

Items Booklet for

Specification:
Section: CHILD SUPPORT AGREEMENTS

Enter Text

CS03

Earlier we recorded that ****READ ABOVE FOR NAMES OF ALL CHILDREN****
did not have [FILL TEMP] other parent staying in the household.

ENTER (P) TO PROCEED

@

Mark One Only

CS04

Does [fill CHILDNAMET] have a parent living elsewhere?

- (1) Yes
- (2) No

@

Multiple Entry

CS05

[fill TEMP1]

[fill TEMP2]

Why doesn't [fill CHILDNAMET] have a biological or adoptive parent
living outside the household?

- (1) Other parent has died
- (2) Both parents live in the household
- (3) Parents are separated/divorced
- (4) Don't want contact with child's other parent
- (5) Don't know where child's other parent is
- (6) Other parent lives elsewhere
- (7) Other parent legally terminated their parental rights
- (8) Other parent is no longer recognized as a parent by
this household
- (9) Child was adopted by a single parent
- (10) Other

@

Mark One Only

CS08

[fill TEMP1]

Child support payments can be specified in
written or verbal child support agreements.
Have child support payments ever been
agreed to or awarded for ****READ NAME(S)****?

- (1) Yes
- (2) No

@

Multiple Entry

CS10

Which children are covered by a written or verbal child support agreement?

ENTER LINE NUMBER OF EACH CHILD
ENTER (N) FOR NO MORE

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10

@11 @12 @13 @14 @15 @16 @17 @18 @19 @20

@21 @22 @23 @24 @25 @26 @27 @28 @29 @30

Mark One Only

CS13

Were any of these children covered by different child support agreements? By that we mean separate agreements involving different absent parents.

- (1) Yes
- (2) No

@

Enter Number

CS14

How many different child support agreements cover these children?

@ (number of agreements)

Multiple Entry

CS15

Which of these children were covered by the MOST RECENT child support agreement?

ENTER LINE NUMBERS OF EACH CHILD COVERED BY THE MOST RECENT AGREEMENT
ENTER (N) FOR NO MORE

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10

@11 @12 @13 @14 @15 @16 @17 @18 @19 @20

@21 @22 @23 @24 @25 @26 @27 @28 @29 @30

Mark One Only

CS17

The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT. This is the agreement covering **READ NAME(S) OF CHILD(REN)**.

Was this a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written verbal agreement?

- (1) Voluntary written agreement ratified by the court
- (2) Court-ordered agreement
- (3) Other type of written agreement
- (4) A non-written verbal agreement

@

Enter Number

CS18

In what year was this agreement FIRST reached?

@

Multiple Entry

CS19

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$@AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

@1

Mark One Only

CS21

THE AMOUNT YOU HAVE ENTERED [fill CS19@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS22

Has the dollar amount ever changed?

- (1) Yes
- (2) No

@

Enter Number

CS23

In what year was the amount LAST changed?

@

Multiple Entry

CS24

What was the dollar amount for the agreement after the last change?

\$@AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

@1

Mark One Only

CS26

THE AMOUNT YOU HAVE ENTERED [fill CS24@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS27

Was that change made or agreed to by a government agency such as a court or child support agency?

- (1) Yes
- (2) No

@

Mark One Only

CS28

These next few questions are asking information about the past 12 months.

Were any payments due from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR]?

- (1) Yes
- (2) No

@

Mark One Only

CS29

Why weren't any payments due during that period?

- (1) Child(ren) over the age limit
- (2) Other parent not working
- (3) Other parent in jail or institution
- (4) Payment suspended by court or child support agency
- (5) Other reason

@

Multiple Entry

CS30

What is the total amount of child support payments [fill TEMPNAME] [fill WASWERE] supposed to receive during that period from the most recent agreement?

\$ @AMT

Mark One Only

CS32

THE AMOUNT YOU HAVE ENTERED [fill CS30@AMT] [fill LGSMFIL].

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS33

How are these payments supposed to be received?
Are they received...
READ RESPONSES

- (1) Directly from the other parent
- (2) Through the court
- (3) Through the welfare or child support agency
- (4) Some other method

@

Multiple Entry

CS34

What is the total amount that [fill HESHE] ACTUALLY RECEIVED in
child support payments under that agreement during that period?

[if INDEX eq <1>]
Please include any child support passed through the welfare agency,
Excluding your regular A.F.D.C[if TEMP2 eq <> and TEMP3 eq <>] or[else],[endif]
[fill TEMP1] [fill TEMP2] [fill TEMP3][endif]

ENTER (N) FOR NONE

\$ @AMT

Mark One Only

CS36

THE AMOUNT YOU HAVE ENTERED [fill CS34@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS37A

From [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], did
[fill TEMPNAME] receive EVERY SINGLE ONE of the child support payments
[fill HESHE] [fill WASWERE] supposed to receive?

- (1) Yes
- (2) No

@

Mark One Only

CS37B

Of the child support payments [fill TEMPNAME] received from
[fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], how many
were received ON TIME? Would you say all of them were on time,
most of them, some of them, or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

@

Mark One Only

CS37C

For the child support payments [fill TEMPNAME] received, how many of them were for the FULL amount [fill HESHE] [fill WASWERE] supposed to receive? Would you say all of them, most of them, some of them, or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

@

Mark One Only

CS38

Sometimes child support that was not paid in previous years is added to the amount of support owed today. This is sometimes called back support, back payments, or arrearages.

Did [fill PTEMPNAME] most recent agreement for the past 12 months include payment for back support?

- (1) Yes
- (2) No

@

Enter Number

CS39

How much of the child support owed the last 12 months was considered back payment?

\$@

Mark One Only

CS39B

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT OWED IN THE AGREEMENT [fill CS39@] IS GREATER THAN THE TOTAL AMOUNT THE RESPONDENT STATED WAS OWED IN THE AGREEMENT, [fill CS30@AMT].

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS39C

[fill C_AREIS] [fill TEMPNAME] owed any back payments?

- (1) Yes
- (2) No

@

Enter Number

CS39D

To date, what is the amount of back payments OWED to [fill TEMPNAME]?

\$@

Mark One Only

CS39F

THE AMOUNT YOU HAVE ENTERED [fill CS39D@] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
(P) Proceed

@

Enter Number

CS39G

How much back payment did [FILL TEMPNAME] actually RECEIVE the last 12 months?

ENTER (N) FOR NONE

\$@

Mark One Only

CS39I

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT RECEIVED [fill CS39G] IS GREATER THAN THE TOTAL AMOUNT OF CHILD SUPPORT RECEIVED, [fill CS34@AMT].

- (1) BACK UP AND CORRECT
(P) PROCEED

@

Multiple Entry

CS40

What kinds of provisions for health care costs are included in the child support agreement?

READ ALL RESPONSES
ENTER ALL YES RESPONSES
ENTER (N) FOR NO MORE

- (1) Non-custodial parent to provide health insurance
(2) Custodial parent to provide health insurance
(3) Non-custodial parent to pay actual medical costs directly
(4) Child support payments to include cash medical support
(5) No provisions for health insurance were included in agreement
(6) Other provisions

@1 @2 @3 @4 @5 @6

Mark One Only

CS41

What child custody arrangements does the child support agreement for **READ NAME(S) OF CHILD(REN)** specify?

- (1) Joint legal and physical custody
(2) Joint legal with mother physical custody
(3) Joint legal with father physical custody
(4) Mother legal and physical custody
(5) Father legal and physical custody
(6) Split custody
(7) Other custody arrangement

@

Mark One Only

CS42

Does the child support agreement specify the amount of time that the [fill TEMP1] will spend with the other parent?

- (1) Yes
- (2) No

@

Mark One Only

CS44

Did all the children spend about the same number of days with the other parent in the last 12 months?

- (1) Yes
- (2) No

@

Multiple Entry

CS45

```
[roster begin CHGRD]
  [if CHSFLAG eq <1> and CSKEEP eq <1> and CS44 eq <1>]
CHILD'S NAME: [fill CHILDNAME] LN: [fill GRDX2]
  [endif]
[roster end CHGRD]
[if CS44 eq <2>]
CHILD'S NAME: [fill OLDNAME] LN: [fill TMP1] [endif]
What is the total amount of time **READ NAMES OF CHILDREN ABOVE** spent
with the other parent from [fill MONTH4] [fill TINTYR] to
[fill MONTH4] [fill INTYR]?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

Number of days @DAYS
Number of weeks @WEEKS
Number of Months @MONTHS
```

Mark One Only

CS46

Where does the other parent of **READ NAME(S) OF CHILDREN** now live?

- (1) Same county or city
- (2) Same state (different county or city)
- (3) Different state
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

@

Mark One Only

CS47

Do you and the other parent still live in the same state or states where the initial child support agreement was reached?

- (1) Yes
- (2) No

@

Mark One Only

CS48

Who moved?

- (1) Subject person
- (2) Other parent
- (3) Both subject person and other parent

@

Multiple Entry

CS49

Now I would like to ask a few questions specifically about the
MOST RECENT NON-WRITTEN CHILD SUPPORT AGREEMENT OR UNDERSTANDING.

In what year was this agreement first reached?

@YEAR

Multiple Entry

CS50

What was the dollar amount of that agreement? You may report this
as a weekly, biweekly, monthly, or an annual amount.

\$ @AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

@1

Mark One Only

CS52

THE AMOUNT YOU HAVE ENTERED [fill CS50@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS53

Has the dollar amount ever changed?

- (1) Yes
- (2) No

@

Multiple Entry

CS54

In what year was the amount LAST changed?

@YEAR

Multiple Entry

CS55

What was the dollar amount for the agreement after the last change?

\$ @AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

@1

Mark One Only

CS57

THE AMOUNT YOU HAVE ENTERED [fill CS55@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS58

These next few questions are asking information about the past 12 months.

Were any payments to be received from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR]?

- (1) Yes
- (2) No

@

Mark One Only

CS59

Why weren't any payments due during that period?

- (1) Child(ren) over the age limit
- (2) Other parent not working
- (3) Other parent in jail or institution
- (4) Other reason

@

Multiple Entry

CS60

What is the total amount of child support payments [fill TEMPNAME] [fill WASWERE] supposed to receive during that period from the most recent agreement?

\$ @AMT

Mark One Only

CS62

THE AMOUNT YOU HAVE ENTERED [fill CS60@AMT] IS UNUSUALLY LARGE

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Multiple Entry

CS63

What is the total amount that [fill HESHE] ACTUALLY RECEIVED in child support payments under that agreement during that period?

[if INDEX eq <1>]

Please include any child support passed through the welfare agency, Excluding your regular A.F.D.C.[if TEMP2 ne <> and TEMP3 ne <>] or[else],[endif] [fill TEMP1] [fill TEMP2] [fill TEMP3][endif]

ENTER (N) FOR NONE

\$ @AMT

Mark One Only

CS65

THE AMOUNT YOU HAVE ENTERED [fill CS63@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS66A

From [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], did [fill TEMPNAME] receive EVERY SINGLE ONE of the child support payments [fill HESHE] [fill WASWERE] supposed to receive?

