

**Targeted Coverage Followup (TCFU)  
Phone Interview**

ADDRESS INFORMATION #1							ADDRESS INFORMATION #2						
LCO		Block					LCO		Block				
House No, Street Name					Unit		House No, Street Name					Unit	
Physical Location Description							Physical Location Description						
City		State		Zip			City		State		ZIP		
Phone Number							Phone Number						
	Phone number	Respondent /Contact	Date	Time	Interviewer ID No.	Call Outcome		Phone number	Respondent /Contact	Date	Time	Interviewer ID No.	Call Outcome
1				a.m. p.m.			9						
2				a.m. p.m.			10						
3				a.m. p.m.			11						
4				a.m. p.m.			12						
5				a.m. p.m.			13						
6				a.m. p.m.			14						
7				a.m. p.m.			15						
8				a.m. p.m.			16						
CaseID							Final Outcome Code		Office Processing				

**BARCODE**

**Section A – Same Phone # - Whole Household or Partial Household -- Contacting The Household**

**1. Hello my name is (*Specify name*) and I'm from the U.S. Census Bureau. Have I reached the <NAMES> household?**

- Yes – Go to 3 →
- No – Continue to 2

**2. Have I reached either <ADDR1> or <ADDR2>?**

- Yes, **Which address?**
  - ADDR1 – Go to Section B
  - ADDR2 – Go to Section B
- Neither – Go to Section End

**3. May I speak to <Dup #1>, <Dup #2>, <Dup #3>....**

- Dup #1 – Go to Section C
- Dup #2
- Dup #3
- Dup #4
- Dup #5
- Dup #6
- Dup #7 – Go to Section C
- No, person(s) no longer live here. – Go to 5
- No, person(s) will be gone for an extended period of time. - Go to 5
- No, person is currently not available. – Continue to 4

**4. What is the best time to reach one of the people I just mentioned?**

Who	Date	Time
		a.m.
		p.m.
		a.m.
		p.m.

Thank you, we will try back then.

**5. Is there an adult member of the <NAMES> household who I can speak to now?**

- Yes – Continue to 6
- No – Thank you for your time – *Go to the front of the questionnaire and record the result.*

*As needed, Hello my name is (*Specify name*) and I'm from the U.S. Census Bureau.*

**6. What is your name:**

- Person 1
- Person 2
- Person 3
- Person 4
- Person 5
- Person 6
- Person 7
- Person 8

Someone else: \_\_\_\_\_

GO TO Section C

**Section B – Same Phone # - Whole Household or Partial Household -- Wrong HH, Correct Address**

The purpose of my call is to help the Census Bureau take the most accurate census. We are doing research to help improve future censuses.

I am required by law to tell you that this survey is authorized by Title 13, Section 182, of the United States Code. This survey is mandatory and your cooperation is very important. All the information you provide will remain completely confidential. Our approval number from the Office of Management and Budget is XXXX-XXXX. The interview will take approximately 10 minutes and may be monitored to evaluate my performance.

**1. Do you know the <NAMES> household?**

- Yes – Continue to 2
- No – Go to 7

**2. Did they move out, are they neighbors, or do you know them some other way?**

- Moved out – Continue to 3
- Neighbors – Go to 5 →
- Other – Please specify: \_\_\_\_\_ Go to 5 →

**3. When did they move out?**

Month	Day	Year
-------	-----	------

- Go to 5

- DK – Continue to 4

**4. Did the <NAMES> household move out before, on, or after April 1, 2009?**

- Before April 1 – Go to 5
- On April 1 – Go to 5
- After April 1 – Go to 5
- DK – Go to 5

**5. Do you know how to contact the <NAMES> household?**

- Yes – Continue to 6
- No – go to 7
- DK – Go to 7

**6. What is their phone number and address?**

Phone number:		
House number:		
Street name:		
Apt/Unit Number:		
City	State	ZIP Code

**7. During 2009, did YOUR household move?**

- Yes – Continue to 8
- No – Go to Section END
- DK – Go to Section END

**8. When did your household move?**

Month	Day	Year
-------	-----	------

- Go to 5

- DK →  Before 4/1  On 4/1  After 4/1

**9. (ask or verify) Was your household there on Wednesday, April 1st?**

- Yes  No  DK

Go to Section END

The purpose of my call is to help the Census Bureau take the most accurate census. We are doing research to help improve future censuses.

I am required by law to tell you that this survey is authorized by Title 13, Section 182, of the United States Code. This survey is mandatory and your cooperation is very important. All the information you provide will remain completely confidential. Our approval number from the Office of Management and Budget is XXXX-XXXX. The interview will take approximately 10 minutes and may be monitored to evaluate my performance.

**1. Have I reached either <ADDR1> or <ADDR2>?**

Yes, Which address?

ADDR1 – Continue to 2

ADDR2 – Continue to 2

Neither – Go to 3, next page

**2. Do you recognize the other address?**

Yes – Is that address...

One that <your household>/<you/NAMES> moved from? – Go to Q7

A second home?

A vacation home?

A seasonal home?

A place <your household>/<you/NAMES> sometimes stays for school?

A place <your household>/<you/NAMES> sometimes stays for the military?

A place <your household>/<you/NAMES> sometimes stays for work?

A relatives house, apt, or mobile home, such as:

A parent's

A grandparent's

A son or daughter's

A brother or sister's

Some other relative, please specify: \_\_\_\_\_

A nonrelatives house, apt, or mobile home, such as:

A boyfriend, girlfriend, significant other, or companion.

Roommate, old or new.

Landlord

Some other nonrelative, please specify: \_\_\_\_\_

A place <your household>/<you/NAMES> sometimes stays for health care purposes?

A place <your household>/<you/NAMES> sometimes stays to care for someone else?

Something else?, please specify: \_\_\_\_\_

DK – Go to Q7

No – Go to Section P

DK – Go to Section P

**3. What is <the NAME household's>/<you/NAMES> current address?**

House number:		
Street name:		
Apt/Unit Number:		
City	State	ZIP Code

DK – Probe for street, city, state

**4. When did the <NAMES household>/<you/NAMES> move into this address?**

Month	Day	Year
-------	-----	------

DK  
 Before 4/1  On 4/1  After 4/1

- 5. Do you recognize <ADDR1>?**  
 Yes – Is that address... - Go to Q6  
 One that <your household>/<you/NAMES> moved from? – Go to Q6  
 A second home?  
 A vacation home?  
 A seasonal home?  
 A place <your household>/<you/NAMES> sometimes stays for school?  
 A place <your household>/<you/NAMES> sometimes stays for the military?  
 A place <your household>/<you/NAMES> sometimes stays for work?  
 A relatives house, apt, or mobile home, such as:  
      A parent's  
      A grandparent's  
      A son or daughter's  
      A brother or sister's  
      Some other relative, please specify: \_\_\_\_\_  
 A nonrelatives house, apt, or mobile home, such as:  
      A boyfriend, girlfriend, significant other, or companion.  
      Roommate, old or new.  
      Landlord  
      Some other nonrelative, please specify: \_\_\_\_\_  
 A place <your household>/<you/NAMES> sometimes stays for health care purposes?  
 A place <your household>/<you/NAMES> sometimes stays to care for someone else?  
 Something else?, please specify: \_\_\_\_\_  
 DK – Go to Q6  
 No - Section P  
 DK - Section P

