

Grantee ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Case ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Individual ID: |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

Administration Date: |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Month Day Year

Child's Date of Birth: |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|  
Month Day Year

Time-Point:  Baseline  Program Exit

Form Name: Household Roster

# RPG CROSS-SITE EVALUATION

## Household Roster

**A.**

NOTE TO ADMINISTRATOR: BEFORE PROCEEDING, PLEASE ASK RESPONDENT THE FOLLOWING QUESTION:

**Has the child participating in the study lived with you for the past 30 days or longer?**

- 1 Yes → **(Please go to item #1 and complete all questions)**
- 0 No → **(Skip this questionnaire and instruct respondent go to the next form)**

I'd like to start by asking you a few questions about yourself and then get some information about the household where [FOCAL CHILD] lives.

**A1. First, what is your first name?**

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**A2. And what is your last name?**

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**A3. What is your date of birth?**

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
 MONTH DAY YEAR

**A4. Are you biologically related to [FOCAL CHILD]?**

- Yes  
 No  
 Don't know  
 Refused

**A4.1 IF YES, SAY: How are you related to [FOCAL CHILD]?**

INTERVIEWER: ALLOW RESPONDENT TO ANSWER WITHOUT PROMPT AND MARK THE APPROPRIATE CATEGORY LISTED BELOW.

INTERVIEWER: IF RESPONDENT HESITATES, READ THEM THE LIST OF RELATIONSHIPS.

INTERVIEWER: IF RESPONDENT IDENTIFIES THEMSELVES AS SOMEONE NOT LISTED, PLEASE RECORD IN THE "SPECIFY OTHER" FIELD. IF THEY SAY THEY ARE BIOLOGICALLY RELATED (E.G. AUNT) BUT ALSO HAVE ADOPTED THE CHILD (E.G. ADOPTIVE PARENT), THEN RECORD THIS IN THE "SPECIFY OTHER" FIELD.

**MARK ONE ONLY**

- Parent  
 Sibling  
 Grandparent  
 Aunt/Uncle  
 Cousin  
 Other (*Specify*) \_\_\_\_\_  
 Don't know  
 Refused

**A4.2 IF NO, SAY: What is your relationship to [FOCAL CHILD]?**

INTERVIEWER: ALLOW RESPONDENT TO ANSWER WITHOUT PROMPT AND MARK THE APPROPRIATE CATEGORY LISTED BELOW.

INTERVIEWER: IF RESPONDENT HESITATES, READ THEM THE LIST OF RELATIONSHIPS.

**MARK ONE ONLY**

- Step-parent  
 Partner of parent (e.g., girlfriend, boyfriend, etc.)  
 Step brother/sister  
 Aunt/Uncle  
 Foster parent  
 Adoptive parent  
 Other (*Specify*) \_\_\_\_\_  
 Don't know  
 Refused

**A5. Are you Hispanic or Latino?**

- 1  Yes
- 0  No
- d  Don't know
- r  Refused

**A6. What is your race?**

**MARK ALL THAT APPLY**

- 1  American Indian/Alaska Native
- 2  Asian
- 3  Black or African American
- 4  Native Hawaiian or other Pacific Islander
- 5  White
- 6  Another race (*Specify*) \_\_\_\_\_
- d  Don't know
- r  Refused

INTERVIEWER: CODE WITHOUT ASKING RESPONDENT.

IS RESPONDENT MALE OR FEMALE?

- 1  Male
- 2  Female
- d  Don't know

**B.**

**B1. What are the first names of all of the people who lived in the household with [FOCAL CHILD] at any time within the past 30 days (even if they are not there now)?**

INTERVIEWER: RECORD EACH PERSON'S NAME IN THE FIRST COLUMN OF THE ROSTER (SEE THE TABLE ON PAGE 5).

IF THE RESPONDENT IS HESITANT PROMPT: **I don't need their full names, initials are fine. I just need a way to refer to them.**

**B2. Is [NAME] male or female?**

INTERVIEWER: RECORD GENDER IN THE SECOND COLUMN OF THE ROSTER.