- (1) Yes
- (2) No

@

Mark One Only

CS66B

Of the child support payments [fill TEMPNAME] received from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR], how many were received ON TIME?

Would you say all of them were on time, most of them, some of them, or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

@

Mark One Only

CS66C

For the child support payments [fill TEMPNAME] received, how many of them were for the FULL amount [fill HESHE] [fill WASWERE] supposed to receive? Would you say all of them, most of them, some of them, or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

@

Mark One Only

CS67

Sometimes child support that was not paid in previous years is added to the amount of support owed today. This is sometimes called back support, back payments, or arrearages.

Did [fill PTEMPNAME] most recent agreement for the past 12 months include payment for back support?

- (1) Yes
- (2) No

@

Multiple Entry

CS68

How much of the child support owed the last 12 months was considered back payment?

\$ @AMT

Mark One Only

CS68B

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT OWED IN THE AGREEMENT [fill CS68@AMT] IS GREATER THAN THE TOTAL AMOUNT THE RESPONDENT STATED WAS OWED IN THE AGREEMENT, [fill CS60@AMT].

- (1) BACK UP AND CORRECT
- (P) PROCEED

@

Mark One Only

CS68C

[fill C_AREIS] [fill TEMPNAME] owed any back payments?

- (1) Yes
- (2) No

@

Enter Number

CS68D

To date, what is the amount of back payments OWED to [fill TEMPNAME]?

\$@

Mark One Only

CS68F

THE AMOUNT YOU HAVE ENTERED [fill CS68D] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Enter Number

CS68G

How much back payment did [fill TEMPNAME] actually RECEIVE the last 12 months?

ENTER (N) FOR NONE

\$@

Mark One Only

CS68I

THE AMOUNT YOU HAVE ENTERED AS BACK SUPPORT RECEIVED [fill CS68G]
IS GREATER THAN THE TOTAL AMOUNT OF CHILD SUPPORT
OWED. [fill CS63@AMT].

- (1) BACK UP AND CORRECT
- (P) PROCEED

@

Multiple Entry

CS69

What kinds of provisions for health care costs are included in the
child support agreement?

READ ALL RESPONSES
ENTER ALL YES RESPONSES
ENTER (N) FOR NO MORE

- (1) Non-custodial parent to provide health insurance
- (2) Custodial parent to provide health insurance
- (3) Non-custodial parent to pay actual medical costs directly
- (4) Child support payments include cash medical support
- (5) No provisions for health insurance were included in agreement
- (6) Other provisions

@1 @2 @3 @4 @5 @6

Mark One Only

CS70

What child custody arrangements does the
child support agreement for **READ NAME(S)
OF CHILDREN** specify?

- (1) Child(ren) live with mother
- (2) Child(ren) live with father
- (3) Child(ren) live with mother and
with father
- (4) None
- (5) Other

@

Mark One Only

CS71

Does the child support agreement specify the amount of time that
the [fill TEMP1] will spend with the other parent?

- (1) Yes
- (2) No

@

Mark One Only

CS73

Did all the children spend about the same number of days with the
other parent in the last 12 months?

- (1) Yes
- (2) No

@

Multiple Entry

CS74

```
-CS74-
  [roster begin CHGRD]
    [if CHSFLAG eq <1> and CSKEEP eq <1> and (CS73 eq <1> or CS73 eq <>)]
CHILD'S NAME: [fill CHILDNAMET] LN: [fill GRDX2]
    [endif]
  [roster end CHGRD]
  [if CS73 eq <2>]
CHILD'S NAME: [fill OLDNAME] LN: [fill TMP1] [endif]
  What is the total amount of time **READ NAMES OF CHILDREN ABOVE** spent
  with the other parent from [fill MONTH4] [fill TINTYR] to
  [fill MONTH4] [fill INTYR]?

  ENTER ONE RESPONSE
  ENTER (N) FOR NO TIME

  Number of days @DAYS
  Number of weeks @WEEKS
  Number of months @MONTHS
```

Mark One Only

CS77

```
[if TMP1 gt <1>]
[else]
One reason a parent might not have a written agreement about child
support payments is because the child's father was never
LEGALLY IDENTIFIED.
[endif]
Was [fill CHILDNAMET]'s father ever legally identified by a
court ruling?

(1) Yes
(2) No

@
```

Mark One Only

CS78

```
Was [fill CHILDNAMET]'s father ever legally identified by a
blood test or other genetic test?

(1) Yes
(2) No

@
```

Mark One Only

CS79

```
Did [fill CHILDNAMET]'s father ever write his OWN signature on
the application for [fill CHILDNAMET]'s birth certificate?

(1) Yes
(2) No

@
```

Mark One Only

CS80

Other than the application for a birth certificate, did [fill CHILDNAMET]'s father ever sign a statement or affidavit that legally specifies that he is [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS81

Did [fill CHILDNAMET]'s father ever sign any other papers, such as insurance forms, a personal letter, or a card, that could identify him as [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Multiple Entry

CS83

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.

[fill C_WASWERE] [fill HESHE] ever married to [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS84

Was [fill CHILDNAMET]'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

@

Mark One Only

CS85

Was [fill CHILDNAMET]'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

@

Mark One Only

CS86

Did [fill CHILDNAMET]'s father ever write his OWN signature on the application for [fill CHILDNAMET]'s birth certificate?

- (1) Yes
- (2) No

@

Mark One Only

CS87

Other than the application for a birth certificate, did [fill CHILDNAMET]'s father ever sign a statement or affidavit that legally specifies that he is [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS88

Did [fill CHILDNAMET]'s father ever sign any other papers, such as insurance forms, a personal, letter or a card, that could identify him as [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Multiple Entry

CS89

Why was this agreement for **READ NAME(S) OF CHILDREN** never put in writing?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

@1 @2 @3 @4 @5 @6 @7 @8

Mark One Only

CS90

Where does the other parent for this agreement now live?

- (1) Same county or city
- (2) Same state (different county or city)
- (3) Different state
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

@

Mark One Only

CS91

[fill C_DODOES] [fill HESHE] and the other parent still live in the same states(s) where the initial child support agreement was reached?

- (1) Yes
- (2) No

@

Mark One Only

CS92

Who moved?

- (1) Subject person
- (2) Other parent
- (3) Both subject person and other parent

@

Multiple Entry

CS94

Now I would like to ask a few questions about the OTHER CHILD SUPPORT AGREEMENTS [fill HESHE] had for **READ NAME(S) OF CHILDREN**. What was the dollar amount of [fill TEMP1] You may report this as a weekly, biweekly, monthly, or an annual amount.

\$ @AMT per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

@1

Mark One Only

CS96

THE AMOUNT YOU HAVE ENTERED [fill CS94@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Multiple Entry

CS97

What is the total amount that [fill HESHE] actually received in child support payments under [fill TEMP1] during that period?

ENTER (N) IF NOTHING RECEIVED

\$ @AMT

Mark One Only

CS99

THE AMOUNT YOU HAVE ENTERED [fill CS97@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS100

```
ROSTER CS02
[roster begin CHGRD]
  [if CSKEEP eq <1>]
CHILD'S NAME: [fill CHILDNAMET] LN: [fill GRDX2]
  [endif]
[roster end CHGRD]

For [fill TEMP1], (READ NAMES ABOVE), [fill HAVHAS] [fill HESHE]
ever asked a public agency, such as the child support enforcement
office or welfare agency, for help in obtaining child support?

(1) Yes
(2) No

@
```

Multiple Entry

CS101

```
In what year did [fill HESHE] LAST ASK for help?

@YEAR
```

Multiple Entry

CS102

```
What type of help did [fill HESHE] ask for in [fill HISHER]
last contact?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

(1) Locate the other parent
(2) Establish paternity
(3) Establish support obligation
(4) Establish medical support
(5) Enforce support order
(6) Modify an order
(7) Other

@1 @2 @3 @4 @5 @6 @7
```

Mark One Only

CS103

```
Did [fill HESHE] receive any help from the agency as a result of
[fill HISHER] last contact?

(1) Yes
(2) No

@
```

Multiple Entry

CS104

What kind of help did [fill HESHE] receive as a result of
[fill HISHER] last contact or referral from the welfare office?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

@1 @2 @3 @4 @5 @6 @7

Mark One Only

CS107

[if CSTMP gt <1>]
[else]
One reason a parent might not have a written agreement about child
support payments is because the child's father was never LEGALLY
IDENTIFIED.
[endif]
Was [fill CHILDNAMET]'s father ever legally identified by a court
ruling?

- (1) Yes
- (2) No

@

Mark One Only

CS108

Was [fill CHILDNAMET]'s father ever legally identified by a
blood test or other genetic test?

- (1) Yes
- (2) No

@

Mark One Only

CS109

Did [fill CHILDNAMET]'s father ever write his OWN signature
on the application for [fill CHILDNAMET]'s birth certificate?

- (1) Yes
- (2) No

@

Mark One Only

CS110

Other than the application for a birth certificate, did
[fill CHILDNAMET]'s father ever sign a statement that legally
or affidavit specifies that he is [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS111

Did [fill CHILDNAMET]'s father ever sign any other papers, such as insurance forms, a personal letter, or a card, that could identify him as [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS113

[if TMP1 gt <1>]
[else]
One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.
[endif]

[fill C_WASWERE] [fill HESHE] ever married to [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS115

Do ****READ NAME(S)**** all have the same father?

- (1) Yes
- (2) No

@

Mark One Only

CS116

Was [fill CHILDNAMET]'s father ever legally identified by a court ruling?

- (1) Yes
- (2) No

@

Mark One Only

CS117

Was [fill CHILDNAMET]'s father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

@

Mark One Only

CS118

Did [fill CHILDNAMET]'s father ever write his OWN signature on the application for [fill CHILDNAMET]'s birth certificate?

- (1) Yes
- (2) No

@

Mark One Only

CS119

Other than the application for a birth certificate, did [fill CHILDNAMET]'s father ever sign a statement that legally or affidavit specifies that he is [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS120

Did [fill CHILDNAMET]'s father ever sign any other papers, such as insurance forms, a personal letter, or a card, that could identify him as [fill CHILDNAMET]'s father?

- (1) Yes
- (2) No

@

Mark One Only

CS123

```
[roster begin CHGRD]
  [if CHSFLAG eq <3> and CSKEEP eq <1>]
CHILD'S NAME: [fill CHILDNAMET] LN: [fill GRDX2]
  [endif]
[roster end CHGRD]
Do **READ NAMES ABOVE** all have the same [fill TEMP1]?
```

- (1) Yes
- (2) No

@

Multiple Entry

CS124

Why were child support payments not agreed to or awarded for [fill OLDNAME]?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

@1 @2 @3 @4 @5 @6 @7 @8

Mark One Only

CS125

Where does the other parent for [fill OLDNAME]
now live?

