

Items in the CATI/CAPI/TQA Instruments that Differ From the Paper Questionnaire:

The CAPI interview begins with an introduction, confirmation that the interviewer has reached a housing unit at the correct address, and collection of any necessary location and mailing address corrections. If a CAPI interview needs to end before it is complete, the interviewer asks for a phone number (if possible) and a best time to call back to complete the interview. At the end of the CAPI interview, the interviewer thanks the respondent for their participation, informs the respondent that they may receive a call back from someone checking on their work (the ACS CAPI Reinterview program), and asks for a phone number and best time for such a call.

The CATI interview begins with verification of the phone number reached, confirmation that the interviewer has reached a housing unit at the correct address, and provides appropriate introductory information. The CATI interviewer also explains that a supervisor may be listening in on the call to monitor the interviewer's performance. If a CATI interview needs to end before it is complete, the interviewer asks for a best time to call back to complete the interview. At the end of the CATI interview, the interviewer thanks the respondent for their participation.

Respondents call the toll free number listed on the ACS paper questionnaire to obtain assistance or ask questions about the ACS. During this call, after the interviewer has verified that the respondent's address is in the ACS sample, the interviewer encourages the respondent to complete the interview over the phone. At the beginning of the TQA interview, the interviewer enters control information, the sample address and the respondent's telephone number into the TQA instrument. The TQA interviewer also explains that a supervisor may be listening in on the call to monitor the interviewer's performance. If a TQA interview needs to end before it is complete, the interviewer asks for a best time to call back to complete the interview. At the end of the TQA interview, the interviewer thanks the respondent for their participation and indicates in the instrument in what language the interview was completed.

Paper Questionnaire Item Number: Roster

CATI/CAPI/TQA Screen Name: FN\_PG1

**I am going to be asking some questions about everyone who is living or staying at this address. First let's create a list of the people, starting with you.**

**What is your name?/What is the name of the next person living or staying here?**

CATI/CAPI/TQA Screen Name: FN\_PG2

**The following questions are to make sure this list is as complete as possible....  
Does anyone else live or stay here, such as roommates, foster children, boarders, or live-in employees?**

CATI/CAPI/TQA Screen Name: FN\_PG3

**Is there anyone else staying here even for a short time, such as a friend or relative?**

CATI/CAPI/TQA Screen Name: AWAYNOW

**The next questions are to help refine this list. I have listed...**

**Are any of these people away NOW for more than two months, like a college student or someone in the military?**

CATI/CAPI/TQA Screen Name: ANOTHERHOME

**(Do you/Do any of these people)...**

**have some other place where they usually stay?**

CATI/CAPI/TQA Screen Name: MORETHANTWO

**(Are/ Are you/ Is <Name>)**

**staying here for MORE than two months?**

CATI/CAPI/TQA Screen Name: BASIC

**Now I would like to ask you some basic questions (about <Name>/about people in this household/about people in this household who are here more than two months).**

CATI/CAPI/TQA Screen Name: HHOLDER

**Of the people you named, who owns or rents this place?**

**(What names are on the deed or lease? Is there anyone 15 years or older?)**

Paper Questionnaire Item Number: Demographic 2

CATI/CAPI/TQA Screen Name: RELT (Telephone Interviews)

<b>How (is &lt;Name&gt;/ are you) related to (&lt;HHOLDERNAME&gt;/you)?</b>	
<input type="checkbox"/> 1. Husband or wife	<input type="checkbox"/> 8. Other relative
<input type="checkbox"/> 2. Son or daughter	<input type="checkbox"/> 9. Roomer or boarder
<input type="checkbox"/> 3. Brother or sister	<input type="checkbox"/> 10. Housemate or roommate
<input type="checkbox"/> 4. Father or mother	<input type="checkbox"/> 11. Unmarried partner
<input type="checkbox"/> 5. Grandchild	<input type="checkbox"/> 12. Foster child
<input type="checkbox"/> 6. Parent-in-law	<input type="checkbox"/> 13. Other nonrelative
<input type="checkbox"/> 7. Son-in-law or daughter-in-law	

CATI/CAPI/TQA Screen Name: SONDAU (Telephone Interviews)

<b>(Is &lt;Name&gt;/ Are you) (your/&lt;HHOLDERNAME&gt;'s) biological son or daughter, adopted son or daughter, stepson or stepdaughter, OR foster son or daughter?</b>	
<input type="checkbox"/> 1. Biological son or daughter	<input type="checkbox"/> 3. Stepson or stepdaughter
<input type="checkbox"/> 2. Adopted son or daughter	<input type="checkbox"/> 4. Foster son or daughter

Paper Questionnaire Item Number: Demographic 3

CATI/CAPI/TQA Screen Name: SEX

<b>(Is &lt;Name&gt;/ Are you) male or female?</b>
<input type="checkbox"/> 1. Male
<input type="checkbox"/> 2. Female

Paper Questionnaire Item Number: Demographic 4

CATI/CAPI/TQA Screen Name: DOBM

**What is (<Name>'s/your) date of birth?**

- |                                      |                                       |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1. January  | <input type="checkbox"/> 7. July      |
| <input type="checkbox"/> 2. February | <input type="checkbox"/> 8. August    |
| <input type="checkbox"/> 3. March    | <input type="checkbox"/> 9. September |
| <input type="checkbox"/> 4. April    | <input type="checkbox"/> 10. October  |
| <input type="checkbox"/> 5. May      | <input type="checkbox"/> 11. November |
| <input type="checkbox"/> 6. June     | <input type="checkbox"/> 12. December |

CATI/CAPI/TQA Screen Name: DOBD

Enter birth day.