- 6. Do you recognize <ADDR2>?**  
 Yes – Is that address...  
 One that <your household>/<you/NAMES> moved from? – Go to Q7  
 A second home?  
 A vacation home?  
 A seasonal home?  
 A place <your household>/<you/NAMES> sometimes stays for school?  
 A place <your household>/<you/NAMES> sometimes stays for the military?  
 A place <your household>/<you/NAMES> sometimes stays for work?  
 A relatives house, apt, or mobile home, such as:  
      A parent's  
      A grandparent's  
      A son or daughter's  
      A brother or sister's  
      Some other relative, please specify: \_\_\_\_\_  
 A nonrelatives house, apt, or mobile home, such as:  
      A boyfriend, girlfriend, significant other, or companion.  
      Roommate, old or new.  
      Landlord  
      Some other nonrelative, please specify: \_\_\_\_\_  
 A place <your household>/<you/NAMES> sometimes stays for health care purposes?  
 A place <your household>/<you/NAMES> sometimes stays to care for someone else?  
 Something else?, please specify: \_\_\_\_\_  
 DK – Go to Q7  
 No - Go to Section P  
 DK - Go to Section P

7. Now I'm going to ask you questions about when each person was living or staying at <ADDR1>. – Go to B1			
<p><b>B1. During 2010, when did &lt;NAME&gt; live or stay at that place?</b>            From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		<p><b>B2. During 2010, when did &lt;NAME&gt; live or stay at that place?</b>            From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	
<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	
<p><b>B4. During 2010, when did &lt;NAME&gt; live or stay at that place?</b>            From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		<p><b>B5. During 2010, when did &lt;NAME&gt; live or stay at that place?</b>            From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	
<p><b>C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p><b>C5. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	
			<p><b>B6. During 2010, when did &lt;NAME&gt; live or stay at that place?</b>            From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>
			<p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>

Interviewer, Continue to Next Page for the next Address.

<b>8. Now I'm going to ask you questions about when each person was living or staying at &lt;ADDR2&gt;. – Go to B7</b>		
<b>B7. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 Situation: Did he/she move or go back and forth between 2 or more places? <input type="checkbox"/> Move – was the move <input type="checkbox"/> Back and forth How often he/she stay at that place:Mark (X) all that apply. <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B8. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 Situation: Did he/she move or go back and forth between 2 or more places? <input type="checkbox"/> Move – was the move <input type="checkbox"/> Back and forth How often he/she stay at that place:Mark (X) all that apply. <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B9. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 Situation: Did he/she move or go back and forth between 2 or more places? <input type="checkbox"/> Move – was the move <input type="checkbox"/> Back and forth How often he/she stay at that place:Mark (X) all that apply. <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa
<b>B10. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 Situation: Did he/she move or go back and forth between 2 or more places? <input type="checkbox"/> Move – was the move <input type="checkbox"/> Back and forth How often he/she stay at that place:Mark (X) all that apply. <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B11. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 Situation: Did he/she move or go back and forth between 2 or more places? <input type="checkbox"/> Move – was the move <input type="checkbox"/> Back and forth How often he/she stay at that place:Mark (X) all that apply. <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B12. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 Situation: Did he/she move or go back and forth between 2 or more places? <input type="checkbox"/> Move – was the move <input type="checkbox"/> Back and forth How often he/she stay at that place:Mark (X) all that apply. <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa

Interviewer, Continue to the next page if you collected a new address from the respondent, otherwise go to Section END.

9. Now I'm going to ask you questions about when each person was living or staying at the current address– Go to B13			
<b>B13. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 <i>Situation: Did he/she move or go back and forth between 2 or more places?</i> <input type="checkbox"/> Move – was the move <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1 <input type="checkbox"/> Back and forth <i>How often he/she stay at that place:Mark (X) all that apply.</i> <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B14. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 <i>Situation: Did he/she move or go back and forth between 2 or more places?</i> <input type="checkbox"/> Move – was the move <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1 <input type="checkbox"/> Back and forth <i>How often he/she stay at that place:Mark (X) all that apply.</i> <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B15. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 <i>Situation: Did he/she move or go back and forth between 2 or more places?</i> <input type="checkbox"/> Move – was the move <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1 <input type="checkbox"/> Back and forth <i>How often he/she stay at that place:Mark (X) all that apply.</i> <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	
<b>C13. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>C14. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>C15. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
<b>B16. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 <i>Situation: Did he/she move or go back and forth between 2 or more places?</i> <input type="checkbox"/> Move – was the move <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1 <input type="checkbox"/> Back and forth <i>How often he/she stay at that place:Mark (X) all that apply.</i> <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B17. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 <i>Situation: Did he/she move or go back and forth between 2 or more places?</i> <input type="checkbox"/> Move – was the move <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1 <input type="checkbox"/> Back and forth <i>How often he/she stay at that place:Mark (X) all that apply.</i> <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	<b>B18. During 2010, when did &lt;NAME&gt; live or stay at that place?</b> From mm/dd/2009 To mm/dd/2009 <i>Situation: Did he/she move or go back and forth between 2 or more places?</i> <input type="checkbox"/> Move – was the move <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1 <input type="checkbox"/> Back and forth <i>How often he/she stay at that place:Mark (X) all that apply.</i> <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay? <input type="checkbox"/> Half of the time? <input type="checkbox"/> Less than half of the time? <input type="checkbox"/> Short Stays? <input type="checkbox"/> Daytime only, didn't spend nights. <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa	
<b>C16. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>C17. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<b>C18. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	

Go to Section END



**Section A – Different Phone # - Whole Household or Partial Household - Identifying The Household**

- 1. Hello my name is (*Specify name*) and I'm from the U.S. Census Bureau. Have I reached the <NAME> household?**  
 Yes – Go to 3  
 No – Continue to 2
- 2. Have I reached <ADDR1>?**  
 Yes - Go to Section B  
 No – Go to Section End

- 3. May I speak to <Dup #1>, <Dup #2>, <Dup #3>....**  
 Dup #1 – Go to Section C  
 Dup #2  
 Dup #3  
 Dup #4  
 Dup #5  
 Dup #6  
 Dup #7 – Go to Section C  
 No, person(s) no longer live here. – Go to 5  
 No, person(s) will be gone for an extended period of time. - Go to 5  
 No, person is currently not available. – Continue to 4

- 4. What is the best time to reach one of the people I just mentioned?**

Who	Date	Time
		a.m.
		p.m.
		a.m.
		p.m.

Thank you, we will try back then.

- 5. Is there an adult member of the <NAME> household who I can speak to now?**  
 Yes – Continue to 6  
 No – Thank you for your time – *Go to the front of the questionnaire and record the result.*

*As needed, Hello my name is (*Specify name*) and I'm from the U.S. Census Bureau.*

- 6. What is your name:**
- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Person 1 | <input type="checkbox"/> Person 5 |
| <input type="checkbox"/> Person 2 | <input type="checkbox"/> Person 6 |
| <input type="checkbox"/> Person 3 | <input type="checkbox"/> Person 7 |
| <input type="checkbox"/> Person 4 | <input type="checkbox"/> Person 8 |

Someone else: \_\_\_\_\_

GO TO Section C

**Section B – Different Phone # - Whole Household or Partial Household - Wrong HH, Right ADDR**

The purpose of my call is to help the Census Bureau take the most accurate census. We are doing research to help improve future censuses.

I am required by law to tell you that this survey is authorized by Title 13, Section 182, of the United States Code. This survey is mandatory and your cooperation is very important. All the information you provide will remain completely confidential. Our approval number from the Office of Management and Budget is XXXX-XXXX. The interview will take approximately 10 minutes and may be monitored to evaluate my performance.