**B3. What is [NAME]'s age?**

INTERVIEWER: RECORD EACH PERSON'S AGE IN THE THIRD COLUMN OF THE ROSTER. FOR CHILDREN YOUNGER THAN 12 MONTHS, ROUND UP TO 1 YEAR OLD. FOR CHILDREN 12 MONTHS OR OLDER, ROUND TO THE NEAREST YEAR. EXAMPLE: 18 MONTHS=2 YEARS.

CODE EXACT AGE IN YEARS IF GIVEN. IF DON'T KNOW/REFUSED, SAY: **I just need an estimate.**

**B4. Is [NAME] biologically related to [FOCAL CHILD]?**

INTERVIEWER: RECORD WHETHER RELATED IN THE FOURTH COLUMN OF THE ROSTER.

**B4.1 IF YES, SAY: How is [NAME] related to [FOCAL CHILD]?**

INTERVIEWER: RECORD EACH PERSON'S RELATIONSHIP TO THE FOCAL CHILD.

ALLOW RESPONDENT TO ANSWER WITHOUT PROMPT AND ENTER THE APPROPRIATE CATEGORY LISTED BELOW INTO THE ROSTER.

IF RESPONDENT HESITATES, READ THEM THE LIST OF RELATIONSHIPS.

**B4.2 IF NO, SAY: What is [NAME]'s relationship to [FOCAL CHILD]?**

INTERVIEWER: ALLOW RESPONDENT TO ANSWER WITHOUT PROMPT AND ENTER THE APPROPRIATE CATEGORY LISTED BELOW INTO THE ROSTER.

IF RESPONDENT HESITATES, READ THEM THE LIST OF RELATIONSHIPS.

**B5. Is [NAME] currently living in the household or does not currently live in the household but did [NAME] live there in the past 30 days?**

INTERVIEWER: RECORD EACH PERSON'S RESIDENT STATUS IN THE FIFTH COLUMN OF THE ROSTER.

SELECT ONE RESPONSE PER ROW

B1. NAME	B2. GENDER	B3. AGE		B4. BIOLOGICALLY RELATED?	RELATIONSHIP		B5. CURRENTLY LIVING IN HOUSEHOLD?
		EXACT	RANGE		B4.1 RELATED	B4.2 NOT RELATED	
a. NAME 1 .....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	<input type="checkbox"/> _____ <input type="checkbox"/> _____	1 <input type="checkbox"/> Newborn to 10 year old 2 <input type="checkbox"/> 11 to 18 3 <input type="checkbox"/> 19 to 30 4 <input type="checkbox"/> 31 to 50 5 <input type="checkbox"/> 51 to 65 6 <input type="checkbox"/> Older than 65?	1 <input type="checkbox"/> Biologically related 2 <input type="checkbox"/> Not biologically related d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Sibling (Brother/Sister) 3 <input type="checkbox"/> Grandparent 4 <input type="checkbox"/> Aunt/Uncle 5 <input type="checkbox"/> Cousin 6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	7 <input type="checkbox"/> Step-parent 8 <input type="checkbox"/> Partner of parent 9 <input type="checkbox"/> Step-brother/sister 10 <input type="checkbox"/> Aunt/Uncle 11 <input type="checkbox"/> Foster Parent 12 <input type="checkbox"/> Adoptive Parent 13 <input type="checkbox"/> Other unrelated child 14 <input type="checkbox"/> Other ( <i>Specify</i> ) _____ d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	1 <input type="checkbox"/> Currently lives in household 2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused
b. NAME 2 .....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	<input type="checkbox"/> _____ <input type="checkbox"/> _____	1 <input type="checkbox"/> Newborn to 10 year old 2 <input type="checkbox"/> 11 to 18 3 <input type="checkbox"/> 19 to 30 4 <input type="checkbox"/> 31 to 50 5 <input type="checkbox"/> 51 to 65 6 <input type="checkbox"/> Older than 65?	1 <input type="checkbox"/> Biologically related 2 <input type="checkbox"/> Not biologically related d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Sibling (Brother/Sister) 3 <input type="checkbox"/> Grandparent 4 <input type="checkbox"/> Aunt/Uncle 5 <input type="checkbox"/> Cousin 6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	7 <input type="checkbox"/> Step-parent 8 <input type="checkbox"/> Partner of parent 9 <input type="checkbox"/> Step-brother/sister 10 <input type="checkbox"/> Aunt/Uncle 11 <input type="checkbox"/> Foster Parent 12 <input type="checkbox"/> Adoptive Parent 13 <input type="checkbox"/> Other unrelated child 14 <input type="checkbox"/> Other ( <i>Specify</i> ) _____ d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	1 <input type="checkbox"/> Currently lives in household 2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused
c. NAME 3 .....	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	<input type="checkbox"/> _____ <input type="checkbox"/> _____	1 <input type="checkbox"/> Newborn to 10 year old 2 <input type="checkbox"/> 11 to 18 3 <input type="checkbox"/> 19 to 30 4 <input type="checkbox"/> 31 to 50 5 <input type="checkbox"/> 51 to 65 6 <input type="checkbox"/> Older than 65?	1 <input type="checkbox"/> Biologically related 2 <input type="checkbox"/> Not biologically related d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Sibling (Brother/Sister) 3 <input type="checkbox"/> Grandparent 4 <input type="checkbox"/> Aunt/Uncle 5 <input type="checkbox"/> Cousin 6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	7 <input type="checkbox"/> Step-parent 8 <input type="checkbox"/> Partner of parent 9 <input type="checkbox"/> Step-brother/sister 10 <input type="checkbox"/> Aunt/Uncle 11 <input type="checkbox"/> Foster Parent 12 <input type="checkbox"/> Adoptive Parent 13 <input type="checkbox"/> Other unrelated child 14 <input type="checkbox"/> Other ( <i>Specify</i> ) _____ d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused	1 <input type="checkbox"/> Currently lives in household 2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days d <input type="checkbox"/> Don't know r <input type="checkbox"/> Refused

