	_ 31	_ 38	_ 45	_ 52
_ 4	_ 11	_ 18	_ 25	_ 32	_ 39	_ 46	
_ 5	_ 12	_ 19	_ 26	_ 33	_ 40	_ 47	
_ 6	_ 13	_ 20	_ 27	_ 34	_ 41	_ 48	
_ 7	_ 14	_ 21	_ 28	_ 35	_ 42	_ 49	

18 **FLASHCARD G**

What was the MAIN reason (you/name) did not work in 1999?

- (1) Retired
- (2) Taking care of home or family
- (3) Going to school
- (4) Could not find adequate child care (or child care problems)
- (5) Pregnant/Just had a baby
- (6) Ill or disabled
- (7) Could not find work/No work available
- (8) On layoff
- (9) Transportation problems
- (10) Did not want to work
- (11) Never worked
- (12) Other

specify: _____

19a

Including paid vacations and paid sick leave, did (you/name) work during all 52 weeks in 1999?

- (1) Yes
- (2) No

19 **FLASHCARD 1999 CALENDAR**

During 1999, which weeks did (you/name) do any work at all, even for only a few hours?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__ 1	__ 8	__ 15	__ 22	__ 29	__ 36	__ 43	__ 50
__ 2	__ 9	__ 16	__ 23	__ 30	__ 37	__ 44	__ 51
__ 3	__ 10	__ 17	__ 24	__ 31	__ 38	__ 45	__ 52
__ 4	__ 11	__ 18	__ 25	__ 32	__ 39	__ 46	
__ 5	__ 12	__ 19	__ 26	__ 33	__ 40	__ 47	
__ 6	__ 13	__ 20	__ 27	__ 34	__ 41	__ 48	
__ 7	__ 14	__ 21	__ 28	__ 35	__ 42	__ 49	

20

Besides the (**number**) weeks during which you worked, were there any additional weeks during which you took paid vacation or paid sick leave in 1999?

(1) Yes

(2) No

(H) Help

21 **FLASHCARD 1999 CALENDAR**

Which weeks did (you/name) take paid vacation or paid sick leave.

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__ 1	__ 8	__ 15	__ 22	__ 29	__ 36	__ 43	__ 50
__ 2	__ 9	__ 16	__ 23	__ 30	__ 37	__ 44	__ 51
__ 3	__ 10	__ 17	__ 24	__ 31	__ 38	__ 45	__ 52
__ 4	__ 11	__ 18	__ 25	__ 32	__ 39	__ 46	
__ 5	__ 12	__ 19	__ 26	__ 33	__ 40	__ 47	
__ 6	__ 13	__ 20	__ 27	__ 34	__ 41	__ 48	
__ 7	__ 14	__ 21	__ 28	__ 35	__ 42	__ 49	

22

Did (you/he/she) spend any time on layoff from a job in 1999?

- (1) Yes
- (2) No

23

When (you/name) (were/was) laid off, did (your/his/her) employer give (you/him/her) a date to return to work?

- (1) Yes
- (2) No

24

(Were/Was) (you/he/she) given any indication that (you/he/she) would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

25

FLASHCARD 1999 CALENDAR

Which weeks (were you/was name) on layoff in 1999?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__ 1	__ 8	__ 15	__ 22	__ 29	__ 36	__ 43	__ 50
__ 2	__ 9	__ 16	__ 23	__ 30	__ 37	__ 44	__ 51
__ 3	__ 10	__ 17	__ 24	__ 31	__ 38	__ 45	__ 52
__ 4	__ 11	__ 18	__ 25	__ 32	__ 39	__ 46	
__ 5	__ 12	__ 19	__ 26	__ 33	__ 40	__ 47	
__ 6	__ 13	__ 20	__ 27	__ 34	__ 41	__ 48	
__ 7	__ 14	__ 21	__ 28	__ 35	__ 42	__ 49	

26

Did (you/he/she) spend any time looking for work in 1999?

- (1) Yes
- (2) No

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27 **FLASHCARD 1999 CALENDAR**

Which weeks did (you/name) look for work?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__1	__8	__15	__22	__29	__36	__43	__50
__2	__9	__16	__23	__30	__37	__44	__51
__3	__10	__17	__24	__31	__38	__45	__52
__4	__11	__18	__25	__32	__39	__46	
__5	__12	__19	__26	__33	__40	__47	
__6	__13	__20	__27	__34	__41	__48	
__7	__14	__21	__28	__35	__42	__49	

28

What was the MAIN reason (you/name) worked fewer than 52 weeks during 1999?

- (1) On layoff
- (2) Ill or disabled
- (3) Taking care of home or family
- (4) Going to school
- (5) Retired
- (6) No work available/Could not find work
- (7) Pregnant/Just had a baby
- (8) Child care problems (could not find adequate child care)
- (9) Transportation problems
- (10) Vacation
- (11) Did not want to work
- (12) Other (specify)

___ Specify: _____

29

How many employers did (you/name) work for in 1999?

29A NO. COMPANY NAME

 1 _____
 2 _____
 3 _____
 4 _____

What is the name of the employer or company for which (you/name) worked (/the most weeks/the second most weeks/the third most weeks/the fourth most weeks) in 1999?

IF SELF EMPLOYED WITH NO COMPANY NAME, ENTER "S"

E_REVIEW

USE THIS SCREEN TO DELETE EMPLOYERS AS NECESSARY.

SHOULD ANY EMPLOYERS BE DELETED?

- (1) Yes
- (2) No

LN EMPLOYERS

LIST EMPLOYERS

E_REVIEW2

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.

RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.

LINE NUMBER: _____

LN EMPLOYERS

LIST EMPLOYERS

30

(Think about the weeks that you worked last year.) (Counting all jobs,) How many hours did (you/name) USUALLY work per week in 1999?

ENTER NUMBER OF USUAL HOURS WORKED OR "V" IF HOURS VARY.

(H) Help

(V) Hours vary

___ hours

31

Did (you/he/she) usually work 35 hours or more per week?

(1) Yes

(2) No

32 **FLASHCARD 1999 CALENDAR**

Which weeks did (you/name) work (for employer's name/for (yourself/himself/herself)/at this job) in 1999?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1	___ 8	___ 15	___ 22	___ 29	___ 36	___ 43	___ 50
___ 2	___ 9	___ 16	___ 23	___ 30	___ 37	___ 44	___ 51
___ 3	___ 10	___ 17	___ 24	___ 31	___ 38	___ 45	___ 52
___ 4	___ 11	___ 18	___ 25	___ 32	___ 39	___ 46	
___ 5	___ 12	___ 19	___ 26	___ 33	___ 40	___ 47	
___ 6	___ 13	___ 20	___ 27	___ 34	___ 41	___ 48	
___ 7	___ 14	___ 21	___ 28	___ 35	___ 42	___ 49	

33

(Think about the weeks that (you/name) worked (for (employer's name)/for (yourself/himself/herself)/at this job) in 1999.) How many hours a week did (you/name) USUALLY work (for (employer's name)/for (yourself/himself/herself)/at this job)?

ENTER NUMBER OF USUAL HOURS WORKED OR "V" IF HOURS VARY

(V) Hours vary

___ hours

34

Did (you/he/she) usually work 35 hours or more per week at this job?

- (1) Yes
- (2) No

35

(At this job,) (Were/Was) (you/name) (employed by government, by a private company, a non-profit organization, or (were/was) (you/name) self employed, or working in a family business or farm?

- (1) Government
- (2) Private for profit company
- (3) Non-profit organization (inc. tax exempt and charitable)
- (4) Self employed
- (5) Working in family business or farm

36

Was that federal, state, or local government?

- (1) Federal
- (2) State
- (3) Local (county, city, township)

37A

(Were/Was) (you/name) paid for (your/his/her) work in the family business or farm?

- (1) Yes
- (2) No

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37B

Was this business incorporated?

(1) Yes

(2) No

—

38

In what month and year did (you/name) start working (for (employer's name)/ for (yourself/himself/herself)/in the family business or farm/at this job)?

Month __ Year _ _ _ _

38a

(Were/was) (you/name) still employed at this job or business on January 1, 2000?

(1) Yes

(2) No

—

39

What is the MAIN reason (you/name) left this job?

- (1) Personal, family (including pregnancy)
- (2) Return to school
- (3) Health, disability
- (4) Retirement
- (5) Temporary, seasonal, or intermittent job completed
- (6) Slack work, business conditions, or laid off
- (7) Unsatisfactory work arrangements (hours, pay, location, etc.)
- (8) Fired from job
- (9) Left this job for another job
- (10) Other (specify)

specify: _____

40

After leaving this job, did you apply for unemployment benefits?

- (1) Yes
- (2) No

44

What kind of business or industry was this?

READ IF NECESSARY: What did they make or do where (you/name) worked?

(H) Help

43A

What was the address?

Street Address: _____

City: _____

State: _____ (H) Help

Zip: _____ - _____

45

What kind of work (were/was) (you/name) doing, that is, what was (your/his/her) occupation, as of (last month worked at this job in 32) 1999?

(H) Help

Survey of Program Dynamics

46 What (was/were) (your/name's) most important activities or duties on this job?

(H) Help

47 **FLASHCARD H.**

(At this job/ Counting all locations where (this employer) operates,) what is the total number of persons who work (for (employer's name) / with (you/name))?

IF NECESSARY: READ RESPONSE CATEGORIES

- (1) Under 10
 - (2) 10-24
 - (3) 25-49
 - (4) 50-99
 - (5) 100-499
 - (6) 500-999
 - (7) 1000 or more
-

49 The next few questions are about (your/name's) earnings last year.

Since accuracy is important to this survey, it would be very helpful if you could refer to any income records you might have for the next series of questions. I would be happy to wait while you get them. Do you need a moment?

- (1) Records used
 - (2) Records not used
-

50 (The next few questions are about (your/name's) earnings last year.)

During 1999, how much did (you/name) earn from (employer's name/ this job) BEFORE taxes and other deductions?

ENTER DOLLAR AMOUNT \$ _____ .00 (H) Help

(READ IF NECESSARY: Is that weekly, every two weeks, twice monthly, monthly, quarterly, or annually?)

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Quarterly
- (6) Annually

(IF 50B EQ	(1), VERIFY IF DOLLAR AMOUNT IS OVER	\$2,500
	(2 or 3)	\$5,000
	(4)	\$10,000
	(5)	\$25,000
	(6)	\$100,000)

50_VERIFY

Amount entered was(amount). Is this correct?

(1) Yes

(2) No

Survey of Program Dynamics

51 The next few questions are about (your/name's) earnings last year.

During 1999, what (were/was) (your/name's) total earnings from this business/farm AFTER expenses?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

(H) Help

_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

51_VERIFY Amount entered was(amount). Is this correct? (1) Yes (2) No _____

52 Is that before or after taxes?

- (1) Before
- (2) After

53 How much (was/were) (your/name's) total earnings from this business/farm BEFORE taxes?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

_____.00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000.)

53_VERIFY Amount entered was(amount). Is this correct? (1) Yes (2) No _____

54 During 1999, how many (periodicity in 50B) pay periods did (you/name) earn (amount in 50A) from (employer's name)?

NUMBER OF PAY PERIODS: _____

55 According to my calculations, (you/name) earned (total) dollars altogether BEFORE taxes from (employer's name/(your/his/her) business/working in the family business or farm) in 1999. Does that sound right?

- (1) Yes
- (2) No

56 What is your best estimate of (your/name's) total earnings BEFORE taxes from (employer's name/(your/his/her) business/working in the family business or farm) during 1999?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

_____ .00

(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

<p>56_VERIFY</p> <p>Amount entered was(amount). Is this correct?</p> <ul style="list-style-type: none">(1) Yes(2) No <p>_____</p>
--

57 Does this amount include all tips, bonuses, overtime pay, or commissions (you/name) received from (employer's name/(your/his/her) business/working in the family business or farm) in 1999?

- (1) Yes
- (2) No

Survey of Program Dynamics

58. How much extra did (you/name) earn from tips, bonuses, overtime pay or commissions from (employer's name/(your/his/her business/working in the family business or farm) in 1999?

\$ _____ .00
(VERIFY IF OVER \$50,000)

58_VERIFY Amount entered was(amount). Is this correct? (1) Yes (2) No _____

59 The next few questions are about fringe benefits.

During 1999, did this employer offer a pension or other type of retirement plan to ANY of its employees?

- (1) Yes
- (2) No

60 During 1999, did (you/name) participate in that plan?

- (1) Yes
- (2) No

61 During 1999, (were/was) (you/name) eligible for health insurance coverage through this employer?

- (1) Yes
- (2) No

62 During 1999, did (you/name) participate in that plan?

- (1) Yes
- (2) No

63a During 1999, did (employer name) provide paid vacation days?

- (1) Yes
- (2) No

63b During 1999, how many paid vacation days (were/was) (you/name) eligible to take?

_____ days

63c During 1999, did (employer name) provide paid sick leave?

- (1) Yes
- (2) No

63d During 1999, how many paid sick leave days (were/was) (you/name) eligible to take?

_____ days

63e During 1999, did (employer name) provide tuition assistance if (you/name) wanted it?

- (1) Yes
- (2) No

E63 (Next, I need to know about (your/name's) CURRENT (employment status/work-related activities/The next questions are about (your/name's) CURRENT work-related activities).
Did (you/name) do any work at all LAST WEEK, including work for pay or another type of compensation?

- (1) Yes
- (2) No

- (H) Help

Survey of Program Dynamics

E64 LAST WEEK, did (you/name) have a job either full or part-time? Include any job from which (you/name) (were/was) temporarily absent.

- (1) Yes
- (2) No
- ((3) Retired)

(H) Help

E65 LAST WEEK, (were/was) (you/name) on layoff from a job?

- (1) Yes
- (2) No
- ((3) Retired)

E66 Has (your/name's) employer given (you/him/her) a date to return to work?

- (1) Yes
- (2) No

E67 (Have/Has) (you/name) been told that (you/he/she) will be recalled to work within the next 6 months?

- (1) Yes
- (2) No

SKIP_EE

Do you want to skip (name) at this time?

- (1) Yes, continue
- (2) No, back to previous item

INCOME SOURCES

INC_SCR **FLASHCARD I**

Which category represents the total combined income of all members of this household during 1999? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money received by members of this household who are 15 years of age or older.

IF NECESSARY: READ RESPONSE CATEGORIES

- (1) Less than \$10,000
- (2) \$10,000 to 14,999
- (3) \$15,000 to 19,999
- (4) \$20,000 to \$29,999
- (5) \$30,000 to \$39,999
- (6) \$40,000 to \$49,999
- (7) \$50,000 or more

START SECTION: TYPES OF INCOME

200 The next few questions are about income other than earnings that (you/your household) may have received.

Did (you/anyone in this household) receive any unemployment compensation payments at any time during 1999?

- (1) Yes
- (2) No

201 Who received these payments?

(INCOME TYPE: Unemployment compensation)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN	NAME	AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER		

206 During 1999 did (you/anyone in this household) receive any Social Security payments?

- (1) Yes
- (2) No

207 Who received these payments?
(INCOME TYPE: Social Security)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF ALL PERSONS

208 During 1999, did (you/anyone in this household) receive any separate Social Security payments on behalf of (child's name/the children)?

- (1) Yes
- (2) No

209 Who received these payments on behalf of (child's name/the children)?

(INCOME TYPE: Social Security payments for children)

LINE NUMBER OF PERSON WHO RECEIVES PAYMENT: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

210 Which children were covered by these payments?

(INCOME TYPE: Social Security payments for children)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF CHILDREN UNDER AGE 23

Survey of Program Dynamics

211 In addition to the payments received on behalf of (child's name/children's names), did (you/name) also receive separate Social Security payments for (himself/herself/yourself)?

- (1) Yes
- (2) No

CK212 **FLASHCARD J.**

This is a list of benefits or income sources people sometimes receive. Please tell me if anyone in this household received benefits during 1999 from any of these sources.

- (1) Yes
- (2) No

212 Supplemental Security Income, also called SSI, is a federal program to provide money to low-income elderly and low-income disabled persons. During 1999, did (anyone in this household/you) receive SSI?

- (1) Yes
- (2) No

213 Who received these payments?

(INCOME TYPE: Supplemental Security Income)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

LN NAME	AGE

SHOW HOUSEHOLD ROSTER OF ALL PERSONS	

214 During 1999, did (you/anyone in this household) receive any (separate/) SSI payments on behalf of (child's name/the children)?

- (1) Yes
- (2) No

Survey of Program Dynamics

217 In addition to the payments received on behalf of (child's name/children's names), did (you/name) also receive separate Supplemental Security Income payments for (himself/herself/yourself)?

- (1) Yes
- (2) No

—

218 Did (you/anyone in this household) get food stamps at any time during 1999?

- (1) Yes
- (2) No

—

<p>219 Who received food stamps during 1999?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

<p>219A Which people now living here were covered by food stamps during 1999?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF ALL PERSONS</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF ALL PERSONS	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF ALL PERSONS					

z220 At any time during 1999, even for only one month, did (you/anyone in this household) receive any CASH assistance from a state or county welfare program, such as (STATE PROGRAM NAME)?

INCLUDE ALL CASH ASSISTANCE FROM ANY STATE OR LOCAL PUBLIC ASSISTANCE OR WELFARE OFFICE.

DO NOT INCLUDE FOOD STAMPS, SSI, OR ENERGY ASSISTANCE PAYMENTS.

- (1) Yes
- (2) No
- (H) Help

—

z220A Just to be sure, in 1999, did (you/anyone) receive CASH assistance from a state or county welfare program on behalf of (child's name/CHILDREN in the household)?

- (1) Yes
- (2) No

—

z221A Who received this cash assistance?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
 OF PERSONS 15 AND OVER**

Survey of Program Dynamics

221A_ADD From what type of program did (you/name) receive the CASH assistance?
Was it (STATE PROGRAM NAME), General Assistance, Emergency Assistance, or some other program?

READ RESPONSE CATEGORIES

ENTER EACH TYPE MENTIONED: ___ (H) Help
USE "N" for NO MORE; RE-ENTER NUMBER to UNMARK AN ENTRY

- (1) Welfare or (STATE PROGRAM NAME,)
- (2) General Assistance
- (3) Emergency Assistance, such as one-time cash assistance to prevent you from going on welfare
- (4) Some other program (specify)

What was the program?

z221A0 Was the cash assistance for adults AND children in the household or JUST children?

- (1) Both adults and children
 - (2) Children only
 - (3) Adults only
- _____

z221A1 (Who in your household/Which children in the household) was the cash assistance for?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN	NAME	AGE

SHOW HOUSEHOLD ROSTER BASED ON ENTRY TO 221A1		

z222 At any time during 1999, did (you/anyone in this household) receive any of the following types of assistance from a state or county welfare agency or a case manager:

- (1) Yes
- (2) No

Transportation assistance to help (you/them) get to work or school or training, such as gas vouchers, bus passes, or help registering, repairing or insuring a car? _____

Any child care services or assistance in 1999 so (you/they) could go to work or school or training? _____

(Ask if women age 15 to 45 or children under age 6 in household)
Did (you/anyone in the household) receive WIC in 1999? _____

z222D Who received transportation assistance to help them get to work, school or training, such as gas vouchers, bus passes, or help registering, repairing or insuring a car?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.
RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME	AGE
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	

z222E Who received child care services or assistance in 1999 so they could go to work or school or training?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.
RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME	AGE
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	

Survey Of Program Dynamics

220 At any time during 1999, even for only one month, did (you/anyone in this household) receive any of the following government payments because your income was low:

Welfare or public assistance payments (1) Yes (2) No ____
 sometimes called AFDC, ADC, or
 (New state program names or acronyms)

WIC (note: only appears if children or woman (1) Yes (2) No ____
 age 15 to 45 in household)

Emergency Assistance, such as one-time (1) Yes (2) No ____
 cash assistance to prevent going on welfare.

General Assistance (1) Yes (2) No ____

Other Welfare (1) Yes (2) No ____

Specify: _____

221A Who received Welfare or public assistance payments sometimes called AFDC, ADC, or (New state program names or acronyms)?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

221A1 Which people now living here were covered by public assistance or welfare payments sometimes called AFDC, ADC, or (New state program names or acronyms)?

PROBE: Anyone else?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE

<p>221E Who received General Assistance? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
---	---

<p>221E2 Which of the people now living here, were covered by general assistance during 1999?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE</p>
---	---

<p>221F Who received other welfare? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
--	---

<p>221F2 Which of the people now living here were covered by other welfare during 1999?</p> <p>PROBE: Anyone else?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE</p>
---	---

Survey of Program Dynamics

222 At any time during 1999, did (you/anyone in this household) receive any of the following types of GOVERNMENT assistance because (your/their) income was low:

<1> Yes

<2> No

Transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car? _____

Any child care services or assistance so (your/they) could go to work or school or training? _____

Any other assistance from the government last year because (your/their) income was too low to meet (your/their) needs? _____

specify: _____

222D Who received transportation assistance, such as gas vouchers, bus passes, or help registering or insuring a car?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

LN NAME

AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

222E Who received child care services or assistance in 1999 so they could go to work or school or training?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

LN NAME

AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

Survey of Program Dynamics

<p>225 Which children received free or reduced-price lunches or breakfasts?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF CHILDREN 5 TO 18 YEARS OLD</p>
---	--

228 The government has an energy assistance program that helps pay heating costs. During the past 12 months, has this household received any energy assistance of this type?

FR NOTE: This assistance can be received directly by the household or paid directly to the electric company, gas company or fuel dealer.

(1) Yes
(2) No
(H) Help

228A At any time during 1999 did (you/anyone in this household) receive Foster Child Care payments?

(1) Yes
(2) No

<p>228B Who received Foster Child Care payments? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
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229 At any time during 1999 did (you/anyone in this household) receive any Veteran's (VA) payments?

(1) Yes
(2) No
(H) Help

<p>230 Who received these payments? (INCOME TYPE: Veterans' Payments) ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <hr/> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
--	--

(Ask 231 and 232 for each person listed in 230.)

231 What type of Veterans' payments did (you/name) receive?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Service-connected disability
- ____ (2) Survivor benefits
- ____ (3) Veterans' pension
- ____ (4) Educational assistance
- ____ (5) Other Veterans' payments

232 (Are/Is) (you/name) required to fill out an annual income questionnaire for the Department of Veterans' Affairs?

- (1) Yes
- (2) No
- (H) Help

233 **FLASHCARD K**

This is a list of survivor's benefits. (Other than Social Security/Other than VA benefits/Other than Social Security and VA benefits), did (you/anyone in this household) receive any income in 1999 as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

- (1) Yes
- (2) No

Survey of Program Dynamics

234 Who received this income?

(INCOME TYPE: Survivor's Benefits)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE
RE-ENTER THE NUMBER TO "UNMARK" A
LINE NUMBER

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

(Ask 235 for each person listed in 234.)

235 What was the source of this income for (name)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ___ (1) Company or union survivor pension
- ___ (2) Federal Government pension
- ___ (3) U.S. Military retirement survivor pension
- ___ (4) State or Local government survivor pension
- ___ (5) U.S. railroad retirement survivor pension
- ___ (6) Worker's compensation survivor pension
- ___ (7) Black Lung survivor pension
- ___ (8) Regular payments from estates or trusts
- ___ (9) Regular payments from annuities or paid-up insurance policies
- ___ (10) Other

Survey of Program Dynamics

236A (Do you/Does anyone in this household) have a physical, mental, or other health condition that prevents (you/him or her) from working?

- (1) Yes
 - (2) No
 - (H) Help
- _____

236B Who is that?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

LN NAME

AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

(Ask 236B2 for each person listed in 236B.)

236B2 Is it likely that (you/name) will be able to work at some time in the next 12 months?

- (1) Yes
 - (2) No
- _____

236C (Do you/Does anyone in this household) have a physical, mental or other health condition that limits the kind or amount of work (you/he or she) can do?

- (1) Yes
 - (2) No
- _____

237 Who is that?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: _____

LN NAME

AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

Ask 237B for each person listed in 237 who is currently not working.

237B Is it likely that (you/name) will be able to work at some time in the next 12 months?

- (1) Yes
- (2) No

—

238 Did (you/anyone in this household) ever retire for health reasons OR permanently leave a job for health reasons?

- (1) Yes
- (2) No

—

239 Who is that?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME	AGE
<p style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>	

240 FLASHCARD L

This is a list of disability income. (Other than the sources of income you have already reported,) Did (you/name) receive any (other) income in 1999 as a result of (your/his/her) health condition?

- (1) Yes
- (2) No

—

241 What was the source of this income for (you/name)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
 RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union disability
- ____ (2) Federal Government (Civil Service) disability
- ____ (3) U.S. Military retirement disability
- ____ (4) State or Local government employee disability
- ____ (5) U.S. Railroad retirement disability
- ____ (6) Accident or disability insurance
- ____ (7) Black Lung miner's disability
- ____ (8) State temporary sickness
- ____ (9) Other specify:

Survey of Program Dynamics

242 FLASHCARD M

This is a list of retirement income. (Other than Social Security/Other than VA benefits/Other than Social Security or VA benefits) did (you/anyone in this household) receive any pension or retirement income from a previous employer or union, or any other type of retirement income during 1999?