**1. Do you know the <NAME> household?**

- Yes – Continue to 2
- No – Go to 5

**2. Did they move out, are they neighbors, or do you know them some other way?**

- Moved out – Continue to 3
- Neighbors – Continue to 5 →
- Other – Please specify: \_\_\_\_\_ Continue to 5 →

**3. When did they move out?**

Month	Day	Year
-------	-----	------

- Go to 5

- DK – Continue to 4

**4. Did the <NAME> household move out before, on, or after April 1, 2009?**

- Before April 1
- On April 1
- After April 1
- DK

**5. Do you know how to contact the <NAME> household?**

- Yes – Continue to 6
- No – go to 7
- DK – Go to 7

**6. What is the phone number and address?**

Phone number:		
House number:		
Street name:		
Apt/Unit Number:		
City	State	ZIP Code

**7. During 2009, did YOUR household move?**

- Yes – Continue to 8
- No – Go to Section END
- DK – Go to Section END

**8. When did your household move?**

Month	Day	Year
-------	-----	------

- Go to 5

- DK →  Before 4/1  On 4/1  After 4/1

**9. (ask or verify) Was your household there on Wednesday, April 1st?**

- Yes  No  DK

Go to Section END

**Section C – Different Phone # - Whole Household - Right HH, Have Respondent**

<p>The purpose of my call is to help the Census Bureau take the most accurate census. We are doing research to help improve future censuses.</p> <p>I am required by law to tell you that this survey is authorized by Title 13, Section 182, of the United States Code. This survey is mandatory and your cooperation is very important. All the information you provide will remain completely confidential. Our approval number from the Office of Management and Budget is XXXX-XXXX. The interview will take approximately 10 minutes and may be monitored to evaluate my performance.</p>	<p><b>A1. What was/is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B1. Thinking of the time that the NAMES household spent at those two places, did everyone in your household go from place to place at the same time or different times?</b></p> <p><input type="checkbox"/> Yes, same time - Answer the next question thinking of your entire household.  <input type="checkbox"/> No, different times - Answer the next question just thinking of yourself.</p>	<p><b>C1. During 2009, when did the NAME household live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009                  Situation: Did the household move or go back and forth between 2 or more places?  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth                  How often he/she stay at that place: Mark (X) all that apply.  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>
<p><b>1. Have I reached &lt;ADDR1&gt;?</b>  <input type="checkbox"/> Yes - Continue to 2  <input type="checkbox"/> No – Go to 6</p> <p><b>2. During 2009, did the NAME household move?</b>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p> <p><b>3. During 2009, Did the NAME household have a second home?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p> <p><b>4. During 2009, Did the NAME household have a vacation or seasonal home?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p> <p><b>5. During 2009, Did the NAME household stay anywhere for any other reason?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to Section P/GQ  <input type="checkbox"/> DK – Go to Section P/GQ</p>	<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B2. Thinking of the time that the NAMES household spent at those two places, did everyone in your household go from place to place at the same time or different times?</b></p> <p><input type="checkbox"/> Yes, same time - Answer the next question thinking of your entire household.  <input type="checkbox"/> No, different times - Answer the next question just thinking of yourself.</p>	<p><b>D1. (ask or verify) Was the NAME household there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>C2. During 2009, when did the NAME household live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009                  Situation: Did the household move or go back and forth between 2 or more places?  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth                  How often he/she stay at that place: Mark (X) all that apply.  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights.  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>D2. (ask or verify) Was the NAME household there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>

**6. What address have I reached?**

House number:		
Street name:		
Apt/Unit Number:		
City	State	ZIP Code

DK – Probe for street, city, state

**7. Do you recognize <ADDR1>?**

- Yes – Is that address...
  - One that your household moved from? - Go to Q8
  - A second home?
  - A vacation home?
  - A seasonal home?
  - A place your household sometimes stays for work?
  - Something else?, please specify: \_\_\_\_\_
  - DK – Go to Q8
- No – Go to Section P/GQ
- DK – Go to Section P/GQ

**8. Thinking of the time that the NAMES household spent at those two places, did everyone in your household go from place to place at the same time or different times?**

- Same time - Answer the next question thinking of your entire household. -- Continue to 9
- Different times - Answer the next question just thinking of yourself. -- Continue to 9

**9. During 2009, when did the <NAME> household live or stay at <ADDR1>?**  
From To

*Situation: Did he/she move or go back and forth between 2 or more places?*

- Move – was the move
  - Before 4/1  On 4/1  After 4/1
- Back and forth

*How often he/she stay at that place: Mark (X) all that apply.*

- Most of the time?  Did not stay?
- Half of the time?
- Less than half of the time?
- Short Stays?
- Daytime only, didn't spend nights?
- Certain days of the week  Su  M  Tu  W  Th  F  Sa

**10. (ask or verify) Was the <NAME> household there on Wednesday, April 1st?**

- Yes  No  DK

GO TO Section P/GQ

The purpose of my call is to help the Census Bureau take the most accurate census. We are doing research to help improve future censuses.

I am required by law to tell you that this survey is authorized by Title 13, Section 182, of the United States Code. This survey is mandatory and your cooperation is very important. All the information you provide will remain completely confidential. Our approval number from the Office of Management and Budget is XXXX-XXXX. The interview will take approximately 10 minutes and may be monitored to evaluate my performance.

**1. Have I reached <ADDR1>**

- Yes – Go to Section P
- No – Continue to 2

**2. What address have I reached?**

House number:		
Street name:		
Apt/Unit Number:		
City	State	ZIP Code

DK – Probe for street, city, state

**3. Do you recognize <ADDR1>?**

- Yes – **Is that address...**
  - One that <you/NAMES> moved from?** - Go to Q4
  - A second home?**
  - A vacation home?**
  - A seasonal home?**
  - A place <you/NAMES> sometimes stays for work?**
  - Something else?**, please specify: \_\_\_\_\_
  - DK – Go to Q4
- No – Go to Section P/GQ
- DK – Go to Section P/GQ

**4. Thinking of the time that NAMES spent at those two places, did NAMES go from place to place at the same time or different times?**

- Yes, same time - **Answer the next question thinking of everyone.**
- No, different times - **Answer the next question just thinking of yourself.**

**5. During 2009, when did you/<NAMES> live or stay at <ADDR1>?**

**From** mm/dd/2009 **To** mm/dd/2009

*Situation: Did you/NAMES move or go back and forth between 2 or more places?*

- Move – was the move
  - Before 4/1  On 4/1  After 4/1
- Back and forth

*How often he/she stay at that place:Mark (X) all that apply.*

- Most of the time?  Did not stay?
- Half of the time?
- Less than half of the time?
- Short Stays?
- Daytime only, didn't spend nights?
- Certain days of the week  Su  M  Tu  W  Th  F  Sa

**6. (ask or verify) Were you/NAMES there on Wednesday, April 1st?**

- Yes  No  DK

Go to Intro/Section P/GQ





<p><b>7. During 2009, has NAME stayed anywhere else for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or theirs?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 7a →  <input type="checkbox"/> No – Continue to 8</p> <p><b>8. Did &lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 8a →  <input type="checkbox"/> No – Go to 9  <input type="checkbox"/> DK – Go to 9</p>	<p><b>7a. For that/those reason(s), did he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 8  <input type="checkbox"/> DK – Go to 8</p> <p><b>8a. Did he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 9  <input type="checkbox"/> DK – Go to 9</p>	<p><b>A5. What was the address of each place that he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p> <p><b>A6. What was the address of each place that he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p> <p><b>D6. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E5. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p> <p><b>E6. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
---	--	---	---	---	---



<p><b>9. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Next person OR Section END</p>		

The following questions will ask you about activities you/NAME may have done this year, that is, during the calendar year 2009. If you've done these things this year, please say "yes", even if you aren't still doing them.

