

	Respondent	Person 2	Person 3	Person 4	Person 5	Person 6
<p>ROSTER AND DEMOGRAPHICS</p> <p>ASK AS TOPIC-BASED, THAT IS, ASK QUESTION FOR EACH PERSON BEFORE MOVING TO NEXT QUESTION.</p> <p>READ ONLY ONCE: Now I would like to ask you some basic questions about people in this household.</p> <p>2. ASK OR VERIFY: How is <Name> related to you?</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>IF RESPONSE IS “SON” OR “DAUGHTER” ASK FIRST BEFORE SELECTING ANSWER CATEGORY:</p> <p>Is <Name> your biological son or daughter, adopted son or daughter, OR stepson or stepdaughter?</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-in-law/daughter-in-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? (How about <Name>?) Or ask: (Is <Name> male or female?)</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? ENTER MONTH/DAY/YEAR OF BIRTH.</p>	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
<p>4b. What is (your/<Name>'s) age? (What is your best estimate of (your/<Name>'s) age?)</p>	_____	_____	_____	_____	_____	_____
<p>5. <Are you/Is (Name)> of Hispanic, Latino, or Spanish origin? (How about <Name>?) Or ask: (Is <Name> of Hispanic, Latino, or Spanish origin?)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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. (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>6b. Thank you. Please give me just a moment to review your answers.</p>						