









<p>❖ Ask as topic-based, that is, ask question for each person before moving to next question.</p> <p>❖ Use flash card for relationships.</p> <p><b>2a. Of the people you named, who owns or rents this place?</b></p> <p>❖ Fill in response as Householder. When listing non-householders as Persons 2-6, maintain order established in final roster.</p> <p><b>2b. Using this list on my screen, how is &lt;NAME&gt;/are you related to &lt;FILL “YOU” IF RESPONDENT IS HOUSEHOLDER / HOUSEHOLDER NAME&gt;?</b></p> <p>Opposite-sex husband/wife/spouse                  Opposite-sex unmarried partner                  Same-sex husband/wife/spouse                  Same-sex unmarried partner                  Biological son or daughter                  Adopted son or daughter                  Stepson or stepdaughter                  Brother or sister                  Father or mother                  Grandchild                  Parent-in-law                  Son-in-law or daughter-in-law                  Other relative                  Roommate or housemate                  Foster child                  Other nonrelative</p>	<p><b>Householder:</b></p> <hr/>	<p><b>Person 2:</b></p> <hr/> <p><input type="checkbox"/> <input type="checkbox"/> Opposite-sex husband/wife/spouse  <input type="checkbox"/> <input type="checkbox"/> Opposite-sex unmarried partner  <input 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<p>❖ UNRELATED HOUSEHOLD CHECK:</p> <p>❖ IS ENTIRE HOUSEHOLD UNRELATED (relationships for ALL household members are “Roomer/Boarder,” “Housemate/Roommate,” “Foster child”, or “Other non-relative“)?</p> <p>Yes No</p>						

<p>❖ Ask or verify:</p> <p><b>3. Are you/Is &lt;FILL HOUSEHOLDER&gt;/Is &lt;FILL OTHER NAME&gt; male or female?</b></p>	<p><b>Householder:</b></p> <p>_____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Person 2:</b></p> <p>_____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Person 3:</b></p> <p>_____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Person 4:</b></p> <p>_____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Person 5:</b></p> <p>_____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Person 6:</b></p> <p>_____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p><b>4a. What is your/&lt;FILL HOUSEHOLDER's&gt;/&lt;FILL OTHER NAME's&gt; date of birth?</b></p> <p>❖ Enter birth month. ❖ Enter birth day. ❖ Enter birth year (Enter 4 digits - ex: 1964).</p>	<p>Birth Month: _____ Birth Day: _____ Birth Year: _____</p>	<p>Birth Month: _____ Birth Day: _____ Birth Year: _____</p>	<p>Birth Month: _____ Birth Day: _____ Birth Year: _____</p>	<p>Birth Month: _____ Birth Day: _____ Birth Year: _____</p>	<p>Birth Month: _____ Birth Day: _____ Birth Year: _____</p>	<p>Birth Month: _____ Birth Day: _____ Birth Year: _____</p>
<p><b>4b. Would you say you are/&lt;Name&gt; is &lt;FILL AGE&gt;?</b></p> <p>(If no: What is your best estimate of your/&lt;NAME's&gt; age?)</p> <p>❖ Make sure the respondent gives the age in completed years as of today. Do not round the age up if the person was close to having a birthday. If the exact age is not known, an estimate will do. Do not enter age in months. For babies less than 1 year old, enter 0 as the age.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No: _____ <input type="checkbox"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No: _____ <input type="checkbox"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No: _____ <input type="checkbox"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No: _____ <input type="checkbox"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No: _____ <input type="checkbox"/></p>
<p>❖ Complete all parts of question 5 (A-C) for each person before moving on to the next person.</p> <p><b>5a. Are you/Is &lt;NAME&gt; of Hispanic, Latino, or Spanish origin?</b></p> <p>If response is “Yes, of Hispanic, Latino, or Spanish origin,” ask Question 5b. If not, check appropriate box and move to next person.</p>	<p><b>Householder:</b></p> <p>□□□□□□□□□□□□□□ □□</p> <p><input type="checkbox"/><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/><input type="checkbox"/> Yes, of Hispanic, Latino, or Spanish origin</p>	<p><b>Person 2:</b></p> <p>□□□□□□□□□□□□□□ □</p> <p><input type="checkbox"/><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/><input type="checkbox"/> Yes, of Hispanic, Latino, or Spanish origin</p>	<p><b>Person 3:</b></p> <p>□□□□□□□□□□□□□□ □□</p> <p><input type="checkbox"/><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/><input type="checkbox"/> Yes, of Hispanic, Latino, or Spanish origin</p>	<p><b>Person 4:</b></p> <p>□□□□□□□□□□□□□□ □□</p> <p><input type="checkbox"/><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/><input type="checkbox"/> Yes, of Hispanic, Latino, or Spanish origin</p>	<p><b>Person 5:</b></p> <p>□□□□□□□□□□□□□□ □□</p> <p><input type="checkbox"/><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/><input type="checkbox"/> Yes, of Hispanic, Latino, or Spanish origin</p>	<p><b>Person 6:</b></p> <p>□□□□□□□□□□□□□□ □</p> <p><input type="checkbox"/><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/><input type="checkbox"/> Yes, of Hispanic, Latino, or Spanish origin</p>





