CATI/CAPI/TQA Screen Name: DOBY

Enter birth year (Enter 4 digits - ex: 1964).

CATI/CAPI/TQA Screen Name: DOBY ACTIVE SIGNAL

**That makes (<Name>/you) (<Calculated age>/<Calculated age> this month/less than one year old).**

**Is this correct?**

CATI/CAPI/TQA Screen Name: DOBA (Asked when the month of birth is Don=t Know or Refused and a valid year of birth has been entered.)

**Would you say (<Name> is /you are):**

- 1. <Current year - DOBY - 1> years of age
- 2. <Current year - DOBY> years of age
- 3. Neither is correct

CATI/CAPI/TQA Screen Name: AGEASK (Asked when the year of birth is Don=t Know or Refused.)

**What is your best estimate of (<Name>'s/your) age?**

CATI/CAPI/TQA Screen Name: AGERANGE (Asked when AGEASK is Don=t Know or Refused.)

**(Is <Name>/Are you):**

- 1. less than 3 years old
- 2. 3 or 4 years old
- 3. 5 to 14 years old
- 4. 15 years old and older

Paper Questionnaire Item Number: Demographic 5

CATI/CAPI/TQA Screen Name: HISA

**(Please look at Card B.) (Is <Name>/Are you) of Hispanic, Latino or Spanish origin?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HISB

**(Is <Name>/ Are you) Mexican, Mexican American, or Chicano; Puerto Rican; Cuban, or of another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?**

- G 1. Mexican, Mexican American, or Chicano
- G 2. Puerto Rican
- G 3. Cuban
- G 4. Other Hispanic, Latino, or Spanish origin (For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on)

CATI/CAPI/TQA Screen Name: HISW

**What is that origin?  
(For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)**

Paper Questionnaire Item Number: Demographic 6

CATI/CAPI/TQA Screen Name: RACT (Telephone Interviews)

**I=**m going to read a list of race categories. You may choose one or more races. (For this survey, Hispanic origins are not races.)

**(Is <Name>/Are you) White; Black, African American, or Negro; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?**

- 11. White
- 12. Black, African American, or Negro
- 13. American Indian or Alaska Native
- 14. Asian
- 15. Native Hawaiian or Other Pacific Islander
- 16. Some other race

CATI/CAPI/TQA Screen Name: RAC (Personal Visit Interviews)

**Please look at Card C and choose one or more races. (For this survey, Hispanic origins are not races.)**

**(Is <Name>/Are you) White; Black, African American, or Negro; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?**

- 11. White
- 12. Black, African American, or Negro
- 13. American Indian or Alaska Native
- 14. Asian
- 15. Native Hawaiian or Other Pacific Islander
- 16. Some other race

CATI/CAPI/TQA Screen Name: RCW1

**You may list one or more tribes.**

**What is (<Name>=s/your) enrolled or principal tribe?**

CATI/CAPI/TQA Screen Name: RCWAG

**You may choose one or more Asian groups.**

**(Is <Name>/Are you) Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or another Asian group, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on?**

- 1. Asian Indian
- 2. Chinese
- 3. Filipino
- 4. Japanese
- 5. Korean
- 6. Vietnamese
- 7. Other Asian (For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)

CATI/CAPI/TQA Screen Name: RCW3

**What is that other Asian group?**

(For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)

CATI/CAPI/TQA Screen Name: RCWPG

**You may choose one or more Pacific Islander groups.**

**(Is <Name>/Are you) Native Hawaiian; Guamanian or Chamorro; Samoan; or another Pacific Islander group, for example Fijian, Tongan, and so on?**

- 1. Native Hawaiian
- 2. Guamanian or Chamorro
- 3. Samoan
- 4. Other Pacific Islander (For example, Fijian, Tongan, and so on)

CATI/CAPI/TQA Screen Name: RCW4

**What is that other Pacific Islander group?**

(For example, Fijian, Tongan, and so on.)



CATI/CAPI/TQA Screen Name: RCW2

**What is (<Name>'s/your) other race group?**

Paper Questionnaire Item Number: Housing 1

CATI/CAPI/TQA Screen Name: BLD (Personal Visit Interviews)

**Now I am going to ask about this place....**

**Using Card D, which best describes this building?**

- 1. Mobile home
- 2. One-family house detached from any other house
- 3. One-family house attached to one or more houses
- 4. Building with 2 apartments
- 5. Building with 3 or 4 apartments
- 6. Building with 5 to 9 apartments
- 7. Building with 10 to 19 apartments
- 8. Building with 20 to 49 apartments
- 9. Building with 50 or more apartments
- 10. Boat, RV, van, etc.

