

	Respondent	Person 2	Person 3	Person 4	Person 5	Person 6
<p>ROSTER AND DEMOGRAPHICS</p> <p><i>Ask as topic-based, that is, ask question for each person before moving to next question.</i></p> <p>READ ONLY ONCE: Next we need to record each person’s relationship to you.</p> <p>2. How is <Name> related to you?</p> <p>ASK OR VERIFY: Is <Name> your-</p> <p>Husband or wife</p> <p>Son or daughter</p> <p>Brother or sister</p> <p>Father or mother</p> <p>Grandchild</p> <p>Parent-in-law</p> <p>Son-in-law or daughter-in-law</p> <p>Other relative</p> <p>Roomer or boarder</p> <p>Housemate or roommate</p> <p>Unmarried partner</p> <p>Foster child</p> <p>Other nonrelative</p> <p><i>IF RESPONSE IS “SON” OR “DAUGHTER” ASK FIRST BEFORE SELECTING ANSWER CATEGORY:</i></p> <p>Is <Name> your biological son or daughter, adopted son or daughter, stepson or stepdaughter, OR foster son or daughter?</p>		<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative	<input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological Son/Daughter <input type="checkbox"/> Adopted Son/Daughter <input type="checkbox"/> Stepson/Stepdaughter <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Father/Mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son/daughter-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer/Boarder <input type="checkbox"/> Housemate/ Roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other non-relative

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<p>3. ASK OR VERIFY: Are you male or female?</p> <p>How about <NAME OF ADDITIONAL HOUSEHOLD MEMBERS>?</p> <p><i>Or ask: Is <NAME OF ADDITIONAL HOUSEHOLD MEMBERS> male or female?</i></p>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<p>4a. What is (your/<Name>'s) date of birth?</p> <p><i>ENTER MONTH/DAY/YEAR OF BIRTH.</i></p>	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<p>4b. What is (your/<Name>'s) age?</p> <p><i>(What is your best estimate of (<Name>'s/your) age?)</i></p>	_____	_____	_____	_____	_____	_____
<p>5a. <Are you/Is (Name)> of Hispanic, Latino, or Spanish origin?</p> <p>(How about <NAME OF ADDITIONAL HOUSEHOLD MEMBERS>?</p> <p><i>Or ask: Is <NAME OF ADDITIONAL HOUSEHOLD MEMBERS> of Hispanic, Latino, or Spanish origin?)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Go to 6a</i>
<p>5b. <Are you/Is (Name)> Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of another other Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?</p>	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?	<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin; for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?

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<p>5b_SKIP <i>IF PERSON HAS A RESPONSE OF “ANOTHER HISPANIC, LATINO, OR SPANISH ORIGIN” IN 5B, ASK 5C FOR THAT PERSON. OTHERWISE GO TO 6A.</i></p>						
<p>5c. What is that origin? (For example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.)</p>	_____	_____	_____	_____	_____	_____
<p><i>COMPLETE ALL PARTS OF QUESTION 6 (A-I) FOR EACH PERSON BEFORE MOVING ON TO THE NEXT PERSON.</i></p>						
<p>6a. I'm going to read a list of race categories. You may choose one or more races. For this survey, Hispanic origin is not a race.</p> <p>(Are you/Is <Name>) White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?</p>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Some other race
<p>6A-SKIP <i>IF PERSON HAS A RESPONSE OF “AMERICAN INDIAN OR ALASKA NATIVE” IN 6A, ASK 6B FOR THAT PERSON. OTHERWISE GO TO 6B-SKIP.</i></p>						
<p>6b. You may list one or more tribes.</p> <p>What is (your /<Name>'s) enrolled or principal tribe?</p>	_____	_____	_____	_____	_____	_____
<p>6B-SKIP <i>IF PERSON HAS A RESPONSE OF “ASIAN” IN 6A, ASK 6C FOR THAT PERSON. OTHERWISE GO TO 6D-SKIP.</i></p>						

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<p>6c. You may choose one or more Asian groups.</p> <p><Are you/Is (Name)/> Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or another Asian group, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on?</p>	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
<p>6C-SKIP</p> <p><i>IF PERSON HAS A RESPONSE OF "OTHER ASIAN" IN 6C, ASK 6D FOR THAT PERSON.</i></p> <p><i>OTHERWISE GO TO 6D-SKIP.</i></p>						
<p>6d. What is that other Asian group? (For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.)</p>	_____	_____	_____	_____	_____	_____
<p>6D-SKIP</p> <p><i>IF PERSON HAS A RESPONSE OF "NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER" IN 6A, ASK 6E FOR THAT PERSON.</i></p> <p><i>OTHERWISE GO TO 6E-SKIP.</i></p>						
<p>6e. You may choose one or more Pacific Islander groups.</p> <p>(Are you/ Is <Name>) Native Hawaiian; Guamanian or Chamorro; Samoan; or another Pacific Islander group, for example, Fijian, Tongan, and so on?</p>	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander

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<p>6E-SKIP <i>IF PERSON HAS A RESPONSE OF "OTHER PACIFIC ISLANDER" IN 6E, ASK 6F FOR THAT PERSON. OTHERWISE GO TO 6F-SKIP.</i></p>						
<p>6f. What is that other Pacific Islander group? (For example, Fijian, Tongan, and so on.)</p>	_____	_____	_____	_____	_____	_____
<p>6F-SKIP <i>IF PERSON HAS A RESPONSE OF "SOME OTHER RACE OR ORIGIN" IN 6A, ASK 6G FOR THAT PERSON. OTHERWISE GO TO 6H.</i></p>						
<p>6g. What is (your/<Name>'s) other race group?</p>	_____	_____	_____	_____	_____	_____
<p>6h. Thank you. Please give me just a moment to review your answers.</p>						