- (1) Yes
- (2) No

243 Who received this income? (INCOME TYPE: Pension or retirement) ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 35 AND OVER
--	--

(Ask 244 for each person listed in 243.)

244 What was the source of this income for (you/name)?

(H) Help

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union pension (inc profit sharing)
- ____ (2) Federal Government (Civil Service) retirement
- ____ (3) U.S. Military retirement
- ____ (4) State or Local government pension
- ____ (5) U.S. Railroad Retirement
- ____ (6) Regular income from annuities or paid up insurance policies
- ____ (7) Regular income from IRA, KEOGH, or 401(k)
- ____ (8) Other sources specify:

246 At any time during 1999, did (you/anyone in this household) have:

Money in any kind of savings account, interest-earning checking account or money market fund?

- (1) Yes
- (2) No

—

247 Any other investment that pays interest such as bonds, treasury notes, or certificates of deposit?

- (1) Yes
- (2) No

—

248 Which members of this household had interest-earning accounts?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME	AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	

CK249 FLASHCARD N

This is a list of income sources persons sometimes have. Please tell me if anyone in this household received income from any of these sources during 1999.

READ IF NECESSARY: Did anyone own mutual funds or shares of stock, own property that was rented to others, receive rental income from boarders, receive income from estates or trusts, or from royalties?

- (1) Yes
- (2) No

—

Survey of Program Dynamics

249 At any time during 1999, did (you/anyone in this household) own:

Any mutual fund shares? Include any 401k, or IRA mutual funds.

- (1) Yes
- (2) No

—

249 Any shares of stock in corporations?

- (1) Yes
- (2) No

—

250 Which members of this household owned mutual funds or shares of stock?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

251 During 1999 did (you/anyone in this household):

Own any properties that were rented to others such as houses, apartments, business properties, or land?

- (1) Yes
- (2) No

—

Receive rental income from roomers or boarders?

- (1) Yes
- (2) No
- (H) Help

—

253 Who received rental income?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

254 During 1999, did (you/anyone in this household) receive any income from royalties?

- (1) Yes
- (2) No
- (H) Help

—

<p>255 Who received this income?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: ____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 5px;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

256 (Besides income received as a survivor,) did (you/anyone in this household) receive (any other) income from estates or trusts in 1999?

- (1) Yes
- (2) No

—

<p>257 Who received this income?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: ____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 5px;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

258 During 1999 did (you/anyone in this household) receive any alimony or maintenance payments?

- (1) Yes
- (2) No

—

<p>259 Who received these payments during 1999?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: center;">LINE NUMBER: ____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 5px;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

Survey of Program Dynamics

260 Did (you/anyone in this household) receive any child support payments in 1999 including any money received directly from the other parent or through the welfare or child support agency?

- (1) Yes
 - (2) No
 - (H) Help
-

261 Who received child support payments?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER OF PARENT OR GUARDIAN WHO RECEIVES PAYMENT: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

262 During 1999, did (you/anyone in this household) receive any financial assistance on a regular basis from friends or relatives not living in this household? Do not include loans.

- (1) Yes
 - (2) No
 - (H) Help
-

263 Who received this income?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER

264 FLASHCARD O

This is a list of other sources of income (you/your household) may have received. During 1999, did (you/anyone in this household) receive any of the following types of income:

READ LIST (H) Help

- National Guard or Reserve pay (1) Yes (2) No ___
- Casual earnings from a side business or hobby (1) Yes (2) No ___
- Income from a farm (1) Yes (2) No ___
- Lump sum payment (for example, inheritance, insurance settlement, capital gains) (1) Yes (2) No ___
- Income assistance from a charitable group (1) Yes (2) No ___
- Any other sources of income (1) Yes (2) No ___

<p>266A Who received National Guard or Reserve pay?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ___</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 30%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

<p>266B Who received casual earnings from a side business or hobby?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ___</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 30%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

<p>266C Who received income from a farm?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ___</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 30%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

INDEPENDENT/DEPENDENT COMPARISON

DEP_UNEMP

Last time we recorded that (you/name) received unemployment compensation in 1998. Did (you/he/she) receive unemployment compensation at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive unemployment compensation in 1998
- _____

DEP_202

What type of unemployment compensation payments did (you/name) receive? Was it State unemployment compensation, supplemental unemployment benefits, or something else such as strike pay or union benefits?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _____ (1) State unemployment compensation
- _____ (2) Supplemental unemployment benefits
- _____ (3) Other (such as strike pay, union benefits, Trade Adjustment Act benefits)

DEP_WC

Last time we recorded that (you/name) received workers' compensation in 1998. Did (you/he/she) receive workers' compensation at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive workers' compensation in 1998
- _____

Survey of Program Dynamics

DEP_205

What was the source of (your/name's) payments? Was it State Worker's Compensation, (your/name's) employer or (your/his/her) employer's insurance, (your/name's) own insurance, or some other source?

- (1) State Worker's Compensation
 - (2) Employer or employer's insurance
 - (3) Own insurance
 - (4) Other
-

DEP_SS

Last time we recorded that (you/name) received social security payments in 1998. Did (you/he/she) receive social security at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive social security payments in 1998
-

DEP_SSI

Last time we recorded that (you/name) received Supplemental Security Income, also called SSI, payments in 1998. Did (you/he/she) receive Supplemental Security Income, or SSI, at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive SSI in 1998
-

DEP_PAW

Last time we recorded that (you/name) received CASH assistance from a state or county welfare program in 1998. Did (you/he/she) receive CASH assistance at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive cash assistance in 1998
-

DEP_VET

Last time we recorded that (you/name) received veteran's payments in 1998. Did (you/he/she) receive veteran's payments at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive
veteran's payments in 1998
- _____

DEP_231

What type of Veterans' payments did (you/name) receive?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _____ (1) Service-connected disability
- _____ (2) Survivor benefits
- _____ (3) Veterans' pension
- _____ (4) Educational assistance
- _____ (5) Other Veterans' payments

DEP_232

(Are/Is) (you/name) required to fill out an annual income questionnaire for the Department of Veterans' Affairs?

- (1) Yes
 - (2) No
- _____

DEP_SUR

Last time we recorded that (you/name) received survivor payments in 1998. Did (you/name) receive income as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive
survivor payments in 1998
- _____

Survey of Program Dynamics

DEP_235

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union survivor pension
 - ____ (2) Federal Government pension
 - ____ (3) U.S. Military retirement survivor pension
 - ____ (4) State or Local government survivor pension
 - ____ (5) U.S. railroad retirement survivor pension
 - ____ (6) Worker's compensation survivor pension
 - ____ (7) Black Lung survivor pension
 - ____ (8) Regular payments from estates or trusts
 - ____ (9) Regular payments from annuities or paid-up insurance policies
 - ____ (10) Other
-

DEP_DIS

Last time we recorded that (you/name) received disability benefits in 1998. Did (you/name) receive disability benefits at any time during 1999?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive disability benefits in 1998
- _____
-

DEP_241

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union disability
- ____ (2) Federal Government (Civil Service) disability
- ____ (3) U.S. Military retirement disability
- ____ (4) State or Local government employee disability
- ____ (5) U.S. Railroad retirement disability
- ____ (6) Accident or disability insurance
- ____ (7) Black Lung miner's disability
- ____ (8) State temporary sickness
- ____ (9) Other (specify)_____

DEP_RET

Last time we recorded that (you/name) received retirement benefits in 1998. Did (you/name) receive retirement benefits at any time during 1999?

- (1) Yes
- (2) No
- (3) Information in error, did not receive retirement benefits in 1998

DEP_244

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union pension (inc profit sharing)
- ____ (2) Federal Government (Civil Service) retirement
- ____ (3) U.S. Military retirement
- ____ (4) State or Local government pension
- ____ (5) U.S. Railroad Retirement
- ____ (6) Regular payments from annuities or paid up insurance policies
- ____ (7) Regular payments from IRA, KEOGH, or 401(k)
- ____ (8) Other sources (specify)_____

DEP_ALM

Last time we recorded that (you/name) received alimony in 1998. Did (you/he/she) receive alimony at any time during 1999?

- (1) Yes
- (2) No
- (3) Information in error, did not receive alimony in 1998

DEP_CSP

Last time we recorded that (you/name) received child support payments in 1998. Did (you/name) receive child support payments at any time during 1999?

- (1) Yes
- (2) No
- (3) Information in error, did not receive alimony in 1998

AMOUNTS

NOTE: Throughout the amounts section the instrument will ask you to identify which weeks or which months the payments were received. How the question is asked will depend on the periodicity the respondent selected as easiest to report. The items booklet shows only one of these options at random.

300 SECTION START: INCOME SOURCES AMOUNTS

I have recorded that, in 1999, (you/name) received (READ LIST).

Is that correct?

- (1) Yes
- (2) No

LN TYPE INCOME SOURCE

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

301 READ IF NECESSARY: Which should be deleted?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.
RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.

LINE NUMBER: ____

LN TYPE INCOME SOURCE

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

302 Now I am going to ask you how much (you/name) received from (each of these sources/this source) during 1999.

(PRESS ENTER)

303 Which is the easiest way for you to report (your/name's) unemployment compensation payments in 1999: weekly, every two weeks, twice monthly, monthly or annually?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Annually

—

304 How much did (you/name) receive (weekly/every two weeks/twice monthly/monthly/annually/) in unemployment compensation payments during 1999?

AMOUNT: \$ _____ .00
 (IF 303 EQ (1), VERIFY DOLLAR AMOUNTS OVER \$1,000.
 (2 OR 3), \$2,500.
 (4) \$5,000.
 (5) \$50,000.)

304_VER
 Unemployment compensation reported as (amount). Is this entry correct?

(1) Yes
 (2) No

—

305A Which weeks did (you/name) receive unemployment compensation payments?

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
 USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1	___ 8	___ 15	___ 22	___ 29	___ 36	___ 43	___ 50
___ 2	___ 9	___ 16	___ 23	___ 30	___ 37	___ 44	___ 51
___ 3	___ 10	___ 17	___ 24	___ 31	___ 38	___ 45	___ 52
___ 4	___ 11	___ 18	___ 25	___ 32	___ 39	___ 46	
___ 5	___ 12	___ 19	___ 26	___ 33	___ 40	___ 47	
___ 6	___ 13	___ 20	___ 27	___ 34	___ 41	___ 48	
___ 7	___ 14	___ 21	___ 28	___ 35	___ 42	___ 49	

Survey of Program Dynamics

305B Which months did (you/name) receive unemployment compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

306 According to my calculations (you/name) received (total) dollars in unemployment compensation payments in 1999. Does that sound right?

- (1) Yes
- (2) No

307 What is your best estimate of the total amount (you/name) received in unemployment compensation payments in 1999?

AMOUNT: _____ .00
(VERIFY AMOUNT IF OVER \$50,000)

307_VER

Estimated unemployment
compensation reported as (amount).
Is this entry correct?

- (1) Yes
- (2) No

308 Which is the easiest way for you to report (your/name's) Worker's Compensation payments in 1999: weekly, every two weeks, twice monthly, monthly, or annually?

- (1) Weekly
 - (2) Every two weeks
 - (3) Twice monthly
 - (4) Monthly
 - (5) Annually
-

309 How much did (you/name) receive (weekly/every two weeks/twice monthly/monthly/annually) in Worker's Compensation during 1999?

AMOUNT: \$ _____ .00

(IF 308 EQ	(1), VERIFY IF DOLLAR AMOUNT IS OVER	\$1,000
	(2 or 3)	\$2,500
	(4)	\$5,000
	(5)	\$50,000

309_VER
 Worker's Compensation reported as (amount). Is this entry correct?

(1) Yes
 (2) No

—

310A FLASHCARD 1999 CALENDAR

Which weeks did (you/name) receive Worker's Compensation payments?

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
 USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1	___ 8	___ 15	___ 22	___ 29	___ 36	___ 43	___ 50
___ 2	___ 9	___ 16	___ 23	___ 30	___ 37	___ 44	___ 51
___ 3	___ 10	___ 17	___ 24	___ 31	___ 38	___ 45	___ 52
___ 4	___ 11	___ 18	___ 25	___ 32	___ 39	___ 46	
___ 5	___ 12	___ 19	___ 26	___ 33	___ 40	___ 47	
___ 6	___ 13	___ 20	___ 27	___ 34	___ 41	___ 48	
___ 7	___ 14	___ 21	___ 28	___ 35	___ 42	___ 49	

Survey of Program Dynamics

310B Which months did (you/name) receive Worker's Compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

311 According to my calculations (you/name) received (total) dollars in Worker's Compensation payments in 1999. Does that sound right?

- (1) Yes
- (2) No

312 What is your best estimate of the total amount (you/name) received in Worker's Compensation payments in 1999?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$50,000.)

<p>312_VER Estimate workers compensation reported as (amount). Is this entry correct?</p> <ul style="list-style-type: none">(1) Yes(2) No <p>_____</p>

314 (Earlier you told me that (you/name) received Social Security payments for (himself/herself/yourself) and that (you/he/she) also received payments on behalf of (his/her) (child/children). First, I'd like to know about the Social Security payments (you/name) received for (himself/herself/yourself).) Did (you/name) receive Social Security benefits jointly with (your/his/her) (wife/husband)?

- (1) Yes
- (2) No

315 (Earlier you told me that (you/name) received Social Security payments for (himself/herself/yourself) and that (he/she/you) also received payments on behalf of (your/his/her)(child's name/children's names). First, I'd like to know about the Social Security payments (you/name) received for (himself/herself/yourself).) Is it easier for you to report (your/name's) (joint) Social Security payments received during 1999, monthly or annually?

- (1) Monthly
- (2) Annually

316 How much did (you/name) receive (in joint payments) (each month/) in 1999?

AMOUNT: \$ _____ .00
 (IF 315 EQ (1), VERIFY DOLLAR AMOUNT IF OVER \$5,000.
 (2), \$50,000.)

316_VER
 Social Security payments reported as
 (amount). Is this entry correct?

(1) Yes
 (2) No

317 Is this amount before or after the Medicare deduction?

- (1) Before
- (2) After

318 During which months in 1999 did (you/name) receive Social Security payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
 USE "A" for ALL, "0" to ERASE, "N" for NO MORE, (H) Help

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

Survey of Program Dynamics

319 According to my calculations (you/name) received (total) dollars in (joint) Social Security payments in 1999. Does that sound right?

- (1) Yes
 - (2) No
- _____

320 What is your best estimate of the total amount (you/name) received in (joint) Social Security payments in 1999?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$50,000)

<p>320_VER Estimated Social Security reported as (amount). Is this entry correct?</p> <ul style="list-style-type: none">(1) Yes(2) No <p>_____</p>

322 (Now I'd like to know about the separate Social Security payments (you/name) received on behalf of (your/his/her)(child/children).) Is it easier for you to report (these payments/the separate Social Security payments (you/name) received for (your/his/her) (child/children) during 1999 monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

323 During 1999, how much did (you/name) receive (each month/in total) for (your/his/her) (child/children)?

(IF 322 EQ AMOUNT: \$ _____ .00
 (1), VERIFY DOLLAR AMOUNT OVER \$5,000.
 (2), \$50,000.)

323_VER
 Social Security payments for children reported as (amount). Is this entry correct?

(1) Yes
 (2) No

324 During which months in 1999 did (you/name) receive separate Social Security payments for (your/his/her) (child/children)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
 USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

325 According to my calculations (you/name) received (total) dollars for (your/his/her) (child/children) in this household in 1999. Does that sound right?

- (1) Yes
 (2) No

Survey of Program Dynamics

326 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$50,000)

326_VER Estimated Social Security reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

327 (Earlier you told me that (you/name) received Supplemental Security Income for (himself/herself/yourself) and that (he/she/you) also received payments on behalf of (your/his/her) (child/children). First, I'd like to know about the SSI payment (you/name) received for (himself/herself/yourself)).

Is it easier for you to report (your/name's) SSI payments received during 1999 monthly or annually?

- (1) Monthly
- (2) Annually

328 Including both Federal and State SSI, how much did (you/name) receive (each month/in total) in 1999?

(IF 327 EQ AMOUNT: \$ _____ .00
(1), VERIFY DOLLAR AMOUNT IF OVER \$3,000.
(2), \$30,000.)

328_VER Estimated SSI payments reported as (amount). Is this entry correct? (1) Yes (2) No _____

329

During which months in 1999 did (you/name) receive Supplemental Security Income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

329A1-329A6

What set of circumstances led (you/name) to apply for SSI in (month), 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE" ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___(1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ___(2) Became disabled/blind
- ___(3) Over 65
- ___(4) Needed medical benefit
- ___(5) Other, specify _____

329B1-329B6

Why did (you/name) stop receiving SSI in (month) 1999?

- (1) SSI benefits cut off
- (2) Because of family changes
- (3) Still eligible but chose not to collect
- (4) Other, specify

Specify: _____

Survey of Program Dynamics

329C1-329C6

What reasons were given for (your/name's) SSI benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Not eligible -- income or other resources too high to qualify
- ___ (2) Not eligible -- no longer disabled
- ___ (3) Not eligible -- Immigration status
- ___ (4) No longer eligible due to program changes
- ___ (5) Not eligible -- no reason specified or some other reason given
- ___ (6) Did not provide all the information requested
- ___ (7) Failed substance abuse requirements (testing or any other related)
- ___ (8) Other reason (Specify) _____

329D1-329D6

What did (you/name) do to get by when your family lost benefits?

ENTER NUMBER OF RESPONSE; MARK "N" WHEN NO MORE
RESPONSES: _____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Cut back on expenses for necessities (food, doctor's bills, etc.)
- ___ (2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
- ___ (3) Moved to cheaper housing
- ___ (4) Moved in with others /doubled up
- ___ (5) Stopped paying bills/paid bills late
- ___ (6) Got a job
- ___ (7) Did something illegal (sold drugs, shoplifted, prostitution)
- ___ (8) Borrowed money from friends/family
- ___ (9) Got my children's father to give me child support
- ___ (10) Applied for benefits in another program
- ___ (11) Placed my child/children in someone else's care
- ___ (12) Got married
- ___ (13) Other: _____

331 According to my calculations (you/name) received (total) dollars from Supplemental Security Income in 1999. Does that sound right?

- (1) Yes
- (2) No

332 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ 00
(VERIFY IF DOLLAR OVER \$30,000)

332_VER
Total SSI payments reported as
(amount) Is this entry correct?

(1) Yes
(2) No

333. (Now I'd like to know about the separate Supplement Security Income payments (you/name) received on behalf of (his/her)(child/children) Is it easier for you to report (these payments/the Supplemental Security Income payments (you/name) received on behalf of (your/his/her) (child/children) during 1999 monthly or annually?

- (1) Monthly
- (2) Annually

334 How much did (you/name) receive (monthly/) in Supplemental Security Income for (your/his/her) (child/children) in 1999?

AMOUNT: \$ _____ .00
(IF 333 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$3,000.
(2), \$30,000.)

334_VER
SSI payments for children reported as
(amount). Is this entry correct?

(1) Yes
(2) No

Survey of Program Dynamics

335 During which months of 1999 did (you/name) receive Supplemental Security Income payments for (your/his/her) (child/children)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | | | |
|-------|-----|--------|-----|
| ___ 1 | JAN | ___ 7 | JUL |
| ___ 2 | FEB | ___ 8 | AUG |
| ___ 3 | MAR | ___ 9 | SEP |
| ___ 4 | APR | ___ 10 | OCT |
| ___ 5 | MAY | ___ 11 | NOV |
| ___ 6 | JUN | ___ 12 | DEC |

335A1-335A6

What set of circumstances led (you/name) to apply for SSI for (your/his/her) (child/children) in (month) 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ___ (2) Child became disabled/blind
- ___ (3) Needed medical benefit
- ___ (4) Separated or divorced from spouse/partner
- ___ (5) Loss of other support income
- ___ (6) Just learned about the program
- ___ (7) Just got around to applying
- ___ (8) Other, specify _____

335B1-335B6

Why did (your/name's/his/her)(child/children) stop receiving SSI in (month), 1999?

- (1) SSI benefits cut off
- (2) Because of family changes
- (3) Still eligible but chose not to collect
- (4) Other, specify

Specify: _____

335C1-335C6

What reasons were given for (your/name's) (child/children)'s SSI benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Not eligible -- income or other resources too high to qualify
- ___ (2) Not eligible -- Didn't meet health or disability requirement
- ___ (3) Not eligible -- Immigration status
- ___ (4) No longer eligible due to program changes
- ___ (5) Not eligible -- no reason specified or some other reason given
- ___ (6) Did not provide all the information requested
- ___ (7) Failed substance abuse requirements (testing or any other related)
- ___ (8) Other reason (Specify) _____

335D1-335D6

What did (you/name) do to get by when your family lost benefits?

MARK ALL THAT APPLY
ENTER NUMBER OF RESPONSE; MARK "N" WHEN NO MORE
RESPONSES: ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Cut back on expenses for necessities (food, doctor's bills, etc.)
- ___ (2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
- ___ (3) Moved to cheaper housing
- ___ (4) Moved in with others /doubled up
- ___ (5) Stopped paying bills/paid bills late
- ___ (6) Got a job
- ___ (7) Did something illegal (sold drugs, shoplifted, prostitution)
- ___ (8) Borrowed money from friends/family
- ___ (9) Got my children's father to give me child support
- ___ (10) Applied for benefits in another program
- ___ (11) Placed my child/children in someone else's care
- ___ (12) Got married
- ___ (13) Other: _____

337 According to my calculations (you/name) received (total) dollars in Supplemental Security Income for (your/his/her)(child/children) in 1999. Does that sound right?

- (1) Yes
- (2) No

Survey of Program Dynamics

338 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$30,000)

338_VER Total SSI payments for children reported as (amount). Is this entry correct? (1) Yes (2) No _____

339. During which months in 1999 did (you/your household) receive food stamps?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- ___ 1 JAN
- ___ 2 FEB
- ___ 3 MAR
- ___ 4 APR
- ___ 5 MAY
- ___ 6 JUN

- ___ 7 JUL
- ___ 8 AUG
- ___ 9 SEP
- ___ 10 OCT
- ___ 11 NOV
- ___ 12 DEC

339A1-339A6

What set of circumstances led (you/name) to apply for food stamps in (month) 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ____ (2) Pregnancy/birth of child
- ____ (3) Began receiving for another dependent
- ____ (4) Separated or divorced from spouse/partner
- ____ (5) Loss of job/wages/other income
- ____ (6) Loss of other support income
- ____ (7) Just learned about the program
- ____ (8) Just got around to applying
- ____ (9) Became disabled
- ____ (10) Other (specify) _____

339B1-339B6

Why did (you/name) stop receiving food stamps in (month), 1999?

- (1) Food stamps benefit cut off
- (2) Because of family changes
- (3) Still eligible but chose not to collect
- (4) Other, specify

Specify: _____

Survey of Program Dynamics

339C1-339C6

What reasons were given for (your/name's) food stamps benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Not eligible -- income or other resources too high to qualify
 - ___ (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
 - ___ (3) Not eligible -- Did not meet health or disability requirement
 - ___ (4) Not eligible -- Immigration status
 - ___ (5) Not eligible -- specified or some other reason given
 - ___ (6) Did not provide all the information requested
 - ___ (7) Non-cooperation with work requirements
 - ___ (8) Non-cooperation with child support requirements
 - ___ (9) Not residing in an adult-supervised household
 - ___ (10) Failed substance abuse requirements (testing or any other related)
 - ___ (11) Had already received maximum assistance (time and \$ limit)
 - ___ (12) Lack of program funding
 - ___ (13) Other reason (Specify) _____
-

339D1-339D6

What did (you/name) do to get by when your family lost benefits?

(MARK ALL THAT APPLY)

ENTER NUMBER OF RESPONSE; MARK "N" WHEN NO MORE
RESPONSES: ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Cut back on expenses for necessities (food, doctor's bills, etc.)
 - ___ (2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
 - ___ (3) Moved to cheaper housing
 - ___ (4) Moved in with others /doubled up
 - ___ (5) Stopped paying bills/paid bills late
 - ___ (6) Got a job
 - ___ (7) Did something illegal (sold drugs, shoplifted, prostitution)
 - ___ (8) Borrowed money from friends/family
 - ___ (9) Got my children's father to give me child support
 - ___ (10) Applied for benefits in another program
 - ___ (11) Placed my child/children in someone else's care
 - ___ (12) Got married
 - ___ (13) Other (specify) _____
-

340 Is it easier for you to report the amount of food stamps (you/your household) received in 1999 monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

341 Were the monthly payments (you/your household) received in 1999 all the same amount, or did the amount change?

- (1) Same amount each month
 - (2) Amount changed
- _____

342 How much did (you/your household) receive (each month/in total) in 1999?

AMOUNT: \$ _____ .00
(IF 340 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$1,000.
(2), \$10,000.)