CATI/CAPI/TQA Screen Name: BLDA (Telephone Interviews)

**Now I am going to ask about this place....**

**Which best describes this building? Is it a mobile home, single family house, building with two or more apartments, boat, RV, or van?**

- 1. Mobile home
- 2. Single-family house
- 3. Building with two or more apartments
- 4. Boat, RV, van, etc.

CATI/CAPI/TQA Screen Name: BLDB (Telephone Interviews)

**Is that a detached house, or is it attached to other houses?**

- 1. Detached
- 2. Attached

CATI/CAPI/TQA Screen Name: BLDC (Telephone Interviews)

**How many apartments are there in this building?**

Paper Questionnaire Item Number: Housing 3

CATI/CAPI/TQA Screen Name: MVY

**In what year did (you/<HHname>) move into this (house/apartment/mobile home/unit)?**

CATI/CAPI/TQA Screen Name: MVM

**In what month was that?**

(What was the month that (you/<HHNAME>) moved into this (house/apartment/ mobile home/ unit)?)

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

Paper Questionnaire Item Number: Housing 4

CATI/CAPI/TQA Screen Name: ACR

**Is this (house/mobile home) on less than 1 acre, between 1 and 9.9 acres, or 10 or more acres?**

- 1. Less than 1 acre
- 2. 1 to 9.9 acres
- 3. 10 or more acres

Paper Questionnaire Item Number: Housing 5

CATI/CAPI/TQA Screen Name: AGSA

**IN THE PAST 12 MONTHS, were there any sales of agricultural products from this property?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: AGSB

**How much were the sales?**

- 1. \$1 - \$999
- 2. \$1,000 - \$2,499
- 3. \$2,500 - \$4,999
- 4. \$5,000 - \$9,999
- 5. \$10,000 or more

Paper Questionnaire Item Number: Housing 6

CATI/CAPI/TQA Screen Name: BUS

**Is there a medical office or business such as a store or barber shop on this property?**

(A business usually has a separate outside entrance and has the appearance of a business.)

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 7a

CATI/CAPI/TQA Screen Name: EFFIC

**Is this an efficiency or studio apartment?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: RMS

**The next questions are about the number and kinds of rooms at this place. Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.**

**How many separate rooms are in this (house/apartment/mobile home/unit) not counting bathrooms, porches, balconies, foyers, halls or unfinished basements?**

Paper Questionnaire Item Number: Housing 7b

CATI/CAPI/TQA Screen Name: INCLBED

**Did you include bedrooms?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: BDSINC (Asked when INCLBED=1)

**How many of the <<RMS> rooms> would you list as bedrooms if this (house/apartment/mobile home/unit) were for sale or rent?**

CATI/CAPI/TQA Screen Name: BDSNINC (Asked when INCLBED=2)

**How many rooms would you list as bedrooms if this (house/apartment/mobile home/unit) were for sale or rent?**

Paper Questionnaire Item Number: Housing 8g

CATI/CAPI/TQA Screen Name: TEL (CAPI Personal Visit Interviews)

**Does this (house/apartment/mobile home/unit) have telephone service, including cell phones, from which you can both make and receive calls?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: TEL (CAPI Telephone Interviews)

**I have recorded that there is telephone service, or cell phone service, available at this (house/apartment/mobile home/unit) from which you can both make and receive calls. Is this correct?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 9

CATI/CAPI/TQA Screen Name: VEH

**How many cars, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

(If a business vehicle is available for personal use, it should be included.)

- 0. None
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6 or more

Paper Questionnaire Item Number: Housing 10

CATI/CAPI/TQA Screen Name: HFLA

**To heat this (house/apartment/ mobile home/unit) which fuel do you use MOST -- Gas, electricity, fuel oil or kerosene, coal or coke, wood, solar energy or some other fuel?**

- 1. Gas
- 2. Electricity
- 3. Fuel oil or kerosene
- 4. Coal or coke
- 5. Wood
- 6. Solar energy
- 7. Some other fuel
- 8. No fuel used

CATI/CAPI/TQA Screen Name: HFLB

**Is the gas used from underground pipes serving the neighborhood?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HFLC

**Is it bottled, tank, or LP gas?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 11a

CATI/CAPI/TQA Screen Name: ELEPAY

**The next few questions deal with general utility use....  
Does anyone in this household pay for electricity?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: ELE

**LAST MONTH, what was the cost of electricity for this (house/apartment/mobile home/unit)?**

CATI/CAPI/TQA Screen Name: ELEX

**Are the electricity costs included in the rent or condominium fee or is there no charge for electricity?**

- 1. Included in rent or condominium fee
- 2. No charge for electricity

Paper Questionnaire Item Number: Housing 11b

CATI/CAPI/TQA Screen Name: GASUSE

**Does this household use gas?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: GASPAY

**Does anyone in this household pay for gas?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: GAS

**LAST MONTH, what was the cost of gas for this (house/apartment/mobile home/unit)?**

CATI/CAPI/TQA Screen Name: GASX

**Are the gas costs included in the rent or condominium fee, or included in the electricity payment, or is there no charge for gas?**

