NORC
University Of Chicago

CENTER FOR HUMAN RESOURCE RESEARCH
Ohio State University

National Longitudinal Survey
OF
Labor Force Behavior

ROUND EIGHT

Youth Survey, 1986

Introduction for Youth Survey Questionnaire:
==

We'd like to talk to you once again about your recent work experiences, education, and family life. You will receive $10 in appreciation for your time.

(READ IF NECESSARY: In order that your answers to our questions are not biased by anyone else's presence, it is necessary that we conduct the interview in private.)

This study is sponsored by the U.S. Department of Labor, under authority of the Job Training Partnership Act, Public Law 97-300, as amended. Your participation is vital to the success of the study, but is voluntary. All the information you give will be protected under the Privacy Act of 1974. Results of the study will be made public only in summary or statistical form so that individuals who participate cannot be identified.

SECTION 1

1. <u>INTERVIEWER:</u> RECORD TIME INTERVIEW BEGINS HERE:

        TIME   ┌──────┬──────┐ AM
        BEGAN   │   │   │ PM   10-13/
                └──────┴──────┘
                  HR   MIN

2. <u>INTERVIEWER:</u> BEFORE CONDUCTING THIS INTERVIEW:

        ENTER DATE OF LAST INTERVIEW AND TODAY'S DATE ON **CALENDAR.** DRAW A VERTICAL
        LINE THROUGH ROWS A-E AT EACH DATE TO INDICATE THE REFERENCE PERIOD FOR THIS
        YEAR'S INTERVIEW.

                        ┌────────────────────────┐
                        │   GO TO SECTION 2   │
                        └────────────────────────┘

SECTION 2: MARITAL HISTORY

1.   When we talked with you last, you said you were (READ MARITAL STATUS FROM
      INFORMATION SHEET ITEM # 1). Is that correct?

                         Yes .... (ASK A) 1   14/

                         No ..(CORRECT **INFO SHEET**, THEN ASK A) .. 0

   A. Has there been any change in your marital status since (DATE OF LAST
       INTERVIEW)?

                         Yes .... (GO TO Q.2) 1   15/

                         No .... (ANSWER B) 0

   B.   INTERVIEWER: IF NO CHANGE IN STATUS, IS "MARRIED" CODED ON **INFO SHEET**?

                         Yes ..... (SKIP TO Q.5, PAGE 2-3) 1   16/

                         No ... (SKIP TO SECTION 3, PAGE 3-5) ... 0

	FIRST CHANGE 17/	SECOND CHANGE 23/	THIRD CHANGE 29/
2. A. Since (DATE OF LAST INTERVIEW), what was the (first/second/ ETC.) change in your marital status?	Married .... 1 Separated .. 2 Divorced ... 3 Reunited ... 4 Remarried .. 5 Widowed 6	Separated .. 2 Divorced ... 3 Reunited ... 4 Remarried .. 5 Widowed 6	Separated .. 2 Divorced ... 3 Reunited ... 4 Remarried .. 5 Widowed 6
B. When did that happen? ENTER MONTH & YEAR.	18-19/ 20-21/ |__|__| 19 |__|__| MONTH YEAR	24-25/ 26-27/ |__|__| 19 |__|__| MONTH YEAR	30-31/ 32-33/ |__|__| 19 |__|__| MONTH YEAR
C. After that, was there any other change in your marital status?	Yes..(GO TO 22/ Q.2A FOR SECOND CHANGE) .. 1 No . (GO TO Q. 3) 0	Yes..(GO TO 28/ Q.2A FOR THIRD CHANGE) .. 1 No . (GO TO Q. 3) ... 0	Yes..(USE A 34/ 2ND QUESTION- NAIRE. GO TO Q. 2A, [P.2-2] FOR THE NEXT CHANGE) .... 1 No 0

3.   INTERVIEWER: WAS "MARRIED" OR "REMARRIED" CODED IN Q. 2A FOR THE FIRST,
                    SECOND, OR THIRD CHANGE?

                    YES ...... (GO TO. Q.4, PAGE 2-3) 1   35/
                    NO .... (SKIP TO Q.5, PAGE 2-3) 0

IF Q. 2A WAS CODED "MARRIED" OR "REMARRIED", ASK Q. 4

4. When was your (most recent) (husband/wife) born?

                              ENTER MONTH: | | | 36-37/

                              AND YEAR: 19 | | | 38-39/

_____

5. INTERVIEWER: [IF R IS WIDOWED OR DIVORCED, READ: Even though your
                  (husband/wife) is no longer with you, we would like to get some
                  information about (him/her).]