Section P – Young Adults

<p><b>1. During 2009, have you/has NAME moved?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Go to 2  <input type="checkbox"/> DK – Go to 2</p> <p><b>2. During 2009, Have you/Has NAME attended college, grad school, or any training program?</b>  <input type="checkbox"/> Yes – Go to 2a →  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p>	<p><b>1a. Did you/he/she move once or more than once?</b>  <input type="checkbox"/> Once – Go to A1 or A2  <input type="checkbox"/> More than once  <b>How many places, not counting you're your current address?</b>          _____          Collect all addresses</p> <p><b>2a. Did you/he/she have another place to stay for school?</b>  <input type="checkbox"/> Yes – Go to 2b →  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p>	<p><b>2b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A1 or A2  <input type="checkbox"/> More than one  <b>How many?</b> _____          Collect all addresses</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____          House Number _____          Street Name _____          Apt/Unit Number _____          City _____          State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for          University Name _____          Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>          From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time?  <input type="checkbox"/> Half of the time  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays  <input type="checkbox"/> Daytime only, didn't spend nights  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>E1. Who else stays at that place?</b>          Name 1: _____          Name 2: _____          Name 3: _____          Name 4: _____          Name 5: _____          Name 6: _____          Name 7: _____          Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
<p><b>3. During 2009, Have you/Has NAME been in the military?</b>  <input type="checkbox"/> Yes – Go to 3a →  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p> <p><b>4. During 2009, Have you/Has NAME had a job?</b>  <input type="checkbox"/> Yes – Go to 4a →  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p>	<p><b>3a. Did you/he/she stay at another place in 2009, because of the military?</b>  <input type="checkbox"/> Yes – Go to 3b →  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p> <p><b>4a. Did you/he/she have another place to stay because of your job?</b>  <input type="checkbox"/> Yes – Go to 4b →  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p>	<p><b>3b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A1 or A2  <input type="checkbox"/> More than one  <b>How many?</b> _____          Collect all addresses</p> <p><b>4b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A1 or A2  <input type="checkbox"/> More than one  <b>How many?</b> _____          Collect all addresses</p>	<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____          House Number _____          Street Name _____          Apt/Unit Number _____          City _____          State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for          University Name _____          Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>          From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time?  <input type="checkbox"/> Half of the time  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays  <input type="checkbox"/> Daytime only, didn't spend nights  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>E2. Who else stays at that place?</b>          Name 1: _____          Name 2: _____          Name 3: _____          Name 4: _____          Name 5: _____          Name 6: _____          Name 7: _____          Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>

<p><b>5. During 2009, have you/has NAME had a seasonal or vacation home?</b>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p> <p><b>6. During 2009, Have you/Has NAME had another residence that you owned or rented?</b>  <input type="checkbox"/> Yes – Go to 6a →  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>5a. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A3  <input type="checkbox"/> More than one  <b>How many?</b> _____                  Collect all addresses</p> <p><b>5a. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A3 or A4  <input type="checkbox"/> More than one  <b>How many?</b> _____                  Collect all addresses</p>	<p><b>A3. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for                  University Name _____                  Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p> <p><b>A4. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B3. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Back and forth  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C3. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B4. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Back and forth  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D3. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p> <p><b>D4. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E3. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p> <p><b>E4. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
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<p>People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.</p> <p>7. During 2009, have you/has NAME stayed at a different address with a relative, such as a parent, grandparent, aunt or cousin?  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 8  <input type="checkbox"/> DK – Go to 8</p> <p>8. During 2009, Have you/Has NAME stayed with a boyfriend or girlfriend,?  <input type="checkbox"/> Yes – A5 or A6  <input type="checkbox"/> No – Go to 9  <input type="checkbox"/> DK – Go to 9</p>	<p><b>A5. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.                  Address collected from Question: _____</p>		<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		<p><b>D5. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>		<p><b>E5. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>	
	<p><b>A6. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.                  Address collected from Question: _____</p>		<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		<p><b>D6. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>		<p><b>E6. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>	
			<p><b>C5. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>					
			<p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>					

<p><b>9. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 9a →  <input type="checkbox"/> No – Continue to 10</p> <p><b>10. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 10a →  <input type="checkbox"/> No – Go to 11  <input type="checkbox"/> DK – Go to 11</p>	<p><b>9a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A7  <input type="checkbox"/> No – Go to 10  <input type="checkbox"/> DK – Go to 10</p> <p><b>10a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A7 or A8  <input type="checkbox"/> No – Go to 11  <input type="checkbox"/> DK – Go to 11</p>	<p><b>A7. What was the address of each place that he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C7.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D7. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E7. Who usually lives at that place?</b></p> <p>Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
		<p><b>A8. What was the address of each place that he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B8. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C8. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D8. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E8. Who usually lives at that place?</b></p> <p>Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>

<p><b>11. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B9  <input type="checkbox"/> ADDR2 – Go to B9  <input type="checkbox"/> Other address – Go to A9</p>	<p><b>A9. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.                  Address collected from Question: _____</p>	<p><b>B9. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C9. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Next person OR Section END</p>		

The following questions will ask you about activities you/NAME may have done this year, that is, during the calendar year 2009. If you've done these things this year, please say "yes", even if you aren't still doing them.

Section P – Stable Adults

<p><b>1. During 2009, have you/has NAME moved?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Go to 2  <input type="checkbox"/> DK – Go to 2</p> <p><b>2. During 2009, Have you/Has NAME attended college, grad school, or any training program?</b>  <input type="checkbox"/> Yes – Go to 2a →  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p>	<p><b>1a. Did you/he/she move once or more than once?</b>  <input type="checkbox"/> Once – Go to A1 or A2  <input type="checkbox"/> More than once  <b>How many places, not counting you're your current address?</b>          Collect all addresses</p> <p><b>2a. Did you/he/she have another place to stay for school?</b>  <input type="checkbox"/> Yes – Go to 2b →  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p>	<p><b>2b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A1 or A2  <input type="checkbox"/> More than one  <b>How many?</b> _____          Collect all addresses</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____          House Number _____          Street Name _____          Apt/Unit Number _____          City _____          State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.          If college, probe for          University Name _____          Dorm Name _____          If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____          Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>          From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>E1. Who else stays at that place?</b>          Name 1: _____          Name 2: _____          Name 3: _____          Name 4: _____          Name 5: _____          Name 6: _____          Name 7: _____          Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
<p><b>3. During 2009, Have you/Has NAME been in the military?</b>  <input type="checkbox"/> Yes – Go to 3a →  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p> <p><b>4. During 2009, Have you/Has NAME had a job?</b>  <input type="checkbox"/> Yes – Go to 4a →  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p>	<p><b>3a. Did you/he/she stay at another place in 2009, because of the military?</b>  <input type="checkbox"/> Yes – Go to 3b →  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p> <p><b>4a. Did you/he/she have another place to stay because of your job?</b>  <input type="checkbox"/> Yes – Go to 4b →  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p>	<p><b>3b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A1 or A2  <input type="checkbox"/> More than one  <b>How many?</b> _____          Collect all addresses</p> <p><b>4b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A1 or A2  <input type="checkbox"/> More than one  <b>How many?</b> _____          Collect all addresses</p>	<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____          House Number _____          Street Name _____          Apt/Unit Number _____          City _____          State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.          If college, probe for          University Name _____          Dorm Name _____          If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____          Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>          From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>E2. Who else stays at that place?</b>          Name 1: _____          Name 2: _____          Name 3: _____          Name 4: _____          Name 5: _____          Name 6: _____          Name 7: _____          Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
				<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><input type="checkbox"/> DK  <input type="checkbox"/> No one</p>