d. NAME 4.....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other (Specify)	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other (Specify)	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

e. NAME 5.....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other (Specify)	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other (Specify)	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

f. NAME 6.....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other (Specify)	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other (Specify)	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

g. NAME 7 .....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other (Specify) _____	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other (Specify) _____	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

h. NAME 8 .....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other (Specify) _____	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other (Specify) _____	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

i. NAME 9 .....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other (Specify) _____	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other (Specify) _____	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	



j. NAME 10.....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

k. NAME 11.....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

l. NAME 12.....

1 <input type="checkbox"/> Male	1 <input type="checkbox"/> Newborn to 10 year old	1 <input type="checkbox"/> Biologically related	1 <input type="checkbox"/> Parent	7 <input type="checkbox"/> Step-parent	1 <input type="checkbox"/> Currently lives in household
2 <input type="checkbox"/> Female	2 <input type="checkbox"/> 11 to 18	2 <input type="checkbox"/> Not biologically related	2 <input type="checkbox"/> Sibling (Brother/Sister)	8 <input type="checkbox"/> Partner of parent	2 <input type="checkbox"/> Does not currently live in household but lived there in past 30 days
d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> 19 to 30	d <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Grandparent	9 <input type="checkbox"/> Step-brother/sister	d <input type="checkbox"/> Don't know
r <input type="checkbox"/> Refused	4 <input type="checkbox"/> 31 to 50	r <input type="checkbox"/> Refused	4 <input type="checkbox"/> Aunt/Uncle	10 <input type="checkbox"/> Aunt/Uncle	r <input type="checkbox"/> Refused
	5 <input type="checkbox"/> 51 to 65		5 <input type="checkbox"/> Cousin	11 <input type="checkbox"/> Foster Parent	
	6 <input type="checkbox"/> Older than 65?		6 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	12 <input type="checkbox"/> Adoptive Parent	
				13 <input type="checkbox"/> Other unrelated child	
				14 <input type="checkbox"/> Other ( <i>Specify</i> ) _____	
				d <input type="checkbox"/> Don't know	
				r <input type="checkbox"/> Refused	