- (1) Same county or city
- (2) Same state (different county or city)
- (3) Different state
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

@

Mark One Only

CS125A

Was there ever an agreement by a court order or other government
agency about the amount of time the [if NUMKIDZ1 gt <1>]children[else]child[endif]
would spend with the other parent?

- (1) Yes
- (2) No

@

Multiple Entry

CS126

What is the total amount of time [fill OLDNAME] spent with the
other parent from [fill MONTH4] [fill TINTYR] to [fill MONTH4]
[fill INTYR]?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

Number of : days @DAYS
 or
 weeks @WEEKS
 or
 months @MONTHS

Multiple Entry

CS128

Why were child support agreements not agreed to or awarded for
[fill OLDNAME]?

ENTER ALL YES RESPONSES
ENTER (N) AFTER LAST REPLY

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

@1 @2 @3 @4 @5 @6 @7 @8

Mark One Only

CS129

Where does the other parent for [fill OLDNAME] now live?

- (1) Same county or city
- (2) Same state (different county or city)
- (3) Different state
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

@

Mark One Only

CS129A

Was there ever an agreement by a court order or other government agency about the amount of time the [if NUMKIDZ1 gt <1>]children[else]child[endif] would spend with the other parent?

- (1) Yes
- (2) No

@

Multiple Entry

CS130

What is the total amount of time [fill OLDNAME] spent with the other parent from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR]?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

Number of: days @DAYS
 or
 weeks @WEEKS
 or
 months @MONTHS

Mark One Only

CS131

Were any payments received from the other [fill TEMP1] in the last 12 months for **READ NAME(S)**?

- (1) Yes
- (2) No

@

Multiple Entry

CS132

What is the total amount that [fill HESHE] received from the other [fill TEMP1] in the past 12 months?

\$ @AMT

Mark One Only

CS134

THE AMOUNT YOU HAVE ENTERED [fill CS132@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) Proceed

@

Mark One Only

CS135

For ANY of the children we have discussed, did the child's other parent or parents provide any non-cash items during the last 12 months? Such items would include things like diapers, clothing, or services such as child care.

- (1) Yes
- (2) No

@

Mark One Only

CS135A

[if CS28 eq <1> or CS58 eq <1>]

Earlier you said you were supposed to receive child support payments during the last 12 months from your most recent agreement.
[endif]

Did any government or public agency collect any child support from

[if CS28 gt <0> or CS58 gt <0>][fill TEMP2]'s [endif]other parent on [fill PTEMPNAME] behalf from [fill MONTH4] [fill TINTYR] to [fill MONTH4] [fill INTYR]?

- (1) Yes
- (2) No

@

Mark One Only

CS135B

Did the agency collect ALL or SOME of the child support due the last 12 months from [fill TEMP2]'s other parent?

- (1) All
- (2) Some

@

Enter Number

CS135C

How much child support income did the public or government agency collect on [fill PTEMPNAME] behalf?

\$@

Mark One Only

SUP01

During the past 12 months, did [fill TEMPNAME] make payments for the support of [fill PTEMPNAME] child or children under 21 years of age who live outside the household?

DO NOT INCLUDE PAYMENTS FOR A CHILD WHO IS AWAY AT SCHOOL BUT WHO IS CONSIDERED PART OF THE HOUSEHOLD.
DO NOT INCLUDE PAYMENTS ALREADY REPORTED BY ANOTHER HOUSEHOLD MEMBER.

- (1) Yes
(2) No

@

Multiple Entry

SUP02

Did [fill TEMPNAME] make regular payments, lump-sum payments, or some other kind of payment?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Regular payments
(2) Lump sum payments
(3) Other

@1 @2 @3

Enter Number

SUP03

For how many children did [fill HESHE] make support payments?

Number of Children: @

Mark One Only

SUP04

[fill TEMP1] under 18 years of age?

IF RESPONSE IS YES ENTER (1)
IF RESPONSE IS NO ENTER (0)

Number of Child(ren): @

Mark One Only

SUP05

Were any of these payments the result of a court order or some other kind of agreement?

- (1) Yes
(2) No

@

Enter Number

SUP06

The next few questions concern the most recent child support agreement for [fill PTEMPNAME] children.

How many children were covered by that agreement?

Number of Children: @

Mark One Only

SUP07

Was this agreement a:
READ ALL CATEGORIES

- (1) Voluntary written agreement ratified by the court
- (2) Court-ordered agreement
- (3) Other type of written agreement
- (4) Non-written agreement

@

Enter Number

SUP08

In what year was this agreement FIRST reached?

Year: @

Mark One Only

SUP09

Has the dollar amount agreed to originally ever been changed?

- (1) Yes
- (2) No

@

Enter Number

SUP10

In what year was the amount last changed?

Year: @

Mark One Only

SUP11

Was this change made or agreed to by a court or child support agency?

- (1) Yes
- (2) No

@

Mark One Only

SUP12

[fill C_AREIS] [fill TEMPNAME] still supposed to pay child support?

- (1) Yes
- (2) No

@

Enter Number

SUP13

How much did [fill TEMPNAME] pay in child support under this agreement during the past 12 months?

ENTER (N) FOR NONE

Amount: \$@

Mark One Only

SUP14

Were these payments made:

READ ALL CATEGORIES

- (1) Through employment related wage withholding?
- (2) Directly to the other parent?
- (3) Directly to the court?
- (4) Directly to a child support agency?
- (5) By some other method?

@

Multiple Entry

SUP15

What kinds of provisions for health care costs were included in the child support agreement?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Non-custodial parent to provide health insurance
- (2) Custodial parent to provide health insurance
- (3) Non-custodial parent to pay medical costs directly
- (4) Child support payments to include cash medical support
- (5) Other provision
- (6) No provisions for health insurance or expenses

@1 @2 @3 @4 @5 @6

Mark One Only

SUP16

What child support custody arrangement does the child support agreement specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other-Specify

@

Mark One Only

SUP17

Does the child support agreement specify the amount of time [fill TEMPNAME] may spend with [fill hisher] [fill TEMP1]?

- (1) Yes
- (2) No

@

Multiple Entry

SUP18

What is the total amount of time [fill TEMPNAME] spent with [fill TEMP] under age 21 during the last 12 months?

ALLOW ONE RESPONSE IN ONE CATEGORY ONLY
ENTER (N) FOR NONE

Days: @1
Weeks: @2
Months: @3

Mark One Only

SUP19

We talked about the most recent support agreement. Was there any other agreement that covered [fill PTEMPNAME] other [fill TEMP] under age 21 living outside of this household?

(1) Yes
(2) No

@

Enter Number

SUP20

How much did [fill TEMPNAME][fill TEMP] during the past 12 months?

ENTER (N) FOR NONE

Amount: \$@

Mark One Only

SUP21

Did [fill TEMPNAME] make any payments for any other of [fill PTEMPNAME] children under age 21 living outside the household without any kind of child support agreement in place?

(1) Yes
(2) No

@

Enter Number

SUP22

What is the total amount of the payments [fill TEMPNAME] made on behalf of [fill PTEMPNAME] children under age 21 in the last 12 months?

Amount: \$@

Multiple Entry

SUP23

What is the total amount of time [fill TEMPNAME] spent with [fill TEMP] under age 21 during the past 12 months?

ALLOW ONE RESPONSE IN ONE CATEGORY ONLY
ENTER (N) FOR NONE

Days: @1
Weeks: @2
Months: @3

Mark One Only

SUP24

During the past 12 months, did [fill TEMPNAME] make regular or lump sum payments for the support of any other person not living in [fill PTEMPNAME] household?

- (1) Yes
- (2) No

@

Enter Number

SUP25

For how many other people did/do [fill TEMPNAME] make support payments?

People: @

Mark One Only

SUP26

How is [fill TEMP1] [fill TEMPNAME] make support payments for related to [fill TEMPNAME]?

- (1) Parent
- (2) Spouse
- (3) Ex-spouse
- (4) Child under 21
- (5) Child over 21
- (6) Other relative
- (7) Not related

@

Mark One Only

SUP27

Where was this person most often living during the past 12 months?

READ ALL CATEGORIES

- (1) Private home or apartment
- (2) Nursing home
- (3) Someplace else

@

Enter Number

SUP28

How much did [fill TEMPNAME] pay for the support of this person during the past 12 months?

Amount: \$@

Mark One Only

SUP30

How is [fill TEMP1] [fill TEMPNAME] make/makes support payments for related to [fill TEMPNAME]?

- (1) Parent
- (2) Spouse
- (3) Ex-spouse
- (4) Child under 21
- (5) Child over 21
- (6) Other relative
- (7) Not related

@

Mark One Only

SUP31

Where was this person most often living during the past 12 months?

READ ALL CATEGORIES

- (1) Private home or apartment
- (2) Nursing home
- (3) Someplace else

@

Enter Number

SUP32

How much did [fill TEMPNAME] pay for the support of this person during the past 12 months?

Amount: \$@

Enter Number

SUP34

How much did [fill TEMPNAME] pay for the support of other people that we have not talked about during the past 12 months?

Amount: \$@

Mark One Only

ADQ1

These next few questions are about
[fill PTEMPNAME] health. Would you say
[fill PTEMPNAME] health in general is
excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very Good
- (3) Good
- (4) Fair
- (5) Poor

@

Multiple Entry

ADQ2

MARK BY OBSERVATION IF APPARENT

[fill C_DODOES] [fill TEMPNAME] use any of the
following aids?

- a. A cane, crutches, or a walker? (1) Yes (2) No
@1
- b. A wheelchair, electric scooter,
or similar aid for getting around? (1) Yes (2) No
@2
- c. A hearing aid? (1) Yes (2) No
@3

Mark One Only

ADQ3

[fill C_HAVHAS] [fill TEMPNAME] used a cane, crutches, or
a walker for six months or longer?

- (1) Yes
- (2) No

@

Mark One Only

ADQ4

[fill C_DODOES] [fill TEMPNAME] have difficulty seeing the
words and letters in ordinary newspaper print even when wearing
glasses or contact lenses if [fill HESHE] usually wear(s) them?