    During 1985, what kind of work did your (most recent) (husband/wife) do?
    RECORD VERBATIM.

    INCLUDE MILITARY DUTY AS WORK FOR SPOUSE.

    IF MORE THAN ONE OCCUPATION, PROBE FOR AND RECORD WORK DONE THE LONGEST
    DURING THAT PERIOD.

    _____

      PROBE: What were (his/her) main activities or duties?
      PROBE FOR TWO MAIN DUTIES, RECORD VERBATIM, AND GO TO Q. 6

      _____   40-42/

      _____

      _____

      _____

      OR
      DID NOT WORK DURING THAT PERIOD
      (ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-4) 995

      OR
      NEVER WORKED
      (ENTER "00" IN 6A AND SKIP TO Q.7, PAGE 2-4) 996

      OR
      DON'T KNOW 998

_____

6. A. During the 52 weeks of 1985, how many weeks did your (husband/wife) work at
        all jobs, either full-time or part-time, not counting work around the house?

                          ENTER NUMBER OF WEEKS
                            WORKED IN 1985: | | | 43-44/

    B. In the weeks your (husband/wife) worked, how many hours did (he/she) usually
        work per week?

                          ENTER NUMBER OF HOURS: | | | 45-46/

7.   INTERVIEWER: TO FIND THE # OF WEEKS THE R'S SPOUSE WAS NOT WORKING IN
                      1985, SUBTRACT # OF WEEKS IN 6A FROM # OF WEEKS IN A YEAR
                      (52) AND RECORD BELOW.

      A.   NUMBER OF WEEKS IN 1985:   52

      B.   NUMBER OF WEEKS IN 6A: -_____

      C.   ENTER NUMBER OF WEEKS NOT WORKING: |__|__| 47-48/

      D.   IF C = 00, GO TO Q.8.

           IF C = 52, ASK:

           You said your (husband/wife) did not work in 1985. How many weeks in 1985
           was (he/she) looking for work or on layoff from a job?

           OTHERWISE, ASK:

           You said your (husband/wife) worked (NUMBER IN B) weeks during 1985. How
           many of the remaining (NUMBER ENTERED IN C) weeks was (he/she) looking for
           work or on layoff from a job?

                           ENTER NUMBER OF WEEKS LOOKING FOR WORK
                               OR ON LAYOFF FROM A JOB: |__|__| 49-50/

_____

_____

8.   INTERVIEWER: DOES R HAVE A SPOUSE CURRENTLY LISTED ON THE HOUSEHOLD
      ENUMERATION ON THE FACE SHEET?

                         YES...(ASK A)............................ 1   51/
                         NO....(SKIP TO SECTION 3, PAGE 3-5)..... 0

      A.   Did your (husband/wife) do any work for pay in the last 4 weeks?

                         Yes...(GO TO Q. 9)...................... 1   52/
                         No....(SKIP TO SECTION 3, PAGE 3-5)..... 0

9.   At what time of the day did your (husband/wife) usually begin and end work
      at (his/her) principal job most days last week? (IF SPOUSE DID NOT WORK
      LAST WEEK, ASK FOR TIME FOR THE MOST RECENT WEEK SPOUSE WAS WORKING.)

           INTERVIEWER RECORD:
                                                        AM / MIDNIGHT   53-56/
                    Time usually began _____ PM / NOON
                                                        (CIRCLE ONE)

                                                        AM / MIDNIGHT   57-60/
                    Time usually ended _____   PM / NOON
                                                        (CIRCLE ONE)

      OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: |__| 61/

_____

SECTION 3: REGULAR SCHOOLING

Now, I would like to ask you some questions about school.

First, I would like to ask you about regular school, such as high school, college or graduate school. By regular school we mean school which can be counted toward a high school diploma or a bachelor or graduate degree. Later in the interview I'll be asking about other types of schools and training programs.

1. At <u>any</u> time <u>since</u> (DATE OF LAST INTERVIEW), have you attended or been enrolled in regular school? [READ IF NECESSARY:--that is, in an elementary school, a middle school, a high school, a college, or a graduate school?]