- 1. Included in rent or condominium fee
- 2. Included with electricity payment recorded above
- 3. No charge for gas

Paper Questionnaire Item Number: Housing 11c

CATI/CAPI/TQA Screen Name: WATPAY

**Does anyone in this household pay for water and sewer?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: WAT

**IN THE PAST 12 MONTHS, what was the cost of the water and sewer for this (house/apartment/mobile home/unit)?**

CATI/CAPI/TQA Screen Name: WATX

**Are the water and sewer costs included in the rent or condominium fee, or is there no charge for water and sewer?**

- 1. Included in rent or condominium fee
- 2. No charge for water and sewer

Paper Questionnaire Item Number: Housing 11d

CATI/CAPI/TQA Screen Name: FULOTH

**Does this household use other fuels like oil, coal, kerosene, wood, or any other fuel?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: FULPAY

**Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: FUL

**IN THE PAST 12 MONTHS, what was the cost of other fuels like oil, coal, kerosene, wood, or any other fuel for this (house/apartment/mobile home/unit)?**



CATI/CAPI/TQA Screen Name: FULX

**Are the costs of the other fuels like oil, coal, kerosene, wood or any other fuel included in the rent or condominium fee or is there no charge for other fuels?**

- 1. Included in rent or condominium fee
- 2. No charge for other fuels

Paper Questionnaire Item Number: Housing 13

CATI/CAPI/TQA Screen Name: CONX

**The next few questions refer to this <house/apartment/mobile home/unit>.  
Is this (house/apartment/mobile home/unit) part of a condominium?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: CONPAY

**Is there a condominium fee?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: CONFEE

**What is the MONTHLY condominium fee?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 14

CATI/CAPI/TQA Screen Name: TEN

**(Does <HHname> or someone in this household/ Do you or someone in this household) own this (house/apartment/mobile home/unit) with a mortgage or loan including home equity loans, own it free and clear, rent it, or occupy it without having to pay rent?**

- 1. Own with a mortgage or loan including home equity loans
- 2. Own free and clear
- 3. Rent
- 4. Occupy without having to pay rent

CATI/CAPI/TQA Screen Name: TENRENT (Asked when TEN=Don't know or Refused)

**(Does <HHname>/Do you) or someone in this household pay rent?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: TENMORT (Asked when TENRENT=2, Don't know or Refused)

**(Does <HHname>/Do you) or someone in this household pay a mortgage?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: TENTAX (Asked when TEMORT=2, Don't know or Refused)

**(Does <HHname>/Do you) or someone in this household pay real estate taxes?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: RNTTEMP (Asked for temporarily occupied or vacant units)

**How much is the rent for this (house/apartment/mobile home/unit)?**

CATI/CAPI/TQA Screen Name: RNTPAY (Asked for temporarily occupied or vacant units)

**How often is the rent paid?**

- 1. Daily
- 2. Weekly
- 3. Monthly
- 4. Quarterly
- 5. Other

CATI/CAPI/TQA Screen Name: RNTOTH

(How often is the rent paid?)

Paper Questionnaire Item Number: Housing 19a

CATI/CAPI/TQA Screen Name: MRGX

**Earlier I recorded that there is a mortgage or loan on this property. Is it a mortgage, deed of trust, contract to purchase, or similar debt?**

- 1. Yes, mortgage, deed of trust, or similar debt
- 2. Yes, contract to purchase
- 3. No

CATI/CAPI/TQA Screen Name: MRGFR

**Earlier I recorded that this property is owned free and clear. Is this correct?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Housing 19b

CATI/CAPI/TQA Screen Name: MRG

**What is the regular MONTHLY mortgage payment on this property?**

Paper Questionnaire Item Number: Housing 19c

CATI/CAPI/TQA Screen Name: MRGT

**Does the regular MONTHLY mortgage payment include payments for real estate taxes?**

- 1. Yes, taxes included in payment
- 2. No, taxes paid separately or taxes not required

Paper Questionnaire Item Number: Housing 19d

CATI/CAPI/TQA Screen Name: MRGI

**Does the regular MONTHLY mortgage payment include payments for fire, hazard, or flood insurance?**

- 1. Yes, insurance included in payment
- 2. No, insurance paid separately or no insurance

Paper Questionnaire Item Number: Housing 20a

CATI/CAPI/TQA Screen Name: SMXA

**Is there a second or junior mortgage on this property?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: SMXB

**Is there a home equity loan on this property?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Person 7

CATI/CAPI/TQA Screen Name: POBST

**(Fill 1: I will now be asking a series of questions about)(Fill 2: each person within the household/ (you/<Name>)...)**

**The next few questions deal with (your/<Name>'s) place of birth and citizenship...**

**Where (were you/ was <Name>) born?**

CATI/CAPI/TQA Screen Name: POBFOR

**In what country (were you/was <Name>) born?**

Paper Questionnaire Item Number: Person 8

CATI/CAPI/TQA Screen Name: CITA

**(Is <Name>/Are you) a citizen of the United States?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: CITB

**(Was <Name>/Were you) born abroad of U.S. citizen parent or parents, or did (he/she/you) become a citizen by naturalization?**

- 1. Born abroad of U.S. citizen parent or parents
- 2. Citizen by naturalization

CATI/CAPI/TQA Screen Name: CITC (Asked when the response to POBST is Don't Know or Refused, and the response to CITA indicates that the person is a United States citizen.)