- (1) Yes
- (2) No
- (3) Person is blind

@

Mark One Only

ADQ5

[fill C_AREIS] [fill TEMPNAME] able to see the words
and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

@

Mark One Only

ADQ6

```
[if ADQ2@3 eq <1>]
[fill C_DODOES] [fill TEMPNAME] have difficulty hearing
what is said in a normal conversation with another person
even when wearing [fill hisher] hearing aid?
[else]
[if ADQ2@3 ne <1>]
[fill C_DODOES] [fill TEMPNAME] have difficulty hearing
what is said in a normal conversation with another person?
[endif][endif]
```

- (1) Yes
- (2) No
- (3) Person is deaf

@

Mark One Only

ADQ7

```
[fill C_AREIS] [fill TEMPNAME] able to hear what is said
in a normal conversation at all?
```

- (1) Yes
- (2) No

@

Mark One Only

ADQ8

```
[fill C_DODOES] [fill TEMPNAME] have difficulty having
[fill HISHER] speech understood?
```

DO NOT ENTER (1) FOR YES IF THE PERSON HAS TROUBLE SIMPLY
BECAUSE THEY SPEAK A LANGUAGE OTHER THAN ENGLISH

- (1) Yes
- (2) No

@

Mark One Only

ADQ9

```
In general, are people able to understand
[fill PTEMPNAME] speech at all?
```

- (1) Yes
- (2) No

@

Mark One Only

ADQ10

```
[fill C_DODOES] [fill TEMPNAME] have any difficulty lifting
and carrying something as heavy as 10 pounds -
such as a bag of groceries?
```

- (1) Yes
- (2) No

@

Mark One Only

ADQ11

[fill C_AREIS] [fill TEMPNAME] able to lift and carry
a 10 pound bag of groceries at all?

- (1) Yes
- (2) No

@

Mark One Only

ADQ12

Would [fill TEMPNAME] have any difficulty lifting and carrying a
25 pound bag of pet food?

- (1) Yes
- (2) No

@

Mark One Only

ADQ13

[if ADQ11 eq <1>]
We have recorded that [fill TEMPNAME] would have difficulty lifting
10 pounds but would be able to do it.
[endif]

Would [fill TEMPNAME] be able to lift and
carry a 25 pound bag of pet food[if ADQ12 eq <1>] at all?[else]?[endif]

- (1) Yes
- (2) No

@

Mark One Only

ADQ14

[fill C_DODOES] [fill TEMPNAME] have any difficulty
pushing or pulling large objects such as
a living room chair?

- (1) Yes
- (2) No

@

Mark One Only

ADQ15

[fill C_AREIS] [fill TEMPNAME] able to push or
pull such large objects at all?

- (1) Yes
- (2) No

@

Multiple Entry

ADQ16

[fill C_DODOES] [fill TEMPNAME] have any difficulty -

- (1) Yes (2) No
- a. Standing or being on
[fill HISHER] feet for one
hour? @1
- b. Sitting for one hour? @2
- c. Stooping, crouching, or
kneeling? @3
- d. Reaching over [fill HISHER]
head? @4

Mark One Only

ADQ17

[fill C_DODOES] [fill TEMPNAME] have difficulty using
[fill HISHER] hands and fingers to do things
such as picking up a glass or grasping a pencil?

- (1) Yes
(2) No

@

Mark One Only

ADQ18

[fill C_AREIS] [fill TEMPNAME] able to use [fill HISHER]
hands and fingers to grasp and handle at all?

- (1) Yes
(2) No

@

Mark One Only

ADQ19

[fill C_DODOES] [fill TEMPNAME] have any difficulty
walking up a flight of 10 stairs?

- (1) Yes
(2) No

@

Mark One Only

ADQ20

[fill C_AREIS] [fill TEMPNAME] able to walk up a flight of
10 stairs at all?

- (1) Yes
(2) No

@

Mark One Only

ADQ21

[fill C_DODOES] [fill TEMPNAME] have any difficulty walking a quarter of a mile - about 3 city blocks?

- (1) Yes
- (2) No

@

Mark One Only

ADQ22

[fill C_AREIS] [fill TEMPNAME] able to walk a quarter of a mile at all?

- (1) Yes
- (2) No

@

Mark One Only

ADQ23

[fill C_DODOES] [fill TEMPNAME] have any difficulty using an ordinary telephone?

- (1) Yes
- (2) No

@

Mark One Only

ADQ24

[fill C_AREIS] [fill TEMPNAME] able to use an ordinary telephone at all?

- (1) Yes
- (2) No

@

Multiple Entry

ADQ25

Because of a physical or mental health condition,
[fill DODOES] [fill TEMPNAME] have difficulty doing any of
the following by [fill SELF]?

EXCLUDE THE EFFECTS OF TEMPORARY CONDITIONS -
IF AN AID IS USED, ASK WHETHER THE PERSON HAS DIFFICULTY
WHEN USING THE AID.

(1) Yes (2) No

- a. Getting around INSIDE the home? @1
- b. Going OUTSIDE the home, for example, to shop or visit a doctor's office? @2
- c. Getting in and out of bed or a chair? @3
- d. Taking a bath or shower @4
- e. Dressing? @5
- f. Walking? @6
- g. Eating? @7
- h. Using or getting to the toilet? @8
- i. Keeping track of money or bills? @9
- j. Preparing meals? @10
- k. Doing light housework such as washing dishes or sweeping a floor? @11
- l. Taking the right amount of prescribed medicine at the right time? @12

Multiple Entry

ADQ26

[fill C_DODOES] [fill TEMPNAME] need the help of
another person with :

READ ACTIVITY LISTED

- (1) Yes (2) No
- [if ADQ25@1 eq <1>]
a. Getting around INSIDE
the home? @1
[endif]
- [if ADQ25@2 eq <1>]
b. Going OUTSIDE the home,
for example, to shop or
visit a doctor's office? @2
[endif]
[if ADQ25@3 eq <1>]
c. Getting in and out of bed
or a chair? @3
[endif]
- [if ADQ25@4 eq <1>]
d. Taking a bath or shower? @4
[endif]
[if ADQ25@5 eq <1>]
e. Dressing? @5
[endif]
- [if ADQ25@6 eq <1>]
f. Walking? @6
[endif]
[if ADQ25@7 eq <1>]
g. Eating? @7
[endif]
- [if ADQ25@8 eq <1>]
h. Using or getting to the
toilet? @8
[endif]
[if ADQ25@9 eq <1>]
i. Keeping track of money and bills?@9
[endif]
- [if ADQ25@10 eq <1>]
j. Preparing meals? @10
[endif]
- [if ADQ25@11 eq <1>]
k. Doing light housework
such as washing dishes
or sweeping a floor? @11
[endif]
[if ADQ25@12 eq <1>]
l. Taking the right amount
of prescribed medicine
at the right time? @12
[endif]

Mark One Only

AD27A

You have said [fill TEMPNAME] need(s) the help of another person with one or more activities. Who generally helps [fill TEMPNAME] with these activities?

MARK ONLY ONE

First Helper

RELATIVE

- (1) Son
- (2) Daughter
- (3) Spouse
- (4) Parent
- (5) Other relative

NONRELATIVE

- (6) Friend or Neighbor
- (7) Paid help
- (8) Other nonrelative
- Did not receive help
- (9) Did not receive help

@

Enter Number

AD27B

ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is the person who generally helps [fill TEMPNAME] with these activities a member of this household?

ENTER LINE NUMBER OF PERSON OR (N) IF NOT A HOUSEHOLD MEMBER

@

Mark One Only

AD27C

Does anyone else help [fill TEMPNAME] with these activities?

MARK ONLY ONE

NO ONE ELSE HELPED

- (1) No one else helped

RELATIVE

- (2) Son
- (3) Daughter
- (4) Spouse
- (5) Parent
- (6) Other relative

NONRELATIVE

- (7) Friend or Neighbor
- (8) Paid help
- (9) Other nonrelative

@

Enter Number

AD27D

ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is this person a member of this household?

ENTER LINE NUMBER OF PERSON OR (N) IF NOT A HOUSEHOLD MEMBER

@

Mark One Only

ADQ29

For how long [fill HAVHAS] [fill TEMPNAME] needed help of another person?

- (1) Less than 6 months
- (2) 6 to 11 month
- (3) 1 to 2 years
- (4) 3 to 5 years
- (5) More than 5 years

@

Mark One Only

ADQ30

During the past month, did [fill TEMPNAME] or ([fill PTEMPNAME] family) pay for any of the help that [fill TEMPNAME] received?

- (1) Yes
- (2) No

@

Enter Number

ADQ31

How much was paid for such help in [fill TEMP5]?

ENTER (\$1-\$999999)

\$@

Multiple Entry

ADQ32

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that [fill TEMPNAME] [fill HAVHAS] difficulty with certain activities. Which condition or conditions cause these difficulties?

Any Others?

ENTER (N) FOR NONE OR NO MORE
ENTER (H) FOR LIST OF HEALTH CONDITIONS

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT IDENTIFIED.

@1 @2 @3

Enter Text

ADQ32A

Specify the exact "Other" condition that causes this difficulty.

@

Multiple Entry

ADQ33

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS

I have recorded that [fill PTEMPNAME] health is [fill TEMPQ33]. Which condition or conditions cause [fill PTEMPNAME] health problems?

Any Others?

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT IDENTIFIED

MARK ALL THAT APPLY
ENTER (H) FOR LIST OF HEALTH CONDITIONS
ENTER (N) FOR NONE OR NO MORE

@1 @2 @3

Enter Text

ADQ33A

Specify the exact "Other" condition that causes your health problem.

@

Mark One Only

ADQ34

[if ADQ32@2 eq <N> or ADQ33@2 eq <N>]
Is this condition the result of a motor vehicle accident?
[else]
Are any of these conditions the result of a motor vehicle accident?
[endif]

(1) Yes
(2) No

@

Enter Number

ADQ35

Which of the conditions that you mentioned do you consider to be the main reason for [fill PTEMPNAME] difficulties?

[fill BIGTEMP]
[fill BIGTEMP2]
[fill BIGTEMP3]

@ Main condition

Multiple Entry

ADQ36

When did [fill BIGTEMP4] first begin to bother [fill TEMPNAME]?

ENTER (S) FOR SINCE BIRTH
ENTER 4 DIGIT YEAR

@yr

Multiple Entry

ADQ36B

Do you know what month?

@mn

Mark One Only

ADQ37

[fill C_HAVHAS] [fill TEMPNAME] had this condition for at least 5 months?

- (1) Yes
(2) No

@

Mark One Only

ADQ38

Is this condition expected to last for at least 12 more months?

- (1) Yes
(2) No

@

Multiple Entry

ADQ39

[fill C_DODOES] [fill TEMPNAME] have -

- (1) Yes (2) No
- a. A learning disability @1
such as dyslexia?
- b. Mental retardation? @2
- c. A developmental disability @3
such as autism or
cerebral palsy?
- d. Alzheimer's disease or @4
any other serious
problem with confusion
or forgetfulness?
- e. Any other mental or @5
emotional condition?

Mark One Only

ADQ40

[fill C_AREIS] [fill TEMPNAME] frequently depressed or anxious?

- (1) Yes
(2) No

@

Multiple Entry

ADQ41

[fill C_DODOES] [fill TEMPNAME] have -

(1) Yes (2) No

- a. A lot of trouble getting along with other people and making and keeping friendships @1
- b. A lot of trouble concentrating long enough to finish everyday tasks @2
- c. A lot of trouble coping with day-to-day stresses? @3

Mark One Only

ADQ42

During the past 12 months, did the problems just mentioned seriously interfere with [fill PTEMPNAME] ability to manage everyday activities?