<p><b>5. During 2009, have you/has NAME had a seasonal or vacation home?</b>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p> <p><b>6. During 2009, Have you/Has NAME had another residence that you owned or rented?</b>  <input type="checkbox"/> Yes – Go to 6a →  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>5a. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A3 or A4  <input type="checkbox"/> More than one  <b>How many?</b> _____                  Collect all addresses</p> <p><b>6a. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A3 or A4  <input type="checkbox"/> More than one  <b>How many?</b> _____                  Collect all addresses</p>	<p><b>A3. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for                  University Name _____                  Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p> <p><b>A4. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for                  University Name _____                  Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B3. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C3. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B4. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D3. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p> <p><b>D4. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E3. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p> <p><b>E4. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
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<p>People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.</p> <p>7. During 2009, have you/has NAME stayed with a parent, even just for a night or weekend?  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 8  <input type="checkbox"/> DK – Go to 8</p> <p>8. During 2009, have you/has NAME stayed with a son or daughter?  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 9  <input type="checkbox"/> DK – Go to 9</p>		<p><b>A5. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009                  Situation: Did he/she move or go back and forth between 2 or more places?  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth                  How often he/she stay at that place: Mark (X) all that apply.  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D5. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E5. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>	
		<p><b>A6. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009                  Situation: Did he/she move or go back and forth between 2 or more places?  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth                  How often he/she stay at that place: Mark (X) all that apply.  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D6. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E6. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>	
				<p><b>C5. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		
				<p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		

		<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for                  University Name _____                  Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D7. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E7. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
		<p><b>A8. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If college, probe for                  University Name _____                  Dorm Name _____</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B8. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D8. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E8. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>			
		<p><b>C8. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>			

**9. During 2009, have you/has NAME stayed with a brother or sister?**  
 Yes – Go to A7  
 No – Go to 10  
 DK – Go to 10

**10. During 2009, Have you/has NAME stayed with any other relatives, like a grandparent, aunt or cousin?**  
 Yes – Go to A7 or A8  
 No – Go to 11  
 DK – Go to 11

**11. During 2009, Have you/Has NAME stayed with a boyfriend, girlfriend, or significant other, even if just on weekends?**  
 Yes – Go to A7 or A8  
 No – Go to 12  
 DK – Go to 12

<p><b>12. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 12a →  <input type="checkbox"/> No – Continue to 13</p> <p><b>13. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 13a →  <input type="checkbox"/> No – Go to 14  <input type="checkbox"/> DK – Go to 14</p>	<p><b>12a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A9  <input type="checkbox"/> No – Go to 13  <input type="checkbox"/> DK – Go to 13</p> <p><b>13a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A9 or A10  <input type="checkbox"/> No – Go to 14  <input type="checkbox"/> DK – Go to 14</p>	<p><b>A9. What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p> <p><b>A10. What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B9. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C9.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B10. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C10. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D9. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p> <p><b>D10. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E9. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p> <p><b>E10. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
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<p><b>14. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B11  <input type="checkbox"/> ADDR2 – Go to B11  <input type="checkbox"/> Other address – Go to A11</p>	<p><b>A11. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.                  Address collected from Question: _____</p>	<p><b>B11. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	
		<p><b>C11. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Next person OR Section END</p>	

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

<p><b>1. During 2009, have you/has NAME stayed with a son or daughter?</b>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Go to 2  <input type="checkbox"/> DK – Go to 2</p> <p><b>2. During 2009, Have you/Has NAME stayed with a brother or sister?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p> <p><b>3. During 2009, Have you/has NAME stayed with any other relatives, like a parent, aunt or cousin?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p> <p><b>4. During 2009, Have you/Has NAME stayed with a companion or significant other?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p> <p><b>5. During 2009, Have you/Has NAME stayed with any other people, such as friends?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>		<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D1. Does (name) also sometimes stay at/use that address?</b>  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;</p>	<p><b>E1. Who usually lives at that place?</b>  Name 1: _____  Name 2: _____  Name 3: _____  Name 4: _____  Name 5: _____  Name 6: _____  Name 7: _____  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
		<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D2. Does (name) also sometimes stay at/use that address?</b>  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;</p>	<p><b>E2. Who usually lives at that place?</b>  Name 1: _____  Name 2: _____  Name 3: _____  Name 4: _____  Name 5: _____  Name 6: _____  Name 7: _____  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>

People sometimes stay places to receive care or services. For the following places, we would like to know if you stayed there at any time this year, that is, during 2009, even if only for one night.

**Section P - Seniors**

<p><b>6. During 2009, have you/has NAME been in a nursing home, assisted living facility or an independent living facility?</b>  <input type="checkbox"/> Yes - Go to 6a →  <input type="checkbox"/> No - Go to 7  <input type="checkbox"/> DK - Go to 7</p>	<p><b>6a. Does the facility provide 24 hour care by a skilled professional or nurse?</b>  <input type="checkbox"/> Yes - Go to A3  <input type="checkbox"/> No - Go to A3  <input type="checkbox"/> DK - Go to A3</p>	<p><b>A3. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B3. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move - was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C3. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D3. Does (name) also sometimes stay at/use that address?</b>  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>E3. Who usually lives at that place?</b></p> <p>Name 1: _____  Name 2: _____  Name 3: _____  Name 4: _____  Name 5: _____  Name 6: _____  Name 7: _____  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
<p><b>7. During 2009, Have you/Has NAME been in a rehabilitation hospital?</b>  <input type="checkbox"/> Yes - Go to A3 or A4  <input type="checkbox"/> No - Go to 8  <input type="checkbox"/> DK - Go to 8</p> <p><b>8. During 2009, Have you/Has NAME stayed anywhere for health reasons, either yours or someone else's?</b>  <input type="checkbox"/> Yes - Go to A3 or A4  <input type="checkbox"/> No - Go to 9  <input type="checkbox"/> DK - Go to 9</p>		<p><b>A4. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B4. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move - was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D4. Does (name) also sometimes stay at/use that address?</b>  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>E4. Who usually lives at that place?</b></p> <p>Name 1: _____  Name 2: _____  Name 3: _____  Name 4: _____  Name 5: _____  Name 6: _____  Name 7: _____  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>

<p>The following questions will ask you about activities you/NAME may have done this year, that is, during the calendar year 2009. If you've done these things this year, please say "yes", even if you aren't still doing them.</p> <p><b>9. During 2009, have you/has NAME moved?</b>  <input type="checkbox"/> Yes – Go to 9a →  <input type="checkbox"/> No – Go to 2  <input type="checkbox"/> DK – Go to 2</p> <p><b>10. During 2009, Have you been in the military?</b>  <input type="checkbox"/> Yes – Go to 10a →  <input type="checkbox"/> No – Go to 11  <input type="checkbox"/> DK – Go to 11</p> <p><b>11. During 2009, Have you had a job?</b>  <input type="checkbox"/> Yes – Go to 11a →  <input type="checkbox"/> No – Go to 12  <input type="checkbox"/> DK – Go to 12</p>	<p><b>9a. Did you/he/she move once or more than once?</b>  <input type="checkbox"/> Once – Go to A5  <input type="checkbox"/> More than once  <b>How many places, not counting you're your current address?</b>                  Collect all addresses</p> <p><b>10a. Did you/he/she stay at another place in 2009, because of the military?</b>  <input type="checkbox"/> Yes – Go to 10b →  <input type="checkbox"/> No – Go to 11  <input type="checkbox"/> DK – Go to 11</p> <p><b>11a. Did you/he/she have another place to stay because of your job?</b>  <input type="checkbox"/> Yes – Go to 11b →  <input type="checkbox"/> No – Go to 12  <input type="checkbox"/> DK – Go to 12</p>	<p><b>10b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A5 or A6  <input type="checkbox"/> More than one  <b>How many</b> _____                  Collect all addresses</p> <p><b>11b. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A5 or A6  <input type="checkbox"/> More than one  <b>How many</b> _____                  Collect all addresses</p>	<p><b>A5. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>E5. Who usually lives at that place?</b></p> <p>Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____</p> <p><input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
			<p><b>A6. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>E6. Who usually lives at that place?</b></p> <p>Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____</p> <p><input type="checkbox"/> DK  <input type="checkbox"/> No one</p>