342_VER Food stamp payments reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

343 Now I am going to ask you the different amounts that you received and for how many months you received each amount. During 1999, what was the first amount you received?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$1,000)

READ IF NECESSARY: How many months did you receive that amount?

343_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

345 What was the second amount you received?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$1,000)

READ IF NECESSARY: How many months did you receive that amount?

—

345_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

347 What was the third amount you received?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$1,000)

READ IF NECESSARY: How many months did you receive that amount?

—

347_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

349 According to my calculations (you/your household) received (total) dollars in food stamps in 1999. Does that sound right?

- (1) Yes
- (2) No

—

350 What is your best estimate of the total amount (you/your household) received in food stamps in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$10,000)

350_VER
Total food stamp amount reported as (amount). Is this entry correct?

(1) Yes
(2) No

z352 During which months in 1999 did (you/name) receive CASH assistance payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE, (H) Help

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

z352A1-z352A6

What set of circumstances led (you/name) to apply for CASH assistance from a state or county welfare program in (month) 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ___ (2) Pregnancy/birth of child
- ___ (3) Began receiving for another dependent
- ___ (4) Separated or divorced from spouse/partner
- ___ (5) Loss of job/wages/other income
- ___ (6) Loss of other support income
- ___ (7) Just learned about the program
- ___ (8) Just got around to applying
- ___ (9) Became disabled
- ___ (10) Other (specify) _____

Survey of Program Dynamics

z352B1-z352B6

Why did (you/name) stop receiving cash assistance in (month), 1999?

- (1) Cash assistance or welfare cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but could/chose not to collect
- (5) Other, specify

Specify: _____

z352C1-z352C6

What reasons were given for (your/name's) cash assistance being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- (1) Not eligible -- income or other resources too high to qualify
- (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
- (3) Not eligible -- Did not meet health or disability requirement
- (4) Not eligible -- Immigration status
- (5) Not eligible -- specified or some other reason given
- (6) Did not provide all the information requested
- (7) Non-cooperation with work requirements
- (8) Non-cooperation with child support requirements
- (9) Not residing in an adult-supervised household
- (10) Failed substance abuse requirements (testing or any other related)
- (11) Had already received maximum assistance (time and \$ limit)
- (12) Lack of program funding
- (13) Other reason (Specify) _____

z352D1-z352D6

What did (you/name) do to get by when your family lost benefits?

MARK ALL THAT APPLY

ENTER NUMBER OF RESPONSE; MARK "N" WHEN NO MORE RESPONSES:

TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER .

01 Cut back on expenses for necessities (food, doctor's bills, etc.)

02 Cut back on discretionary expenses (e.g., toys, movies, etc.)

03 Moved to cheaper housing

04 Moved in with others /doubled up

05 Stopped paying bills/paid bills late

06 Got a job

07 Did something illegal (sold drugs, shoplifted, prostitution)

08 Borrowed money from friends/family

09 Got my children's father to give me child support

10 Applied for benefits in another program

11 Placed my child/children in someone else's care

12 Got married

13 Other (specify) _____

z353 Is it easier for you to report (your/name's) cash assistance payments monthly or annually?

(1) Monthly

(2) Annually

—

z354 Were the monthly payment (you/name) received in 1999 all the same amount, or did the amount change?

(1) Same amount each month

(2) Amount changed

—

z355 How much did (you/name) receive (each month/) in cash assistance payments in 1999?

AMOUNT: \$ _____ .00

(IF z353 EQ (1), VERIFY IF DOLLAR AMOUNT OVER

\$1,000.

(2),

\$10,000.)

Survey of Program Dynamics

355_VER
Public Assistance (AFDC) monthly payments reported as (amount). Is this entry correct?

(1) Yes
(2) No

—

z356 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1999. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

356_VER
Monthly amount reported as (amount). Is this entry correct?

(1) Yes
(2) No

—

z358 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

358_VER
Monthly amount reported as (amount). Is this entry correct?

(1) Yes
(2) No

—

z360 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

360_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

z363 According to my calculations (you/name) received (total) dollars in cash assistance payments in 1999. Does that sound right?

- (1) Yes
- (2) No

z364 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$10,000)

364_VER Total Public Assistance (AFDC) amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

352 During which months in 1999 did (you/name) receive welfare or public assistance payments, sometimes called AFDC, ADC, or (state name)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE, (H) Help

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | | | |
|-------|-----|--------|-----|
| ___ 1 | JAN | ___ 7 | JUL |
| ___ 2 | FEB | ___ 8 | AUG |
| ___ 3 | MAR | ___ 9 | SEP |
| ___ 4 | APR | ___ 10 | OCT |
| ___ 5 | MAY | ___ 11 | NOV |
| ___ 6 | JUN | ___ 12 | DEC |
-

352A1-352A6

What set of circumstances led (you/name) to apply for public assistance or welfare in (month) 1999?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
 - ___ (2) Pregnancy/birth of child
 - ___ (3) Began receiving for another dependent
 - ___ (4) Separated or divorced from spouse/partner
 - ___ (5) Loss of job/wages/other income
 - ___ (6) Loss of other support income
 - ___ (7) Just learned about the program
 - ___ (8) Just got around to applying
 - ___ (9) Became disabled
 - ___ (10) Other (specify) _____
-

352B1-352B6

Why did (you/NAME) stop receiving public assistance or welfare in (month), 1999?

- (1) Public assistance or welfare cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but could/chose not to collect
- (5) Other, specify

Specify: _____

352C1-352C6

What reasons were given for (your/name's) public assistance or welfare benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- (1) Not eligible -- income or other resources too high to qualify
- (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
- (3) Not eligible -- Did not meet health or disability requirement
- (4) Not eligible -- Immigration status
- (5) Not eligible -- specified or some other reason given
- (6) Did not provide all the information requested
- (7) Non-cooperation with work requirements
- (8) Non-cooperation with child support requirements
- (9) Not residing in an adult-supervised household
- (10) Failed substance abuse requirements (testing or any other related)
- (11) Had already received maximum assistance (time and \$ limit)
- (12) Lack of program funding
- (13) Other (Specify)_____

352D1-352D6

What did (you/name) do to get by when your family lost cash assistance?

(MARK ALL THAT APPLY)

ENTER NUMBER OF RESPONSE; MARK "N" WHEN
NO MORE RESPONSES ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ 01 Cut back on expenses for necessities (food, doctor's bills, etc.)
- ___ 02 Cut back on discretionary expenses (e.g., toys, movies, etc.)
- ___ 03 Moved to cheaper housing
- ___ 04 Moved in with others /doubled up
- ___ 05 Stopped paying bills/paid bills late
- ___ 06 Got a job
- ___ 07 Did something illegal (sold drugs, shoplifted, prostitution)
- ___ 08 Borrowed money from friends/family
- ___ 09 Got my children's father to give me child support
- ___ 10 Applied for benefits in another program
- ___ 11 Placed my child/children in someone else's care
- ___ 12 Got married
- ___ 13 Other (specify)_____

Survey of Program Dynamics

353 Is it easier for you to report (your/name's) welfare or public assistance payments monthly or annually?

- (1) Monthly
 - (2) Annually
-

354 Were the monthly payments (you/name) received in 1999 all the same amount, or did the amount change?

- (1) Same amount each month
 - (2) Amount changed
-

355 How much did (you/name) receive (each month/) in welfare or public assistance payments in 1999? Do not include AFDC passthroughs or any AFDC bonuses received.

AMOUNT: \$ _____ .00
(IF 353 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$1,000.
(2), \$10,000.)

355_VER Public Assistance (AFDC) monthly payments reported as (amount). Is this entry correct? (1) Yes (2) No —

356 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1999. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

356_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No —

358 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

358_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No —

Survey of Program Dynamics

360 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

360_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

363 According to my calculations (you/name) received (total) dollars in welfare or public assistance payments in 1999, excluding AFDC passthroughs or AFDC bonuses. Does that sound right?

- (1) Yes
- (2) No

—

364 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$10,000)

364_VER Total Public Assistance (AFDC) amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

365 During which months in 1999 did (you/name) receive WIC?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

(H) Help

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

365A1-365A6

What set of circumstances led (you/name) to apply for WIC in (month), 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ___ (2) Pregnancy/birth of child
- ___ (3) Began receiving for another dependent
- ___ (4) Separated or divorced from spouse/partner
- ___ (5) Loss of job/wages/other income
- ___ (6) Loss of other support income
- ___ (7) Just learned about the program
- ___ (8) Just got around to applying
- ___ (9) Became disabled
- ___ (10) Other, specify

Specify: _____

365B1-365B6

Why did (you/name) stop receiving WIC in (month), 1999?

- (1) WIC benefits cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but chose not to collect
- (5) Other, specify

Specify: _____

Survey of Program Dynamics

365C1-365C6

What reasons were given for (your/name's) WIC benefits being cut off?

ENTER NUMBER OF RESPONSE; MARK "N" WHEN NO MORE RESPONSES: _____

TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Not eligible -- income or other resources too high to qualify
- ___ (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
- ___ (3) Not eligible -- Did not meet health or disability requirement
- ___ (4) Not eligible -- Immigration status
- ___ (5) Not eligible -- specified or some other reason given
- ___ (6) Did not provide all the information requested
- ___ (7) Non-cooperation with work requirements
- ___ (8) Non-cooperation with child support requirements
- ___ (9) Not residing in an adult-supervised household
- ___ (10) Failed substance abuse requirements (testing or any other related)
- ___ (11) Had already received maximum assistance (time and \$ limit)
- ___ (12) Lack of program funding
- ___ (13) Other reason (Specify) _____

365D1-365D6

What did (you/name) do to get by when your family lost benefits?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": _____

TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Cut back on expenses for necessities (food, doctor's bills, etc.)
- ___ (2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
- ___ (3) Moved to cheaper housing
- ___ (4) Moved in with others /doubled up
- ___ (5) Stopped paying bills/paid bills late
- ___ (6) Got a job
- ___ (7) Did something illegal (sold drugs, shoplifted, prostitution)
- ___ (8) Borrowed money from friends/family
- ___ (9) Got my children's father to give me child support
- ___ 10 Applied for benefits in another program
- ___ 11 Placed my child/children in someone else's care
- ___ 12 Got married
- ___ 13 Other (specify) _____

366 During which months in 1999 did (you/name) receive Foster Child Care payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

367 Is it easier for you to report (your/name's) Foster Child Care payments in 1999 monthly or annually?

- (1) Monthly
- (2) Annually

369 Were the monthly payments (you/name) received in 1999 all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

370 How much did (you/name) receive (each month/) in Foster Child Care payments in 1999?

AMOUNT: \$ _____ .00

VERIFY DOLLAR AMOUNT IF OVER \$10,000.

IF 367 EQ (1), VERIFY DOLLAR AMOUNT IF OVER \$1,000.

370_VER Foster Child Care payments reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

371 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1999. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

371_VER First monthly Foster Child Care amount reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

373 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

373_VER Second monthly Foster Child Care amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

375 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

<p>375_VER</p> <p>Third monthly Foster Child Care amount reported as (amount). Is this entry correct?</p> <p>(1) Yes (2) No</p> <p>_____</p>
--

378 According to my calculations (you/name) received (total) dollars in Foster Child Care payments in 1999. Does that sound right?

- (1) Yes
- (2) No

379 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$10,000)

<p>379_VER</p> <p>Total Foster Child Care amount reported as (amount). Is this entry correct?</p> <p>(1) Yes (2) No</p> <p>_____</p>
--

Survey of Program Dynamics

380 During which months in 1999 did (you/name) receive General Assistance payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

381 Is it easier for you to report (your/name's) General Assistance payments monthly or annually?

- (1) Monthly
- (2) Annually

382 Were the monthly payment (you/name) received in 1999 all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

383 How much did (you/name) receive (each month/) in General Assistance payments in 1999?

AMOUNT: \$ _____ .00

VERIFY DOLLAR AMOUNT IF OVER \$10,000.

(IF 381 EQ (1), VERIFY DOLLAR AMOUNT OVER \$1,000.

383_VER

General Assistance payments reported as (amount). Is this entry correct?

- (1) Yes
- (2) No

Survey Of Program Dynamics

384 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1999. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

384_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

386 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

386_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

388 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

388_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

391 According to my calculations (you/name) received (total) dollars in General Assistance payments in 1999.

Does that sound right?

(1) Yes
(2) No

392 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$10,000)

392_VER Total General Assistance amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

392a

How much did (you/name) receive in emergency assistance payments in 1999?

AMOUNT: \$ _____ .00
(Verify if amount is over \$1000)

392_VER
Total Emergency Assistance amount reported as (amount). Is this entry correct?
(1) Yes
(2) No

393 During which months in 1999 did (you/name) receive other welfare payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- ___ 1 JAN
- ___ 2 FEB
- ___ 3 MAR
- ___ 4 APR
- ___ 5 MAY
- ___ 6 JUN

- ___ 7 JUL
- ___ 8 AUG
- ___ 9 SEP
- ___ 10 OCT
- ___ 11 NOV
- ___ 12 DEC

Survey of Program Dynamics

393A1-393A6

What set of circumstances led (you/name) to apply for other welfare payments in (month) 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
 - ____ (2) Pregnancy/birth of child
 - ____ (3) Began receiving for another dependent
 - ____ (4) Separated or divorced from spouse/partner
 - ____ (5) Loss of job/wages/other income
 - ____ (6) Loss of other support income
 - ____ (7) Just learned about the program
 - ____ (8) Just got around to applying
 - ____ (9) Became disabled
 - ____ (10) Other (specify) _____
-

393B1-393B6

Why did (you/name) stop receiving other welfare payments in (month), 1999?

- (1) Benefits cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but chose not to collect
- (5) Other, specify

Specify: _____

393C1-393C6

What reasons were given for (your/name's) other welfare benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Not eligible -- income or other resources too high to qualify
- ___ (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
- ___ (3) Not eligible -- Did not meet health or disability requirement
- ___ (4) Not eligible -- Immigration status
- ___ (5) Not eligible -- no reason specified or some other reason given
- ___ (6) Did not provide all the information requested
- ___ (7) Non-cooperation with work requirements
- ___ (8) Non-cooperation with child support requirements
- ___ (9) Not residing in an adult-supervised household
- ___ (10) Failed substance abuse requirements (testing or any other related)
- ___ (11) Had already received maximum assistance (time and \$ limit)
- ___ (12) Lack of program funding
- ___ (13) Other (Specify) _____

393D1-393D6

What did (you/name) do to get by when your family lost benefits?

ENTER NUMBER OF RESPONSE; MARK "N" WHEN NO MORE
RESPONSES: _____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Cut back on expenses for necessities (food, doctor's bills, etc.)
- ___ (2) Cut back on discretionary expenses (e.g., toys, movies, etc.)
- ___ (3) Moved to cheaper housing
- ___ (4) Moved in with others /doubled up
- ___ (5) Stopped paying bills/paid bills late
- ___ (6) Got a job
- ___ (7) Did something illegal (sold drugs, shoplifted, prostitution)
- ___ (8) Borrowed money from friends/family
- ___ (9) Got my children's father to give me child support
- ___ (10) Applied for benefits in another program
- ___ (11) Placed my child/children in someone else's care
- ___ (12) Got married
- ___ (13) Other: _____

Survey of Program Dynamics

394 Is it easier for you to report (your/name's) other welfare payments monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

395 Were the monthly payments (you/name) received in 1999 all the same amount, or did the amount change?

- (1) Same amount each month
 - (2) Amount changed
- _____

396 How much did (you/name) receive (each month/) in other welfare payments in 1999?

AMOUNT: \$ _____ .00

VERIFY DOLLAR AMOUNT IF OVER \$10,000.

(IF 394 EQ (1), VERIFY DOLLAR AMOUNT OVER \$1,000.

396_VER

Other welfare payments reported as (amount). Is this entry correct?

- (1) Yes
 - (2) No
- _____

397 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1999. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

397_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

399 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

399_VER Monthly amount reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

401 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

401_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

404 According to my calculations (you/name) received (total) dollars in other welfare payments in 1999. Does that sound right?

(1) Yes

(2) No

405 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$10,000)

405_VER

Total other welfare amount reported
as (amount). Is this entry correct?

(1) Yes

(2) No

405A How much has this household received in energy assistance in the past 12 months, that is, since (MONTH) 1999?
(H) Help

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$5,000)

405A_VER
Energy assistance reported as
(amount). Is this entry correct?

(1) Yes
(2) No

406 Is it easier for you to report (your/name's) Veteran's payments monthly or annually?

- (1) Monthly
- (2) Annually

407 (Excluding educational assistance,) How much did (you/name) receive (monthly/) in Veteran's payments in 1999?

AMOUNT: \$ _____ .00
IF 406 EQ (1), VERIFY DOLLAR AMOUNT OVER \$2,000.
(2), \$20,000.)

407_VER
Veterans' payments reported as
(amount). Is this entry correct?

(1) Yes
(2) No

Survey of Program Dynamics

408 During which months in 1999 did (you/name) receive Veterans' payments, (excluding educational assistance)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

409 According to my calculations (you/name) received (total) dollars from Veteran's payments in 1999 (excluding educational assistance). Does that sound right?

- (1) Yes
- (2) No

410 What is your best estimate of the total amount (you/name) received in 1999 (excluding educational assistance)?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$20,000)

<p>410_VER Estimated Veterans' payments reported as (amount). Is this entry correct?</p> <ul style="list-style-type: none">(1) Yes(2) No <p>_____</p>
--

(COLLECT INFORMATION IN QUESTIONS 411-421 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 235.)

411 Is it easier for you to report (your/name's) (first source in 235) payments monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

412 How much did (you/name) receive (monthly/) in 1999?

INCOME SOURCE: (First source marked in 235)

AMOUNT: \$ _____ .00
(IF 411 EQ (1), VERIFY DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

412_VER Survivor's Benefits reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

413 During which months in 1999 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

Survey of Program Dynamics

415 According to my calculations (you/name) received (total) dollars from (First source in 235) in 1999. Does that sound right?

- (1) Yes
 - (2) No
- _____

416 What is your best estimate of the total amount (you/name) received in 1999?

INCOME SOURCE: (First source marked in 235)

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$50,000)

416_VER Survivor's Benefits reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

417 Is it easier for you to report (your/name's) (Second source from item 235) payments in 1999 monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

418 How much did (you/name) receive (monthly/) in 1999?

INCOME SOURCE: (Second source marked in 235)

AMOUNT: \$ _____ .00
(IF 417 EQ (1), VERIFY DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

418_VER Survivor's Benefits reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

419 During which months in 1999 did (you/name) receive these payments?

INCOME SOURCE: (Second source marked in 235)

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

420 According to my calculations (you/name) received (total) dollars from (Second source marked in 235). Does that sound right?

- (1) Yes
(2) No

Survey of Program Dynamics

421 What is your best estimate of the total amount (you/name) received in 1999?

INCOME SOURCE: (Second source marked in 235)

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNTS OVER \$50,000)

421_VER

Survivor's Benefits reported as
(amount). Is this entry correct?

(1) Yes

(2) No

(COLLECT INFORMATION IN QUESTIONS 422-432 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 241.)

422 Is it easier for you to report (your/name's) (First source from item 241) payments in 1999 monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

423 How much did (you/name) receive (monthly/) in 1999?

INCOME SOURCE: (First source in 241)

AMOUNT: \$ _____ .00
(IF 422 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

423_VER Disability Income reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

424 During which months in 1999 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

Survey of Program Dynamics

425 According to my calculations (you/name) received (total) dollars from (First source marked in 241) in 1999. Does that sound right?

- (1) Yes
 - (2) No
-

426 What is your best estimate of the total amount (you/name) received in 1999?

INCOME SOURCE: (First source in 241)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$50,000)

426_VER

Disability Income reported as
(amount). Is this entry correct?

- (1) Yes
 - (2) No
-

427 Is it easier for you to report (your/name's) (Second source marked in 241) payments in 1999 monthly or annually?

- (1) Monthly
 - (2) Annually
-

428 How much did (you/name) receive (monthly/) in 1999?

INCOME SOURCE: (Second source in 241)

AMOUNT: \$ _____ .00
IF 427 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$5,000.
(2), \$50,000.)

428_VER Disability Income reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

429 During which months in 1999 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

431 According to my calculations (you/name) received (total) dollars from (Second source marked in 241) in 1999. Does that sound right?

- (1) Yes
(2) No

Survey of Program Dynamics

432 What is your best estimate of the total amount (you/name) received in 1999?

INCOME SOURCE: (Second source in 241)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

432_VER Disability Income reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

(COLLECT INFORMATION IN QUESTIONS 433-442 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 244.)

The following set of fills are used for 433-442:

- (1) company of union pension payments
- (2) Federal government retirement payments
- (3) U.S. military retirement payments
- (4) State or local government pension payments
- (5) U.S. Railroad Retirement payments
- (6) payments from annuities or paid up insurance policies
- (7) payments from an IRA, KEOGH, OR 401(k)
- (8) other pension or retirement payments

433 Is it easier for you to report (your/name's) (First source marked in 244) in 1999 monthly or annually?

- (1) Monthly
 - (2) Annually
- _____

434 How much did (you/name) receive (monthly/) in 1999?

INCOME SOURCE: (First source listed in 244)

AMOUNT: \$ _____ .00
(IF 433 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$5,000.
(2), \$50,000.)

434_VER Pension or Retirement reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

435 During which months in 1999 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- ___ 1 JAN
- ___ 2 FEB
- ___ 3 MAR
- ___ 4 APR
- ___ 5 MAY
- ___ 6 JUN

- ___ 7 JUL
- ___ 8 AUG
- ___ 9 SEP
- ___ 10 OCT
- ___ 11 NOV
- ___ 12 DEC

436 According to my calculations (you/name) received (total) dollars from (First source marked in 244) in 1999. Does that sound right?

- (1) Yes
- (2) No

—

Survey of Program Dynamics

437 What is your best estimate of the total amount (you/name) received in 1999?

INCOME SOURCE: (First source listed in 244)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$50,000)

437 _ VER Pension or Retirement reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

438 Is it easier for you to report (your/name's) (Second source from item 244) payments in 1999 monthly or annually?

- (1) Monthly
- (2) Annually

439 How much did (you/name) receive (monthly/) in 1999?

INCOME SOURCE: (Second source listed in 244)

AMOUNT: \$ _____ .00
(IF 438 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

439 _ VER Pension or Retirement reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

440 During which months in 1999 did (you/name) receive these payments?

INCOME SOURCE: (Second source listed in 244)

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

441 According to my calculations (you/name) received (total) dollars from (Second source marked in 244) in 1999. Does that sound right?

- (1) Yes
- (2) No

442 What is your best estimate of the total amount (you/name) received in 1999?

INCOME SOURCE: (Second source listed in 244)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$50,000)

442_VER Pension or Retirement reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

Survey of Program Dynamics

445

Earlier you told me that (you/name) had interest-earning accounts such as a savings or interest-earnings checking account, money market fund, bonds, treasury notes, certificates of deposit or other investments that pay interest. Did (you/name) own any of these jointly with (yourhis/her) (husband/wife)?

(1) Yes

(2) No

—

446 What is your best estimate of the AVERAGE AMOUNT that (you/name) and (your/his/her) (husband/wife) had in these jointly-held accounts during 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

446_VER

Interest earning accounts reported as (amount). Is this entry correct?

(1) Yes

(2) No

447 How much did (you/name) receive IN INTEREST from these jointly-held accounts during 1999, including even small amounts credited to accounts?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$10,000)

447_VER

Interest in jointly-held accounts reported as (amount). Is this entry correct?

(1) Yes

(2) No

448 Did (you/name) have any (other) interest-earning accounts in (your/his/her) name only?

- (1) Yes
 - (2) No
- _____

449 (Earlier you told me that (you/name) had interest-earning accounts such as a (savings or interest-earnings checking account, money market fund,) (bonds, treasury notes, certificates of deposit) or other investments that pay interest.) What is your best estimate of the AVERAGE AMOUNT that (you/name) had in these accounts during 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

449A_VER Interest earning accounts reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

450 How much did (you/name) receive IN INTEREST from these sources during 1999, including even small amounts credited to accounts?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

450_VER Interest earning accounts reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

454. Earlier you told me that (you/name) owned mutual funds or shares of stock. Did (you/name) own any mutual funds or stocks jointly with (your/name's) (husband/wife)?

- (1) Yes
 - (2) No
- _____

455 How much did (you/name) receive IN DIVIDENDS from jointly-held mutual funds or stocks during 1999?

(H) Help ENTER TOTAL DIVIDENDS

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

455_VER
Dividends from jointly-held mutual funds or stocks reported as (amount). Is this entry correct?