(1) Yes
(2) No

@

Mark One Only

ADQ43

[fill C_DODOES] [fill TEMPNAME] have a long-lasting physical or mental condition that has made it difficult to remain employed or to find a job?

(1) Yes
(2) No

@

Mark One Only

ADQ44

Does [fill PTEMPNAME] health or condition prevent [fill TEMPNAME] from working at a job or business?

(1) Yes
(2) No

@

Mark One Only

ADQ45

[fill C_DODOES] [fill TEMPNAME] have a physical, mental, or other health condition that limits the kind or amount of work [fill TEMPNAME] can do around the house?

(1) Yes
(2) No

@

Mark One Only

ADQ46

Does [fill PTEMPNAME] health or condition completely prevent [fill TEMPNAME] from doing work around the house?

- (1) Yes
(2) No

@

Multiple Entry

ADQ47

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that [fill TEMPNAME] [fill HAVHAS] a limitation in working [fill TEMPQ47]. Which condition or conditions cause this limitation?

ENTER (H) FOR LIST OF HEALTH CONDITIONS
ENTER (N) FOR NONE OR NO MORE

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT IDENTIFIED.

Any Others?

@1 @2 @3

Enter Text

ADQ47A

Specify the exact "Other" condition that causes your work limitation.

@

Multiple Entry

ADQ48

Which of the conditions that you mentioned do you consider to be the main reason for [fill PTEMPNAME] limitation?

[fill BIGTEMP]
[fill BIGTEMP2]
[fill BIGTEMP3]

@1

Enter Text

ADQ48A

Specify the exact "Other" condition you consider to be the main reason for your limitation.

@

Mark One Only

ADQ49

In the last 12 months, [fill HAVHAS] [fill TEMPNAME] applied for social security disability benefits for [fill self]?

- (1) Yes
- (2) No

@

Mark One Only

ADQ50

These next few questions are about computer usage. Is there a computer or laptop in this household?

- (1) Yes
- (2) No

@

Mark One Only

ADQ51

[fill C_DODOES] [fill TEMPNAME] use a computer at home?

- (1) Yes
- (2) No

@

Mark One Only

ADQ52

[fill C_DODOES] [fill TEMPNAME] use a computer as part of [fill HISHER] main job?

- (1) Yes
- (2) No

@

Mark One Only

ADQ53

[fill C_DODOES] [fill TEMPNAME] use a computer at school?

- (1) Yes
- (2) No

@

Mark One Only

ADQ54

[fill C_DODOES] [fill TEMPNAME] use the Internet from any location?

- (1) Yes
- (2) No

@

Mark One Only

ADQ55

[fill C_DODOES] [fill TEMPNAME] connect to the Internet at home?

- (1) Yes
(2) No

@

Mark One Only

ADQ56

[fill C_DODOES] [fill TEMPNAME] connect to the Internet at work?

- (1) Yes
(2) No

@

Mark One Only

ADQ57

[fill C_DoDoes] [fill TEMPNAME] use the Internet at school?

- (1) Yes
(2) No

@

Multiple Entry

ADQ58

[fill C_DoDoes] [fill TEMPNAME] use the Internet at

- | | |
|-------------------------|----------------|
| a. a public library | (1) Yes (2) No |
| | @1 |
| b. a community center | (1) Yes (2) No |
| | @2 |
| c. someone else's house | (1) Yes (2) No |
| | @3 |
| d. Other, specify | (1) Yes (2) No |
| | @4 |

Enter Text

ADQ58OTH

Please specify the other place that you use the Internet:

@

Mark One Only

ADQ59

Now we're going to talk about how [fill TEMPNAME] may have used the Internet this year.

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to take a course online?

- (1) Yes
(2) No

@

Mark One Only

ADQ60

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to search for information about health services or practices?

- (1) Yes
- (2) No

@

Mark One Only

ADQ61

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to search for information about government services or agencies?

- (1) Yes
- (2) No

@

Mark One Only

ADQ62

This year, [fill HAVHAS] [fill TEMPNAME] used the Internet to search for a job?

- (1) Yes
- (2) No

@

Mark One Only

ONLINE

Would [fill HESHE] be willing to respond to future SIPP interviews over the Internet?

- (1) Yes
- (2) No

@

Mark One Only

INTSTILL

If the SIPP questionnaire was available through the Internet, we expect it would work like this:

- you could answer the questionnaire at your convenience;
- an interviewer would not directly administer the questionnaire;
- it might take longer to complete the questionnaire than the current practice;
- everyone in the household would be asked to fill in parts of the questionnaire for themselves.

Under these conditions, would your household be willing to respond to future SIPP interviews over the Internet?

- (1) Yes
- (2) No

@

Mark One Only

CDQ1A

Does [fill CDNAME] have a serious physical or mental condition or a developmental delay that limits ordinary activities?

[r]H[n]

- (1) Yes
(2) No

@

Mark One Only

CDQ1B

Does [fill CDNAME] have a long-lasting condition that limits [fill HISHERG] ability to move [fill HISHERG] arms or legs?

- (1) Yes
(2) No

@

Mark One Only

CDQ1C

Does [fill CDNAME] have a long-lasting condition that limits [fill HISHERG] ability to walk, run, or play?

[r]H[n]

- (1) Yes
(2) No

@

Mark One Only

CDQ3

Because of a physical, learning, or mental condition, does [fill CDNAME] have any limitations in [fill HISHERG] ability to do regular school work?

[r]H[n]

- (1) Yes
(2) No

@

Mark One Only

CDQ4

Has [fill CDNAME] ever received special education services?

[r]H[n]

- (1) Yes
(2) No

@

Mark One Only

CDQ5

Is [fill CDNAME] currently receiving special education services?

- (1) Yes
(2) No

@

Multiple Entry

CDQ6

Does [fill CDNAME] have: [r]H[n]

(1) Yes (2) No

a. A learning disability such as dyslexia? @1

b. Mental retardation? @2

c. A developmental disability such as autism or cerebral palsy? @3

d. Attention Deficit Hyperactivity Disorder (ADHD) @4

e. Any other developmental condition for which [fill HESHEG] has received therapy or diagnostic services? @5

Mark One Only

CDQ6A

Does [fill CDNAME] take medication or receive treatment for ADHD?

(1) Yes
(2) No

@

Multiple Entry

CDQ7

MARK BY OBSERVATION IF APPARENT:

Does [fill CDNAME] use any of the following aids?

(1) Yes (2) No

a. A cane, crutches, or a walker? @1

b. A wheelchair or an electric scooter? @2

c. A hearing aid? @3

Mark One Only

CDQ8

Has [fill CDNAME] used a cane, crutches, or a walker for six months or longer?

(1) Yes
(2) No

@

Mark One Only

CDQ9

Does [fill CDNAME] have difficulty seeing the words and letters in ordinary newspaper print, even when wearing glasses or contact lenses if [fill HESHEG] usually wears them?

- (1) Yes
- (2) No
- (3) Person is blind

@

Mark One Only

CDQ10

Is [fill CDNAME] able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

@

Mark One Only

CDQ11

[if CDQ7@3 eq <1>]
Does [fill CDNAME] have difficulty hearing what is said in a normal conversation with another person even when wearing [fill hisherg] hearing aid?

[else]
[if CDQ7@3 ne <1>]
Does [fill CDNAME] have difficulty hearing what is said in a normal conversation with another person?
[endif][endif]

- (1) Yes
- (2) No
- (3) Person is deaf

@

Mark One Only

CDQ12

Is [fill CDNAME] able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

@

Mark One Only

CDQ13

Does [fill CDNAME] have any difficulty having [fill HISHERG] speech understood?

- (1) Yes
- (2) No

[r]H[n]

@

Mark One Only

CDQ14

In general, are people able to understand [fill CDNAME]'s speech at all?

- (1) Yes
- (2) No

@

Mark One Only

CDQ15

Does [fill CDNAME] have a long-lasting condition that limits [fill HISHERG] ability to walk, run, or take part in sports and games?

- (1) Yes
- (2) No

@

Mark One Only

CDQ16

Because of a long-lasting physical or mental condition does [fill CDNAME] have any difficulty getting around INSIDE the home by [fill SELFG]?

- (1) Yes
- (2) No

@

Mark One Only

CDQ17

Does [fill CDNAME] need the help of another person with getting around inside the home?

- (1) Yes
- (2) No

@

Mark One Only

CDQ18

Does [fill CDNAME] have any difficulty getting in and out of bed or a chair by [fill SELFG]?

- (1) Yes
- (2) No

@

Mark One Only

CDQ19

Does [fill CDNAME] need the help of another person with getting in and out of bed or a chair?

- (1) Yes
- (2) No

@

Mark One Only

CDQ20

Does [fill CDNAME] have any difficulty taking a bath or shower by [fill SELFG]?

- (1) Yes
- (2) No

@

Mark One Only

CDQ21

Does [fill CDNAME] need the help of another person with taking a bath or shower?

- (1) Yes
- (2) No

@

Mark One Only

CDQ22

Because of a long-lasting condition does [fill CDNAME] have any difficulty putting on [fill HISHERG] clothing by [fill SELFG]?

- (1) Yes
- (2) No

@

Mark One Only

CDQ23

Does [fill CDNAME] need the help of another person with putting on [fill HISHERG] clothing?

- (1) Yes
- (2) No

@

Mark One Only

CDQ24

Does [fill CDNAME] have any difficulty eating food by [fill SELFG]?

- (1) Yes
- (2) No

@

Mark One Only

CDQ25

Does [fill CDNAME] need the help of another person with eating food?

- (1) Yes
- (2) No

@

Mark One Only

CDQ26

Does [fill CDNAME] have any difficulty using or getting to the toilet by [fill SELFG]?

- (1) Yes
- (2) No

@

Mark One Only

CDQ27

Does [fill CDNAME] need the help of another person with using or getting to the toilet?

- (1) Yes
- (2) No

@

Mark One Only

CDQ28

Does [fill CDNAME] have an emotional or mental condition that makes it difficult to play with or get along with other children of the same age?

- (1) Yes
- (2) No

@

Multiple Entry

CDQ29

SHOW FLASHCARD DD FOR PERSONAL VISIT INTERVIEWS.

I have recorded that [fill CDNAME] has difficulty with certain activities. Which condition or conditions cause this difficulty?

Any others?

Enter (N) for None or No More.

Enter (H) for list of health conditions.

IF THE PERSON REPORTS MORE THAN THREE CONDITIONS ENTER THE APPROPRIATE CODE FOR THE FIRST THREE CONDITIONS THE RESPONDENT IDENTIFIED.

@1 @2 @3

Enter Text

CDQ29A

Specify the exact "Other" condition that causes this difficulty.