                    Yes .... (ASK A AND B) 1   10/

                    No .... (SKIP TO Q.7, PAGE 3-10) 0

    A. <u>IF YES</u>: Since (MONTH AND YEAR OF LAST INTERVIEW), in which months were you attending regular school? (If you were attending regular school <u>at all</u> during the month, count it as a month attending school.) CODE ALL THAT APPLY. (IF INTERVIEW COVERS MORE THAN ONE YEAR, ONLY CODE FOR 1985 AND 1986.)

<u>1985</u>

JANUARY 01		11-12/
FEBRUARY 02		13-14/
MARCH.................................... 03		15-16/
APRIL 04		17-18/
MAY 05		19-20/
JUNE 06		21-22/
JULY 07		23-24/
AUGUST 08		25-26/
SEPTEMBER 09		27-28/
OCTOBER 10		29-30/
NOVEMBER 11		31-32/
DECEMBER 12		33-34/

<u>1986</u>

JANUARY 13		35-36/
FEBRUARY 14		37-38/
MARCH 15		39-40/
APRIL 16		41-42/
MAY 17		43-44/
JUNE 18		45-46/
JULY 19		47-48/
AUGUST 20		49-50/

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1.   (Continued)

B.   Are you <u>currently</u> attending or enrolled in <u>regular</u> school?

                    Yes .... (ASK C) 1   51/

                    No ..... (GO TO Q.2, PAGE 3-7) 0

<u>IF YES TO B, ASK C:</u>

C.   What grade or year of regular school are you attending or enrolled in?

                    1ST GRADE 01   52-53/

                    2ND GRADE 02

                    3RD GRADE 03

                    4TH GRADE 04

                    5TH GRADE 05

                    6TH GRADE 06

                    7TH GRADE 07

                    8TH GRADE 08

                    9TH GRADE 09

                   10TH GRADE 10

                   11TH GRADE 11

                   12TH GRADE 12

                    1ST YEAR OF COLLEGE 13

                    2ND YEAR OF COLLEGE 14

                    3RD YEAR OF COLLEGE 15

                    4TH YEAR OF COLLEGE 16

                    5TH YEAR OF COLLEGE 17

                    6TH YEAR OF COLLEGE 18

                    7TH YEAR OF COLLEGE 19

                    8TH YEAR OF COLLEGE OR MORE 20

                    UNGRADED 95

                    (SKIP TO Q.4, PAGE 3-9)

2. In what month and year were you last enrolled in regular school?

                                    MONTH: |__|__| 54-55/

                                    YEAR: |__|__| 56-57/

A. What is the main reason you left at that time? RECORD VERBATIM AND CODE
    ONE ONLY. IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main
    reason?

    _____

            RECEIVED DEGREE, COMPLETED COURSE WORK 01   58-59/

            EXPELLED OR SUSPENDED 10

            GETTING MARRIED 02

            PREGNANCY 03

            SCHOOL TOO DANGEROUS 11

            LACK OF ABILITY, POOR GRADES 05

            OTHER REASONS DIDN'T LIKE SCHOOL 04

            HOME RESPONSIBILITIES 06

            OFFERED GOOD JOB, CHOSE TO WORK 07

            FINANCIAL DIFFICULTIES, COULDN'T AFFORD
               TO ATTEND 08

            ENTERED MILITARY 09

            MOVED AWAY FROM SCHOOL 12

            OTHER (SPECIFY) _____ 13

3.   What is the highest grade of regular school you have ever attended?

1ST GRADE 01

2ND GRADE 02

3RD GRADE 03

4TH GRADE 04

5TH GRADE 05

6TH GRADE 06

7TH GRADE 07

8TH GRADE 08

9TH GRADE 09

10TH GRADE 10

11TH GRADE 11

12TH GRADE 12

1ST YEAR OF COLLEGE 13

2ND YEAR OF COLLEGE 14

3RD YEAR OF COLLEGE 15

4TH YEAR OF COLLEGE 16

5TH YEAR OF COLLEGE 17

6TH YEAR OF COLLEGE 18

7TH YEAR OF COLLEGE 19

8TH YEAR OF COLLEGE OR MORE 20

UNGRADED 95

4. What is the highest grade or year of regular school that you have completed and
    gotten credit for? CIRCLE ONE CODE BELOW.