**You have indicated that (<Name> is/you are) a citizen, but you have not indicated where (<he/she/he or she> was/you were) born. Perhaps you could give us other general information about (<him/her>/yourself)...**

**(Was <Name>/Were you) born in the U.S., born in Puerto Rico, Guam, U.S. Virgin Islands or Northern Marianas, born abroad of U.S. citizen parent or parents, or did (<he/she/you) become a naturalized citizen?**

- 1. Born in the U.S.
- 2. Born in Puerto Rico, Guam, U.S. Virgin Islands, or Northern Marianas
- 3. Born abroad of U.S. citizen parent or parents
- 4. Citizen by naturalization

CATI/CAPI/TQA Screen Name: YRNAT

**In what year did (<Name>/you) become a naturalized citizen of the United States?**

Paper Questionnaire Item Number: Person 10a

CATI/CAPI/TQA Screen Name: SCHA

**The next questions are about schooling and education....**

**At any time IN THE LAST 3 MONTHS, (has <Name>/have you) attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling that leads to a high school diploma or a college degree.**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: SCHB

**Was that a public school or college, a private school or college, or home school?**

- 1. Public school or college
- 2. Private school or college or home school

Paper Questionnaire Item Number: Person 11

CATI/CAPI/TQA Screen Name: SCHL

<b>(Using Card E,) what is the highest degree or level of school (&lt;Name&gt; has/ you have) COMPLETED?</b>		
<input type="checkbox"/> 51. No schooling completed <input type="checkbox"/> 52. Nursery school <input type="checkbox"/> 53. Kindergarten <input type="checkbox"/> 54. Grade 1 <input type="checkbox"/> 55. Grade 2 <input type="checkbox"/> 56. Grade 3 <input type="checkbox"/> 57. Grade 4 <input type="checkbox"/> 58. Grade 5 <input type="checkbox"/> 59. Grade 6 <input type="checkbox"/> 60. Grade 7	<input type="checkbox"/> 61. Grade 8 <input type="checkbox"/> 62. Grade 9 <input type="checkbox"/> 63. Grade 10 <input type="checkbox"/> 64. Grade 11 <input type="checkbox"/> 65. Grade 12, no diploma <input type="checkbox"/> 66. Regular high school diploma <input type="checkbox"/> 67. GED or alternative credential <input type="checkbox"/> 68. Some college, no degree <input type="checkbox"/> 69. Associate's degree (for example: AA, AS)	<input type="checkbox"/> 70. Bachelor's degree (for example: BA, BS) <input type="checkbox"/> 71. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> 72. Professional degree (for example: MD, DDS, DVM, LLB, JD) <input type="checkbox"/> 73. Doctorate degree (for example: PhD, EdD) <input type="checkbox"/> 74. Vocational or technical license <DO NOT READ>

CATI/CAPI/TQA Screen Name: SCHLVOC (Asked when SCHL = 74.)

<b>Other than the vocational or technical license, what is the highest degree or level of school (&lt;Name&gt; has/ you have) COMPLETED?</b>		
<input type="checkbox"/> 51. No schooling completed <input type="checkbox"/> 52. Nursery school <input type="checkbox"/> 53. Kindergarten <input type="checkbox"/> 54. Grade 1 <input type="checkbox"/> 55. Grade 2 <input type="checkbox"/> 56. Grade 3 <input type="checkbox"/> 57. Grade 4 <input type="checkbox"/> 58. Grade 5 <input type="checkbox"/> 59. Grade 6 <input type="checkbox"/> 60. Grade 7 <input type="checkbox"/> 61. Grade 8 <input type="checkbox"/> 62. Grade 9	<input type="checkbox"/> 63. Grade 10 <input type="checkbox"/> 64. Grade 11 <input type="checkbox"/> 65. Grade 12, no diploma <input type="checkbox"/> 66. Regular high school diploma <input type="checkbox"/> 67. GED or alternative credential <input type="checkbox"/> 68. Some college, no degree <input type="checkbox"/> 69. Associate's degree (for example: AA, AS) <input type="checkbox"/> 70. Bachelor's degree (for example: BA, BS) <input type="checkbox"/> 71. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	<input type="checkbox"/> 72. Professional degree (for example: MD, DDS, DVM, LLB, JD) <input type="checkbox"/> 73. Doctorate degree (for example: PhD, EdD)

CATI/CAPI/TQA Screen Name: SCHL1 (Asked when respondent has completed 12<sup>th</sup> grade, or has completed 11<sup>th</sup> grade and is not currently enrolled in school.)