@

Mark One Only

CDQ30

```
[if CDQ29@2 eq <N>]
Is this condition the result of a motor vehicle accident?
[else]
Are any of these conditions the result of a motor
vehicle accident?
[endif]
```

- (1) Yes
- (2) No

@

Mark One Only

HB04

Does [fill PTEMPNAME] employer offer a health insurance plan to ANY of its employees?

- (1) Yes
- (2) No

@

Mark One Only

HB05

Why [fill AREIS] [fill TEMPNAME] NOT covered by this plan?

READ EACH CATEGORY

- (1) Ineligible
- (2) Denied coverage
- (3) Chose not to be covered
- (4) Other

@

Multiple Entry

HB06

Specify the exact "OTHER" reason [fill TEMPNAME] [fill WASWERE] not covered by this plan.

@1

Multiple Entry

HB07

Why [fill WASWERE] [fill TEMPNAME] ineligible?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Probationary period not completed
- (2) Contract or temporary employee
- (3) Part-time employee
- (4) Other

@1 @2 @3 @4

Multiple Entry

HB08

Specify the exact "OTHER" reason [fill TEMPNAME] [fill WASWERE] ineligible for health insurance.

@1

Mark One Only

HB09

Why [fill WASWERE] [fill TEMPNAME] denied coverage?

- (1) Turned down based on pre-existing condition
- (2) Turned down based on age
- (3) Other

@

Multiple Entry

HB10

Specify the exact "OTHER" reason [fill TEMPNAME] [fill WASWERE] denied coverage.

@1

Multiple Entry

HB11

SHOW FLASHCARD EE

Why did [fill TEMPNAME] choose not to be covered?

READ EACH CATEGORY
MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (01) Covered by other health insurance
- (02) [fill C_HAVHAS] medical savings account
- (03) Plan had no family coverage
- (04) Plan too costly
- (05) Plan did not cover pre-existing conditions
- (06) Plan had too many limitations on coverage
- (07) [fill DOESDID] not need or want coverage
- (08) [fill DOESDID] not believe in health insurance
- (09) Had insurance but canceled it because of dissatisfaction
- (10) Other

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10

Multiple Entry

HB12

Specify the reason [fill TEMPNAME] chose not to be covered.

@1

Multiple Entry

HB13

SHOW FLASHCARD FF

In offering health insurance, did [fill PTEMPNAME] employer offer [fill HIMHER] the opportunity to choose:

READ EACH CATEGORY
MARK ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

- (1) Cash deposited in a 401(k) plan instead of health benefits?
- (2) Cash or a salary bonus instead of health benefits?
- (3) A high deductible health insurance plan combined with a Medical Savings Account (MSA)
- (4) Tax-free employee contributions to a Flexible Spending Account (FSA)
- (5) Other benefits (e.g. life insurance, day care, vacation) in place of health benefits

@1 @2 @3 @4 @5

Mark One Only

HB17

Was [fill PTEMPNAME] health insurance coverage obtained through:

READ EACH CATEGORY

- (1) Spouse's group/employer plan
- (2) Other private group plan
- (3) An individually purchased policy
- (4) Other health insurance

@

Multiple Entry

HB18

Specify the "OTHER" health insurance policy.

@1

Mark One Only

HB20

Can [fill TEMPNAME] obtain coverage under this plan for [fill HISHER] spouse and other family or non-family members?

- (1) Yes
- (2) No

@

Multiple Entry

HB22

Who may obtain coverage under this plan?

MARK ALL THAT APPLY

ENTER (N) FOR NONE OR NO MORE

- (1) Spouse
- (2) Children
- (3) Grandchildren
- (4) Other family members
- (5) Non-family members

@1 @2 @3 @4 @5

Mark One Only

HB24

Why did [fill TEMPNAME] choose NOT to obtain coverage for [fill CHNAME1]?

MARK THE MAIN REASON

- (1) Child is covered by Medicaid
- (2) Child is covered by Medicare
- (3) Child is covered by other private policy
- (4) Child is covered by the group policy of someone not living in this household
- (5) Too costly to obtain coverage for child
- (6) Plan did not cover pre-existing conditions of child
- (7) Child is in good health
- (8) Child is covered by the group policy of someone else living in this household
- (9) Other reason

@

Enter Text

HB25

Specify the exact "OTHER" reason [fill TEMPNAME] chose not to obtain coverage for [fill HISHER] children who are eligible under this plan.

@

Multiple Entry

HB27

How much [fill DODOES] [fill TEMPNAME] pay for [fill HISHER] health plan?

\$ @AMT

Mark One Only

HB28

THE AMOUNT ENTERED [FILL HB27@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) PROCEED

@

Mark One Only

HB29

How often [fill DODOES] [fill TEMPNAME] pay this amount?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Semi-annually
- (6) Annually
- (7) Other

@

Enter Text

HB30

Specify the exact "OTHER" amount of time that [fill TEMPNAME] pay.

@

Mark One Only

HB32

[fill C_DODOES] [fill PTEMPNAME] contributions for [fill HISHER] health plan receive special tax treatment? For example, are [fill HISHER] contributions made through a premium reimbursement account, often called a premium conversion plan?

- (1) Yes
- (2) No

@

Mark One Only

HB34

When [fill TEMPNAME] left that employer did [fill HISHER] share of the premium increase?

- (1) Yes
- (2) No

@

Mark One Only

HB36

How long after [fill TEMPNAME] left that employer can this health plan continue to be in effect?

- (1) Until age 65 or Medicare eligibility
- (2) Less than 1 month
- (3) 1 to 18 months
- (4) 19 to 36 months
- (5) More than 36 months
- (6) For life

@

Mark One Only

HB38

Does [fill PTEMPNAME] health plan cover Medicare coinsurance and deductibles?

- (1) Yes
- (2) No

@

Multiple Entry

HB39

In offering health insurance, did [fill PTEMPNAME] employer offer [fill HIMHER] the opportunity to choose:

READ EACH CATEGORY
MARK ALL THAT APPLY
ENTER (N) FOR NONE OR NO MORE

- (1) Cash deposited in a 401(k) plan instead of health benefits?
- (2) Cash or a salary bonus instead of health benefits?
- (3) A high deductible health insurance plan combined with a Medical Savings Account (MSA)
- (4) Tax-free employee contributions to a Flexible Spending Account (FSA)
- (5) Other benefits (e.g. life insurance, day care, vacation) in place of health benefits

@1 @2 @3 @4 @5

Enter Text

HB40

The next few questions are about the characteristics of [fill PTEMPNAME] health insurance. We are interested in knowing if [fill PTEMPNAME] current plan is an HMO, that is, a Health Maintenance Organization.

[r]H[n]

- (P) Proceed

@

Mark One Only

HB42

Is [fill PTEMPNAME] plan an HMO?

- (1) Yes
- (2) No

@

Mark One Only

HB43

Does [fill PTEMPNAME] insurance plan require [fill HIMHER] to sign up with a certain primary care doctor, group of doctors, or with a certain clinic to which [fill HESHE] must go for all of [fill HISHHER] routine care?

- (1) Yes
- (2) No

@

Multiple Entry

HB44

Is there a book or list of doctors associated with the plan?

- (1) Yes
- (2) No

@

Multiple Entry

HB45

If [fill TEMPNAME] [fill DODOES] NOT have a referral, will [fill PTEMPNAME] plan pay for any of the costs of visits to doctors who are NOT associated with [fill PTEMPNAME] plan?

- (1) Yes
- (2) No

@

Mark One Only

HB47

Did [fill PTEMPNAME] [fill TEMP1] employer offer more than one health insurance plan from which to choose, or was [fill HISHHER] plan the only choice?

- (1) Employer offers more than one plan to choose from
- (2) Respondent's plan is the only one

@

Mark One Only

HB49

In addition to the kind of plan [fill TEMPNAME] chose, did [fill HISHHER] [fill TEMP1] employer offer any traditional health insurance plans that let [fill HIMHER] choose [fill HISHHER] own doctor and that reimburse [fill HIMHER] or pay the doctor directly following submission of medical bills?

- (1) Yes
- (2) No

@

Mark One Only

HB50

In addition to the kind of plan [fill TEMPNAME] chose, did
[fill HISHHER] [fill TEMP1] employer offer any health insurance
plans through Health Maintenance Organizations, HMOs?

[r]H[n]

- (1) Yes
- (2) No

@

Mark One Only

HB51

Does [fill PTEMPNAME] employer provide any educational
materials to help [fill HIMHER] make [fill HISHHER] choice?

- (1) Yes
- (2) No

@

Mark One Only

HB52

Did the educational materials provide an easy way to compare the
costs, benefits, quality or any differences between the plans?

- (1) Yes
- (2) No

@

Mark One Only

HB53

[fill C_DODOES] [fill TEMPNAME] or a family member have a pre-existing
medical condition that is not covered by this plan?

- (1) Yes
- (2) No

@

Mark One Only

HB56

Does [fill PTEMPNAME] employer offer a plan to any of its employees
that provides nursing home or home care coverage for long-term care
needs to employees or family members?

- (1) Yes
- (2) No

@

Mark One Only

HB57

[fill C_AREIS] [fill TEMPNAME] covered under this long term care plan?

- (1) Yes
- (2) No

@

Mark One Only

HB58

Does [fill PTEMPNAME] employer pay for all, part, or none of the costs of the plan?

- (1) All
- (2) Part
- (3) None

@

Multiple Entry

HB59

How much [fill DODOES] [fill TEMPNAME] pay for [fill HISHER] long term care plan?

\$ @AMT

Mark One Only

HB60

THE AMOUNT ENTERED [FILL HB59@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) PROCEED

@

Mark One Only

HB61

How often [fill DODOES] [fill TEMPNAME] pay this amount?

- (1) Weekly
- (2) Every two weeks
- (3) Twice monthly
- (4) Monthly
- (5) Semi-annually
- (6) Annually
- (7) Other

@

Multiple Entry

HB62

Specify the exact "OTHER" amount of time that [fill TEMPNAME] pay.

@1

Mark One Only

HB65

If [fill TEMPNAME] [fill WASWERE] to retire from this job, would [fill HESHE] be able to obtain health insurance from [fill HISHER] current employer at [fill HISHER] employer's group rate throughout [fill HISHER] retirement years?

- (1) Yes
- (2) No

@

Mark One Only

HB66

If [fill TEMPNAME] were to retire, could [fill HESHE] continue the health insurance plan at [fill HISHER] employer's group rate until age 65?

- (1) Yes
- (2) No

@

Mark One Only

HB67

[fill C_DODOES] [fill TEMPNAME] expect that [fill HISHER] employer would pay for all, part, or none of the cost of this health plan after [fill HISHER] retirement?

- (1) All
- (2) Part
- (3) None

@

Mark One Only

HB68

Can retirees obtain coverage under this plan for spouses and other family or non-family members?