                            1ST GRADE 01   62-63/

                            2ND GRADE 02

                            3RD GRADE 03

                            4TH GRADE 04

                            5TH GRADE 05

                            6TH GRADE 06

                            7TH GRADE 07

                            8TH GRADE 08

                            9TH GRADE 09

                           10TH GRADE 10

                           11TH GRADE 11

                           12TH GRADE 12

                            1ST YEAR OF COLLEGE 13

                            2ND YEAR OF COLLEGE 14

                            3RD YEAR OF COLLEGE 15

                            4TH YEAR OF COLLEGE 16

                            5TH YEAR OF COLLEGE 17

                            6TH YEAR OF COLLEGE 18

                            7TH YEAR OF COLLEGE 19

                            8TH YEAR OF COLLEGE OR MORE 20

                            UNGRADED 95

5.   INTERVIEWER: WHAT GRADE DOES R CURRENTLY ATTEND (SEE Q. 1C, PAGE 3-6) OR WHAT
                     IS THE HIGHEST GRADE R HAS ATTENDED SINCE THE DATE OF THE LAST
                     INTERVIEW?   (SEE Q.3, PAGE 3-8)

                     UNGRADED (SKIP TO SECTION 4, PG. 4-14) ... 1   64/

                     GRADES 1-8 (SKIP TO SECTION 4, PG. 4-14).. 2

                     GRADES 9-12 .... (GO TO Q.6) 3

                     ┌───┐
                     │ GRADE 13........(SKIP TO Q.7) .... 4 │
                     │   │
                     │ GRADE 14-20.....(SKIP TO Q.7) .... 5 │
                     └───┘

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6.   INTERVIEWER: SEE Q.1C, PAGE 3-6. IS RESPONDENT CURRENTLY ENROLLED IN GRADES
                     9-12 (Q.1C CODED 9-12)?

                     YES (SKIP TO SECTION 4, PAGE 4-14) .. 1   65/

                     NO ....c..... 0

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7.   INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 2. DID R HAVE A HIGH SCHOOL
                     DIPLOMA OR GED AT THE TIME OF THE LAST INTERVIEW?

                     YES .....(SKIP TO Q. 9)......... 1   66/

                     NO 0

---

8.   Do you have a high school diploma or have you ever passed a high school
      equivalency or GED test?

                     Yes .... (ASK A & B) 1   67/

                     No. (SKIP TO SECTION 4, PAGE 4-14) .. 0

      IF YES, ASK A & B:

      A.   Which do you have, a high school diploma or a GED?

                     High school diploma................... 1   68/

                     GED 2

                     IF VOL.: Both ..(ASK B REGARDING
                        HIGH SCHOOL DIPLOMA).............. 3

      B.   When did you receive your (high school diploma/GED)?

                                   MONTH: |__|__| 69-70/
                                   AND
                                   YEAR: 19 |__|__| 71-72/

9.   <u>INTERVIEWER</u>: SEE **INFORMATION SHEET** ITEM 04. WAS R INTERVIEWED IN 1984?

                    YES ....(ASK A)............1   73/

                    NO ....(SKIP TO C)..........0

A.   <u>INTERVIEWER</u>: HAS R ATTENDED GRADE 13 OR HIGHER SINCE DATE OF
                    LAST INTERVIEW (Q. 5, PAGE 3-10 IS CODED 4 OR 5)?

                    YES ..(GO TO Q.10, PAGE 3-12)... 1   74/

                    NO ....(ASK B).............. 0

B.   <u>INTERVIEWER</u>: SEE **INFORMATION SHEET**, ITEM 05. IS
                    A TRANSCRIPT RELEASE FORM <u>NEEDED</u>?

                    YES ..(SKIP TO Q.25, PAGE 3-13) 1

                    NO .(SKIP TO SECTION 4, PAGE 4-14) .. 0   75/

C.   <u>INTERVIEWER</u>: IF R HAS ATTENDED GRADE 13 OR HIGHER (Q.5, PAGE 3-10 IS
                    CODED 4 OR 5) CODE "YES" WITHOUT ASKING AND GO TO Q.10.

     Have you ever attended college?

                    Yes ......(GO TO Q.10)............... 1   76/

                    No ..(SKIP TO SECTION 4, PAGE 4-14).. 0

INTERVIEWER NOTE: IF R WAS NOT INTERVIEWED IN 1984, (SEE **INFO SHEET** ITEM 4) ASK ABOUT ALL COLLEGES
                    AND UNIVERSITIES EVER ATTENDED.