**Did (you/<NAME>) receive a high school diploma, a GED or alternative credential?**

- 1. Regular high school diploma
- 2. GED or alternative credential
- 3. No diploma or GED

CATI/CAPI/TQA Screen Name: SCHL2 (Asked when the respondent answers that they completed high school, either with a regular diploma or GED.)

**Did (you/<NAME>) complete any college credit?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: SCHL3 (Asked when respondents indicate they completed some college.)

**Did (you/<NAME>) complete 1 or more years of college credit?**

- 1. Yes
- 2. No



Paper Questionnaire Item Number: Person 14a and 14b

CATI/CAPI/TQA Screen Name: MIGA

**Did (<Name>/you) live in this (house/apartment/mobile home/unit) 1 year ago?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: MIGB

**Did (<Name>/ you) live in the United States, Puerto Rico, or another country?**

- 1. United States
- 2. Puerto Rico
- 3. Another Country
- 4. Yes, in the same house as Person 1

CATI/CAPI/TQA Screen Name: MGW1

**What was the foreign country?**

CATI/CAPI/TQA Screen Name: MGW1a

**What was the street address?**

CATI/CAPI/TQA Screen Name: MGW2

**What was the city or town?**

CATI/CAPI/TQA Screen Name: MGW4

**What was the (county/municipio)?**

CATI/CAPI/TQA Screen Name: MGST

**What was the state?**

CATI/CAPI/TQA Screen Name: MGW6

**What was the ZIP code?**

Paper Questionnaire Item Number: Person 15

CATI/CAPI/TQA Screen Name: HICEMPLOYER

**I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage.**

**(Are you/Is <Name>) currently covered by health insurance through a current or former employer or union of (yours/<yours/him/her> or another family member)?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICDIRECT

**(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company by (you/<you/him/her> or another family member)?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICMEDICARE

**(Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICMEDICAID

**(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICMILITARY

**(Are you/Is <Name>) currently covered by TRICARE or other military health care?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICVA

**(Are you/Is <Name>) currently covered through the VA or have you ever used or enrolled for VA health care?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICINDIAN

**(Are you/Is <Name>) currently covered through the Indian Health Service?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: HICOTHER

**(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: OTHERHIC1

**What is the name of the health care plan?**

Paper Questionnaire Item Number: Person 19

CATI/CAPI/TQA Screen Name: MAR

**I will now be asking about (your/Name's) marital status.**

**(Is <Name>/Are you) married, widowed, divorced, separated, or never married?**

- 1. Now married
- 2. Widowed
- 3. Divorced
- 4. Separated
- 5. Never Married

Paper Questionnaire Item Number: Person 20

CATI/CAPI/TQA Screen Name: MARHIS1

**In the past 12 months, did (<Name>/you) get married?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: MARHIS2

**In the past 12 months, did (<Name>/you) become a (widow/widower)?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: MARHIS3

**In the past 12 months, did (<Name>/you) get divorced?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Person 21

CATI/CAPI/TQA Screen Name: NUMMAR

**How many times (has <Name>/have you) been married? Is that once, twice, or three or more times?**

- 1. Once
- 2. Twice
- 3. Three or more times

Paper Questionnaire Item Number: Person 25

CATI/CAPI/TQA Screen Name: MILA

**(Has <Name>/ Have you) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?**

**Do not include training for the Reserves or National Guard but do include activation, for example, for the Persian Gulf War.**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: MILB

**When (were you/ was <Name>) on active duty?**

- 1. Now on active duty
- 2. On active duty during the past 12 months, but not now
- 3. On active duty in the past, but not during the last 12 months

CATI/CAPI/TQA Screen Name: MILC

**(Has <Name>/ Have you) ever been in the U.S. military Reserves or the National Guard?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Person 26

CATI/CAPI/TQA Screen Name: MILP

**(Using Card F,) please tell me each period in which (<name>/you) served on active duty, even if it was just for part of the period.**

- |  |  |
|--|--|
| G 11. September 2001 or later                                    | G 16. March 1961 to July 1964                          |
| G 12. August 1990 to August 2001<br>(including Persian Gulf War) | G 17. February 1955 to February 1961                   |
| G 13. September 1980 to July 1990                                | G 18. Korean War (July 1950 to January 1955)           |
| G 14. May 1975 to August 1980                                    | G 19. January 1947 to June 1950                        |
| G 15. Vietnam Era<br>(August 1964 to April 1975)                 | G 20. World War II<br>(December 1941 to December 1946) |
|  | G 21. November 1941 or earlier                         |

Paper Questionnaire Item Number: Person 27b

CATI/CAPI/TQA Screen Name: SERVICE2

**What is (<Name>'s/your) service-connected disability rating? Is it:**

- 1. **0 percent**
- 2. **10 or 20 percent**
- 3. **30 or 40 percent**
- 4. **50 or 60 percent**
- 5. **70 percent or higher**

Paper Questionnaire Item Number: Person 28a

CATI/CAPI/TQA Screen Name: WRK

**Now, I am going to ask a series of questions about employment...**

**LAST WEEK, did (<Name>/you) work for pay at a job or business?**

(Include any work even if (he/she/you) worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or (was/were) on active duty in the Armed Forces.)