- (1) Yes
- (2) No

@

Multiple Entry

HB69

Who may obtain coverage under this plan?

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Spouse
- (2) Children
- (3) Grandchildren
- (4) Other family members
- (5) Non-family members

@1 @2 @3 @4 @5

Mark One Only

HB73

[fill C_HAVHAS] [fill TEMPNAME] ever worked at a paid job for one year or more?

- (1) Yes
- (2) No

@

Mark One Only

HB77

These next few questions are about the availability of health insurance from [fill PTEMPNAME] former employer.

Did [fill PTEMPNAME] former employer offer health insurance coverage to its employees?

- (1) Yes
- (2) No

@

Mark One Only

HB78

[fill C_WASWERE] [fill TEMPNAME] covered by the employer health plan on the last day [fill HESHE] worked for that employer?

- (1) Yes
- (2) No

@

Mark One Only

HB79

Did [fill TEMPNAME] continue this coverage after [fill HESHE] left that employer?

- (1) Yes
- (2) No

@

Mark One Only

HB80

Did [fill TEMPNAME] continue [fill HISHER] coverage through COBRA or as a retiree health benefit?

- (1) COBRA
- (2) Retiree health benefit

[r]H[n]

@

Multiple Entry

HB81

SHOW FLASHCARD GG

What [fill AREIS] the main reason(s) [fill TEMPNAME] [fill AREIS]
no longer covered by this plan?

IF RESPONDENT APPEARS TO HAVE DIFFICULTY READING THE FLASHCARD,
THEN READ CATEGORIES TO THE RESPONDENT

MARK ALL THAT APPLY
ENTER (N) FOR NO MORE

- (1) Eligibility period expired
- (2) Too expensive
- (3) Covered by another plan
- (4) Did not want or need coverage
- (5) Medicare coverage
- (6) Had to be eligible for a pension
- (7) Retirement requirement not met
- (8) Retirees not covered
- (9) Age or service eligibility requirement not met
- (10) Became ineligible after employer amended plan
- (11) Employer dropped plan
- (12) Employer canceled plan for retirees
- (13) Other

@1 @2 @3 @4 @5 @6 @7 @8 @9 @10 @11 @12 @13

Multiple Entry

HB84

In what year did [fill TEMPNAME] leave that job?

@AMT

Multiple Entry

HB85

For how many years did [fill TEMPNAME] work for that employer?

ENTER ONE RESPONSE
ENTER (N) FOR NO TIME

Number of Years @YEARS
Number of Months @MONTHS

Mark One Only

HB87

When [fill TEMPNAME] worked for that employer, [fill WASWERE]
[fill HESHE] covered under a union or employee association contract?

- (1) Yes
- (2) No

@

Enter Text

HB87a

What is the name of that employer?

@

Enter Text

HB87b

EMPLOYER = [fill HB87a]

What kind of business or industry was that?

READ IF NECESSARY: What did they make or do where [fill HESHE] worked?

@

Mark One Only

HB88

ASK OR VERIFY

Was [fill HB87a]:

- (1) A Government organization (includes Armed Forces)
- (2) A Private, For Profit, Company
- (3) A Non-Profit Organization, including tax exempt and charitable organizations
- (4) A family business or farm

@

Mark One Only

HB89

Was that Federal Government, State Government, or Local Government or active-duty Armed Forces?

- (1) Federal (civilian only)
- (2) State
- (3) Local (County, City, Township)
- (4) Armed Forces (active duty only)

@

Mark One Only

HB90

EMPLOYER = [fill HB87a]

ASK OR VERIFY

Was it mainly --

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Or Something Else

@

Multiple Entry

HB91

EMPLOYER = [fill HB87a]

What kind of work [fill WASWERE] [fill HESHE] [fill TEMP4], that is, what was [fill HISHER] occupation?

READ IF NECESSARY: for example: bookkeeper, plumber, press operator

@1

Multiple Entry

HB92

EMPLOYER = [fill HB87a]

What were [fill HISHER] usual activities or duties on this job?

READ IF NECESSARY: For example: Keeping account books,
repairing pipes, operating printing press

@1

Multiple Entry

HB93

When [fill TEMPNAME] left that job, how much did [fill HESHE]
usually earn per week before deductions? Include any overtime
pay, commissions, or tips usually received.

\$ @AMT

Mark One Only

HB94

THE AMOUNT ENTERED [FILL HB93@AMT] IS UNUSUALLY LARGE.

- (1) BACK UP AND CORRECT
- (P) PROCEED

@

Mark One Only

HB95

SHOW FLASHCARD HH

About how many people were employed at all locations?

IF RESPONDENT APPEARS TO HAVE DIFFICULTY READING THE FLASHCARD,
THEN READ THE CATEGORIES TO THE RESPONDENT.

- (1) Less than 10
- (2) 10 - 24
- (3) 25 - 49
- (4) 50 - 99
- (5) 100 - 249
- (6) 250 - 499
- (7) 500 - 999
- (8) 1000+

@

Mark One Only

HB96

Would it be fewer than 20 people?

- (1) Yes
- (2) No

@

Mark One Only

HB99

[fill C_DODOES] [fill TEMPNAME] expect to be covered by Medicare
when [fill HESHE] [fill TEMP2] age 65?

- (1) Yes
- (2) No

@

Mark One Only

HB100

[fill C_AREIS] [fill TEMPNAME] postponing any medical care because
of costs until [fill HESHE] [fill TEMP3] eligible for Medicare?

- (1) Yes
- (2) No

@

Mark One Only

AW2_APT

ASK ONLY IF NECESSARY

Is there more than one housing unit in this building?

- (1) Yes
- (2) No

@

Multiple Entry

AW5_CNDUR

SHOW FLASHCARD II
READ ANSWER CATEGORIES IF NECESSARY

Do you currently have the following items in your home, in working condition?

- (1) Yes
- (2) No

- @1 (01)Washing machine
- @2 (02)Clothes dryer
- @3 (03)Dishwasher
- @4 (04)Refrigerator
- @5 (05)Stand-alone food freezer (separate from refrigerator)
- @6 (06)Color television
- @7 (07)Gas or electric stove (with or without oven)
- @8 (08)Microwave oven
- @9 (09)VCR or DVD (or other video recorder-player such as TiVo)
- @10 (10)Air conditioner (central or room)
- @11 (11)Personal computer
- @12 (12)Cellular phone or mobile phone
- @13 (13)Regular telephone

Mark One Only

AW6_CBLD1

You didn't list a washing machine in your home. Is there a washing machine in your BUILDING provided for your use?

- (1) Yes
- (2) No

@

Mark One Only

AW7_CBLD2

You didn't list a dryer in your home. Is there a dryer in your BUILDING provided for your use?

- (1) Yes
- (2) No

@

Mark One Only

AW8_CBLD13

You didn't list a telephone in your home. Is there a way for people to reach you by telephone?

- (1) Yes, neighbor's phone, common phone, pay phone
- (2) Yes, cell phone
- (3) Yes, other device
- (4) No, cannot be reached by telephone

@

Enter Number

AW9_ROOMS

The next set of questions are about the quality of your neighborhood, crime in your neighborhood, and the type of services available to you. First, I will ask about your home.

How many rooms are there in your home? Count the kitchen but do not count the bathrooms.

ACCEPTABLE RANGE IS 1-20
ENTER (20) TO INDICATE 20 OR MORE ROOMS

@ (Number of rooms)

Multiple Entry

AW10_HOUSE1

SHOW FLASHCARD JJ
READ ANSWER CATEGORIES IF NECESSARY

Are any of the following conditions present in your home?

ENTER ALL THAT APPLY/ENTER (N) FOR NO MORE
 [fill AW10_1:b](1) Problem with pests such as rats, mice, roaches,
or other insects
 [fill AW10_2:b](2) A leaking roof or ceiling
 [fill AW10_3:b](3) Broken window glass or windows that can't shut
 [fill AW10_4:b](4) Exposed electrical wires in the finished areas
of your home
 [fill AW10_5:b](5) A toilet, hot water heater, or other plumbing
that doesn't work
 [fill AW10_6:b](6) Holes in the walls or ceiling, or cracks wider
than the edge of a dime
 [fill AW10_7:b](7) Holes in the floor big enough for someone to
catch their foot on
 @1

Enter Text

AW10_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP
 @

Multiple Entry

AW11_HOUSE2

SHOW FLASHCARD KK

Now I'm going to ask you a few questions about your satisfaction with certain aspects of your housing.

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied, with the following:

- (1) Very satisfied
 - (2) Somewhat satisfied
 - (3) Somewhat dissatisfied
 - (4) Very dissatisfied
 - (5) Haven't lived here long enough to know
- @1 (1) The general state of repair of your home
 @2 (2) The amount of room or space in your home
 @3 (3) The furnishings in your home
 @4 (4) The warmth of your home in winter
 @5 (5) The coolness of your home in summer
 @6 (6) The amount of privacy your home offers

Mark One Only

AW12_SATLV1

SHOW FLASHCARD LL
READ ANSWER CATEGORIES IF NECESSARY

Overall, how satisfied are you with your home?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW13_SATLV2

Are conditions in your home undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Mark One Only

AW14_CRIME1

The next few questions are about crime and things you have done to protect yourself from crime.

Is there any area right around your home --- that is, within a mile --- where you would be afraid to walk alone at night?

- (1) Yes
- (2) No

@

Multiple Entry

AW15_CRIME2

In the past month, have you done any of the following because you thought you might be unsafe?

- (1) Yes (2) No

- @1 (1) Have you stayed in your home at certain times?
- @2 (2) Have you taken someone with you or traveled with other people when going out into your neighborhood?
- @3 (3) Have you carried anything to protect yourself?

Mark One Only

AW16_CRIME3

Do you consider your neighborhood very safe from crime, somewhat safe, somewhat unsafe, or very unsafe?

- (1) Very safe
- (2) Somewhat safe
- (3) Somewhat unsafe
- (4) Very unsafe

@

Mark One Only

AW17_CRIME4

How about your home? Do you consider it very safe from crime, somewhat safe, somewhat unsafe, or very unsafe?

- (1) Very safe
- (2) Somewhat safe
- (3) Somewhat unsafe
- (4) Very unsafe

@

Mark One Only

AW18_CRIME5

We are interested in finding out if people do anything in particular to keep thieves or intruders out of their homes.

[fill TEMP2] [fill TEMP1] have a dog?

- (1) Yes
- (2) No

@

Mark One Only

AW19_CRIME6

When you got (this dog/these dogs), was it in part to keep your home safe from thieves or intruders?

- (1) Yes
- (2) No

@

Mark One Only

AW20_CRIME7

[fill TEMP2] [fill TEMP1] have any special safety DEVICES such as electric timers for lights, or an alarm system?