- (1) Yes
- (2) No

456 What is your best estimate of the AVERAGE AMOUNT that (you/name) and (your/name's) (husband/wife) had in jointly-held mutual funds or stocks in 1999?

(H) Help

AMOUNT: \$ _____ .00
VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

456_VER
Jointly-held mutual funds and stocks reported as (amount). Is this entry correct?

- (1) Yes
- (2) No

457 Did (you/name) have mutual funds or stocks in (her/his/your) name only?

- (1) Yes
 - (2) No
- _____

458 (Earlier you told me that (you/name) owned mutual funds or shares of stock.)
How much did (you/name) receive IN DIVIDENDS from (these) mutual funds or
stocks during 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

458_VER Dividends from mutual funds or stocks reported as (amount). Is this entry correct? (1) Yes (2) No _____

459 What is your best estimate of the AVERAGE AMOUNT that (you/name) had in
(these) mutual funds or stocks in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

459_VER Average amount from mutual funds or stocks reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

Survey of Program Dynamics

463 Earlier you told me that (you/name) owned some rental property. Did (you/name) own any of this rental property jointly with (your/his/her) (husband/wife)?

- (1) Yes
 - (2) No
- _____

464 How much did (you/name) receive in rental income **after expenses** from jointly-held rental property during 1999?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000.)

464_VER Rental income reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

465 Did (you/name) own any rental property entirely in (your/his/her) own name in 1999?

- (1) Yes
 - (2) No
- _____

466 (Earlier you told me that (you/name) owned some rental property.) How much did (you/name) receive in rental income **after expenses** from this property during 1999?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS TO \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000.)

466_VER
Rental income reported as (amount).
Is this entry correct?

(1) Yes
(2) No

467 How much did (you/name) receive in royalties during 1999?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000.)

467_VER
Income from royalties reported as
(amount). Is this entry correct?

(1) Yes
(2) No

473 How much did (you/name) receive from estate or trust income in 1999?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

473_VER
Income from estates or trusts reported
as (amount). Is this entry correct?

(1) Yes
(2) No

Survey of Program Dynamics

479 Is it easier for you to report (your/name's) alimony payments monthly or annually?

- (1) Monthly
- (2) Annually

—

480 How much did (you/name) receive (monthly/) in alimony payments in 1999?

AMOUNT: \$ _____ .00
(If 479 = 1 VERIFY IF DOLLAR AMOUNT IS OVER \$2,500)
= 2 VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

480_VER Alimony payments reported as (amount). Is this entry correct? (1) Yes (2) No _____

481 During which months in 1999 did (you/name) receive alimony payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

482 According to my calculations (you/name) received (total) dollars altogether from alimony payments in 1999. Does that sound right?

- (1) Yes
- (2) No

—

483 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

483_ VER Alimony payments reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

484 Which is the easiest way for you to report (your/name's) child support payments:
weekly, every two weeks, twice monthly, monthly or annually?

- (1) Weekly
 - (2) Every two weeks
 - (3) Twice Monthly
 - (4) Monthly
 - (5) Annually
- _____

485A How much did (you/name) receive (periodicity in 484) in child support payments?

AMOUNT: \$ _____ .00
(IF 484 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$1,000.
(2 OR 3), \$1,500.
(4), \$3,000.
(5), \$30,000.)

485A_ VER Child support payments reported as (amount). Is this entry correct? (1) Yes (2) No _____

Survey of Program Dynamics

485B **FLASHCARD 1999 CALENDAR**

During which weeks of 1999 did (you/name) receive child support payments?
Please tell me "from what week number to what week number" for each time period.

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__ 1	__ 8	__ 15	__ 22	__ 29	__ 36	__ 43	__ 50
__ 2	__ 9	__ 16	__ 23	__ 30	__ 37	__ 44	__ 51
__ 3	__ 10	__ 17	__ 24	__ 31	__ 38	__ 45	__ 52
__ 4	__ 11	__ 18	__ 25	__ 32	__ 39	__ 46	
__ 5	__ 12	__ 19	__ 26	__ 33	__ 40	__ 47	
__ 6	__ 13	__ 20	__ 27	__ 34	__ 41	__ 48	
__ 7	__ 14	__ 21	__ 28	__ 35	__ 42	__ 49	

486 During which months did (you/name) received child support payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __

__ 1	JAN	__ 7	JUL
__ 2	FEB	__ 8	AUG
__ 3	MAR	__ 9	SEP
__ 4	APR	__ 10	OCT
__ 5	MAY	__ 11	NOV
__ 6	JUN	__ 12	DEC

487 According to my calculations (you/name) received (total) dollars altogether from child support payments in 1999. Does that sound right?

- (1) Yes
- (2) No

488 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF AMOUNT IS OVER \$30,000)

488_VER Child support payments reported as (amount). Is this entry correct? (1) Yes (2) No _____

489 Is it easier for you to report the regular financial assistance (you/name) received in 1999 from friends or relatives not living in this household, monthly or annually?

- (1) Monthly
- (2) Annually

490 How much did (you/name) receive (monthly/) in financial assistance from friends or relatives during 1999?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

490_VER Financial assistance from friends or relatives reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

Survey of Program Dynamics

491 During which months in 1999 did (you/name) receive regular financial assistance from friends or relatives not living in this household?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

492 According to my calculations (you/name) received (total) dollars from regular financial assistance from friends or relatives not living in this household in 1999. Does that sound right?

(1) Yes
(2) No

493 What is your best estimate of the total amount (you/name) received in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

493_VER

Financial assistance from friends or relatives reported as (amount). Is this entry correct?

(1) Yes
(2) No

494 Is it easier for you to report (your/name's) National Guard or Reserve payments during 1999 monthly or annually?

- (1) Monthly
- (2) Annually

495 How much did (you/name) earn (monthly/) from National Guard or Reserve pay in 1999?

AMOUNT: \$ _____ .00
 (IF 494 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$2,000.
 (2), \$20,000.)

495A_VER
 National Guard or Reserve pay reported as (amount). Is this entry correct?

(1) Yes
 (2) No

496 During which months in 1999 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
 USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

497 According to my calculations (you/name) received (total) dollars altogether from National Guard or Reserve pay in 1999. Does that sound right?

- (1) Yes
- (2) No

Survey of Program Dynamics

498 What is your best estimate of the total amount (you/name) received from National Guard or Reserve pay in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$20,000)

498_VER National Guard or Reserve pay reported as (amount). Is this entry correct? (1) Yes (2) No _____

499 Earlier you reported that (you/name) earned income from a side business or hobby. Is it easier for you to report this income for 1999 monthly or annually?

- (1) Monthly
- (2) Annually

500 How much did (you/name) earn (monthly/) from a side business or hobby in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(IF 499 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$5,000.
(2), \$50,000.)

500_VER Casual earnings from a side business or hobby reported as (amount). Is this entry correct? (1) Yes (2) No _____

501 During which months in 1999 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | | | |
|-------|-----|--------|-----|
| ___ 1 | JAN | ___ 7 | JUL |
| ___ 2 | FEB | ___ 8 | AUG |
| ___ 3 | MAR | ___ 9 | SEP |
| ___ 4 | APR | ___ 10 | OCT |
| ___ 5 | MAY | ___ 11 | NOV |
| ___ 6 | JUN | ___ 12 | DEC |

502 According to my calculations (you/name) received (total) dollars altogether from a side business or hobby in 1999.

Does that sound right?

- (1) Yes
(2) No

503 What is your best estimate of the total amount (you/name) received from a side business or hobby in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

503_VER

Casual earnings from a side business or hobby reported as (amount). Is this entry correct?

- (1) Yes
(2) No

Survey of Program Dynamics

504 How much income did (you/name) receive from (your/his/her) interest in a farm in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT EQUALS \$0.)
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

504_VER Interest in a farm reported as (amount). Is this entry correct? (1) Yes (2) No _____

505 During which months in 1999 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

506 How much did (you/name) receive in lump sum payments in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

506_VER Lump sum payments reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

508 How much did (you/name) receive in income assistance from a charitable group in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

508_VER Income assistance from a charitable group reported as (amount). Is this entry correct? (1) Yes (2) No _____

509 During which months in 1999 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- ___ 1 JAN
- ___ 2 FEB
- ___ 3 MAR
- ___ 4 APR
- ___ 5 MAY
- ___ 6 JUN

- ___ 7 JUL
- ___ 8 AUG
- ___ 9 SEP
- ___ 10 OCT
- ___ 11 NOV
- ___ 12 DEC

Survey of Program Dynamics

510 How much did (you/name) receive in other income in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

510_VER Other source of income reported as (amount). Is this entry correct? (1) Yes (2) No _____

APP1

(I know that (you haven't/name hasn't) received any income assistance, but (you/he/she) may have looked into getting such assistance.)
(You reported (receiving/that (name) received) some income assistance. The next questions are about whether (you/he/she) looked into getting any OTHER government assistance.)

At any time during 1999, did (you/name) complete an application to receive any (OTHER) government assistance because (you/he/she) had income that was too low?

- (1) Yes
 - (2) No
- _____

APP2

For which government programs did (you/name) complete an application?
(PROBE: Anything else?)

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Cash assistance for children or families with children (old AFDC/ADC)
 - ____ (2) Supplemental Security Income (SSI) for the aged, blind, and disabled
 - ____ (3) Food stamps
 - ____ (4) WIC (Women, Infants, and Children Nutrition program)
 - ____ (5) Unemployment compensation
 - ____ (6) Public Housing or rental assistance
 - ____ (7) Energy assistance
 - ____ (8) Education or training
 - ____ (9) Child care assistance
 - ____ (10) Transportation assistance
 - ____ (11) School meals
 - ____ (12) Other (Specify) _____
-

ASK LOOP ONCE FOR EACH APPLICATION IN APP2.

APP3

Has (your/name's) application been approved, denied, or (are you/is he/is she) still waiting to hear?

PROGRAM: (SOURCE)

- (1) Approved
- (2) Denied
- (3) Still waiting to hear

APP4

If (your/name's) application was approved, why didn't (you/he/she) receive those benefits in 1999?

PROGRAM: (SOURCE)

- (1) Decided not to receive benefit
- (2) On waiting list
- (3) Benefits began in 2000
- (4) Haven't arrived or started yet
- (5) Other (specify)

Specify: _____

APP5

What reasons were given for (your/name's) being denied?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Not eligible -- income or other resources too high to qualify
- ___ (2) Not eligible -- due to penalty from previous program participation
- ___ (3) Not eligible -- Didn't meet health or disability requirement
- ___ (4) Not eligible -- Immigration status
- ___ (5) Not eligible -- no reason specified or some other reason given
- ___ (6) Did not provide all the information requested
- ___ (7) Non-cooperation with work requirements
- ___ (8) Non-cooperation with child support requirements
- ___ (9) Not residing in an adult-supervised household
- ___ (10) Failed substance abuse requirements
- ___ (11) Had already received maximum assistance (time and/or money limit)
- ___ (12) Lack of program funding
- ___ (13) Other (Specify) _____

SKIP_IS

Do you want to skip (name) at this time?

- (1) Yes, continue
- (2) No, back to previous item

—

ELIGIBILITY AND ASSETS

601 Who owns or is buying this
(house/apartment)?

ENTER AS MANY LINE NUMBERS AS
NEEDED. TO "UNMARK" A LINE NUMBER
RE-ENTER THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO
MORE

(H) Help

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

604 How much do you estimate this (house/apartment) would sell for if (you/name)
were to put it on the market today?

(H) Help

AMOUNT: \$_____.00
(VERIFY IF DOLLAR AMOUNT OVER \$500,000)

604_VER

Market value reported as (amount).
Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

607 (Do/Does) (you/name) have any mortgages on this property?

- (1) Yes
 - (2) No
 - (H) Help
- _____

608 (Do/Does) (you/name) have any home equity loans on this property?

- (1) Yes
 - (2) No
- _____

609 How much are (your/name's) monthly mortgage payments (including any condo or association fees)?

The next few questions are about your property taxes, homeowners insurance and current mortgage (and home equity payments) on this home. It will be much easier to provide this information if you refer to your mortgage and loan statement. I'd be glad to wait while you get those records.

(H) Help

AMOUNT: \$ _____ .00
VERIFY IF OVER \$2,500

<p>609_VER Monthly mortgage reported as (amount). Is this entry correct?</p> <ul style="list-style-type: none">(1) Yes(2) No <p>_____</p>
--

610 (Do/Does) (your/name's) mortgage payments include property taxes?

- (1) Yes
 - (2) No
- _____

611 The next few questions are about your property taxes, homeowners insurance and on this home. It will be much easier to provide this information if you refer to your records. I'd be glad to wait while you get those records.

How much are (your/name's) total property taxes, including city, county, and school taxes?

(H) Help

AMOUNT: \$ _____ .00
VERIFY IF OVER \$10,000

611_VER Property taxes reported as (amount). Is this entry correct? (1) Yes (2) No _____

612 (Do/Does) (your/name's) mortgage payment include insurance premiums?

- (1) Yes
- (2) No
- (H) Help

613 How much (do/does) (you/name) pay for homeowner's insurance, that is, what is (your/name's) annual premium?

(H) Help

AMOUNT: \$ _____ .00
VERIFY IF OVER \$10,000

613_VER Homeowner's insurance reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

Survey of Program Dynamics

614. How much are (your/name's) monthly payments on (your/his/her) home equity loan?

AMOUNT: \$ _____ .00
VERIFY IF OVER \$50,000

614_VER Home equity loan reported as (amount). Is this entry correct? (1) Yes (2) No _____

618B How much was this household's rent payment last month?

(H) Help

AMOUNT: \$ _____ .00

618C The next few questions are about your usual monthly utility bills.

How much (do you/does this household) usually pay for electricity per month?

AMOUNT: \$ _____ .00

How much for gas or other types of heating fuel per month?

AMOUNT: \$ _____ .00

How much (did you/does this household) pay for BASIC telephone service per month?

AMOUNT: \$ _____ .00

And how much (do you/does your household) usually pay for water and sewer per month?

AMOUNT: \$ _____ .00

618D Did more than one person living here pay for the (mortgage payments and/rent and/) utilities last month?

(1) Yes
(2) No

<p>618E Who paid (and how much did each pay)?</p> <p>(N) for no more (H) Help</p> <p>LN: ___ AMOUNT: \$ _____</p> <p>LN: ___ AMOUNT: \$ _____</p> <p>LN: ___ AMOUNT: \$ _____</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 50%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.					

619. (Do/Does) (you/anyone in this household) own any real estate (OTHER THAN YOUR MAIN HOME,) such as a second home, land, rental real estate, or money owed to you on a land contract?

- (1) Yes
(2) No
(H) Help

—

<p>620 Who owns this real estate?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER.</p> <p>ENTER LINE NUMBER OR "S" FOR SOMEONE OUTSIDE THE HOUSEHOLD OR "N" FOR NO MORE</p> <p>LINE NUMBER: ___</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 50%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.</td> </tr> <tr> <td colspan="2" style="text-align: center;">SOMEONE OUTSIDE HOUSEHOLD.</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.		SOMEONE OUTSIDE HOUSEHOLD.	
LN NAME	AGE						
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.							
SOMEONE OUTSIDE HOUSEHOLD.							

623 About how much would the property or properties sell for if (you/name(s)) were to put them on the market today?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$500,000)

623_VER

Selling price reported as (amount). Is this entry correct?

(1) Yes
(2) No

—

Survey of Program Dynamics

624 (Do/Does)(you/names) have a mortgage on the real estate?

- (1) Yes
 - (2) No
- _____

625 How much is the remaining principal on the mortgage?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$500,000)

625_VER Remaining principal reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

631 (Do/Does) (you/anyone in this household) own a car, van, or truck? Do not include leased vehicles, recreational vehicles, or motorcycles?

- (1) Yes
 - (2) No
 - (H) Help
- _____

632 How many cars, trucks, or vans do (you/members of this household) own?

- (H) Help
- _____

633 Who owns (this/the newest/the next newest/the third newest) vehicle?

** ENTER UP TO TWO LINE NUMBERS **
"N" WHEN DONE, OR NONE

LINE NUMBER: ____ ____

LN NAME	AGE
---------	-----

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER.**

634a. What is the model year of (this/the newest/the next newest/the third newest) vehicle?

___ (ENTER 4 DIGIT YEAR)

634b What is the make of (this/the newest/the next newest/the third newest) vehicle?

ALL MINIVANS ARE CLASSIFIED AS A TRUCK (E.G., ENTER CODE 14 DODGE TRUCK FOR DODGE CARAVAN).

ALL FOREIGN MODELS (TRUCKS AND PASSENGER CARS), MADE IN THE U.S. OR ABROAD, APPEAR IN THE SAME CATEGORY (E.G., TOYOTA CAMRY AND TOYOTA TACOMA APPEAR UNDER CODE 52 FOR TOYOTA).

- | | | | |
|----------------------|------------------|--------------------|-----------------------|
| (01) ACURA | (13) DODGE | (24) JAGUAR | (35) MERCURY TRUCK |
| (02) ALFA ROMEO | (14) DODGE TRUCK | (25) JEEP | (36) MITSUBISHI |
| (03) AUDI | (15) EAGLE | (26) JEEP TRUCK | (37) NISSAN |
| (04) BMW | (16) FORD | (27) KIA | (38) OLDSMOBILE |
| (05) BUICK | (17) FORD TRUCK | (28) LAND ROVER | (39) OLDSMOBILE TRUCK |
| (06) CADILLAC | (18) GEO | (29) LEXUS | (40) PEUGEOT |
| (07) CHEVROLET | (19) GMC TRUCK | (30) LINCOLN | (41) PLYMOUTH |
| (08) CHEVROLET TRUCK | (20) HONDA | (31) LINCOLN TRUCK | (42) PLYMOUTH TRUCK |
| (09) CHRYSLER | (21) HYUNDAI | (32) MAZDA | (43) PONTIAC |
| (10) CHRYSLER TRUCK | (22) INFINITI | (33) MERCEDES-BENZ | (44) PONTIAC TRUCK |
| (11) DAEWOO | | | |
| (12) DAIHATSU | (23) ISUZU | (34) MERCURY | (45) PORSCHE |
| (46) RANGE ROVER | (47) SAAB | (48) SATURN | (49) STERLING |
| (50) SUBARU | (51) SUZUKI | (52) TOYOTA | (53) VOLKSWAGON |
| (54) VOLVO | (99) OTHER MAKE | | |

—

Survey of Program Dynamics

634c What is the make of (this/the newest/the next newest/the third newest) vehicle?

—

634d What is the model of (this/the newest/the next newest/the third newest) vehicle?

(PRE-CODED LIST OF ALL MODELS FOR THE MAKE IN 634b.)

—

634e What is the make of (this/the newest/the next newest/the third newest) vehicle?

—

635 Is this vehicle owned free and clear or is there still money owed on it?

- (1) Free and clear
- (2) Money owed

—

636 How much is currently owed for this vehicle?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

636_VER

Amount owed on vehicle reported as (amount). Is this entry correct?

- (1) Yes
- (2) No

—

637 Which of the following is this vehicle primarily used for: self-employment business purposes, not counting routine use to and from work; the transportation of a disabled person, or personal use?

- (1) Self-employment business purposes
- (2) Transportation of a disabled person
- (3) Personal use

—

<p>V_REVIEW</p> <p>USE THIS SCREEN TO DELETE VEHICLES AS NECESSARY</p> <p>SHOULD ANY VEHICLES BE DELETED?</p> <p>(1) Yes (2) No</p> <p>_____</p>	<p>LN VEHICLE YEAR</p> <p>-----</p> <p>ROSTER VEHICLES.</p>
--	--

<p>V_REVIEW2</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.</p> <p>RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN VEHICLE YEAR</p> <p>-----</p> <p>ROSTER VEHICLES.</p>
--	--

645 (Aside from mortgages or home equity loans, /Aside from car loans, /Aside from mortgages, home equity loans or car loans,) (Do/Does) (you/anyone in this household) have any (other) debts -- such as credit card charges, student loans, medical or legal bills, or loans from relatives?

(1) Yes
(2) No

<p>646 Who debts are they?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>ENTER LINE NUMBER OR "S" FOR SOMEONE OUTSIDE THE HOUSEHOLD OR "N" FOR NO MORE</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER. INCLUDE A CODE FOR SOMEONE OUTSIDE THE HOUSEHOLD.</p>
---	--

Survey of Program Dynamics

649 If you added up all of (your/name's) debts (excluding mortgages/excluding car loans/excluding mortgages and car loans), about how much would they amount to right now?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

649_VER
Total debts reported as (amount). Is this entry correct?

(1) Yes
(2) No

650 The next few questions are about money that (you/members of your household) may have provided for the support of persons outside this household.

During 1999, did (you/anyone in this household) pay child support or provide money for the support of (your/his or her) children who lived with another parent or guardian?

- (1) Yes
- (2) No
- (H) Help

651 Who paid child support?

ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER

ENTER LINE NUMBER OR "N" FOR NO MORE

LINE NUMBER: _____

LN NAME	AGE
---------	-----

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.

(Ask 652 for each person listed in 651.)

652 Including payments made directly to the other parent or guardian, payments made to a court or agency, and amounts withheld from paychecks, what were (your/name's) total payments for child support in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

<p>652_VER</p> <p>Total debts reported as (amount). Is this entry correct?</p> <p>(1) Yes (2) No</p> <p>_____</p>

654 During 1999, did (you/anyone in this household) provide any alimony to a former spouse?

- (1) Yes
(2) No

<p>655 Who paid alimony?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER</p> <p>ENTER THE NUMBER OR "N" FOR NO MORE</p> <p>LINE NUMBER: _____</p>	<table border="1"> <thead> <tr> <th style="text-align: left;">LN</th> <th style="text-align: left;">NAME</th> <th style="text-align: left;">AGE</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center;">-----</td> </tr> <tr> <td colspan="3" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.</td> </tr> </tbody> </table>	LN	NAME	AGE	-----			SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.		
LN	NAME	AGE								

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.										

656. What were (your/name's) total payments for alimony in 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

<p>656_VER</p> <p>Alimony payments reported as (amount). Is this entry correct?</p> <p>(1) Yes (2) No</p> <p>_____</p>
--

Survey of Program Dynamics

657 (Other than child support/Other than alimony/Other than child support and alimony.) Did (you/anyone in this household) make any (other) payments for the support of someone who did not live in this household in 1999?

- (1) Yes
 - (2) No
- _____

658 Who made these payments? ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER ENTER THE NUMBER OR "N" FOR NO MORE LINE NUMBER: _____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.
---	--

(Ask 659 and 660 for each person listed in 658.)

659 For how many persons did (you/name) make support payments (not including child support/not including alimony/not including child support or alimony)?

660 How much did (you/name) pay for the support of (this person/these persons) during 1999?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

660_VER Support payments reported as (amount). Is this entry correct? (1) Yes (2) No _____
--

VEHICLE OPERATING EXPENSES

670. Is there public transportation for this area?

- (1) Yes
- (2) No

—

671. Does anyone in the household use public transportation at least once a week?

- (1) Yes
- (2) No

—

672. What type of transportation (do/does) (you/name) usually use to get to work?

- (1) car, truck, van
- (2) bus or street car
- (3) subway or elevated
- (4) railroad
- (5) taxicab
- (6) motorcycle
- (7) bicycle
- (8) other vehicle
- (9) walked only
- (10) works at home

—

673. How much (do/does) (you/name) usually spend, per week, on transportation to and from (your/his/her) job. Do not include expenses paid or reimbursed by someone else?

\$ _____

Survey of Program Dynamics

674 At any time between January and December 1999, did (you/name) have to do any of the following because of transportation problems:

- (1)Yes (2)No
1. Quit a job _____
 2. Quit a training activity or school _____

675 At any time between January and December 1999, were (you/name) unable to do any of the following because of transportation problems:

- (1)Yes (2)No
1. Unable to start or take a job _____
 2. Unable to start a training activity
or start school _____

EDUCATIONAL ENROLLMENT

(Questions 701-924 are asked person-by-person for all persons 15 and over, with the exception that persons 15-17 are skipped over the educational enrollment questions. Persons 15-17 will be included in the children's school enrollment questions.)

INSCHOOL

SECTION START: EDUCATIONAL ENROLLMENT, WORK TRAINING, ETC.

The next few questions are about school enrollment from JUNE, 1999 through MAY, 2000.

At any time between June 1999 and May, 2000 (were you/was name) enrolled in school, either full or part time?

READ IF NECESSARY: Include any regular school, such as elementary, high school or college; or any vocational, technical, or business school beyond high school.