10.   Now, I would like to ask you about all of the degree-granting colleges or universities you have attended
      [since (DATE OF LAST INTERVIEW)]. Let's start with the most recent first.

A. INTERVIEWER: ASK Q.11-23 FOR MOST RECENT SCHOOL BEFORE ASKING ABOUT NEXT SCHOOL, IF ANY.	COLUMN 1 MOST RECENT SCHOOL	COLUMN 2 NEXT RECENT SCHOOL	COLUMN 3 NEXT RECENT SCHOOL
	BEGIN DECK 03 10-40/	BEGIN DECK 04 10-40/	BEGIN DECK 05 10-40/
11. What is the name of the (next) college or university you (are currently attending/have most recently attended)?			
OFFICE USE ONLY	41-46/ |_|_|_|_|_|_|	41-46/ |_|_|_|_|_|_|	41-46/ |_|_|_|_|_|_|
12. INTERVIEWER: SEE **INFORMATION SHEET** ITEM 3. IS THIS THE SAME SCHOOL AS LISTED ON THE **INFORMATION SHEET**?	47/ YES (SKIP TO Q.16)... 1 NO 0	47/ YES (SKIP TO Q.16)... 1 NO 0	47/ YES (SKIP TO Q.16)... 1 NO 0
13. Where is this school located? What is the town or city and state? INTERVIEWER NOTE: IF LOCATION IS IN A FOREIGN COUNTRY, LIST COUNTRY HERE ----->	48-65/ _____ (town or city) 66-67/ _____ (state)	48-65/ _____ (town or city) 66-67/ _____ (state)	48-65/ _____ (town or city) 66-67/ _____ (state)
14. (Is/Was) (NAME OF SCHOOL) a 2-year or 4-year school?	68/ 2-year 1 4-year 2	68/ 2-year 1 4-year 2	68/ 2-year 1 4-year 2
15. When did you first attend or enroll in this (college/university)?	69-72/ |_|_|_|_| MONTH YEAR	69-72/ |_|_|_|_| MONTH YEAR	69-72/ |_|_|_|_| MONTH YEAR
16. What (is/was) your field of study at (NAME OF SCHOOL)? RECORD VERBATIM. PROBE IF NECESSARY: What (are/were) you majoring in?	73-76/ _____ _____ _____	73-76/ _____ _____ _____	73-76/ _____ _____ _____
17. (Does/Did) (NAME OF SCHOOL) consider you a full-time or part-time student? IF DON'T KNOW, PROBE: What (do/did) you consider yourself?	77/ full-time.... 1 part-time.... 2	77/ full-time ... 1 part-time ... 2	77/ full-time ... 1 part-time ... 2
18. What (is/was) the total number of credit hours you earned at (NAME OF SCHOOL)?	78-80/ |_|_|_| # OF HOURS	78-80/ |_|_|_| # OF HOURS	78-80/ |_|_|_| # OF HOURS

	COLUMN 1	COLUMN 2	COLUMN 3
	MOST RECENT SCHOOL	NEXT RECENT SCHOOL	NEXT RECENT SCHOOL

19. (Do/Did) you receive a loan to cover any of the costs for your college expenses at (NAME OF SCHOOL)?

COLUMN 1	COLUMN 2	COLUMN 3

10/
Yes 1
No (SKIP TO
    Q.21)........ 0
	22/
	Yes 1
	No (SKIP TO
	    Q.22)........ 0
		33/
		Yes 1
		No (SKIP TO
		    Q.22)........ 0

20. How much was the total dollar value of all the loans you have ever received for your college expenses at (NAME OF SCHOOL)?

COLUMN 1	COLUMN 2	COLUMN 3
11-15/ |__|__|,|__|__|__| DOLLARS	23-27/ |__|__|,|__|__|__| DOLLARS	34-38/ |__|__|,|__|__|__| DOLLARS

21. INTERVIEWER: <u>FOR COLUMN ONE - MOST RECENT SCHOOL ONLY:</u>

IS R CURRENTLY ATTENDING OR ENROLLED IN THIS SCHOOL? (Q.1B,PAGE 3-6 IS CODED YES)

COLUMN 1	COLUMN 2	COLUMN 3
16/ YES (SKIP TO Q.23). 1 NO (GO TO Q.22)... 0		

22. When did you last attend (NAME OF SCHOOL)?

COLUMN 1	COLUMN 2	COLUMN 3
17-20/ |__|__|__|__| MONTH YEAR	28-31/ |__|__|__|__| MONTH YEAR	39-42/ |__|__|__|__| MONTH YEAR