- (1) Yes
- (2) No

@

Mark One Only

AW21_SATLV3

Overall, is the threat of crime where you live undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Multiple Entry

AW22_NBRHD1

Now I will ask some questions about general conditions in your neighborhood.

SHOW FLASHCARD MM
READ ANSWER CATEGORIES IF NECESSARY

Do you think any of the following conditions are problems in your neighborhood?

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

- [fill AW22_1:b](1) Street noise or heavy street traffic
 - [fill AW22_2:b](2) Streets in need of repair
 - [fill AW22_3:b](3) Trash, litter, or garbage in the streets and lots
 - [fill AW22_4:b](4) Rundown or abandoned houses or buildings
 - [fill AW22_5:b](5) Industries, businesses, or other non-residential activities
 - [fill AW22_6:b](6) Odors, smoke, or gas fumes
- @1

Enter Text

AW22_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW23_NBRHD2

SHOW FLASHCARD LL

How satisfied are you with your relationship with your neighbors?

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW24_SATLV4

SHOW FLASHCARD LL

Overall, how satisfied are you with conditions in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW25_SATLV5

Is your neighborhood undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Mark One Only

AW27_CS1

SHOW FLASHCARD LL

How satisfied are you with the local public schools in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Multiple Entry

AW28_CS2

SHOW FLASHCARD NN

READ ANSWER CATEGORIES IF NECESSARY

We are interested in schools from kindergarten through 12th grade.
Do any of the children in your household attend:

- (1) Yes (2) No
- @1 (1) Private school
- @2 (2) Magnet, charter, or other public school apart from the assigned school
- @3 (3) Assigned public school
- @4 (4) Home school
- @5 (5) Not in school or other arrangement

Mark One Only

AW29_CS3

Would [fill TEMP1] prefer a different school for any child in this home?

- (1) Yes
- (2) No

@

Multiple Entry

AW30_CS4

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with each of the following services in your neighborhood:

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied
- (5) Haven't lived here long enough to know

@1 (1) Hospitals, health clinics, and doctors
@2 (2) Police services
@3 (3) Fire department services

Mark One Only

AW31_CS5

Are the public transportation services available in your neighborhood adequate for you?

- (1) Yes
- (2) No
- (3) Not sure because you do not use public transportation

@

Mark One Only

AW32_SATLV6

SHOW FLASHCARD LL

Overall, how satisfied are you with the public services in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

@

Mark One Only

AW33_SATLV7

Are the public services undesirable enough that you would like to move?

- (1) Yes
- (2) No

@

Mark One Only

AW34_MEET

Next are questions about difficulties people sometimes have in meeting their essential household expenses for such things as mortgage or rent payments, utility bills, or important medical care.

During the past 12 months, has there been a time when [fill TEMP1] did not meet all of your essential expenses?

- (1) Yes
- (2) No

@

Mark One Only

AW35_NEED1

The following are some of the specific difficulties people experience with household expenses.

Was there any time in the past 12 months when [fill TEMP1] did not pay the full amount of the rent or mortgage?

- (1) Yes
- (2) No

@

Mark One Only

AW36_GETH1

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW37_WHOH1

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW37_1:b](1) A family member or relative
- [fill AW37_2:b](2) A friend, neighbor or other non-relative
- [fill AW37_3:b](3) A department of social services
- [fill AW37_4:b](4) A church or nonprofit group
- [fill AW37_5:b](5) Other

@1

Enter Text

AW37_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW38_NEED2

In the past 12 months [fill TEMP1] [fill TEMP2]
evicted from your home or apartment for not paying the rent or
mortgage?

- (1) Yes
- (2) No

@

Mark One Only

AW39_GETH2

When [fill TEMP1] had this problem, did any person or
organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW40_WHOH2

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW40_1:b](1) A family member or relative
- [fill AW40_2:b](2) A friend, neighbor or other non-relative
- [fill AW40_3:b](3) A department of social services
- [fill AW40_4:b](4) A church or nonprofit group
- [fill AW40_5:b](5) Other

@1

Enter Text

AW40_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW41_NEED3

How about not paying the full amount of the gas, oil, or
electricity bills?

Was there a time in the past 12 months when that happened to
[fill TEMP1]?

- (1) Yes
- (2) No

@

Mark One Only

AW42_GETH3

When [fill TEMP1] had this problem, did any person or
organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW43_WHOH3

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW43_1:b](1) A family member or relative
[fill AW43_2:b](2) A friend, neighbor or other non-relative
[fill AW43_3:b](3) A department of social services
[fill AW43_4:b](4) A church or nonprofit group
[fill AW43_5:b](5) Other

@1

Enter Text

AW43_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW44_NEED4

In the past 12 months did the gas or electric company turn off service, or the oil company not deliver oil?

- (1) Yes
(2) No

@

Mark One Only

AW45_GETH4

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
(2) No

@

Multiple Entry

AW46_WHOH4

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW46_1:b](1) A family member or relative
[fill AW46_2:b](2) A friend, neighbor or other non-relative
[fill AW46_3:b](3) A department of social services
[fill AW46_4:b](4) A church or nonprofit group
[fill AW46_5:b](5) Other

@1

Enter Text

AW46_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW47_NEED5

How about the telephone company disconnecting service because payments were not made?

Was there a time in the past 12 months when that happened to [fill TEMP1]?

- (1) Yes
- (2) No

@

Mark One Only

AW48_GETH5

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW49_WHOH5

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW49_1:b](1) A family member or relative
- [fill AW49_2:b](2) A friend, neighbor or other non-relative
- [fill AW49_3:b](3) A department of social services
- [fill AW49_4:b](4) A church or nonprofit group
- [fill AW49_5:b](5) Other

@1

Enter Text

AW49_ERR

"Don't Know and/or Refused" response not permitted with other answers
ENTER (B) TO BACK UP

@

Mark One Only

AW50_NEED6

In the past 12 months was there a time [fill TEMP2] needed to see a doctor or go to the hospital but did not go?

- (1) Yes
- (2) No

@

Mark One Only

AW51_GETH6

When [fill TEMP1] had this problem, did any person or organization help?

- (1) Yes
- (2) No

@

Multiple Entry

AW52_WHOH6

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW52_1:b](1) A family member or relative
 [fill AW52_2:b](2) A friend, neighbor or other non-relative
 [fill AW52_3:b](3) A department of social services
 [fill AW52_4:b](4) A church or nonprofit group
 [fill AW52_5:b](5) Other
 @1

Enter Text

AW52_ERR

"Don't Know and/or Refused" response not permitted with other answers
 ENTER (B) TO BACK UP
 @

Mark One Only

AW53_NEED7

In the past 12 months was there a time [fill TEMP2] needed
 to see a dentist but did not go?

- (1) Yes
 (2) No

@

Mark One Only

AW54_GETH7

When [fill TEMP1] had this problem, did any person or
 organization help?

- (1) Yes
 (2) No

@

Multiple Entry

AW55_WHOH7

ENTER ALL THAT APPLY
ENTER (N) FOR NO MORE

Who was that?

- [fill AW55_1:b](1) A family member or relative
 [fill AW55_2:b](2) A friend, neighbor or other non-relative
 [fill AW55_3:b](3) A department of social services
 [fill AW55_4:b](4) A church or nonprofit group
 [fill AW55_5:b](5) Other
 @1

Enter Text

AW55_ERR

"Don't Know and/or Refused" response not permitted with other answers
 ENTER (B) TO BACK UP
 @

Mark One Only

AW56_HELP1

SHOW FLASHCARD OO
READ ANSWER CATEGORIES IF NECESSARY

If [fill TEMP1] had a problem with which you needed help
(for example, sickness or moving), how much help would you expect
to get from family living nearby?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

@

Mark One Only

AW57_HELP2

SHOW FLASHCARD OO
READ ANSWER CATEGORIES IF NECESSARY

If [fill TEMP1] had a problem with which you needed help

How much help would you expect to get from friends?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

@

Mark One Only

AW58_HELP3

SHOW FLASHCARD OO
READ ANSWER CATEGORIES IF NECESSARY

If [fill TEMP1] had a problem with which you needed help

How much help would you expect to get from other people in the
community besides family and friends, such as a social agency
or a church?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

@

Mark One Only

AW59_FOOD1

SHOW FLASHCARD PP

Getting enough food can also be a problem for some people. Which
of these statements best describes the food eaten in your household
in the last four months:

READ ANSWER CATEGORIES IF NECESSARY

- (1) Enough of the kinds of food we want
- (2) Enough but not always the kinds of food we want to eat
- (3) Sometimes not enough to eat
- (4) Often not enough to eat

@

Multiple Entry

AW60_FOOD2

ENTER ALL THAT APPLY
 ENTER (N) FOR NO MORE
 In which of the last four months did [fill TEMP2]
 NOT have enough to eat?

- [fill AW60_1:b] (1) 4 mos. ago [fill month1]
 [fill AW60_2:b] (2) 3 mos. ago [fill month2]
 [fill AW60_3:b] (3) 2 mos. ago [fill month3]
 [fill AW60_4:b] (4) last month [fill month4]
 [fill AW60_5:b] (5) current month [fill month5]
 @1

Enter Text

AW60_ERR

"Don't Know and/or Refused" response not permitted with other answers
 ENTER (B) TO BACK UP
 @

Mark One Only

AW61_FOOD3

I'm going to read you some statements that people have made
 about their food situation. For these statements, please
 tell me whether it was OFTEN TRUE, SOMETIMES TRUE, or NEVER
 TRUE for [fill TEMP2] in the last four months.

"The food that [fill TEMP3] bought just didn't last and
 [fill TEMP3] didn't have money to get more."

Was that often, sometimes or never true for [fill TEMP4]
 in the last four months?

- (1) Often true
 (2) Sometimes true
 (3) Never true

@

Mark One Only

AW62_FOOD4

The next statement is: "[fill TEMP3] couldn't afford to eat
 balanced meals."

Was that often, sometimes or never true for [fill TEMP4]
 in the last four months?

- (1) Often true
 (2) Sometimes true
 (3) Never true

@

Mark One Only

AW63_FOOD5

The next statement is: "[fill TEMP1] not eating enough
 because [fill TEMP3] couldn't afford enough food."

Was that often, sometimes or never true for [fill TEMP2] in
 the last four months?

- (1) Often true
 (2) Sometimes true
 (3) Never true

@

Mark One Only

AW64_FOOD6

The next questions refer to adults in the household.

In the past four months did [fill TEMP1]
ever cut the size of your meals or skip meals because there
wasn't enough money for food?

- (1) Yes
- (2) No

@

Mark One Only

AW65_FOOD7

In the past four months, did [fill TEMP1] ever eat less than
you felt you should because there wasn't enough money to
buy food?

- (1) Yes
- (2) No

@

Mark One Only

AW66_FOOD8

In the past four months, did [fill TEMP1] ever not eat for a
whole day because there wasn't enough money for food?

- (1) Yes
- (2) No

@