- (1) Yes
- (2) No
- (H) Help

INMONTH

During which months (were/was) (you/he/she) enrolled in school?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "S" FOR SCHOOL YEAR "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

** 1999 **

- ___ 6 JUN
- ___ 7 JUL
- ___ 8 AUG
- ___ 9 SEP
- ___ 10 OCT
- ___ 11 NOV
- ___ 12 DEC

** 2000 **

- ___ 13 JAN
- ___ 14 FEB
- ___ 15 MAR
- ___ 16 APR
- ___ 17 MAY

Survey of Program Dynamics

WHTLEVEL

Was it a high school, college, vocational school or something else?

- (1) High school
- (2) College
- (3) Vocational, technical, business school **beyond** high school level
- (4) Something else (specify)
- (H) Help

—

Specify: _____

WHTLEVLA

In what grade are you enrolled?

- (1) High school grade 9-10
- (2) High school grade 11
- (3) High school grade 12
- (4) High school equivalency/GED program

—

WHTLEVLB

At what level were you enrolled?

IF NECESSARY: READ CATEGORIES

- (1) College year 1 (Freshman)
- (2) College year 2 (Sophomore)
- (3) College year 3 (Junior)
- (4) College year 4 (Senior)
- (5) College year 5 (first year graduate or professional school)
- (6) College year 6 (second year or higher graduate or professional school)
- (7) Enrolled in college, but not working towards degree

—

703C

Would you say the reason you enrolled in school was that (you/name) wanted to, that it helped meet a requirement for public assistance or other benefits, or both?

- (1) Wanted to.
- (2) Helped meet requirement.
- (3) Both

—

MONEYAID

Did (you/name) receive any financial aid for school expenses such as tuition, fees, books, or living expenses since June 1999?

READ IF NECESSARY: Include financial assistance such as loans, grants, scholarships, employer assistance, veterans benefits, or any other type of financial aid, EXCLUDING HELP FROM PARENTS.

- (1) Yes
- (2) No

—

WHATAID

FLASHCARD P

During this period, from SEPTEMBER 1999 THROUGH May, 2000, what kind of educational assistance did (you/name) receive? PROBE: Anything else?

ENTER EACH TYPE MENTIONED: (H) Help
USE "N" for NO MORE; RE-ENTER NUMBER to UNMARK AN ENTRY

- (1) Federal PELL Grant
- (2) Department of Veteran's Affairs (VA) assistance
- (3) College (or Federal) Work Study Program
- (4) Other Federal grant
- (5) State grant or scholarship
- (6) Grant, scholarship, or tuition remission from the school attended
- (7) Teaching or research assistantship from the school attended
- (8) Other grant or scholarship
- (9) Employer assistance
- (10) Loan that has to be repaid
- (11) Assistance from a welfare or social service office
- (12) Other source (Specify below)

SPECIFY: _____

710 How much did (you/your household) pay for school-related expenses such as books, supplies, school trips, tuition, room or board between September 1999 and May 2000 for (you/name)?

\$ _____

WORK TRAINING

801A

Between June 1999 and May 2000, did (you/name) attend GED classes or receive training to prepare for GED exam, or to improve basic reading or math skills?

- (1) Yes
 - (2) No
-

801B

Did (you/name) do that because the welfare or social service office required it or because (you/name) chose to do it, or for BOTH reasons?

- (1) Required
 - (2) Chose
 - (3) Both required and chose
-

801C

[if L_NO eq LNO_RESP]
At any time between June 1999 and May 2000, did (you/name) attend a training program to learn a specific job skill, such as computer word processing, auto mechanics, nursing, providing child care, or a skill for some other job or vocation?

- (1) Yes
 - (2) No
-

801D

Between June 1999 and May 2000 did (you/name) receive training designed to improve job skills or learn a new job?

- (1) Yes
 - (2) No
-

804

Did (you/name) do that because the welfare or social service office required it or because you chose to do it, or BOTH reasons?

- (1) Required
- (2) Wanted to
- (3) Both

—

805

What types of training were provided?

- (1) Classroom training in job skills
- (2) On the job training
- (3) Work experience
- (4) Other (SPECIFY)

— ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

806

How long did the most recent training program take?

- (1) Less than 1 full day
- (2) 1 day to 1 week
- (3) More than 1 week
- (4) Currently in training

—

807

How long is this training expected to take?

- (1) Less than 1 full day
- (2) 1 day to 1 week
- (3) More than 1 week

—

Survey of Program Dynamics

810

Between June 1999 and May 2000, did (you/name) receive any help in looking for a job such as job search training, a job club or a placement service?

- (1) Yes
- (2) No

—

810A

Between June 1999 and May 2000, did (you/name) attend job readiness training to learn more about resume writing, job interviewing or building self esteem?

- (1) Yes
- (2) No

—

813

(Did (you/name) do that/Did (you/name) participate in job search training or placement service) because the welfare or social service office required it or because (you/he/she) chose to do it, or for BOTH reasons?

- (1) Required
- (2) Wanted to
- (3) Both

—

815

Between January 1999 and May 2000, did (you/name) work in an unpaid job to get work experience, which is sometimes called community service or volunteer job, or a work experience position?

- (1) Yes
- (2) No

—

816

Did the (job readiness or job search training/work in an unpaid job/job readiness, job search training or work in an unpaid job) help (you/name) find a job between June 1999 and May 2000?

- (1) Yes
- (2) No

—

817

Which was it that helped (you/name) find a paid job?

- (1) Job readiness or job search training
- (2) Work in an unpaid job
- (3) Both

—

SKIP_OTH

Do you want to skip (name) at this time?

- (1) Yes, continue
- (2) No, back to previous item

—

SUBSTANCE ABUSE

850 The next questions are about how frequently (you/name) drink alcoholic beverages. By a "drink" we mean a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

With these definitions in mind, what is the LARGEST number of drinks (you/name) had in any SINGLE day during the past 12 months--none, between one and three, four to ten, eleven to twenty, or more than twenty drinks in a single day?

IF RESPONDENT VOLUNTEERS "I NEVER DRINK (HE/SHE) NEVER DRINKS," MARK "NONE"

- (1) None
 - (2) 1-3
 - (3) 4-10,
 - (4) 11-20
 - (5) More than 20
-

851a FR NOTE: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.

In the past 12 months, was there ever a time when (your/name's) drinking or being hung over interfered with (your/his/her) work at school, or a job, or at home?

- (1) Yes
 - (2) No
 - (3) casual/social drinker (VOLUNTEERED)
-

851b FLASHCARD Q1

How often--once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

(refer to: (your/name's) drinking or being hung over interfered with (your/his/her) work at school, or a job, or at home)

- (1) Once or Twice
 - (2) Between 3 and 5 times
 - (3) Between 6 and 10 times
 - (4) Between 11 and 20 times
 - (5) More than 20 times
-

DO NOT ASK THESE QUESTIONS OF PROXIES

852a

During the past 12 months, were you ever under the influence of alcohol in a situation where you could get hurt--like when driving a car or boat, using knives or guns or machinery, or anything else?

- (1) Yes
 - (2) No
 - (3) casual/social drinker (VOLUNTEERED)
-

852b

During the past 12 months, did you have any emotional or psychological problems from using alcohol--such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

- (1) Yes
 - (2) No
 - (3) casual/social drinker (VOLUNTEERED)
-

852c

During the past 12 months, did you have such a strong desire or urge to drink that you could not keep from drinking?

- (1) Yes
 - (2) No
 - (3) casual/social drinker (VOLUNTEERED)
-

852d

During the past 12 months, did you have a period of a month or more when you spent a great deal of time drinking or getting over the effects of alcohol?

- (1) Yes
 - (2) No
 - (3) casual/social drinker (VOLUNTEERED)
-

852e

During the past 12 months, did you ever have more to drink than you intended to, or did you drink much longer than you intended to?

- (1) Yes
 - (2) No
 - (3) casual/social drinker (VOLUNTEERED)
-

852f **FLASHCARD Q1**

Survey of Program Dynamics

How often--once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

(refer: did you ever have more to drink than you intended to, or did you drink much longer than you intended to)

- (1) Once or Twice
 - (2) Between 3 and 5 times
 - (3) Between 6 and 10 times
 - (4) Between 11 and 20 times
 - (5) More than 20 times
-

853

During the past 12 months, was there ever a time when you had to drink much more than you used to get the same effect you wanted?

- (1) Yes
 - (2) No
-

855a **FLASHCARD Q2**

The next questions are about (your/name's) use of drugs on (your/his/her) own. By "on (your/his/her) own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed.

With this definition in mind, did (you/name) ever use any of the following drugs ON (YOUR/HIS/HER) OWN during the past 12 months?

sedatives, including either barbiturates or sleeping pills on (your/his/her) own? (e.g. Seconal, Halcion, Methaqualone)

- (1) Yes
 - (2) No
-

855b

During the past 12 months, did (you/name) use tranquilizers or "nerve pills" on (your/his/her) own? (e.g. Librium, Valium, Ativan, Meproamate, Xanax)

- (1) Yes
 - (2) No
-

855c

During the past 12 months, did (you/name) use amphetamines or other stimulants on (your/his/her) own? (e.g. Methamphetamine, Preludin, Dexedrine, Ritalin, "Speed")

- (1) Yes
 - (2) No
-

855d

During the past 12 months, did (you/name) use analgesics or other prescription painkillers on (your/his/her) own? (NOTE: this does not include normal use of aspirin, tylenol without codeine, etc, but does include use of tylenol with codeine and other Rx painkillers like Demerol, Darvon, Percodan, Codeine, Morphine, and Methadone)

IF NECESSARY, CLARIFY: "BY' ON (YOUR/HIS/HER) OWN' WE MEAN EITHER WITHOUT A DOCTOR'S PRESCRIPTION, IN LARGER AMOUNTS THAN PRESCRIBED, OR FOR A LONGER PERIOD THAN PRESCRIBED."

- (1) Yes
 - (2) No
-

855e

During the past 12 months, did (you/name) use inhalants that (you/name) sniff or breathe to get high or to feel good? (e.g. Amylnitrate, Freon, Nitrous Oxide ("Whippets"), Gasoline, Spray paint)

- (1) Yes
 - (2) No
-

855f

During the past 12 months, did (you/name) use marijuana or hashish?

- (1) Yes
 - (2) No
-

Survey of Program Dynamics

855g

During the past 12 months, did (you/name) use cocaine or crack or free base?

- (1) Yes
 - (2) No
-

855h

During the past 12 months, did (you/name) use LSD or other hallucinogens (e.g. PCP, angel dust, peyote, ecstasy (MDMA), mescaline)

- (1) Yes
 - (2) No
-

855i

During the past 12 months, did (you/name) use heroin?

- (1) Yes
 - (2) No
-

856a

FR NOTE: THE NEXT QUESTIONS ARE AWKWARDLY WORDED. READ SLOWLY.

In the past 12 months, did (your/name's) use of (DRUG/any of these substances) ever interfere with your work at school, or a job, or at home?

- (1) Yes
 - (2) No
-

856b **FLASHCARD Q1**

How often--once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

- (1) Once or Twice
 - (2) Between 3 and 5 times
 - (3) Between 6 and 10 times
 - (4) Between 11 and 20 times
 - (5) More than 20 times
-

DO NOT ASK THESE QUESTIONS OF PROXIES

857a

During the past 12 months, were you ever under the influence of (name of drug mentioned in 855 series/any of these substances) in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else?

- (1) Yes
- (2) No

—

857b

During the past 12 months, did you have any emotional or psychological problems from using (name of drug mentioned in 855 series/any of these substances) -- such as feeling uninterested in things, feeling depressed, suspicious of people, paranoid, or having strange ideas?

- (1) Yes
- (2) No

—

857c

During the past 12 months, did you have such a strong desire or urge to use (name of drug mentioned in 855 series/any of these substances) that you could not keep from using it?

- (1) Yes
- (2) No

—

857d

During the past 12 months, did you have a period of a month or more when you spent a great deal of time using (name of drug mentioned in 855 series/any of these substances) or getting over (its/their) effects?

- (1) Yes
- (2) No

—

857e

During the past 12 months, did you ever use much larger amounts of (name of drug mentioned in 855 series/any of these substances) than you intended to or did you use (it/them) for a longer period of time than you intended to?

- (1) Yes
- (2) No

—

857f **FLASHCARD Q1**

How often -- once or twice, between 3 and 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times in the past year?

- (1) Once or Twice
 - (2) Between 3 and 5 times
 - (3) Between 6 and 10 times
 - (4) Between 11 and 20 times
 - (5) More than 20 times
-

858

During the past 12 months, was there ever a time when you had to use more (name of drug mentioned in 855 series/of any of these substances) than you used to get the same effect you wanted?

- (1) Yes
 - (2) No
-

FUNCTIONAL LIMITATION AND DISABILITY

NHLTH

These next few questions are about (your/name's) health.

Would you say that (your/his/her) health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor
-

LMTSCHL

Because of a physical, learning, or mental health condition, (do/does) (you/name) currently have any limitation in (your/his/her) ability to do regular school work?

- (1) Yes
 - (2) No
 - (H) Help
-

SPECED

During the past 12 months, that is, since (MONTH), 1999, did (you/name) receive any special education services?

- (1) Yes
 - (2) No
 - (H) Help
-

DIFSEE

(Do/Does) (you/name) have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses?

- (1) Yes
 - (2) No
-

Survey of Program Dynamics

SEEWORDS

(Are/Is) (you/name) able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

—

SPECAIDS

(Do/Does) (you/name) use any special aids such as a cane, wheelchair, or a hearing aid?

- (1) Yes
- (2) No
- (H) Help

—

TYPEAID

Which type of aid (do/does) (you/name) use? Probe: Anything else?

ENTER ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

- (1) Cane
- (2) Wheelchair
- (3) Walker
- (4) Crutches
- (5) Leg brace
- (6) Hearing aid
- (7) Other

DIFHEAR

(Do/Does) (you/name) have any difficulty hearing what is said in a normal conversation with another person (even using a hearing aid if (you/he/she) usually (wear/wears) one)?

- (1) Yes
- (2) No

—

HEARNORM

(Is/Are) (you/name) able to hear what is said in a normal conversation with another person at all?

- (1) Yes
- (2) No

—

DIFLIFT

(Do/Does) (you/name) have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries?

- (1) Yes
- (2) No

—

ABLELIFT

(Are/Is) (you/name) able to lift and carry this much weight at all?

- (1) Yes
- (2) No

—

DIFWALK

(Do/Does) (you/name) have any difficulty walking a quarter of a mile -- about 3 city blocks?

- (1) Yes
- (2) No

—

WALKALL

(Are/Is) (you/name) able to walk a quarter of a mile at all?

- (1) Yes
- (2) No

—

Survey of Program Dynamics

NEEDHELP

Because of a chronic condition, (do/does) (you/name) need help of another person with any of the following activities:

- (1) Yes
- (2) No
- (H) Help

- (3) Usually
- (4) Occasionally

___	Getting in or out of a bed OR a chair?	
	PROBE: Is that usually or occasionally?	___
___	Taking a bath OR a shower?	
	PROBE: Is that usually or occasionally?	___
___	Doing household chores such as preparing meals, OR washing dishes, OR sweeping the floor?	
	PROBE: Is that usually or occasionally?	___
___	Going outside the home to shop or visit the doctor's office?	
	PROBE: Is that usually or occasionally?	___

SKIP_HEALTH

Do you want to skip (name) at this time?

- (1) Yes, continue
- (2) No, back to previous item

HEALTH CARE UTILIZATION

HOSPPAT

(Last year, that is, between/Between) January 1999 and December 1999, (were/was) (you/name) admitted to a hospital for an overnight stay or longer?

- (1) Yes
- (2) No

PSYCH

Between January 1999 and December 1999, (were/was) (you/name) admitted to a psychiatric hospital or a psychiatric unit of a hospital?

- (1) Yes
- (2) No

TIMEHOSP

How many different times (were/was) (you/name) admitted to a (medical/psychiatric/medical or psychiatric) hospital for an overnight stay or longer between January 1999 and December 1999?

NUMBER OF TIMES: ___

REASHOSP

What was the reason for (your/name's) (last) overnight hospital stay in 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ___
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

(H) Help

- ___ (1) Give birth, including cesarean section
- ___ (2) Operation or surgery
- ___ (3) Diagnostic tests to determine what was wrong
- ___ (4) Mental or emotional problem or disorder
- ___ (5) Treatment or therapy, not including surgery
- ___ (6) Any other reasons.

SPECIFY: _____

Survey of Program Dynamics

NGHTHOSP

How many total nights did (you/name) spend in a (medical/psychiatric/medical or psychiatric) hospital between January 1999 and December 1999?

NUMBER OF NIGHTS: _____

NODRVIST

(Excluding hospital stays,how/How) many times did (you/name) see or talk to a medical doctor or assistant about (your/his/her) health between January 1999 and December 1999?

NUMBER OF TIMES: _____

DODTVIST

How many visits did (you/name) make to a dentist, including orthodontists, oral surgeons, and dental hygienists between January 1999 and December 1999?

NUMBER OF VISITS: _____

VISTPLAC

Is there a place that (you/name) (go/goes) if (you/he/she) (are/is) sick or need(s) advice about (your/his/her) health?

- (1) Yes
 - (2) No
 - (H) Help
- _____
-

PLACTYPE

What kind of place is it- a clinic, a doctor's office, an emergency room, outpatient department or some other place?

READ RESPONSE CATEGORIES

- (1) Clinic or health center
 - (2) Doctor's office (or HMO)
 - (3) Hospital emergency room
 - (4) Hospital outpatient department
 - (5) Some other place (Specify)
 - (H) Help
- _____

Specify: _____

PAYDREXP

The next questions are about medical expenses last month, that is, (month) 2000.
Did you or anyone in this household pay any expenses for doctor, dentist, or hospital bills for (yourself/name) last month?

DO NOT INCLUDE PRESCRIPTION MEDICINES, PAYMENTS FOR INSURANCE PREMIUMS, OR EXPENSES THAT WILL BE REIMBURSED BY INSURANCE COMPANIES.

NOTE: "PAY" REFERS TO "OUT-OF-POCKET" EXPENSES.

- (1) Yes
- (2) No

—

WHATPAY

Not counting amounts that will be reimbursed by insurance, how much was paid for (your/name's) doctor, dentist, or hospital bills last month?

\$ ____

REDFRPAY

Did (you/name) receive any of these doctor, dentist, or hospital bills at a reduced rate or for free because (your/his/her) income was low?

- (1) Yes
- (2) No

—

PAYRX

Did you (or anyone in this household) pay any expenses for prescription medicines for (yourself/name) last month?

- (1) Yes
- (2) No

—

WHTPARX

Not counting amounts that will be reimbursed by insurance, how much was paid for (your/name's) prescription medicines last month?

\$ _____.00

REDFRERX

Did (you/name) receive any of these prescription medicines at a reduced rate or for free because (your/his/her) income was low?

- (1) Yes
- (2) No

—

HEALTH INSURANCE

950 **FLASHCARD R**

This is a list of different types of health insurance coverage. Which type of health insurance, if any, (were you/was name) covered by at any time between January and December 1999?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE" _____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

IF NECESSARY: READ RESPONSE CATEGORITES

- ___ 1. Employer-Provided Plan
- ___ 2. Union-Provided Plan
- ___ 3. A plan purchased directly from an insurance company not related to current or past employer (including "Medigap")
- ___ 4. (fill Medicaid)
- ___ 5. Medicare, or another health plan paid for by Medicare
- ___ 6. TRICARE/CHAMPUS/CHAMPVA or military health
- ___ 7. Indian Health Service
- ___ 8. (Stateplan)
- ___ 9. Another government program
- ___ 10. A plan of someone not living in this household
- ___ 11. Not covered by any kind of health insurance for the entire year

951A

(Were/Was) (you/name) the policyholder or a dependent of the employer provided plan?

- (1) Policyholder
- (2) Dependent

951B

Which person in this household was the policyholder of (your/name's) plan during 1999?

ENTER LINE NUMBER

(X) Someone outside of household

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

951C

(Were/Was) (you/name) the policyholder or a dependent of the union provided plan?

- (1) Policyholder
- (2) Dependent

<p>951D</p> <p>Which person in this household was the policyholder of (your/name's) union provided plan during 1999?</p> <p style="text-align: center;">ENTER LINE NUMBER</p> <p style="text-align: center;">_____</p> <p>(X) Someone outside of household</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

951E

(Were/Was) (you/name) the policyholder or a dependent of the plan purchased directly from the insurance company?

(1) Policyholder
(2) Dependent

<p>951F</p> <p>Which person in this household was the policyholder of (your/name's) plan during 1999?</p> <p style="text-align: center;">ENTER LINE NUMBER</p> <p style="text-align: center;">_____</p> <p>(X) Someone outside of household</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dashed black;">LN NAME</td> <td style="width: 40%; border-bottom: 1px dashed black;">AGE</td> </tr> <tr> <td colspan="2" style="text-align: center;">SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</td> </tr> </table>	LN NAME	AGE	SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LN NAME	AGE				
SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER					

952

Did (your/name's) employer pay for all, part, or none of the cost of the employer provided plan during 1999?

(1) All
(2) Part
(3) None

953A

Between January and December 1999, about how much did (policyholder name) pay for health insurance?

\$ _____ \$0-99,999

Survey of Program Dynamics

953B

READ IF NECESSARY:

Was that weekly, bi-weekly, twice a month, monthly, quarterly, or annually?

- (1) Weekly
 - (2) Biweekly
 - (3) Twice monthly
 - (4) Monthly
 - (5) Quarterly
 - (6) Annually
-

954A

(Were/was) (you/name) covered by an employer's plan for all of 1999 or for only part of 1999?

- (1) All year
 - (2) Part of year
-

954B

Which months (were/was) (you/name) covered by an employer's plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

955

(Are/Is) (you/name) CURRENTLY covered by an employer's plan?

- (1) Yes
 - (2) No
-

956

Did the union pay for all, part, or none of the cost of (your/name's) union-provided plan during 1999?

- (1) All
 - (2) Part
 - (3) None
-

957a

Between January and December 1999, about how much did (you/name) pay for health insurance?

\$ _____ \$0-99,999

957b

READ IF NECESSARY:

Was that weekly, bi-weekly, twice a month, monthly, quarterly, or annually?

- (1) Weekly
 - (2) Biweekly
 - (3) Twice monthly
 - (4) Monthly
 - (5) Quarterly
 - (6) Annually
-

958A

(Were/Was) (you/name) covered by a union-provided plan for all of 1999 or for only part of 1999?

- (1) All year
 - (2) Part of year
-

Survey of Program Dynamics

958B

Which months (were you/was name) covered by a union-provided plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

959

(Are/Is) (you/name) CURRENTLY covered by a union-provided plan?

- (1) Yes
- (2) No

960a

Between January and December 1999, about how much did (you/name) pay for health insurance purchased directly from an insurance company?

\$ _____ \$0-99,999

960b

READ IF NECESSARY:

Was that weekly, bi-weekly, twice a month, monthly, quarterly, or annually?

- (1) Weekly
- (2) Biweekly
- (3) Twice monthly
- (4) Monthly
- (5) Quarterly
- (6) Annually

961A

(Were/Was) (you/name) covered by this plan for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

—

961B

Which months (were you/was name) covered by a plan purchased directly from an insurance company in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

962

(Are/Is) (you/name) CURRENTLY covered by an health plan purchased directly from an insurance company?

- (1) Yes
- (2) No

—

963A

(Were/was) (you/name) covered by Medicaid or (fill state plan name) for all of 1999 or for only part of 2000?

- (1) All year
- (2) Part of year

—

Survey of Program Dynamics

963B

Which months were (you/name) covered by Medicaid or (state plan name) in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

964

(Are/Is) (you/name) CURRENTLY covered by Medicaid (or state plan)?

- (1) Yes
- (2) No

965A

(Were/Was) (you/name) covered by Medicare for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

965B

Which months (were you/was name) covered by Medicare in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
"0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1	JAN	___ 7	JUL
___ 2	FEB	___ 8	AUG
___ 3	MAR	___ 9	SEP
___ 4	APR	___ 10	OCT
___ 5	MAY	___ 11	NOV
___ 6	JUN	___ 12	DEC

966

(Are/Is) (you/name) CURRENTLY covered by Medicare?

- (1) Yes
- (2) No

—

967A

(Were you/Was name) covered by TRICARE/CHAMPUS/CHAMPVA or military health for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

—

967B

Which months (were/was) (you/name) covered by this plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

968

(Are/Is) (you/name) CURRENTLY covered by TRICARE/CHAMPUS/CHAMPVA or military health?

- (1) Yes
- (2) No

—

969A

(Were you/Was name) covered by Indian Health Service for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

—

Survey of Program Dynamics

969B

Which months (were/was) (you/name) covered by this plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN	___ 7 JUL
___ 2 FEB	___ 8 AUG
___ 3 MAR	___ 9 SEP
___ 4 APR	___ 10 OCT
___ 5 MAY	___ 11 NOV
___ 6 JUN	___ 12 DEC

970

(Are/Is) (you/name) CURRENTLY covered by Indian Health Service?