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Person 29a

CATI/CAPI/TQA Screen Name: PWW1

**The next few questions deal with where (<Name>/you) worked LAST WEEK and how (he/she/you) got there...**

**LAST WEEK, at what location did (<Name>/you) work?  
What is the address - number and street name?**

(If (he/she/you) worked at more than one address or location, give the address or location where (he/she/you) worked most LAST WEEK.

If you do not know the exact address, give a description of the location such as the building name or the nearest street or intersection.

For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.)

Paper Questionnaire Item Number: Person 29b

CATI/CAPI/TQA Screen Name: PWW2

**What is the city, town or post office?**

Paper Questionnaire Item Number: Person 29d

CATI/CAPI/TQA Screen Name: PWW4

**What is the county?**

Paper Questionnaire Item Number: Person 29e

CATI/CAPI/TQA Screen Name: PWW5

**What is the state?**

Paper Questionnaire Item Number: Person 29f

CATI/CAPI/TQA Screen Name: PWW6

**What is the ZIP Code?**

Paper Questionnaire Item Number: Person 30

CATI/CAPI/TQA Screen Name: JWTR

**(Using Card G,) LAST WEEK, how did (<Name>/ you) USUALLY get to work?**

(If (he/she/you) usually used more than one method of transportation during the trip, report the one used for most of the distance.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1. Car, truck, or van       | <input type="checkbox"/> 5. Railroad   | <input type="checkbox"/> 9. Bicycle         |
| <input type="checkbox"/> 2. Bus or trolley bus       | <input type="checkbox"/> 6. Ferryboat  | <input type="checkbox"/> 10. Walked         |
| <input type="checkbox"/> 3. Streetcar or trolley car | <input type="checkbox"/> 7. Taxicab    | <input type="checkbox"/> 11. Worked at home |
| <input type="checkbox"/> 4. Subway or elevated       | <input type="checkbox"/> 8. Motorcycle | <input type="checkbox"/> 12. Other method   |

Paper Questionnaire Item Number: Person 31

CATI/CAPI/TQA Screen Name: JWRI

**LAST WEEK, how many people including (<Name>/yourself) usually rode to work together?**

Paper Questionnaire Item Number: Person 32

CATI/CAPI/TQA Screen Name: JWLN

**LAST WEEK, what time did (<Name>/you) usually leave for work (--what hour)?**

CATI/CAPI/TQA Screen Name: JWLM

(How many minutes past that hour?)

CATI/CAPI/TQA Screen Name: JWAM



(Was that AM or PM?)

- 1. AM
- 2. PM

Paper Questionnaire Item Number: Person 34B

CATI/CAPI/TQA Screen Name: NWAB

**LAST WEEK, (was <Name>/were you) TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family or personal reasons, bad weather, etc?**

- 1. Yes
- 2. No

Paper Questionnaire Item Number: Person 36

CATI/CAPI/TQA Screen Name: NWAVA

**LAST WEEK, could (<Name>/you) have started a job if offered one (or returned to work if recalled)?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: NWAVB

**Why was that?**

- 1. Own temporary illness
- 2. Going to school or some other reason

Paper Questionnaire Item Number: Person 39

CATI/CAPI/TQA Screen Name: WKH

**During the weeks worked IN THE PAST 12 MONTHS  
how many hours did (<Name>/you) usually work each week?**

Paper Questionnaire Item Number: Person 40

CATI/CAPI/TQA Screen Name: COWCP (Personal Visit Interviews)

**The next series of questions are about the type of business (<Name>/you)  
(works/work/worked) for and the type of work that (he/she/you) (does/do/did)...**

**Using CARD H, please pick the category that best describes who  
(he/she/you)(works/work/worked) for-**

(If (<Name>/ you) had more than 1 job, describe the one at which the most hours were worked.  
If (<Name>/ you) did not work last week, give information for the last job or business in the past  
five years.)

- 1. An employee of a PRIVATE FOR PROFIT company or business, or of an individual for wages, salary, or commissions?
- 2. An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- 3. A local GOVERNMENT employee (city, county, etc.)?
- 4. A state GOVERNMENT employee?
- 5. An active duty U.S. Armed Forces member?
- 6. A federal Government employee (excluding active duty military)?
- 7. SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- 8. SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- 9. Working WITHOUT PAY in family business or farm?

CATI/CAPI/TQA Screen Name: COWA (Telephone Interviews)

**The next series of questions are about the type of business (<Name>/you) (works/work/worked) for and the type of work that (he/she/you) (does/do/did)...**

**I am going to read 5 categories. Please pick the one that best describes who (he/she/you) (works/work/worked) for - a private organization or company, government, the US Armed Forces (active duty), self-employed, or working without pay in a family business.**

(If (<Name>/ you) had more than 1 job, describe the one at which the most hours were worked. If (<Name>/ you) did not work last week, give information for the last job or business in the past five years.)