<p><b>12. During 2009, have you/has NAME had a seasonal or vacation home?</b>  <input type="checkbox"/> Yes – Go to 12a →  <input type="checkbox"/> No – Go to 13  <input type="checkbox"/> DK – Go to 13</p> <p><b>13. During 2009, Have you/Has NAME had another residence that you owned or rented?</b>  <input type="checkbox"/> Yes – Go to 13a →  <input type="checkbox"/> No – Go to 14  <input type="checkbox"/> DK – Go to 14</p>	<p><b>12a. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A7  <input type="checkbox"/> More than one  <b>How many</b> _____                  Collect all addresses</p> <p><b>13a. Did you/he/she have one place or more than one place?</b>  <input type="checkbox"/> One – Go to A7 or A8  <input type="checkbox"/> More than one  <b>How many</b> _____                  Collect all addresses</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D7. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E7. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
		<p><b>A8. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____</p> <p><input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.</p> <p>Address collected from Question: _____</p>	<p><b>B8. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D8. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E8. Who usually lives at that place?</b>                  Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p><b>C8. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	



<p><b>14. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 14a →  <input type="checkbox"/> No – Continue to 15</p> <p><b>15. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 15a →  <input type="checkbox"/> No – Go to 16  <input type="checkbox"/> DK – Go to 16</p>	<p><b>14a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A9  <input type="checkbox"/> No – Go to 10  <input type="checkbox"/> DK – Go to 10</p> <p><b>15a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A9 or A10  <input type="checkbox"/> No – Go to 16  <input type="checkbox"/> DK – Go 16</p>	<p><b>A9. What was the address of each place that he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p> <p><b>A10. What was the address of each place that he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B9. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C9.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B10. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C10. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D9. Does (name) also sometimes stay at/use that address?</b>                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  &lt;NAME&gt;</p>	<p><b>E9. Who usually lives at that place?</b></p> <p>Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p> <p><b>E10. Who usually lives at that place?</b></p> <p>Name 1: _____                  Name 2: _____                  Name 3: _____                  Name 4: _____                  Name 5: _____                  Name 6: _____                  Name 7: _____                  Name 8: _____  <input type="checkbox"/> DK  <input type="checkbox"/> No one</p>
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<p><b>16. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B11  <input type="checkbox"/> ADDR2 – Go to B11  <input type="checkbox"/> Other address – Go to A11</p>	<p><b>A11. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state.                  Address collected from Question: _____</p>	<p><b>B11. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	
		<p><b>C11. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Next person OR Section END</p>	

The following questions will ask you about places that you/NAME may have stayed this year, that is, during 2009. If you/Name have/has stayed at one of these places this year, please say "yes," even if you/NAME aren't/isn't still staying there or didn't stay there for long.

<p><b>1. During 2009, did you/NAME stay, even for just one night, in any of the following places –</b>  <b>Military barracks?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Military ship?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>On-base housing?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Off-base housing?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Military academy dormitory?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Military treatment facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Military disciplinary barracks or jail?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____   House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.   If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____   Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another military address that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>
<p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2</p> <p><b>2. During 2009, were you/was NAME in the military?</b>  <input type="checkbox"/> Yes – Go to 2a →  <input type="checkbox"/> No – Go to 3, next page  <input type="checkbox"/> DK – Go to 3, next page</p>	<p><b>2a. Did you/he/she stay anywhere else because of your military service, even just for one night?</b>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Go to 3, next page  <input type="checkbox"/> DK – Go to 3, next page</p>	<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____   House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.   If military, probe for, is it:  <input type="checkbox"/> A barracks _____  <input type="checkbox"/> A ship _____   Address collected from Question: _____</p>	<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D2. Is there another military address that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A3  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>

The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**3. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 4

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**4. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
     **Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 5  
 DK – Go to 5  
 No – Continue to 5

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place:Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  Th  F  Sa

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place:Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  Th  F  Sa

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**D4. Is there another place that you/he/she stayed at?**  
 Yes – Go to A5  
 No – Go to next Q  
 DK – Go to next Q

<p><b>5. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Continue to 6</p> <p><b>6. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 6a →  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>5a. For that/those reason(s), did you/they stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p> <p><b>6a. Did you/&lt;NAME&gt; stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>A5. What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A6. What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D6. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>

<p><b>7. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

The following questions will ask you about places that you/NAME may have stayed this year, that is, during 2009. If you/Name have/has stayed at one of these places this year, please say "yes," even if you/NAME aren't/isn't still staying there or didn't stay there for long.

<p><b>1. During 2009, did you/NAME stay, even for just a short period of time, in any of the following places –</b></p> <p><b>College dorm or residence hall?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Sorority or Fraternity house?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>On-campus college apartment?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>On or off campus college suite?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Off campus college apartment?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Study abroad program?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hotel for college living?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2</p> <p><b>2. During 2009, have you/has NAME taken any college classes?</b>  <input type="checkbox"/> Yes – Go to 1  <input type="checkbox"/> No – Go to 3, next page  <input type="checkbox"/> DK – Go to 3, next page</p>	<p><b>2a. Did you have a room at college assigned to you, even if you didn't stay there?</b>  <input type="checkbox"/> Yes – Go to A1 or A2  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Winter Semester 2008 - 2009? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Spring Semester 2009?  <input type="checkbox"/> Summer Semester 2009?  <input type="checkbox"/> Fall Semester 2009?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another college address that you /he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
		<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Winter Semester 2008 - 2009? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Spring Semester 2009?  <input type="checkbox"/> Summer Semester 2009?  <input type="checkbox"/> Fall Semester 2009?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D2. Is there another college address that you /he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
		<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	

The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you’ve done these things this year, please say “yes” even if you aren’t still doing them.

**3. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer “Yes” to any of the above?*  
 Yes – Go to A3  
 No – Continue to 4

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**4. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer “Yes” to any of the above?*  
 Yes –  
     **Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 5  
 DK – Go to 5  
 No – Continue to 5

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_

House Number \_\_\_\_\_  
Street Name \_\_\_\_\_  
Apt/Unit Number \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_

House Number \_\_\_\_\_  
Street Name \_\_\_\_\_  
Apt/Unit Number \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
   Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place:Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn’t spend nights?  
 Certain days of the week  Su  M  Tu  W  
   Th  F  Sa

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**B4. During 2009, when did you/he/she live or stay at that place?**  
From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
   Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place:Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn’t spend nights?  
 Certain days of the week  Su  M  Tu  W  
   Th  F  Sa

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q



<p><b>5. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Continue to 6</p> <p><b>6. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 6a →  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>5a. For that/those reason(s), did you/they stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p> <p><b>6a. Did you/&lt;NAME&gt; stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A4  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D6. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>

<p><b>7. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

The following questions will ask you about places that you/NAME may have stayed this year, that is, during 2009. If you/Name have/has stayed at one of these places this year, please say "yes," even if you/NAME aren't/isn't still staying there or didn't stay there for long.

<p><b>1. During 2009, did you/NAME spend even one night in a correctional facility, like a jail or prison?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>How about a detention center?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2</p> <p><b>2. During 2009, did you/NAME spend even one night under arrest?</b>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Go to 3  <input type="checkbox"/> DK – Go to 3</p>		<p><b>A1. What is the address of the place you were/ he/she was confined?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she stay at that place?</b>  From mm/dd/2009 To mm/dd/2009</p>	<p><b>D1. Did you/he/she have another correctional facility address?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
		<p><b>A2. What is the address of the place you were/ he/she was confined?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she stay at that place?</b>  From mm/dd/2009 To mm/dd/2009</p>	<p><b>D2. Did you/he/she have another correctional facility address?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
		<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	



The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**3. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 4

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.  
  
 Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**4. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
     **Did you/he/she stay there more than 7 nights in the past year?**  
      Yes – Go to A3 or A4  
      No – Go to 5  
      DK – Go to 5  
 No – Continue to 5

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.  
  
 Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

<p><b>5. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Continue to 6</p> <p><b>6. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 6a →  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>5a. For that/those reason(s), did you/they stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p> <p><b>6a. Did you/&lt;NAME&gt; stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p> <p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A4  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p> <p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
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<p><b>7.(ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

The following questions will ask you about places that you/NAME may have stayed this year, that is, during 2009. If you/NAME have/has stayed at one of these places this year, please say "yes," even if you/NAME aren't/isn't still staying there or didn't stay there for long.

<p><b>1. During 2009, did you/NAME spend even one night in any of the following places –</b></p> <p><b>Group home?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Residential school for people with disabilities?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Juvenile correctional facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Boot camp?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Training school or farm?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Treatment center?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Other type of juvenile facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2, next page</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>	
	<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D2. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
			<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	



The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**2. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 3

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**3. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
**Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 4  
 DK – Go to 4  
 No – Continue to 4

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

<p><b>4. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 4a →  <input type="checkbox"/> No – Continue to 5</p> <p><b>5. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>4a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p> <p><b>5a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>

<p><b>6.(ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                   Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009                  Situation: Did you/he/she move or go back and forth between 2 or more places?  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth                  How often he/she stay at that place:Mark (X) all that apply.  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

People sometimes stay places to receive care or services. For the following places, we would like to know if you/NAME stayed there at any time this year, that is, during 2009, even if only for one night.

Section GQ – Nursing Home/Assisted Living

<p><b>1. During 2009, did you/NAME spend even one night in any of the following places –</b></p> <p><b>Nursing home?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Continue  <input type="checkbox"/> DK - Continue</p> <p><b>Assisted living facility?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Continue  <input type="checkbox"/> DK - Continue</p> <p><b>Rehabilitation facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hospital – general or specialized?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Skilled nursing facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Group home?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Residential treatment facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Residential school for people with disabilities?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer “Yes” to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2, next page</p>	<p><b>1a. Does the facility provide 24 hour care by a skilled professional or nurse?</b>  <input type="checkbox"/> Yes – Go to  <input type="checkbox"/> No – next place  <input type="checkbox"/> DK – under Q1</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
		<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D2. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
				<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	
				<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	

The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**2. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 3

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**3. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
**Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 4  
 DK – Go to 4  
 No – Continue to 4

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

<p><b>4. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 4a →  <input type="checkbox"/> No – Continue to 5</p> <p><b>5. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>4a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p> <p><b>5a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>

<p><b>6.(ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

People sometimes stay places to receive care or services. For the following places, we would like to know if you/NAME stayed there at any time this year, that is, during 2009, even if only for one night.

<p><b>1. During 2009, did you/NAME spend even one night in any of the following places –</b></p> <p><b>Group home?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Residential treatment facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Residential school for people with disabilities?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Nursing home?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Continue  <input type="checkbox"/> DK - Continue</p> <p><b>Assisted living facility?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Continue  <input type="checkbox"/> DK - Continue</p> <p><b>Rehabilitation facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hospital – general or specialized?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Skilled nursing facility?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer “Yes” to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2, next page</p>	<p><b>1a. Does the facility provide 24 hour care by a skilled professional or nurse?</b>  <input type="checkbox"/> Yes – Go to  <input type="checkbox"/> No – next place  <input type="checkbox"/> DK – under Q1</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	
		<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D2. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>	
		<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		



The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**2. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 3

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**3. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
**Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 4  
 DK – Go to 4  
 No – Continue to 4

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

<p><b>4. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 4a →  <input type="checkbox"/> No – Continue to 5</p> <p><b>5. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>4a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p> <p><b>5a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>

<p><b>6.(ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                   Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

People sometimes receive care or services from different types of places. For the following places, we would like to know if you/NAME went there to use their services at any time this year, that is, during 2009, even if you only went one time.

<p><b>1. During 2009, did you/NAME use services from any of the following types of places–</b>  <b>Soup kitchen?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Mobile food van?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Shelter?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK  <b>Hotel or motel?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer “Yes” to any of the above?</i>  <input type="checkbox"/> Yes – Go to A1  <input type="checkbox"/> No – Continue to 2, next page</p>		<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she stay or use at that place?</b>  From mm/dd/2009 To mm/dd/2009</p> <p><i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another facility that you/he/she stayed at or used?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>
		<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		
		<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.</p> <p>Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she stay or use at that place?</b>  From mm/dd/2009 To mm/dd/2009</p> <p><i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D2. Is there another facility that you/he/she stayed at or used?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next page  <input type="checkbox"/> DK – Go to next page</p>
		<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>		

The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**2. During 2009, have you/has NAME: Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 3

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**3. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
**Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 4  
 DK – Go to 4  
 No – Continue to 4

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

<p><b>4. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 4a →  <input type="checkbox"/> No – Continue to 5</p> <p><b>5. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 5a →  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>4a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5  <input type="checkbox"/> No – Go to 5  <input type="checkbox"/> DK – Go to 5</p> <p><b>5a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A5 or A6  <input type="checkbox"/> No – Go to 6  <input type="checkbox"/> DK – Go to 6</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>

<p><b>6.(ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

The following questions will ask you about activities that you/NAME may have done this year, that is, during 2009.  
 If you have /NAME has done these things this year, please say "yes," even if you aren't/NAME isn't still doing them.

**1. During 2009, have you had a job where your employer provides housing for you?**  
 Yes - Go to A1  
 No - Continue to 2  
 DK - Continue to 2

*If 'Yes' to Q1, then do not ask Q2, go to Q4, next page.*

**2. During 2009, have you stayed in a place with other people that you worked with?**  
 Yes - Go to A1  
 No - Continue to 3  
 DK - Continue to 3

*If 'Yes' to Q1 or Q2, then do not ask Q3, go to Q4, next page.*

**3. During 2009, have you had a job that involved living somewhere other than here?**  
 Yes - Go to A1  
 No - Go 4, next page  
 DK - Go to 4, next page

**A1. What is the address of that place?**  
 Same as \_\_\_\_\_

House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_

Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**A2. What is the address of that place?**  
 Same as \_\_\_\_\_

House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_

Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B1. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move - was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**B2. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move - was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**D1. Is there another address you stay at for work purposes?**  
 Yes - Go to A2  
 No - Go to next page  
 DK - Go to next page

**D3. Is there another address you stay at for work purposes?**  
 Yes - Go to A3, next page  
 No - Go to next page  
 DK - Go to next page



The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**4. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 5

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.  
 Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  Th  F  Sa

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**5. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
**Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 6  
 DK – Go to 6  
 No – Continue to 6

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.  
 Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  Th  F  Sa

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

<p><b>6. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 6a →  <input type="checkbox"/> No – Continue to 7</p> <p><b>7. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 7a →  <input type="checkbox"/> No – Go to 8  <input type="checkbox"/> DK – Go to 8</p>	<p><b>4a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A3  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p> <p><b>5a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A3 or A4  <input type="checkbox"/> No – Go to 8  <input type="checkbox"/> DK – Go to 8</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p> <p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  University Name _____                  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p> <p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
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<p><b>8. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7 What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

The following questions will ask you about places that you/NAME may have stayed this year, that is, during 2009. If you have/NAME has stayed at one of these places this year, please say "yes," even if you aren't/NAME isn't still staying there or didn't stay there for long.