23. Have you attended any other college or university [since (DATE OF LAST INTERVIEW)]?

COLUMN 1	COLUMN 2	COLUMN 3

Yes (GO BACK
    TO Q.11
    (P. 3-12) 21/
    COLUMN 2)...... 1
 	
No ...(GO TO
    Q.24) 0
	Yes (GO BACK
	    TO Q.11
	    (P. 3-12) 32/
	    COLUMN 3).... 1
	
	No ...(GO TO
	    Q.24)..... 0
		Yes (GO TO Q.11,
		    (P. 3-12) IN
		    A NEW QUES- 43/
		    TIONNAIRE... 1
		
		No ...GO TO
		    Q.24)....... 0

24. INTERVIEWER: SEE **INFORMATION SHEET**, ITEM 05. DO WE NEED TRANSCRIPT RELEASE FORM?

NEEDED .... (ASK Q.25) 1

BLANK .... (ASK Q.25) 2   44/

OKAY .... (SKIP TO SECTION 4, PAGE 4-14) 3

25. We are also interested in acquiring a copy of your college transcripts. Please sign this Transcript Release Form for the universities or colleges you have attended. CODE ONE ONLY.

R SIGNED FORM 1   45/

R REFUSED TO SIGN FORM 7

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+--------------------+
|  GO TO SECTION 4   |
+--------------------+
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SECTION 4: MILITARY

And now I'd like to ask some questions about military service.

1.   INTERVIEWER: WAS R SERVING IN THE MILITARY AT TIME OF LAST INTERVIEW?
                    SEE **INFORMATION SHEET**, ITEM 6.

                    YES 1   10/

                    NO .....(SKIP TO Q.6, PAGE 4-15)..... 0

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2.   Are you currently serving in (BRANCH FROM ITEM 6 OF **INFORMATION SHEET**)?

                    Yes .... (ANSWER A) 1   11/

                    No ..... (GO TO Q.4, PAGE 4-15) 0

     A.   IF YES: INTERVIEWER, WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE,
          MARINES, COAST GUARD) DURING THIS PERIOD OF SERVICE? (SEE ITEM 6 ON
          INFORMATION SHEET.)

                    YES .. (DRAW A LINE ON ROW A OF
                           CALENDAR FROM DATE OF LAST
                           INTERVIEW TO NOW) 1   12/

                    NO 0

---

3.   What is your current pay grade?

                                        E: |__|__| 13-15/

                                        O: |__|__|

                                        W: |__|__|

     A.   Now we would like to ask you some more specific questions about your
          current military job.

          INTERVIEWER: IS R CURRENTLY IN THE ACTIVE FORCES? (ARMY, NAVY, AIR FORCE,
                         MARINES, COAST GUARD)

                         YES.....(SKIP TO SECTION 5,
                                 Q.33, PAGE 5-38)............ 1

                         NO...(SKIP TO Q.15, PAGE 4-19)....... 0

4.   We'd like to ask you a few questions about your service in the (BRANCH) since
     (DATE OF LAST INTERVIEW).

     In what month and year did you separate from the (BRANCH)?

                                    MONTH: |___|___| 16-17/
                                                    AND
                                    YEAR: 19 |___|___| 18-19/

     A.   INTERVIEWER: WAS R IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE, MARINES, COAST
                          GUARD) DURING THIS PERIOD OF SERVICE?   SEE ITEM 6 ON
                          INFORMATION SHEET.

                          YES .... (ASK B) 1   20/

                          NO .... (GO TO Q. 5) 0

     B.   IF YES TO A, ASK:

          On what day did you separate?

          INTERVIEWER: ENTER DAY HERE AND RECORD DATE ON ROW A OF **CALENDAR.**   DRAW A LINE
                          FROM DATE OF LAST INTERVIEW TO DATE SEPARATED.

                                    DAY DATE: |___|___| 21-22/

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5.   What was your pay grade when you left the (BRANCH)?

                                         E: |___|___| 23-25/

                                         O: |___|___|

                                         W: |___|___|

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6.   Since (DATE OF LAST INTERVIEW) have you been sworn into any (other) branch of
     the Armed Services, including the National Guard, the Reserves, or a Delayed
     Entry Program?

