

# 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

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[roster begin CHGRD]
  [if CHSFLAG eq <1> and CSKEEP eq <1> and CS44 eq <1>]
CHILD'S NAME: [fill CHILDNAMET] 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?

[r]H[n]

- (1) Yes
- (2) No

@

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 HISHER] 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 HISHER] 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 HISHER] [fill TEMP1] employer offer any traditional health insurance plans that let [fill HIMHER] choose [fill HISHER] 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 HISSHER] [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 HISSHER] 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

@