- (1) Yes
- (2) No

971A

(Were you/Was name) covered by (state plan) for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

971B

Which months (were/was) (you/name) covered by this plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN	___ 7 JUL
___ 2 FEB	___ 8 AUG
___ 3 MAR	___ 9 SEP
___ 4 APR	___ 10 OCT
___ 5 MAY	___ 11 NOV
___ 6 JUN	___ 12 DEC

971C

(Are/Is) (you/name) CURRENTLY covered by (STATE PLAN)?

- (1) Yes
- (2) No

—

971D

(Were you/Was name) covered by a government plan other than (plan already mentioned) for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

—

971E

Which months (were/was) (you/name) covered by this plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | |
|-----------|------------|
| ___ 1 JAN | ___ 7 JUL |
| ___ 2 FEB | ___ 8 AUG |
| ___ 3 MAR | ___ 9 SEP |
| ___ 4 APR | ___ 10 OCT |
| ___ 5 MAY | ___ 11 NOV |
| ___ 6 JUN | ___ 12 DEC |

972

(Are/Is) (you/name) CURRENTLY covered by a government health plan (other than plan(s) captured earlier)?

- (1) Yes
- (2) No

—

973A

(Were you/Was name) covered by a plan provided by someone not in the household for all of 1999 or for only part of 1999?

- (1) All year
- (2) Part of year

—

Survey of Program Dynamics

973B

Which months (were/was) (you/name) covered by this plan in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | | | |
|-------|-----|--------|-----|
| ___ 1 | JAN | ___ 7 | JUL |
| ___ 2 | FEB | ___ 8 | AUG |
| ___ 3 | MAR | ___ 9 | SEP |
| ___ 4 | APR | ___ 10 | OCT |
| ___ 5 | MAY | ___ 11 | NOV |
| ___ 6 | JUN | ___ 12 | DEC |

974

(Are/Is) (you/name) CURRENTLY covered by plan provided by someone outside the household?

- (1) Yes
- (2) No

976 **FLASHCARD S**

Which answer on this card best describes the reason why (you/name) (weren't/wasn't) covered by health insurance in 1999?

IF NECESSARY: READ RESPONSE CATEGORIES

- (1) Too expensive; can't afford health insurance.
- (2) No health insurance offered by employer of self, spouse, or parent
- (3) Not working at a job long enough to qualify
- (4) Job layoff, job loss, or any reason related to unemployment
- (5) Not eligible because working part time or temporary job
- (6) Can't obtain insurance because of poor health, illness, age, or pre-existing condition
- (7) Dissatisfied with previous insurance OR don't believe in insurance
- (8) Have been healthy; not much sickness in family; haven't needed health insurance
- (9) Able to go to VA or military hospital for medical care
- (10) Covered by some other health plan, such as Medicaid
- (11) No longer covered by parents' policy
- (12) Other

977

(Do you/Does name) CURRENTLY have any type of health insurance?

- (1) Yes
 - (2) No
-

978 **FLASHCARD R**

What type of insurance (are you/is name) currently covered by?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE" ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

IF NECESSARY: READ RESPONSE CATEGORIES

- __ 1. Employer-Provided Plan
- __ 2. Union-Provided Plan
- __ 3. A plan purchased directly from an insurance company not related to current or past employer (including "Medigap")
- __ 4. (Medicaid/or state name)
- __ 5. Medicare, or another health plan paid for by Medicare
- __ 6. TRICARE/CHAMPUS/CHAMPVA or military health
- __ 7. Indian Health Service
- __ 8. (STATE PLAN)
- __ 9. Another government health plan
- __ 10. A plan of someone not living in this household

HEALTH CARE UTILIZATION WHILE UNINSURED

980

I have recorded that (you/name) did not have health insurance for (number of uninsured months) months of 1999. Is that correct?

- (1) Yes
- (2) No

—

981

The next set of questions deal with when (you/name) (were/was) uninsured. Did (you/name) go to a doctor, nurse, or other health care provider at all while not insured in 1999?

- (1) Yes
- (2) No

—

982

Did (you/name) receive treatment for an illness or injury while uninsured in 1999?

- (1) Yes
- (2) No

—

983

Did (you/name) receive any routine or preventive care, such as a checkup, (prenatal care,) immunizations, or family planning while uninsured in 1999?

- (1) Yes
- (2) No

—

984

Did (you/name) receive treatment for a drug or alcohol problem while uninsured in 1999?

- (1) Yes
- (2) No

—

985

Where did (you/name) go to get those health care services?
MARK ALL THAT APPLY. ENTER "N" WHEN NO MORE ____

- ____ (1) Clinic, or Public Health Department
 - ____ (2) Emergency room
 - ____ (3) Doctor's office or an office at the hospital
 - ____ (4) Someplace else
-

986

Were these services free, or did (you/name) have to pay for them?

- (1) Free
- (2) Paid
- (3) Both, some free, some paid for

987. Do you think (you/name) paid the full price for these services or do you think (you/name) paid a reduce price?

- (1) Full price
- (2) Reduced price
- (3) Both

988

Did someone at the (location) ask what your income was before the cost of the services was determined?

- (1) Yes
- (2) No
- (3) Sometimes

FOOD EXPENDITURES

990a These next questions are about the food eaten in your household in the last 12 months, since (current month) 1999, and whether you were able to afford the food you need.

Thinking about all the places (you shop/your household shops) for food – for example, the supermarket, warehouse clubs, convenience stores, bakeries, produce stands – about how much does your household usually spend per week on groceries? Please include any purchases made with food stamps.

ENTER “X” IF RANGE GIVEN \$ _____ (ENTER RANGE \$ ___ to \$ ___)

READ IF NECESSARY: Is that per week, every two weeks or every month?

- (1) week
- (2) every two weeks
- (3) every month

991 How much of the (\$ amount/\$ amount to \$ amount) was for non-food items, such as pet food, paper products, detergents, or cleaning supplies?

ENTER “X” IF RANGE GIVEN \$ _____ (ENTER RANGE \$ ___ to \$ ___)

992a About how much (do you/does your household) usually spend for meals or snacks at restaurants, fast food places, cafeterias, and vending machines? Please provide either a weekly or monthly amount.

ENTER “X” IF RANGE GIVEN \$ _____ (ENTER RANGE \$ ___ to \$ ___)

Is that per week or per month?

- (1) week
- (2) month

FOOD SECURITY

1000 **FLASHCARD T**

Which of these statements best describes the food eaten in your household in the last 12 months:

IF NECESSARY: READ CATEGORIES

- (1) (I/We) have enough to eat and the kinds of food (I/we) want
- (2) (I/We) have enough to eat but not always the kinds of food (I/we) want
- (3) Sometimes (I/we) don't have enough to eat, or
- (4) Often (I/we) don't have enough to eat
- (H) Help

1001 Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat.

READ LIST

(H) help

Not enough money for food	(1) Yes	(2) No	—
Too hard to get to the store	(1) Yes	(2) No	—
Not able to cook or eat because of health problems	(1) Yes	(2) No	—
No working stove or refrigerator	(1) Yes	(2) No	—

1003. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/your household) in the last 12 months.

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

Survey of Program Dynamics

1004 "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1005 "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1007 "(I/we) relied on only a few kinds of low-cost food to feed (name/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1008 "(I/We) couldn't feed (name/the children) a balanced meal, because (I/we) couldn't afford that." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1009 "(Name was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1010 In the last 12 months, since (MONTH YEAR) 1999 did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) Yes
 - (2) No
 - (H) Help
-

1011 How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
-

1012 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- (1) Yes
 - (2) No
-

1013 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- (1) Yes
 - (2) No
-

1014 In the last 12 months, did you lose weight because you didn't have enough money for food?

- (1) Yes
 - (2) No
-

1015 In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- (1) Yes
 - (2) No
-

Survey of Program Dynamics

1016 How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
-

1018 The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since (MONTH) 1999, did you ever cut the size of (child's first name/any of the children's) meals because there wasn't enough money for food?

- (1) Yes
 - (2) No
-

1019 In the last 12 months, did (child's first name/any of the children) ever skip a meal because there wasn't enough money for food?

- (1) Yes
 - (2) No
-

1020 How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
-

1021 In the last 12 months, (was child's first name/were any of the children) ever hungry but you just couldn't afford more food?

- (1) Yes
 - (2) No
-

1022 In the last 12 months, did (child's first name/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- (1) Yes
 - (2) No
 - (H) Help
-

1023 In the last 12 months did (you/you or other adults in your household) ever get emergency food from a church, a food pantry, or food bank?

- (1) Yes
 - (2) No
-

1024 How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
-

1025 In the last 12 months, did (you/you or other adults in your household) ever eat any meals at a soup kitchen?

- (1) Yes
 - (2) No
-

CHILD-RELATED QUESTIONS

(Ask questions about children under 18 first. Then ask appropriate questions about children 18-20 years old.)

PICK_SUBJECT

FR: WHICH OF THE DESIGNATED PARENTS(OR SPOUSE) IN THIS HOUSEHOLD DO YOU WANT TO INTERVIEW? (ENTER LINE NUMBER OR "N" FOR NO MORE)

LINE NO: __

PICK_RESP

Is (name) available to answer a few questions now?

- (1) Yes
- (2) No

—

EXP

FR: Since the designated person is not available, you can either back up and pick another person, or skip to the next section of the questionnaire at this time.

If you skip ahead, you can return to the "Pick Subject" screen at any time, by going to the jump menu (press F4), and entering the number for "Pick Subject."

- (1) Go back to "Pick Subject" screen
- (2) Skip to next section of questionnaire

CHILDREN'S SCHOOL ENROLLMENT

PRESCHOL

At any time between June 1999 and May, 2000 was (name) enrolled in preschool?

INCLUDE PRE-KINDERGARTEN AS WELL AS PRESCHOOL.

- (1) Yes
- (2) No

—

PREMONTH

Since June 1999, which months was (name) enrolled in preschool?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

** 1999 **	** 2000 **
___ 6 JUN	___ 13 JAN
___ 7 JUL	___ 14 FEB
___ 8 AUG	___ 15 MAR
___ 9 SEP	___ 16 APR
___ 10 OCT	___ 17 MAY
___ 11 NOV	
___ 12 DEC	

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

—

HEADSTRT

Was this Head Start program?

- (1) Yes
- (2) No

—

PREPAFOR

Did (you/designated parent or guardian name) pay for (name's) preschool?

- (1) Yes
- (2) No

—

Survey of Program Dynamics

PREHRSWK

How many hours (does/did) (name) usually attend (Head Start/preschool) each week?

- (1-60)
 - (H) Help
-

REGSCHOL

At any time between June 1999 and May, 2000 was (name) (also) enrolled in school (or kindergarten)?

INCLUDE KINDERGARTEN, AS WELL AS GRADES 1 TO 12

- (1) Yes
 - (2) No
-

REGMONTH

Since June 1999, which months was (name) enrolled in school (or kindergarten)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

- | | |
|------------|------------|
| ** 1999 ** | ** 2000 ** |
| — 6 JUN | — 13 JAN |
| — 7 JUL | — 14 FEB |
| — 8 AUG | — 15 MAR |
| — 9 SEP | — 16 APR |
| — 10 OCT | — 17 MAY |
| — 11 NOV | |
| — 12 DEC | |

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

WHTGRADE

In what grade was (child name) enrolled in (month) (1999/2000)?

- | | |
|-------------------|-----------------------------|
| (K) Kindergarten | (07) Seventh grade |
| (01) First grade | (08) Eighth grade |
| (02) Second grade | (09) Ninth grade |
| (03) Third grade | (10) Tenth grade |
| (04) Fourth grade | (11) Eleventh grade |
| (05) Fifth grade | (12) Twelfth grade |
| (06) Sixth grade | (P) Post-secondary (specify |
| (H) Help | type and level: |
| | _____) |
-

LSTMONYR

In which month and year was (name) LAST enrolled in school?

ENTER MONTH AS "01" (JANUARY) THROUGH "12" (DECEMBER)
ENTER YEAR AS "1984" THROUGH "2000"

(XX) Never enrolled in school

MONTH: _____

YEAR: _____

LSTGRADE

In what grade was (name) last enrolled?

- | | |
|-------------------|---------------------|
| (K) Kindergarten | (07) Seventh grade |
| (01) First grade | (08) Eighth grade |
| (02) Second grade | (09) Ninth grade |
| (03) Third grade | (10) Tenth grade |
| (04) Fourth grade | (11) Eleventh grade |
| (05) Fifth grade | (12) Twelfth grade |
| (06) Sixth grade | (P) Post-secondary |
| | (H) Help |
-
-

TYPSCHOL

Was (name) enrolled in public or private school?

- (1) Public
 - (2) Private (Includes parochial or other religious)
 - (3) Other type (Specify)
-

Specify: _____

GIFTEDED

Did (name) attend classes for gifted students or do advanced work in any subjects between June, 1999 and May, 2000?

- (1) Yes
 - (2) No
 - (H) Help
-

Survey of Program Dynamics

HELDBCK

Has (name) repeated any grades, or been held back for any reason?

- (1) Yes
- (2) No

GRDRPEAT

Which grade or grades did (name) repeat?

MARK ALL THAT APPLY.

ENTER K OR NUMBER FOR EACH GRADE REPEATED ENTER "N" WHEN NO MORE ___

- | | |
|----------------------|-------------------------|
| ___ (K) Kindergarten | ___ (7) Seventh grade |
| ___ (1) First grade | ___ (8) Eight grade |
| ___ (2) Second grade | ___ (9) Ninth grade |
| ___ (3) Third grade | ___ (10) Tenth grade |
| ___ (4) Fourth grade | ___ (11) Eleventh grade |
| ___ (5) Fifth grade | ___ (12) Twelfth grade |
| ___ (6) Sixth grade | |

EXPELLED

Has (name) ever been suspended, excluded, or expelled from school?

- (1) Yes
- (2) No

TIMESEXP

How many times did this happen?

ENTER NUMBER; IF ANSWER IS GREATER THAN 4, ENTER "4"

- (1) Once
- (2) Twice
- (3) Three times
- (4) Four or more times

WHICHEXP

What grade or grades was (name) in when this happened?
MARK ALL THAT APPLY.

ENTER K OR NUMBER OF GRADES. ENTER "N" WHEN
NO MORE ____

- ___ (K) Kindergarten
- ___ (1) First grade
- ___ (2) Second grade
- ___ (3) Third grade
- ___ (4) Fourth grade
- ___ (5) Fifth grade
- ___ (6) Sixth grade
- ___ (7) Seventh grade
- ___ (8) Eight grade
- ___ (9) Ninth grade
- ___ (10) Tenth grade
- ___ (11) Eleventh grade
- ___ (12) Twelfth grade

CHSCHOOL

Since June 1999, did (name) change schools?

- (1) Yes
- (2) No

TIMESCHG

Since September 1999 how many times did (name) change schools?

ENTER NUMBER: IF ANSWER IS GREATER THAN 4, ENTER 4

- (1) Once
- (2) Twice
- (3) Three times
- (4) Four or more times

Survey of Program Dynamics

WHYCHANG

Why did (name) change schools, since September 1999?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE"
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

(H) Help

- (1) Child moved
- (2) Academic reasons
- (3) Change in assigned school
- (4) Preferred to attend a different school
- (5) Graduated from kindergarten to elementary school
- (6) Graduated from elementary to middle school
- (7) Graduated from middle school to high school
- (8) Other (specify: _____)

1122 How much did (you/your household) pay for school-related expenses such as books, supplies, school trips, tuition, room or board between September 1999 and May 2000 for (name)?

AMOUNT: \$ _____

ENRICHMENT ACTIVITIES

SPORTS

The next few questions are about activities that (child) may have participated in.

Between September, 1999 and April, 2000 was (name) on a sports team either in or out of school?

- (1) Yes
- (2) No
- (H) Help

—

SPMNTH

In what months did (name) participate in these activities between September, 1999 and April, 2000?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

** 1999 **	** 2000 **
___ 9 SEP	___ 13 JAN
___ 10 OCT	___ 14 FEB
___ 11 NOV	___ 15 MAR
___ 12 DEC	___ 16 APR

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

SPTIMES

In the months when (name) was participating in these activities, was this once or twice a month, once or twice a week, or several times a week?

- (1) Once or twice a month
- (2) About once or twice a week
- (3) Several times a week

—

LESSONS

Did (name) take lessons after school or on weekends in subjects such as music, dance, language, or computers between September, 1999 and April, 2000?

- (1) Yes
- (2) No
- (H) Help

—

Survey of Program Dynamics

LESMNTH

In what months did (name) participate in these activities between September, 1999 and April, 2000?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

** 1999 **

___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

** 2000 **

___ 13 JAN
___ 14 FEB
___ 15 MAR
___ 16 APR

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

LESTIMES

In the months when (name) was participating in these activities, was this once or twice a month, once or twice a week, or several times a week?

- (1) Once or twice a month
- (2) About once or twice a week
- (3) Several times a week

OTHERACT

Did (name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or (Girls/Boys) club between September, 1999 and April, 2000?

- (1) Yes
- (2) No

OTHMNTH

In what months did (name) participate in these activities between September, 1999 and April, 2000?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

** 1999 **

___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

** 2000 **

___ 13 JAN
___ 14 FEB
___ 15 MAR
___ 16 APR

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

OTHTIMES

In the months when (name) was participating in these activities, was this once or twice a month, once or twice a week, or several times a week?

- (1) Once or twice a month
- (2) About once or twice a week
- (3) Several times a week

TVRULES

The next few questions are about television viewing.

Are there TV rules for (name) about what television programs (he/she) can watch?

- (1) Yes
- (2) No

TVHOURS

Including weekends, how many hours per week does (name) usually watch television?

INCLUDE BOTH VIDEOS AND TV VIEWING

ENTER NUMBER OF HOURS PER WEEK FROM
"0" (DOES NOT WATCH TV) TO "99" (99 HOURS OR MORE)

- (0) Does not watch TV
- (1-99)
- (H) Help

Survey of Program Dynamics

EDUCATTV

(Of the ((number) hours/1 hour/99 or more hours) (name) usually spends watching TV per week, how many hours does (he/she) usually spend watching educational programs?

INCLUDE BOTH VIDEOS AND TV VIEWING

- (0) None
- (1-99)

—

READTOCH

The next few questions are about activities you (or any family member) may do with (name).

How often in a typical week do you (or any family member) usually read stories to (name)? -- Never, once or twice a week, three to six times a week, or every day?

READ ALL RESPONSE CATEGORIES

- (1) Never
- (2) Once or twice a week
- (3) Three to six times a week
- (4) Everyday

—

OUTINGCH

How often in a typical month do you (or any family member) take (name) on any kind of outing such as out to the park, grocery store, church, or playground--Never, once or twice a month, about once or twice a week, several times a week, or every day or almost every day?

- (1) Never
- (2) Once or twice a month
- (3) About once or twice a week
- (4) Several times a week
- (5) Everyday or almost everyday

—

RELIG

How often does (child) go to a religious service, a religious social event, or to religious education such as Sunday School?

- (1) Never
 - (2) Several times a year
 - (3) About once a month
 - (4) About once a week
 - (5) Everyday or almost everyday
-

GANG

The next few questions are about (name)'s interaction with other children and public authorities in your neighborhood.

Is (name) a member of a gang in the neighborhood that gets into trouble with the law?

- (1) Yes
 - (2) No
-

TROGANG

Has (name) ever gotten into trouble with the law because of this gang?

- (1) Yes
 - (2) No
-

TMSGANG

How many times has (name) gotten into trouble with the law because of this gang?

___ times

OLDGANG

How old was (name) when (he/she) (first) got into trouble with the law because of this gang?

___ years

Survey of Program Dynamics

ARRGANG

Has (name) ever been arrested?

INCLUDE ANY TYPE OF OFFICER WITH ARRESTING AUTHORITY, SUCH AS A LOCAL, STATE, OR FEDERAL POLICE OFFICER, CUSTOMS OFFICER, PUBLIC HOUSING COP, ETC.

- (1) Yes
- (2) No

—

HAPGANG

Did that happen once or more than once?

- (1) One time
- (2) More than one time

—

DISGANG

Was the charge dismissed (the last time (name) was arrested)?

- (1) Yes
- (2) No

—

CREGJOB

The next few questions are about work activities your child(ren) may be involved in.

Does (name) currently have any regular job outside the home such as delivering newspapers, working in grocery stores or fast food chains? By regular, I mean a job for pay that (name) is expected to do on a regular basis.

- (1) Yes
- (2) No

—

CDAYJOB

How many days per week does (name) work at all these activities?

IF JOB IS LESS REGULAR THAN WEEKLY ENTER "X"

___ days

CHRJOB

How many hours per week in total does (name) work at these activities?

___ hours per week

VER_CHJ

You said that (name) works (Number in 1136B) hours a week, is that correct?

- (1) Yes
- (2) No

CMONJOB

How many days per month does (name) work at all these activities?

IF JOB IS LESS REGULAR THAN WEEKLY ENTER "0"

___ days

CHILDREN'S DISABILITY

CHLDHLTH

These next few questions are about (name's) health. Would you say (his/her) health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor
-

HASDISAB

Have you ever been told by a health professional that (name) has a developmental or learning disability?

- (1) Yes
 - (2) No
 - (H) Help
-

HLTHCON6

Does (name) have a health condition that makes it difficult to do things appropriate for (his/her) age?

- (1) Yes
 - (2) No
-

HLTHCOND

Because of a physical, learning, or mental health condition, does (name) currently have any limitation in (his/her) ability to do regular school work?

- (1) Yes
 - (2) No
 - (H) Help
-

GETSPED

During the past 12 months, that is, since (CURRENT MONTH)1999, did (name) receive any special education services?

- (1) Yes
 - (2) No
 - (H) Help
-

BEHPROB

Were you ever told by a school or health professional that (name) had an emotional or behavioral problem?

- (1) Yes
 - (2) No
 - (H) Help
-

CDIFSEE

Does (name) have difficulty seeing the words and letters in ordinary newspaper print even wearing glasses or contact lenses?

- (1) Yes
 - (2) No
-

CSEENRDS

Is (name) able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
 - (2) No
-

CSPECAID

Does (name) use any special aids such as a cane, wheelchair, or a hearing aid?

- (1) Yes
 - (2) No
 - (H) Help
-

Survey of Program Dynamics

CTYPEAID

Which type of aid does (name) use? Probe: Anything else?

ENTER ALL THAT APPLY

ENTER (N) FOR NONE OR NO MORE

- (1) Cane
- (2) Wheelchair
- (3) Walker
- (4) Crutches
- (5) Leg brace
- (6) Hearing aid
- (7) Other

CDIFHEAR

Does (name) have any difficulty hearing what is said in a normal conversation with another person (even using a hearing aid if (he/she) usually wears one)?

- (1) Yes
- (2) No

CHEARNRM

Is (name) able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

CHILDREN'S HEALTH CARE UTILIZATION

CHOSPAT

Between January 1999 and December 1999, was (name) admitted to a hospital for an overnight stay or longer?

- (1) Yes
 - (2) No
- ___

CTIMEHSP

How many different times was (name) admitted to a hospital for an overnight stay or longer last year, that is between January 1999 and December 1999?

NUMBER OF TIMES: ___

CREASHSP

What was the reason for (name's) (last) hospital overnight stay?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE"
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ___ (1) Child birth
- ___ (2) Surgery or operation (including bone setting or getting stitches)
- ___ (3) Emergency room/accidental injury
- ___ (4) Mental or emotional problem or disorder
- ___ (5) Drug or alcohol abuse problem or disorder
- ___ (6) Other medical

SPECIFY: _____

CNGHTHSP

How many total nights did (name) spend in a hospital between January 1999 and December 1999?

NUMBER OF NIGHTS: ___

CONDRVST

(Excluding those times when (name) was in the hospital, how/How) many times did (name/he/she) see a medical doctor or assistant between January 1999 and December 1999?

NUMBER OF TIMES: ___

Survey of Program Dynamics

CNODRTLK

(Excluding this visit, how/Excluding these visits, how/How) many times did you (or other household members) talk to a medical doctor or assistant about (name's) health between January 1999 and December 1999?

NUMBER OF TIMES: ____

CNODTVST

Between January 1999 and December 1999, how many visits did (name) make to a dentist, including orthodontists, oral surgeons, and dental hygienists?

NUMBER OF VISITS: ____

CVISTPLC

Is there a place that (name) goes if (he/she) is sick or needs advice about (his/her) health?

- (1) Yes
- (2) No

CPLACTYP

What kind of place is it- a clinic, a doctor's office, an emergency room, outpatient department or some other place?

READ RESPONSE CATEGORIES

- (1) Clinic or health center
- (2) Doctor's office (or HMO)
- (3) Hospital emergency room
- (4) Hospital outpatient department
- (5) Some other place (Specify)

Specify: _____

CPAYDREX

The next few questions are about medical expenses last month, that is, (MONTH) 2000.