- 1. Private organization or company
- 2. Government
- 3. US Armed Forces (active duty)
- 4. Self-employed
- 5. Working without pay in a family business

CATI/CAPI/TQA Screen Name: COWB (Telephone Interviews)

**(Is/Was) this a non-profit organization or a for profit company?**

- 1. Non-profit organization
- 2. For profit company

CATI/CAPI/TQA Screen Name: COWC (Telephone Interviews)

**(Is/Was) this for Local, State, or the Federal Government?**

- 1. Local
- 2. State
- 3. Federal

CATI/CAPI/TQA Screen Name: COWD (Telephone Interviews)

**(Is/Was) this self-employment incorporated or not incorporated?**

- 1. Incorporated
- 2. Not incorporated

Paper Questionnaire Item Number: Person 41

CATI/CAPI/TQA Screen Name: INW2

**What (is/was) the name of (<Name>'s/your) company, business or other employer?**

CATI/CAPI/TQA Screen Name: INMIL (Asked when COWCP=5 or COWA=3)

**Which branch of the Armed Forces (does <Name>/do you) work for?**

- 1. U.S. Army
- 2. U.S. Navy
- 3. U.S. Air Force
- 4. U.S. Marine Corps
- 5. U.S. Coast Guard

Paper Questionnaire Item Number: Person 43

CATI/CAPI/TQA Screen Name: INX4

**Is this business mainly -- manufacturing, wholesale trade, retail trade or some other kind of business?**

- 1. Manufacturing
- 2. Wholesale trade
- 3. Retail trade
- 4. Other (agriculture, construction, service, government, etc.)

Paper Questionnaire Item Number: Person 46a

CATI/CAPI/TQA Screen Name: WAGX

**The next few questions are about income DURING THE PAST 12 MONTHS....**

**Did (<Name>/you) receive any wages, salary, tips, bonuses or commissions?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: WAG

**How much did (<Name>/you) receive?**

(Report amount from all jobs before any deductions for taxes, bonds or other items.)

Paper Questionnaire Item Number: Person 46b

CATI/CAPI/TQA Screen Name: SEMX

**Did (<Name>/you) receive any self-employment income DURING THE PAST 12 MONTHS?**

(Report income from own businesses (farm or non-farm) including proprietorships and partnerships.)

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: SEM

**What was the amount?**

(Report net income after operating expenses. Include earnings as a tenant farmer or sharecropper.)

Paper Questionnaire Item Number: Person 46c

CATI/CAPI/TQA Screen Name: INTRX

**(The next few questions are about income DURING THE PAST 12 MONTHS...)  
Did (<Name>/you) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts (DURING THE PAST 12 MONTHS)? Report even small amounts credited to an account.**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: INTR

**What was the amount received?**



Paper Questionnaire Item Number: Person 46d

CATI/CAPI/TQA Screen Name: SSX

**Did (<Name>/you) receive any Social Security or Railroad Retirement benefits DURING THE PAST 12 MONTHS?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: SS

**What was the amount?**

Paper Questionnaire Item Number: Person 46e

CATI/CAPI/TQA Screen Name: SSIX

**Did (<Name>/you) receive any Supplemental Security Income (SSI) payments DURING THE PAST 12 MONTHS?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: SSI

**What was the amount?**

Paper Questionnaire Item Number: Person 46f

CATI/CAPI/TQA Screen Name: PAX

**Did (<Name>/you) receive any public assistance or public welfare payments from the state or local welfare office DURING THE PAST 12 MONTHS?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: PA

**What was the amount?**

(Do not include SSI.)

Paper Questionnaire Item Number: Person 46g

CATI/CAPI/TQA Screen Name: RETX

**Did (<Name>/you) receive any retirement, survivor, or disability pensions DURING THE PAST 12 MONTHS?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: RET

**What was the amount?**

(Do not include Social Security.)

Paper Questionnaire Item Number: Person 46h

CATI/CAPI/TQA Screen Name: OIX

**Did (<Name>/you) receive income on a REGULAR basis from any other source such as Veteran's Administration (VA) payments, unemployment compensation, child support or alimony DURING THE PAST 12 MONTHS?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: OI

**What was the amount from all sources?**

(Do not include lump sum payments such as money from an inheritance or sale of a home.)



Paper Questionnaire Item Number: Person 47

CATI/CAPI/TQA Screen Name: TI (Asked when a total income cannot be calculated)

**What was (<Name>'s/ your) TOTAL income during the PAST 12 MONTHS?**

CATI/CAPI/TQA Screen Name: TICALC

**(According to my calculations (<Name>/you) received \$ (calculated income) from all income sources/ I have recorded that (<Name> has/you have) received no income) over the PAST 12 MONTHS. Is this correct?**

- 1. Yes
- 2. No

CATI/CAPI/TQA Screen Name: TIEST (Asked when TICALC = 2, Don't know or Refused)

**What is your best estimate of the total income (<Name>/you) received from all sources OVER THE PAST 12 MONTHS?**