                              Yes............................. 1   26/
                              No...(SKIP TO Q.15, PG.4-19).... 0

7. Which branch (were you sworn into)? CODE ONE ONLY. (IF MORE THAN ONE, PROBE FOR MOST RECENT BRANCH.)

	ARMY .... (ASK A) 01	27-28/
ACTIVE	NAVY .... (ASK A) 02
FORCES	AIR FORCE .... (ASK A) 03
	MARINE CORPS .... (ASK A) 04
	COAST GUARD .... (ASK A) 11

	ARMY RESERVES ....(GO TO Q.8, PAGE 4-17)... 05
	NAVY RESERVES ....(GO TO Q.8, PAGE 4-17)... 06
RESERVES	AIR FORCE RESERVES ....(GO TO Q.8, PAGE 4-17)... 07
	MARINE CORPS RESERVES .(GO TO Q.8, PAGE 4-17)... 08
	COAST GUARD RESERVES ..(GO TO Q.8, PAGE 4-17)... 12
	AIR NATIONAL GUARD ....(GO TO Q.8, PAGE 4-17)... 09
GUARD	ARMY NATIONAL GUARD ...(GO TO Q.8, PAGE 4-17)... 10
	OTHER (SPECIFY BELOW, AND **SKIP TO SECTION 5**, PAGE 5-20)

_____ 13

A. IF CODES 01-04 OR 11, ASK A:
Was that in the regular (BRANCH OF SERVICE), the (BRANCH) Reserves, or the (BRANCH) National Guard?

           Regular 1   29/

           Reserves .... (ASK B) 2

           Guard .... (ASK B) 3

           BOTH (PROBE FOR AND CODE Q.7 FOR THE
           MOST RECENT BRANCH) 4

B. INTERVIEWER: IF RESERVES OR GUARD IN A., IS Q.7 CODED ACTIVE FORCES?

         YES ..... (CORRECT Q.7 TO RESERVES OR GUARD)... 1

         NO .... (GO TO Q.8) 0

8. Are you currently serving in the (MOST RECENT BRANCH)?

                         Yes ......(SKIP TO Q.10)............. 1   30/

                         No 0

---

9. Are you now in the Delayed Entry Program in the (BRANCH), that is, are you
    scheduled to enter basic training some time in the future?

                         Yes .(SKIP TO SECTION 5, PG. 5-20)... 1   31/

                         No ...(SKIP TO Q.11, PG. 4-18) 0

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10. In what month and year did you enter the (MOST RECENT BRANCH)?

                         MONTH: |___|___| 32-33/
                                          AND
                         YEAR: 19 |___|___| 34-35/

    A. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q. 7, CODES 01-04 OR 11)

                         YES ....(ASK B)............... 1   36/

                         NO ..... (GO TO Q. 13, PG. 4-18) 0

    IF YES TO A, ASK B:
    B. On what day was that? ENTER DAY HERE AND RECORD DATE ON **CALENDAR**, ROW A.
        DRAW A LINE FROM DATE ENTERED TO NOW.

                         DAY DATE: |___|___| 37-38/

                    ┌─────────────────────────────┐
                    │ SKIP TO Q.13, PAGE 4-18   │
                    └─────────────────────────────┘

11. Did you serve any time on active duty in the (BRANCH)?

                 Yes .... (ASK A) 1   39/

                 No ..(SKIP TO **SECTION** 5, PG. 5-20)... 0

     A. On what date did you enter active duty in the (BRANCH)?
                                                                40-45/
         ENTER DATE HERE. |___|___|___|, 19 |___|___|
                               MONTH   DAY   YEAR

     B. INTERVIEWER: DID R ENTER THE ACTIVE FORCES? (Q.7, PG. 4-16,
                       CODES 01-04 OR 11)

             YES ...(RECORD DATE IN ROW A OF **CALENDAR**) 1   46/

             NO 0

---

12. And on what date did you separate from the (BRANCH)?

         ENTER DATE HERE. |___|___|___|, 19 |___|___| 47-52/
                               MONTH   DAY   YEAR

     A. INTERVIEWER: WAS R IN THE ACTIVE FORCES? - (Q.7, PG. 4-16,
                       CODES 01-04 OR 11)

             YES ...(RECORD DATE IN ROW A OF **CALENDAR**.
                     DRAW A LINE FROM DATE ENTERED TO DATE
                     SEPARATED) 1   53/