Did you (or anyone in this household) pay any expenses for doctor, dentist, or hospital bills for (name) last month?

DO NOT INCLUDE PRESCRIPTION MEDICINES, PAYMENTS FOR INSURANCE PREMIUMS OR EXPENSES THAT WILL BE REIMBURSED BY INSURANCE COMPANIES.

NOTE: "PAY" REFERS TO "OUT OF POCKET" EXPENSES.

- (1) Yes
- (2) No

—

CWHATPA

Not counting amounts that will be reimbursed by insurance companies, how much was paid for (name's) doctor, dentist or hospital bills last month?

AMOUNT: \$ _____ .00

CREDFRPA

Were any of these doctor, dentist, or hospital bills at a reduced rate or for free because your household's income was low?

- (1) Yes
- (2) No

—

CPAYRX

Did you (or anyone in this household) pay any expenses for prescription medicines for (name) last month?

- (1) Yes
- (2) No

—

Survey of Program Dynamics

CWHPARX

Not counting amounts that will be reimbursed by insurance, how much was paid for (name's) prescription medicines last month?

AMOUNT: \$ _____ .00

CREDFRRX

Were any of these prescription medicines at a reduced rate or for free because your household's income was low?

- (1) Yes
- (2) No

—

MOTHER'S WORK SCHEDULE

DMWORK

The next few questions are about (you/mother's name/designated parent) usual work schedule and child care arrangements.

DURING April 2000, did (you/mother's name/designated parent) do any work for pay or profit?

NOTE: INCLUDE WORK DONE FOR PAY OR PROFIT AT HOME.

- (1) Yes
- (2) No
- (H) Help

MOMSJOBS

DURING April 2000, did (you/mother's name/designated parent) have more than one job including part-time, evening, or weekend work?

- (1) Yes
- (2) No

MWKHRSWK

DURING April 2000, how many hours per week did (you/mother's name/designated parent) usually work (at all jobs)?

- (0-99) Enter actual hours
- (V) Hours varied

___ hours per week

Survey of Program Dynamics

MOMSDAYS

Which days did (you/mother's name/designated parent) usually work at (your/his/her) MAIN job?

By MAIN job, I mean the one at which (you/he/she) worked the most hours.

- (1) Regular Monday through Friday
- (2) Other regular daily schedule (MARK WHICH DAYS)
- (3) No usual schedule

—

CHOOSE THE NUMBER OF THE DAY OF THE WEEK MARK "N" WHEN NO MORE.

- ___ (1) Monday ___ (2) Tuesday ___ (3) Wednesday ___ (4) Thursday
___ (5) Friday ___ (6) Saturday ___ (7) Sunday

MOMSCHED FLASHCARD U

Which ONE of the following best describes (your/mother's name/designated parent) usual weekly work schedule at (your/his/her) MAIN job during April, 2000?

READ ALL RESPONSES

- (1) Regular daytime schedule
- (2) Regular evening shift
- (3) Regular night shift
- (4) Rotating shift (one that changes regularly from days to evenings to nights)
- (5) Split shift (one consisting of two distinct periods each day)
- (6) Irregular schedule (one that changes from day to day)
- (7) Other (please SPECIFY below)

—

DMLOOK FLASHCARD V

READ TO RESPONDENT IF NECESSARY

DURING April 2000, did (you/mother's name/designated parent) do any of these things to look for (a/another) job?

- (1) Yes, at least one of these
- (2) No, none of these
- (H) Help

—

MLKHRSWK

DURING April 2000, how many hours per week did (you/mother's name/designated parent) usually spend looking for (a/another) job?

- (0-99) Enter actual hours
- (V) Hours varied (missing)

ENTER "99" IF 99 OR MORE HOURS

___ hours per week

DMSCHOOL

DURING April 2000, did (you/mother's name/designated parent) attend school?

- (1) Yes
- (2) No
- (H) Help

MSCHRSWK

DURING April 2000, how many hours per week did (you/mother's name/designated parent) usually spend at school?

- (0-99) Enter actual hours
- (V) Hours varied (missing)

ENTER "99" IF 99 OR MORE HOURS

___ hours per week

DMTRAIN

DURING April 2000, did (you/mother's name/designated parent) attend job training?

- (1) Yes
- (2) No
- (H) Help

MTRHRSWK

DURING April 2000, how many hours per week did (you/mother's name/designated parent) usually spend at job training?

(0-99) Enter actual hours

(V) Hours varied (missing)

ENTER "99" IF 99 OR MORE HOURS

___ hours per week

CHILD CARE

CC2BEGIN

The next few questions are about child care arrangements (you/name) (use/uses) for (child) on a regular basis.

By "regular," I mean at least once a week for a month or more.

__ (PRESS ENTER)

CAREARR **FLASHCARD W**

(In addition to school,)Please tell me which of these (you/name) used for (child) on a regular basis between Jnuary 1999 and May, 2000

ENTER THE ITEM NUMBER TO MARK OR UNMARK EACH CHOICE. (H) Help
ENTER "N" WHEN THERE ARE NO MORE CHANGES. __

IF NECESSARY:READ RESPONSE CATEGORIES

- __ (1) Child's other parent/stepparent cared for child while (name) was at work
- __ (2) (Name) cared for child while (you/he/she) (were/was) (at work)
- __ (3) Child's brother or sister
- __ (4) Child's grandparent
- __ (5) Any other relative
- __ (6) Family day care home (caring for 2+ kids in provider's home)
- __ (7) A nonrelative such as a friend, neighbor, sitter or nanny
- __ (8) Child care/day care center or nursery school/preschool
- __ (9) Federally-funded Head Start program
- __ (11) Before or after school care
- __ (12) Child cares for (himself/herself)
- __ (13) Any other type of arrangement (Specify below)

__ (14) No regular arrangement

(NOTE: 11-14 appear for age 6 and above only)

Survey of Program Dynamics

THE INSTRUMENT CYCLE THROUGH THE NEXT SERIES OF QUESTIONS FOR EACH TYPE OF ARRANGEMENT MARKED IN CAREARR, AS APPROPRIATE. THE WORDING WILL VARY IN EACH QUESTION SERIES. THERE ARE 14 DIFFERENT VARIATIONS OF THESE QUESTIONS, BUT ALL ARE SIMILAR AND OBTAIN MUCH THE SAME TYPE OF INFORMATION. (THIS SECTION WOULD BE VERY COMPLICATED WITH MUCH DUPLICATION IF ALL ITEMS IN THIS SERIES WERE SHOWN.) THE SERIES SHOWN IN THE ITEMS BOOKLET ASSUMES THAT 5, 9, AND 14 ARE SELECTED IN CAREARR. ALSO, NOTE THE ITEM NUMBERS DO NOT MATCH THE PRECODES SELECTED IN CAREARR.

AR6MNTHS

Between January 1999 and May 2000, which months has **(child)** been cared for by an other relative?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.

** 1999 **	** 1999 **	** 2000 **
___ 1 JAN	___ 7 JUL	___ 13 JAN
___ 2 FEB	___ 8 AUG	___ 14 FEB
___ 3 MAR	___ 9 SEP	___ 15 MAR
___ 4 APR	___ 10 OCT	___ 16 APR
___ 5 MAY	___ 11 NOV	___ 17 MAY
___ 6 JUN	___ 12 DEC	

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___
FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

AR6HRSWK

DURING April 2000, how many hours per WEEK did **(child)**'s other relative usually care for (him/her)?

(1-99) Enter actual hours
(H) Help
___ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

(1) Yes
(2) No

or

Of those (number) hours per week, how many of them were while (you/name) (were/was) at (work/school/work training/looking for work)?

(0-99) Enter actual hours
___ hours per week

RE6WHERE

Did this relative usually care for **(child)** in (CHILD)'s home, the relative's home, or someplace else?

IF NECESSARY: Where was (child) cared for most of the time?

- (1) Child's home
- (2) Relative's home (relative doesn't live with child)
- (3) Someplace else
- (H) Help

—

RESP6PAY

How much, if anything, did (you/name) pay for this arrangement for April 2000?

ARRANGEMENT: other relative

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

(H) Help

\$ _____

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

- (1) Hour
- (2) Day
- (3) Week
- (4) Every two weeks
- (5) Month
- (6) Year

—

PAY6_ER

You have said that you paid \$(amount), per (time period) for care by other relatives. Is that correct?

- (1) Yes, continue
- (2) No, make a correction

—

Survey of Program Dynamics

ELSEPAY6

Did anyone else pay for part or all of the cost of this child care arrangement?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

- (1) Yes
- (2) No

—

ELSEPAY6B

Who or what agency helped pay for this arrangement?

- 1 Government (Federal, state, or local government agency, or welfare office)
- 2 Child's other parent (parent doesn't live with child)
- 3 Employer
- 4 Other (Please specify below)

(H) Help

ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

Specify: _____

A10MNTHS

Between January 1999 and May 2000, which months has (child) been enrolled in Head Start?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.

** 1999 **

- 1 JAN
- 2 FEB
- 3 MAR
- 4 APR
- 5 MAY
- 6 JUN

** 1999 **

- 7 JUL
- 8 AUG
- 9 SEP
- 10 OCT
- 11 NOV
- 12 DEC

** 2000 **

- 13 JAN
- 14 FEB
- 15 MAR
- 16 APR
- 17 MAY

FROM TO
FROM TO

FROM TO
FROM TO

FROM TO
FROM TO

A10HRSWK

DURING APRIL 2000, how many hours per WEEK did (**child**) usually attend Head Start?

(1-99) Enter actual hours
__ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

- (1) Yes
- (2) No

—

or

Of those (number) hours per week, how many of them were while (you/name) (were/was) at (work/school/work training/looking for work)?

(0-99) Enter actual hours (H) Help

__ hours per week

RESP10PAY

How much, if anything, did (you/name) pay for this program for April 2000?

ARRANGEMENT: Head Start

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

\$ _____

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or year?

- (1) Hour
- (2) Day
- (3) Week
- (4) Every two weeks
- (5) Month
- (6) Year

—

Survey of Program Dynamics

PAY10_ER

You have said that you paid \$(amount), per (time period) for Head Start. Is that correct?

- (1) Yes, continue
 - (2) No, make a correction
-

ELSEPAY10

Did anyone else pay for part or all of the cost of this program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

- (1) Yes
 - (2) No
-

ELSEPAY10B

Who or what agency helped pay for this arrangement?

- 1 Government (Federal, state, or local government agency, or welfare office)
- 2 Child's other parent (parent doesn't live with child)
- 3 Employer
- 4 Other (Please specify below)

(H) Help

___ ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

Specify: _____

MGROUP10

Is there more than one group or room of children in that arrangement?

- (1) Yes
 - (2) No
-

HGROUP10

How many children are usually cared for in (his/her) group, including (child)?

PROBE FOR AVERAGE IF RANGE IS GIVEN.

___ Number

AGROUP10

How many children are usually cared for in that arrangement, including (child)?

Probe for "average" if range is given.

__ Number

PEPCARE10

What is the usual number of people caring for your child (and the other children) in (child)'s group in that arrangement?

Probe for "average" if range is given.

__ Number

LICENS10

As far as you know, is your child care provider licensed or regulated by the state?

- (1) Yes
- (2) No

—

RESP0

Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school.

Did **(child)** stay by (himself/herself) on a regular basis even for a small amount of time?

IF NECESSARY: By regular basis, I mean at least once a week.

- (1) Yes
- (2) No

—

Survey of Program Dynamics

RE0MNTHS

Between January, 1999 and May, 2000, which months, if any, did **(name)** stay by (himself/herself) on a regular basis?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.

** 1999 **

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

** 1999 **

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

** 2000 **

___ 13 JAN
___ 14 FEB
___ 15 MAR
___ 16 APR
___ 17 MAY

FROM ___ TO ___
FROM ___ TO ___

FROM ___ TO ___
FROM ___ TO ___

FROM ___ TO ___
FROM ___ TO ___

RE0HRSWK

DURING APRIL 2000, how many hours per WEEK did (you/name) usually care for (himself/herself)?

(1-99) Enter actual hours

(H) Help

___ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

(1) Yes

(2) No

or

Of those (number) hours per week, how many of them were while (you/name) (were/was) at (work/school/work training/looking for work)?

(0-99) Enter actual hours

___ hours per week

RE0WHERE

Did **(name)** usually stay by (himself/herself) in your home, some other home, or someplace else?

IF NECESSARY: Where did (name) care for (himself/herself) most of the time?

- (1) Child's home
 - (2) Other home
 - (3) Someplace else
-

ALLCCPAY

These next few questions are about last year, that is, from January through December 1999.

What is the TOTAL AMOUNT that (you/name) paid for ALL child care arrangements for **(CHILD)** from January through December 1999?

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, (0) FOR NOTHING, OR (NC) FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

(H) Help

\$ _____

AELSEPAY

From January through December 1999, did anyone else pay for part or all of the cost of **(CHILD)**'s child care?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

- (1) Yes
 - (2) No
 - (H) Help
-

Survey of Program Dynamics

AWHOPAY

Who or what agency helped pay for (CHILD)'s child care arrangements during 1999?

- 1 Government (Federal, state, or local government agency, or welfare office)
- 2 Child's other parent (parent doesn't live with child)
- 3 Employer
- 4 Other (Please specify below)

(H) Help

__ ENTER NUMBER TO SELECT OR DESELECT (ENTER (N) WHEN DONE)

YTIMELST

Last year, did (you/name) lose any time from work because (your/his/her] usual child care provider was UNAVAILABLE to care for **(CHILD)**? This DOES NOT INCLUDE times when (CHILD) was sick and couldn't be cared for by the usual child care provider.

- (1) Yes
- (2) No
- (H) Help

—

How much time did (you/name) lose from work?

—

IF NECESSARY: Is that hours, days, weeks, or months?

- | | |
|-----------|------------|
| (1) Hours | (3) Weeks |
| (2) Days | (4) Months |

—

NOCCPROV

Did (you/name) lose any time from work last year because (you/he/she) COULDN'T FIND a child care provider for **(child)**?

- (1) Yes
- (2) No
- (H) Help

—

How much time did (you/name) lose from work?

—

IF NECESSARY: Is that hours, days, weeks, or months?

- (1) Hours (3) Weeks
- (2) Days (4) Months

—

CCCHANGE

How many times SINCE JANUARY 1999 has **(name)** changed from one child care provider to another?

- (0-20)
- (H) Help (what's included?)

__ changes

THESE ITEMS SHOULD APPEAR AFTER THE LAST CHILD HAS CYCLED THROUGH THE SERIES OF CHILD CARE QUESTIONS.

1316

At any time between January and December 1999, did (you/name) have to do any of the following because of child care problems:

- | | (1) Yes | (2) No |
|---------------------------------------|---------|--------|
| 1) Quit or have to leave a job | | _____ |
| 2) Quit looking for work | | _____ |
| 3) Quit a training activity or school | | _____ |

1317

At any time between January and December 1999, (were/was) (you/name) unable to do any of the following because of child care problems:

- | | (1) Yes | (2) No |
|---|---------|--------|
| 1) Unable to take or start a job | | _____ |
| 2) Unable to start looking for work | | _____ |
| 3) Unable to start a training activity or start school? | | _____ |

1318

Are you aware of a state program that helps pay for child care costs?

- (1) Yes
(2) No

1319

Why didn't you receive financial assistance from a government program to help cover your child care costs between January and December 1999?

- (1) Not eligible (income too high)
(2) Was on waiting list
(3) Program ran out of money
(4) Couldn't choose child care provider I wanted
(5) Benefits not worth the paperwork
(6) Didn't know about it last year
(7) Other (specify) _____

CHILD SUPPORT AGREEMENT

CHAVPAR

Does (child) have a (father/mother/father or mother) who lives outside of this house?

- (1) Yes
- (2) No
- (H) Help

—

WHORESP

LN NAME AGE

List names

Who in this household is legally responsible for (child)?

ENTER LINE NUMBER OR "N" IF NO ONE RESPONSIBLE

—

WHYNOPAR

Why does (name) not have a (father/mother) living outside this house?

- (1) Died, deceased
- (2) Both parents live in household
- (3) Separated, divorced
- (4) (Father/Mother) doesn't want contact with (father/mother)
- (5) (Father/Mother) doesn't know where (father/mother) is
- (6) Child was adopted by a single parent
- (7) (Child's name) (mother/father) is no longer (his/her) legal (mother/father)
- (8) Other
- (H) Help

—

Survey of Program Dynamics

OTHNOPAR

- (1) In jail
- (2) Lives in another country
- (3) Artificial insemination;
anonymous sperm donor
- (4) Not sure who father is
- (5) Trying to establish paternity
- (6) Other (specify)

—

Specify: _____

CURAGREE

Is there any kind of legal arrangement that says that (name's) (father/mother) should provide any kind of financial support for (him/her)?

- (1) Yes
- (2) No
- (3) Legal arrangement pending
- (4) There is an arrangement, but respondent doesn't know
if it is legal
- (H) Help

—

EVERAGRE

Has there ever been any other kind of agreement or understanding that says that (name's) (father/mother) should help support (him/her)?

- (1) Yes
- (2) No
- (H) Help

—

SAMEAGRE

(Was CHILD'S name/Were any of (your/name's) other children) ever covered by the same agreement as (current child's name)?

- (1) Yes
- (2) No
- (H) Help

—

WHCHCHLD

Which children were covered by this agreement?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

SHOW ROSTER OF CHILDREN UNDER AGE 21

AGREESUP

Did this (legal agreement/agreement) ever say that (child name/child and sibling(s) name(s))'s (father/mother) should make child support payments?

- (1) Yes
- (2) No
- (H) Help

EVERLEGL

An agreement about child support can be made legal by going through a court, before a judge, or through an official legal process.

Was this agreement about child support payments for (child name/child and sibling(s) name(s))'s ever made legal?

- (1) Yes
- (2) No

PREAGREE

Some parents agree to the amount of child support before making the agreement legal.

Did (you/name) and (child name/child and sibling(s) name(s))'s (mother/father) do this?

- (1) Yes
- (2) No

Survey of Program Dynamics

SHLDPAY

Between January and December, 1999 was (name's/the children's) (father/mother) supposed to make any child support payments for (child name/child and sibling(s))?

- (1) Yes
 - (2) No
 - (3) Yes, if (he/she) had a job
 - (4) Don't know because Child Support Enforcement Office filed the paper work
 - (H) Help
-

WHYNOPAY

Why was that?

- (1) Child too old in 1999
 - (2) Other parent died before 1999
 - (3) Family lived together in all or part of 1999
 - (4) Child lived with other parent in all or part of 1999
 - (5) Other (specify)
 - (H) Help
-

Specify: _____

DEDCTPAY

During 1999, were any of the child support payments supposed to be deducted from (his/her) paycheck?

- (1) Yes
 - (2) No
-

PAYFRQ

The following questions ask about the child support (list names of children covered by this agreement) (father/mother) was SUPPOSED to pay.

During 1999, how often was (he/she) SUPPOSED to make these payments?

PROBE IF NEEDED: Would that be every week, every month, or some other way?

- (1) Weekly
- (2) Every other week
- (3) Twice a month
- (4) Monthly
- (5) Quarterly
- (6) Yearly
- (7) Other (Specify)
- (H) Help

—

Specify: _____

WKSHLD

How many weeks were payments SUPPOSED to be made in 1999?

(ENTER NUMBER OF WEEKS)

___ Weeks

MNTHPAY

(Were/Was) (you/name) SUPPOSED to receive payments every month during 1999 or for only some months?

- (1) Every month in 1999
- (2) Only some months

—

Survey of Program Dynamics

MNTHPAID

Which months were you SUPPOSED to receive payments in 1999?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

- | | | | |
|-------|-----|--------|-----|
| ___ 1 | JAN | ___ 7 | JUL |
| ___ 2 | FEB | ___ 8 | AUG |
| ___ 3 | MAR | ___ 9 | SEP |
| ___ 4 | APR | ___ 10 | OCT |
| ___ 5 | MAY | ___ 11 | NOV |
| ___ 6 | JUN | ___ 12 | DEC |

QMNTHPAID

Which months were the quarterly payments SUPPOSED to be made?
PROBE: What other month?

ENTER MONTH NUMBER OR "N" FOR NO MORE

- | | |
|---------|----------|
| (1) JAN | (7) JUL |
| (2) FEB | (8) AUG |
| (3) MAR | (9) SEP |
| (4) APR | (10) OCT |
| (5) MAY | (11) NOV |
| (6) JUN | (12) DEC |

___ ___ ___ ___

AMNTPAID

How much was (the weekly/every other week's/the twice monthly/the monthly/the quarterly/the yearly) payment SUPPOSED to be during 1999?

AMOUNT: \$ _____ .00

CALCDOLL

According to my calculations (you/name) should have received (total) dollars in child support for (name/names of covered children) in 1999. Is that correct?

- (1) Yes
- (2) No
- (H) Help

CORRDOLL

What is your best estimate of the amount (you/name) (were/was) supposed to receive in child support for (name/names of covered children) in 1999?

(H) Help

AMOUNT: \$ _____ .00

PAYCORR

Earlier you told me you actually received (total) dollars in child support in 1999. Is that correct?

(1) Yes

(2) No

DOLLREC

How much child support did (you/name) **actually** receive altogether from January through December 1999 for (name/names of covered children)?

AMOUNT: \$ _____ .00

WHOPAID

During 1999, were the payments sent to (you/NAME) by the welfare or child support agency, by a court, directly from (child name/child and sibling(s) name(s))'s (father/mother), from (his/her) place of employment, or were they sent some other way?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

(H) Help

_____ (1) Welfare or child support agency

_____ (2) Court

_____ (3) Directly from other parent

_____ (4) Other parent's place of employment

_____ (5) Other (specify)

SPECIFY: _____

Survey of Program Dynamics

WHYNOLEG

FLASHCARD X

Why is there no legal agreement to help support (name/name's of covered children)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

IF NECESSARY; READ RESPONSE CATEGORIES

- ____ (1) Legal paternity not established
- ____ (2) Unable to locate parent
- ____ (3) Do not want child support
- ____ (4) Did not pursue agreement
- ____ (5) Other (specify)

SPECIFY: _____

ASKHELP

(Have/Has) (you/name) ever asked a public agency such as the child support enforcement office or welfare agency for help in obtaining child support under this (legal) agreement?

- (1) Yes
- (2) No

YEARASK

In what year did (you/name) last ask for help?

TYPEHELP

What type of help did (you/name) ask for?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Locate other parent
- ____ (2) Establish paternity
- ____ (3) Establish support obligation
- ____ (4) Establish medical support
- ____ (5) Enforce support order
- ____ (6) Modify an order
- ____ (7) Other (specify)

SPECIFY: _____

LEGLCUCT **FLASHCARD Y**

What child custody arrangements does this legal agreement specify?

IF NECESSARY; READ RESPONSE CATEGORIES

- (1) Joint legal and physical custody
- (2) Joint legal custody with mother physical custody
- (3) Joint legal custody with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other (Specify)
- (H) Help

Specify: _____

CUSTAGRE

Is there an agreement regarding custody of (name of child(ren) covered by agreement)?

- (1) Yes
- (2) No

WHATCUST

What child custody arrangements does this agreement specify?

- (1) (Name of child(ren) covered by agreement) (lives/live) with mother
- (2) (Name of child(ren) covered by agreement) (lives/live) with father
- (3) (Name of child(ren) covered by agreement) (lives/live) with mother and father
- (4) None
- (5) Other (specify)

Specify: _____

Survey of Program Dynamics

1415H (Other than the child support you told me about, between/Between) January and December, 1999 did (CHILD/the children's) (father/mother) provide any of the (following additional/following) types of assistance for (child's name(s))?

(1) Yes (2) No

Provide health insurance coverage or pay for medical expenses such as medicine or visits to the doctor or dentist? _____

Pay for housing costs, such as the mortgage or rent for (name, the children)? _____

Give any birthday, holiday, or other gifts to (name/the children)? _____

Provide clothes (,diapers, or shoes/or shoes)? _____

Provide food or groceries? _____

Pay for child care, school tuition or summer camp? _____

CONTACT WITH ABSENT PARENT

LSTCONTK

In what month and year did (child) last have contact of any kind, including phone calls, letters, or face-to-face contact with (his/her) (mother/father)?

(X) Never seen (mother/father)

MONTH: (01-12) _____

YEAR: (1977-2000) _____

WHERLIVE

Do you and (child)'s (father/mother) live in the same state?

(1) Yes

(2) No

Do you and (child)'s (mother/father) live in the same county or city?

(1) Yes

(2) No

MOTALKPH

FLASHCARD Z

How often does (child) talk to (his/her) (mother/father) on the phone?

IF NECESSARY; READ RESPONSE CATEGORIES

(1) Never

(2) Once or twice a year

(3) Several times a year but less than once a month

(4) Once or twice a month

(5) Once a week

(6) Several times a week

(7) Every day or almost every day

MOGETLTR FLASHCARD Z

How often does (child) get a letter, card, or e-mail from (his/her) (father/mother)?