<p><b>1. During 2009, did you/NAME stay at some place for religious or spiritual reasons?</b>  <input type="checkbox"/> Yes – Go to 1a →  <input type="checkbox"/> No – Go to 2, next page  <input type="checkbox"/> DK – Go to 2, next page</p>	<p><b>1a. What type of place was it?</b>  <input type="checkbox"/> Covenant  <input type="checkbox"/> Monestary  <input type="checkbox"/> Rectory  <input type="checkbox"/> Yeshiva  <input type="checkbox"/> Commune  <input type="checkbox"/> Other; please specify:                  _____</p>	<p><b>A1. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                   House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                   Address collected from Question: _____</p>	<p><b>B1. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D1. Is there another address you stay at for religious or spiritual reasons?</b>  <input type="checkbox"/> Yes – Go to A2  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
		<p><b>A2. What is the address of that place?</b>  <input type="checkbox"/> Same as _____                   House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                   Address collected from Question: _____</p>	<p><b>B2. During 2009, when did you/he/she live or stay at that place?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>	<p><b>D2. Is there another address you stay at for religious or spiritual reasons?</b>  <input type="checkbox"/> Yes – Go to A3, next page  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
			<p><b>C1. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	
			<p><b>C2. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	

The following questions will ask you about activities you/NAME have may have done this year, that is, during calendar year 2009. If you've done these things this year, please say "yes" even if you aren't still doing them.

**2. During 2009, have you/has NAME:**  
**Moved?**  
 Yes  No  DK  
**Had another place for school?**  
 Yes  No  DK  
**Had another place because of the military?**  
 Yes  No  DK  
**Had another place because of a job?**  
 Yes  No  DK  
**Had a second or seasonal home?**  
 Yes  No  DK  
**Owned or rented another residence?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes – Go to A3  
 No – Continue to 3

**People stay with friends and relatives for many different reasons. We are interested in whether you/NAME stayed with anyone any time this year, that is during 2009. Please say "yes" even if you/NAME have/has only stayed with someone on weekends, for a few weeks, or off-and-on throughout the year.**

**A3. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B3. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D3. Is there another place that you/he/she stayed at?**  
 Yes – Go to A4  
 No – Go to next Q  
 DK – Go to next Q

**C3.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

**3. During 2009, have you/has NAME stayed with:**  
**A parent?**  
 Yes  No  DK  
**A son or daughter?**  
 Yes  No  DK  
**A brother or sister?**  
 Yes  No  DK  
**Some other relative, such as a grandparent, aunt or cousin?**  
 Yes  No  DK  
**A boyfriend, girlfriend, significant other, or companion?**  
 Yes  No  DK  
**Some other friend?**  
 Yes  No  DK

*INT CHECK: Did you answer "Yes" to any of the above?*  
 Yes –  
**Did you/he/she stay there more than 7 nights in the past year?**  
 Yes – Go to A3 or A4  
 No – Go to 4  
 DK – Go to 4  
 No – Continue to 4

**A4. What was the address of that place?**  
 Same as \_\_\_\_\_  
 House Number \_\_\_\_\_  
 Street Name \_\_\_\_\_  
 Apt/Unit Number \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Facility Name \_\_\_\_\_  
 Not in U.S.  
 DK/REF -- Probe for street, city, state, facility name.

Address collected from Question: \_\_\_\_\_

**B4. During 2009, when did you/he/she live or stay at that place?**  
 From mm/dd/2009 To mm/dd/2009  
*Situation: Did he/she move or go back and forth between 2 or more places?*  
 Move – was the move  
 Before 4/1  On 4/1  After 4/1  
 Back and forth  
*How often he/she stay at that place: Mark (X) all that apply.*  
 Most of the time?  Did not stay?  
 Half of the time?  
 Less than half of the time?  
 Short Stays?  
 Daytime only, didn't spend nights?  
 Certain days of the week  Su  M  Tu  W  
 Th  F  Sa

**D4. Is there another place that you/he/she stayed at?**  
 Yes – A5  
 No – Go to next Q  
 DK – Go to next Q

**C4. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?**  
 Yes  No  DK

<p><b>4. During 2009, have you/has NAME stayed anywhere for any of the following reasons:</b></p> <p><b>Education or training?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Athletics or sports?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Hobbies?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Camps or lessons?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Vacation or retreats?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>To care for someone?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of financial problems?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Conferences or conventions?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>Because of health problems, either yours or someone else's?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><i>INT CHECK: Did you answer "Yes" to any of the above?</i>  <input type="checkbox"/> Yes – Go to 2a →  <input type="checkbox"/> No – Continue to 3</p> <p><b>5. Did you/&lt;NAME&gt; stay anywhere else, even for just one night or on the weekend?</b>  <input type="checkbox"/> Yes – Go to 3a →  <input type="checkbox"/> No – Go to 4  <input type="checkbox"/> DK – Go to 4</p>	<p><b>4a. For that/those reason(s), did you/he/she stay at any one place more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A3  <input type="checkbox"/> No – Go to 7  <input type="checkbox"/> DK – Go to 7</p> <p><b>5a. Did you/he/she stay there more than 7 nights in the past year?</b>  <input type="checkbox"/> Yes – Go to A3 or A4  <input type="checkbox"/> No – Go to 8  <input type="checkbox"/> DK – Go to 8</p>	<p><b>A5 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  University Name _____  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p> <p><b>A6 What was the address of each place that you/he/she stayed more than 7 nights?</b>  <input type="checkbox"/> Same as _____</p> <p>House Number _____  Street Name _____  Apt/Unit Number _____  City _____  State _____ Zip _____  University Name _____  Dorm Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, university or dorm name.</p> <p>Address collected from Question: _____</p>	<p><b>B5. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C5.(ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p> <p><b>B6. During 2009, when did you/he/she live or stay at that place?</b>  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place:Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p> <p><b>C6. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK</p>	<p><b>D5. Is there another place that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Go to A6  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p> <p><b>D6. Is there another facility that you/he/she stayed at?</b>  <input type="checkbox"/> Yes – Pull out a continuation address form.  <input type="checkbox"/> No – Go to next Q  <input type="checkbox"/> DK – Go to next Q</p>
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<p><b>4. (ask or verify) What is your/NAME's current address?</b>  <input type="checkbox"/> ADDR1 – Go to B7  <input type="checkbox"/> ADDR2 – Go to B7  <input type="checkbox"/> Other address – Go to A7</p>	<p><b>A7 What is the address of that place?</b>  <input type="checkbox"/> Same as _____                  House Number _____                  Street Name _____                  Apt/Unit Number _____                  City _____                  State _____ Zip _____                  Facility Name _____  <input type="checkbox"/> Not in U.S.  <input type="checkbox"/> DK/REF -- Probe for street, city, state, facility name.                  Address collected from Question: _____</p>	<p><b>B7. During 2009, when did you/he/she live or stay at your/his/her current address?</b>                  From mm/dd/2009 To mm/dd/2009  <i>Situation: Did you/he/she move or go back and forth between 2 or more places?</i>  <input type="checkbox"/> Move – was the move  <input type="checkbox"/> Before 4/1 <input type="checkbox"/> On 4/1 <input type="checkbox"/> After 4/1  <input type="checkbox"/> Back and forth  <i>How often he/she stay at that place: Mark (X) all that apply.</i>  <input type="checkbox"/> Most of the time? <input type="checkbox"/> Did not stay?  <input type="checkbox"/> Half of the time?  <input type="checkbox"/> Less than half of the time?  <input type="checkbox"/> Short Stays?  <input type="checkbox"/> Daytime only, didn't spend nights?  <input type="checkbox"/> Certain days of the week <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W  <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa</p>		
		<p><b>C7. (ask or verify) Were you/Was he/she there on Wednesday, April 1st?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK                  - Go to Section END</p>		

Section END	Closing Remarks
	<p>1. Those are all the questions that I have. If you have any comments about the amount of time we estimate to complete the survey or any other aspect of this survey, I can give you an address where you can write to express your comments. Would you like the address?</p> <p>(READ ONLY IF NECESSARY)  Associate Director for Administration  Paperwork Project {Fill OMBNUM}  U.S. Census Bureau  Room 3104-3  Washington, D.C. 20233</p> <p>You may also email comments to <a href="mailto:Paperwork@census.gov">Paperwork@census.gov</a>, use "Paperwork Project – {Fill OMBNUM}" as the subject.</p> <p>Thank you for your time and cooperation. You've been very helpful.</p>