IF NECESSARY; READ RESPONSE CATEGORIES

- (1) Never
 - (2) Once or twice a year
 - (3) Several times a year but less than once a month
 - (4) Once or twice a month
 - (5) Once a week
 - (6) Several times a week
 - (7) Every day or almost every day
-

MODAYSEE FLASHCARD Z

How often does (child) see (his/her) (father/mother)?

IF NECESSARY; READ RESPONSE CATEGORIES

- (1) Never
 - (2) Once or twice a year
 - (3) Several times a year but less than once a month
 - (4) Once or twice a month
 - (5) Once a week
 - (6) Several times a week
 - (7) Every day or almost every day
-

MONIGHTS FLASHCARD Z

How often does (child) stay overnight with (his/her) (mother/father) ?

IF NECESSARY; READ RESPONSE CATEGORIES

- (1) Never
 - (2) Once or twice a year
 - (3) Several times a year but less than once a month
 - (4) Once or twice a month
 - (5) Once a week
 - (6) Several times a week
 - (7) Every day or almost every day
-

1450

I am going to read you a list of issues that you and (child's) (mother/father) may have conflict over. By conflict we mean, arguments, disagreements, or fighting. For each one, please tell me if you have no conflict, a little, some, pretty much, or a great deal of conflict.

During the past year, how much conflict did you and child's (father/mother) have about....

- | | |
|-----------------------|--|
| (1) No conflict | (4) Pretty much conflict |
| (2) A little conflict | (5) Great deal of conflict |
| (3) Some conflict | (6) I have no contact with my child's biological (mother/father) |

- ___ a. where (CHILD) lives?
- ___ b. how (he/she) is raised?
- ___ c. how you spend money on (CHILD)?
- ___ d. how (his/her) (mother/father) spends money on (CHILD)?
- ___ e. (his/her) (mother/father) financial contribution to (child)'s support?
- ___ f. the time (his/her) (mother/father) spends with (CHILD)?

MARITAL RELATIONSHIP AND CONFLICT

BEGIN SELF ADMINISTERED

1599

I am going to turn the computer around and let you enter your answers to these last few questions yourself. After typing the number of your answer, press ENTER to proceed to the next question.

PRESS ENTER TO PROCEED AND THEN TURN THE COMPUTER
TOWARD RESPONDENT.

Q1600

Taking things all together, how happy are you with your relationship with your (spouse/partner) -- are you completely happy, mostly happy, somewhat happy, or not too happy?

- (1) Completely happy
 - (2) Mostly happy
 - (3) Somewhat happy
 - (4) Not too happy
-
-

Q1601

How often have you and your (spouse/partner) discussed or considered separating during the past few months -- often, sometimes, hardly ever, or never?

- (1) Often
 - (2) Sometimes
 - (3) Hardly ever
 - (4) Never
-
-

1601B

Sometimes arguments between partners become physical. During the last year, has this happened in arguments between you and your (spouse/partner)?

- (1) Yes
 - (2) No
-

PARENTAL DEPRESSION SCALE

Q1602

The following questions are asked to find out about feelings you may have experienced over the past 30 days. There are no right or wrong answers. Choose the answer that best describes how often you felt or behaved this way for each statement during the past 30 days.

During the past 30 days, how often did you feel so sad that nothing could cheer you up? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
- _____

Q1604

During the past 30 days, how often did you feel nervous? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
- _____

Q1605

During the past 30 days, how often did you feel restless or fidgety? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
- _____

Survey of Program Dynamics

Q1606

During the past 30 days, how often did you feel hopeless? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

Q1607

During the past 30 days, how often did you feel that everything was an effort? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

Q1608

During the past 30 days, how often did you feel worthless? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

Q1609

You just answered questions about a number of feelings you may have had during the past 30 days. Altogether, how **much** did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- (1) A lot
 - (2) Some
 - (3) A little
 - (4) Not at all
-

1609b

You have completed these questions. Please turn the computer back to the interviewer.

CHILD RESIDENTIAL HISTORY CALENDAR MODULE

RHC0

We're collecting information about changes in children's living situations throughout their lives. To begin, we'll list all the children you (and others in your household) have had. I currently have listed:

READ THE NAMES OF THE CHILDREN

PRESS ENTER TO CONTINUE

LINE	NAME
1	Name 1
2	Name 2
3	Name 3

RHC1a

Do you have any (other) biological children or children you have adopted who were born since January 1, 1974 and are living somewhere else?

- (1) Yes
- (2) No
- (3) Given for adoption

—

RHC1b

How about (name)?

Does (name) have any (other) biological children or children (he/she) has adopted who were born since January 1, 1974 and are living somewhere else?

- (1) Yes
- (2) No
- (3) Given for adoption

—

Survey of Program Dynamics

RHC2

What is the child's full name?

(ASK IF NECESSARY) What is child's sex?

- (1) Male
- (2) Female

—

What is (his/her) date of birth?

<MM/DD/YYYY> _ _ _ _ _

Is (CHILD) (your/name's) biological or adopted child?

- (1) Biological child
- (2) Adoptive child

—

ERR_RHC2

Error Message:

We are only interested in children born since 1974.

- (1) Entered wrong date - back up and correct, then move on to RHC3
- (2) Go to next eligible child on the list, else RHC4

—

RHC3

Since (1992/1993/(his/her) birth, has (CHILD) ever lived in the same household as (name/any of these people):

- (1) Yes
- (2) No

—

LINE	NAME
1	First name
2	Second name
3	Third name

RHC4

(Do/Does) (you/name) have any other biological children or children (you/name) adopted who were born since January 1, 1974 and are living somewhere else?

- (1) Yes
 - (2) No
 - (3) Gave up for adoption
-

RHC2a

What is (his/her) date of birth?

<MM/DD/YYYY> _ _ _ _ _

ERR_RHC2a

Error Message:

We are only interested in children born since 1974.

- (1) Entered wrong date - back up and correct, then move on to RHC3
 - (2) Go to next eligible child on the list, else RHC4
-

rhc5

From the time (he/she) was born until (now/age 18), was there ever a period of more than three months when (CHILD) did not live with (his/her) biological mother?

- (1) Yes
 - (2) No
-

How about (his/her) biological father?

- (1) Yes
 - (2) No
-

Survey of Program Dynamics

RHC7

FLASHCARD AA

Have any of the following people ever lived in the same household with (CHILD) for more than 3 months?

(Please be sure to include yourself in this list.)

- A grandparent
- A stepparent
- An adoptive parent
- A boyfriend/girlfriend of a biological parent
- An aunt or uncle or some other adult relative
- A foster parent
- Some other adult non-relative

- (1) Yes
- (2) No

—

RHC8

Has (CHILD) ever lived for more than 3 months in an institution, boarding school, group home, or hospital?

- (1) Yes
- (2) No

—

RHC9

Do (READ LIST) have the same biological mother and father?

- (1) Yes
- (2) No

—

LINE NAME
LIST CHILDREN

RHC10

(The next question will help me determine whether (your/the) children have always lived together in the same household. By this I mean whether they lived in the same household without a separation of more than 3 months from each other.)
Have (Read List) always lived in the same household without a separation of more than 3 months?

- (1) Yes
- (2) No

—

LINE NAME

LIST CHILDREN

RHC9B

Do (CHILD1 and CHILD 2) have the same biological mother and father?

- (1) Yes
- (2) No

—

RHC10B

(The next question will help me determine whether (your/the) children have always lived together in the same household. By this I mean whether they lived in the same household without a separation of more than 3 months from each other.)
Have (CHILD1 and CHILD2) always lived together in the same household without a separation of more than 3 months?

- (1) Yes
- (2) No

—

Survey of Program Dynamics

ckrhcl1b

GROUPNUM	NAME	GRPREF
1	CHILD NAME 1	1
2	CHILD NAME 2	1
3	CHILD NAME 3	1

FR: YOU WILL NEED TO MAKE CALENDARS
FOR THE ABOVE GROUP OF CHILDREN

PRESS ENTER TO CONTINUE

caltele

FR NOTE: Do Not Read to Respondent

FR: Is this a telephone interview?

- 1 Yes
 - 2 No
-
-

rhcl1a

Telephone Interview intro:

I now need to record when and for how long children have lived away from a biological parent for more than three months, and when and for how long children have lived with other adults, either with or without a biological parent. Again, I am asking about periods of more than three months.

PRESS ENTER "1" TO CONTINUE (H) Help

rhcl1b

This form is called the Residential History Calendar. I'll use it now to record when and for how long children have lived away from a biological parent for more than three months, and when and for how long children have lived with other adults, either with or without a biological parent. Again, we are asking about periods of more than three months.

PRESS ENTER "1" TO CONTINUE (H) Help

rhc12

REF# NAME DOB

USE THE CALENDAR FOR ABOVE GROUP OF PEOPLE

ENTER (1) WHEN COMPLETED CALENDAR
ENTER (2) IF DID NOT USE CALENDAR

—

ckrhc13

DO NOT READ TO RESPONDENT:

Did you need to enter data for (CHILD)?

- 1 Yes
- 2 No

—

rhc13

ENTER THE QUARTER AND YEAR FOR THE BEGINNING AND ENDING DATES OF EACH SEPARATION FROM THE BIOLOGICAL MOTHER

ENTER "N" if none or no more.

QUARTERS 1- Jan, Feb, Mar
 2- Apr, May, Jun
 3- Jul, Aug, Sep
 4- Oct, Nov, Dec
 C - Currently (in the "TO" field only)

From Quarter —
 Year — — — — —

To Quarter —
 Year — — — — —

ERR3

Error Message:

Must enter correct quarter and year

Enter (1) to correct your answer ___

Survey of Program Dynamics

rhc14 SHOW FLASHCARD CC READ IF TELEPHONE INTERVIEW

What was the reason for the separation between (CHILD) and (you/(his/her) biological mother) from (winter/spring/summer/fall) (year) to (winter/spring/summer/fall/now) (year)?"

- (1) Parents separated/divorced
 - (2) Parent(s) died
 - (3) Parent unable to care for child
(Due to financial problems, physical or mental health, substance abuse, jail)
 - (4) Child and other biological parent began to live together
 - (5) Child went to live with adoptive parent(s)
 - (6) Child went to camp/school/military
 - (7) Child left due to conflict within the family
 - (8) Child removed by government agency/court order
(Child protective services/foster care/juvenile detention center/etc.)
 - (9) Child married/moved out on own/got a job
 - (10) Never lived with father
 - (11) Other reason (specify)
-

rhc15

ENTER THE QUARTER AND YEAR FOR THE BEGINNING AND ENDING DATES OF EACH SEPARATION FROM THE BIOLOGICAL FATHER

Enter "N" for None or No More

QUARTERS 1- Jan, Feb, Mar
2- Apr, May, Jun
3- Jul, Aug, Sep
4- Oct, Nov, Dec
C - Currently (in the "TO" field only)

From Quarter ___
Year ___ _ _ _

To Quarter ___
Year ___ _ _ _

ERR4

Error Message:

Must enter correct quarter and year

Enter (1) to correct your answer __

rhc16 SHOW FLASHCARD CC

What was the reason for the separation between (CHILD) and (you/(his/her) biological father) from (winter/spring/summer/fall) (year) to (winter/spring/summer/fall/now) (year)?”

- (1) Parents separated/divorced
 - (2) Parent(s) died
 - (3) Parent unable to care for child
(Due to financial problems, physical or mental health, substance abuse, jail)
 - (4) Child and other biological parent began to live together
 - (5) Child went to live with adoptive parent(s)
 - (6) Child went to camp/school/military
 - (7) Child left due to conflict within the family
 - (8) Child removed by government agency/court order
(Child protective services/foster care/juvenile detention center/etc.)
 - (9) Child married/moved out on own/got a job
 - (10) Never lived with father
 - (11) Other reason (specify)
-

rhc17

ENTER TOTAL NUMBER OF LINES FILLED OUT ON RHC UNDER
“LIVING WITH OTHERS”

—

Survey of Program Dynamics

rhc17b

DO NOT READ TO RESPONDENT
ENTER ROLE OF LINE (Fill #) FROM Residential History Calendar

- (1) An adoptive parent
- (2) A stepparent
- (3) A grandparent
- (4) A boyfriend/girlfriend of a biological parent
- (5) An aunt or uncle or some other adult relative
- (6) Some other adult non-relative
- (7) Foster care arrangement
- (8) An institution, boarding school, group home, or hospital

—

(Ask Sex If necessary)

- 1 Male
- 2 Female

—

rhc17c

Are any of the roles listed on the RHC filled by the same persons?

- 1 Yes
- 2 No

—

rhc17d

ENTER THE LINE NUMBERS THAT WERE FILLED BY THE SAME PERSON(S):

ENTER "N" FOR NONE

— — — —

rhc17d2

Any other?

ENTER THE LINE NUMBERS THAT REPRESENTS THE SAME PERSON:

ENTER "N" FOR NONE OR NO MORE

— — — —

rhc17e

ENTER THE QUARTER AND YEAR FOR THE BEGINNING AND ENDING DATES OF LIVING WITH (FILL ROLE FROM 17b):

ENTER "N" FOR NONE OR NO MORE

- QUARTERS 1- Jan, Feb, Mar
2- Apr, May, Jun
3- Jul, Aug, Sep
4- Oct, Nov, Dec
C - Currently (in the "TO" field only)

From Quarter —
Year — — — —

To Quarter —
Year — — — —

ERR5

Error Message:

Must enter correct quarter and year

Enter (1) to correct your answer __

rhc18

Was (fill role) responsible for most of the basic needs of (name) from (winter/spring/summer/fall) (year) to (winter/spring/summer/fall/now) (year)?

- (1) Yes
(2) No

—

rhc19

When (CHILD) and (fill role) started living together in (winter/spring/summer/fall) (year), did (CHILD) move in, did (fill role) move, or did they move together to a new place?

- (1) Child moved/Child born into household
(2) Adult moved
(3) Moved together to a new place
(4) No move occurred (adult's role changed)

—

rhc20

Why did (name) and (fill role) begin living together in (winter/spring/summer/fall) (year)?

SHOW FLASHCARD DD

1. Child born into household
 2. Child went to live with biological/adoptive parent
 3. Parent remarried/lived with boyfriend/girlfriend
 4. Parents separated/divorced
 5. Biological parent died
 6. Parent unable to care for child
(Due to financial problems, physical or mental health, substance abuse, jail)
 7. Parent had housing problems
 8. Child was removed by government agency/court order
 9. Child was ill
 10. Child cared for by friend/relative
 11. Child married/moved out on own/got a job
 12. Other adult took on new role
(For example, boyfriend/girlfriend became step-parent)
 13. Other adult moved into household
 14. Other (specify)
- _____

rhc20b

Why did (CHILD) begin living in a foster care arrangement, an institution, boarding school, group home, or hospital in (winter/spring/summer/fall) (year)?

SHOW FLASHCARD EE

1. Parent remarried/lived with boyfriend/girlfriend
 2. Parents separated/divorced
 3. Biological parent died
 4. Parent unable to care for child
(Due to financial problems, physical or mental health, substance abuse, jail)
 5. Parent had housing problems
 6. Child went to camp/school/military
 7. Child was removed by government agency/court order
 8. Child was ill
 9. Other (specify)
- _____

m0

Now we'd like to change the topic a little bit. Instead of thinking about who the children live with, please think about the number of times the children have moved. By "move", I mean to move to a new address either with or without a biological parent for a period of more than 3 months.

(Until (he/she) turned 18, did (CHILD) always live at the same address?/Has (CHILD) always lived at the same address?)

- (1) Yes
- (2) No

—

crhm1

If Child 5+ years old.

First, how many times did (CHILD) move before (he/she) started kindergarten, that is before age 5.

If Child 4 years old or younger.

Since birth, how many times has (CHILD) moved.

—

chrhm2

(How many times did (CHILD) move during elementary school, that is, from age 5 through 11?/How many times did (CHILD) move since (he/she) turned 5?)

—

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chr3

(How many times did (CHILD) move during middle or junior high school, that is, from age 12 through 14?/How many time did (CHILD) move since (he/she) turned 12?)

—

chr4

(And finally, how many times did (CHILD) move during high school, that is, from age 15 through 17?/And finally, how many times did (CHILD) move since (he/she) turned 15?)

—

THE BACK

CALLBACK DATES AND BREAK OFFS

FIN

THIS CASE IS NOT COMPLETED

PRESS **F1** TO RETURN TO THE PREVIOUS SCREEN

OR

ENTER **(X)** TO EXIT THE INTERVIEW

(X) To Exit

SKIPAVAIL1

The following people were skipped in the Employment & Earnings sections.

SHOW HH MEMBERS WHO ARE OLDER THEN AGE 15 YEARS

If available now, enter the person's line number to resume the interview with that person. Otherwise, enter N, for no one available.

(N) No one available

LINE NO: __

SKIPAVAIL2

The following people were skipped in the Income Sources section.

SHOW HH MEMBERS WHO ARE OLDER THEN AGE 15 YEARS

If available now, enter the person's line number to resume the interview with that person. Otherwise, enter N, for no one available.

(N) No one available

LINE NO: __

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SKIPAVAIL3

The following people were skipped in the Educational Enrollment, Work Training, Disability, and Health Care Utilization sections.

SHOW HH MEMBERS WHO ARE OLDER THEN AGE 18 YEARS

If available now, enter the person's line number to resume the interview with that person. Otherwise, enter N, for no one available.

(N) No one available

LINE NO: __

SA4

The child care questions and followup questions were not completed for the parents/guardians listed below:

SHOW ONLY HH MEMBER'S WHO ARE PARENTS/GUARDIANS

Enter a 1 below to return to complete that section, or enter an N if it is not possible to complete that section at this time.

- (1) To return to the Child Care Section
 - (N) Not possible to complete now, continue
- _____
-

NEWR1

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE: __

LINE NAME

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

NEWR2

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE: __

LINE NAME

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

NEWR3

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE NAME

LINE: ____

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

EM3A

A respondent must be 15 or older. This person is listed as (AGE) years old.

An age has not been determined for this person. Verify that this person is 15 or older before continuing.

- (1) To continue with this person (must be 15)
- (2) To pick another respondent

RECALL2

PEOPLE WITH INCOMPLETE LABOR FORCE

LINE NAME

roster persons

Survey of Program Dynamics

TYPEZ

FR: The people listed on the right have not completed the Employment & Earnings Section.

If you enter their line number on this screen, you will make them a TYPE Z. If you don't want to make anyone a Type Z, enter N.

Enter N when you are done entering line numbers for the Type Zs.

(N) No Type Zs, or no more to enter

Line: ____

**PEOPLE WITH INCOMPLETE
LABOR FORCE**

LINE NAME

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

FU

FR: Do you plan to do additional followup for missing data remaining in this case?

(1) Yes

(2) No

HHRECAP_2

During our last visit, we recorded the following information.

NAME ON ADVANCE LETTER:

BEST TIME TO CALL:

TELEPHONE NUMBER:

Is this information still correct?

- (1) Yes
 - (2) No
- _____

LTRADDR

*****ENTER THE LINE NUMBER OF THE PERSON IN THIS HOUSEHOLD TO WHOM CORRESPONDENCE SHOULD BE SENT*****

*****ASK IF NOT APPARENT*****

HHRECAP_3

Let me ask you: To whom should we mail our next advance letter?
(Type the correct information, or press (bold)ENTER , if correct)

NAME ON ADVANCE LETTER: _____(First) _____(Last)

What is the best time to call you? _____

What is your telephone number? (____) ____-____ _____(EXT)

Survey of Program Dynamics

CPRECAP1

During our last visit, we recorded the following information about persons to contact if we couldn't reach you. You told us to contact ...

NAME 1: Name
 Address
 Relationship

TELEPHONE NO.:

ONLY SHOW WHEN CONTACT PERSONS ARE MORE THEN ONE

NAME 2: Name
 Address
 Relationship

- (1) Change information for Contact Person #1
- (2) Change information for Contact Person #2
- (P) PROCEED - All information correct

—

SHOW OPTION #2 WHEN CONTACT PERSONS ARE MORE THEN ONE

CPR1

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

Current telephone: (____) ____ - ____ Ext: _

CPR2

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____
_____ ST) _____ - _____

Current telephone: (____) ____ - ____ Ext: _____

TELHHD

Since households included in this survey are interviewed again in 4 months, we may attempt to conduct the followup interview by telephone.

Is there a telephone in this house/apartment?

- (1) Yes
- (2) No

Survey of Program Dynamics

TELAVL

Is there a telephone elsewhere on which people in this household can be contacted?

- (1) Yes
 - (2) No
- _____

TELWHR

Where is this phone located?

TELPHN

What is the telephone number of the phone where you would like to be called?

in Area Code: _____) New Number: _____ - _____

EXT: _____ **IF NO EXTENSION, PRESS ENTER**

IS THIS A HOME OR OFFICE NUMBER?

- (1) Home
 - (2) Office
- _____

PHONEO

Is a telephone interview acceptable?

- (1) Yes
 - (2) No
 - (3) No phone available
- _____

(#COMMENT: COLLECTS THE BEST TIME TO CALL TO CONDUCT AN INTERVIEW NEXT TIME

BESTTIM

When is the best time to contact you?

CONTACT PERSON INFORMATION

CPNAME1

Please, give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you.

Please, begin with that person's first name.

(0) NO CONTACT PERSON INFORMATION AVAILABLE

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

CPRELAT1

What is that person's relationship to you?

CPADDRS1

What is that person's address?

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

CPPHONE1

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: _____ New Number: _____ - _____

EXT: _____ **IF NO EXTENSION, PRESS ENTER**

MORECP1

Is there another person who would know how to reach you?

(1) Yes

(2) No

Survey of Program Dynamics

CPNAME2

Please, give me the name, address, and telephone number of a close relative or friend who would know how to reach you if we are unable to contact you.

Please, begin with that person's first name.

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____

CPRELAT2

What is that person's relationship to you?

CPADDRS2

What is that person's address?

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: ____ (H) HELP

ZIP CODE: _____

CPPHONE2

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: ____ New Number: ____ - ____

EXT: _____ **IF NO EXTENSION, PRESS ENTER**

LTRADDR

*****ENTER THE NAME OF THE PERSON IN THIS HOUSEHOLD TO WHOM CORRESPONDENCE SHOULD BE SENT*****

*****ASK IF NOT APPARENT*****

IF FULL NAME IS THE SAME AS THE REFERENCE PERSON, ENTER (S) IN FIRST NAME.

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____

TRANS

ARE YOU READY TO TRANSMIT THIS CASE?

- (1) Yes
 - (2) No
-

NOWTYPEA

**** DO NOT READ TO RESPONDENT****

THIS IS NOW A TYPE A- (Type)

PRESS ENTER TO CONTINUE

Survey of Program Dynamics

WHYTYPZ6

No survey data were collected for
(NAME).

Enter the reason that best describes why
(NAME)'s survey data were not collected.

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

WHYSP6

Enter other reason survey data was not collected.

NONSMPL

This case is no longer in the SPD sample; please re-enter this
case and enter code 36 on the TYPEABC screen to close it out.

If you believe you have reached this screen in error, press F1
and change the answer on the screen UNIT_CMB to 1.

Press F1 to back up and make corrections, or press ENTER to
exit this case.

__ (PRESS ENTER)

CALLBACK APPOINTMENT SCREEN

***HOUSEHOLD MEMBERS STILL NEEDING TO BE
INTERVIEWED***

APPTOTH

I'd like to schedule an appointment visit to finish the interview. What DATE AND TIME would be best to contact you again to (conduct the interview/collect the missing information/complete the interview?

PROBE: May I contact you later today?

TODAY IS: ***FILL WITH CURRENT DAY AND TIME.***

THANKCB

Thank you for your help.

I will contact you at the time suggested.

REVISIT DATE: ***FILL WITH CALLBACK TIME/DATE***

PRESS ENTER TO CONTINUE

—

CLOSING SCREENS

THANKYOU

Thank you for your cooperation.

PRESS ENTER TO END INTERVIEW

—

MODECOLL

FR CHECK ITEM:

Was the majority of this interview done by
personal interview, or by telephone interview?

- (1) Personal interview
- (2) Telephone interview

—

CHECKOUT AND CALL RECORD

VISITCNT

FR: How many times have you attempted personal contact with this household (and actually visited the address)?

___ <0-99>

How many times have you attempted to contact this household by telephone?

___ <0-99>

SHOW ONLY IF ATTEMPTED TO CONTACT BY TELEPHONE IS GREATER THEN 0

Was the majority of this interview done by personal interview, or by telephone interview?

- (1) Personal interview
- (2) Telephone interview

OTHNAME

FR: IDENTIFY THE PERSON WHO RESPONDED TO THE MAJORITY OF THIS INTERVIEW?

ENTER LINE NUMBER