             NO 0

---

13. What (is/was) your (current) pay grade [when you left the (BRANCH)?]

                                     E: |___|___| 54-56/

                                     O: |___|___|

                                     W: |___|___|

---

14. INTERVIEWER: IS R CURRENTLY IN ACTIVE FORCES?
                   (Q.7, PG. 4-16 = CODES 01-04 OR 11 AND Q.8, PG. 4-17 = YES)

             YES ....(ASK A)................. 1   57/

             NO ....(GO TO Q.15)............. 0

     A. IF YES: Now we would like to ask you some more specific
                  questions about your current military job.

         ┌──┐
         │   SKIP TO SECTION 5, Q.33, PAGE 5-38   │
         └──┘

15. <u>INTERVIEWER:</u> HAS R EVER SERVED IN ACTIVE FORCES (ARMY, NAVY, AIR FORCE,
                  MARINES, COAST GUARD)? (INFORMATION SHEET ITEM 7 CODED YES
                  OR DOES Q.7, PAGE 4-16 = CODES 01-04 OR 11)

                         YES..........(GO TO Q.16)............ 1   58/

                         NO..(SKIP TO SECTION 5, PG. 5-20).... 0

_____

16. Have you worked at a civilian job for pay since leaving the military?

                         Yes.................................. 1   59/

                         No..(SKIP TO SECTION 5, PAGE 5-20)... 0

_____

17. (Are/Were) you doing the same kind of work in your most recent civilian job
     that you did while you were in the military?

                         Yes..(SKIP TO SECTION 5, PG. 5-20)... 1   60/

                         No 0

_____

18. Have you used any of the job skills you learned while in the military in any of
     the civilian jobs you held since leaving the military?

                         Yes 1   61/

                         No 0

_____

                        ┌─────────────────────────────┐
                        │ GO TO SECTION 5, PG. 5-20   │
                        └─────────────────────────────┘

SECTION 5: ON CURRENT LABOR FORCE STATUS (CPS QUESTIONS)

1.   Now I'd like some information on what you were doing last week. What were you
      doing most of last week--working, going to school, or something else?
      RECORD VERBATIM AND CODE ONE ONLY.

      _____

      _____

<table>
<tr><td></td><td>Working ....(SKIP TO Q. 3)..... 01</td><td>10-11/</td></tr>
<tr><td></td><td>WITH A JOB BUT NOT AT WORK.......... 02</td><td></td></tr>
<tr><td>CODE
SMALLEST #
MENTIONED</td><td>LOOKING FOR WORK.................... 03</td><td></td></tr>
<tr><td></td><td>KEEPING HOUSE....................... 04</td><td></td></tr>
<tr><td></td><td>Going to school..................... 05</td><td></td></tr>
<tr><td></td><td>UNABLE TO WORK ..(SKIP TO Q.20,
PAGE 5-32).......................... 06</td><td></td></tr>
<tr><td></td><td>Other (SPECIFY) _____ 07</td><td></td></tr>
</table>

2.   Did you do any work at all last week, not counting work around the house?
----->   (INTERVIEWER NOTE: DO NOT INCLUDE VOLUNTEER WORK OR WORK DONE IN
                             PRISON. IF FARM OR BUSINESS OPERATOR IN HH, ASK R
                             ABOUT UNPAID WORK.)

                             Yes............................. 1   12/
                             No ... (SKIP TO Q.8, PAGE 5-25).. 0

3.   How many hours did you work last week at all jobs?

                             ENTER # OF HOURS: |___|___|___| 13-14/

4.   INTERVIEWER: CODE FROM Q. 3. RESPONDENT WORKED:

                    1 - 34 HOURS ....(ASK Q.5).......... 1   15/

                    35 - 48 HOURS ... (SKIP TO Q.6, PAGE 5-23) 2

                    49 OR MORE HOURS .. (SKIP TO Q.26, PAGE 5-35).. 3

ASK Q. 5 ONLY IF CODE 1 IN Q. 4.

5.   Do you usually work 35 hours or more a week at this job?

                             Yes..........(ASK A)............ 1   16/

                             No...........(ASK B)............ 0

5.   (Continued)

   A.   IF YES: What is the reason you worked less than 35 hours last week?
                  RECORD VERBATIM AND CODE ONE ONLY.

        IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you
        worked less than 35 hours last week?

        _____

        _____

        _____

                     SLACK WORK 01   17-18/

                     MATERIAL SHORTAGE........................... 02

                     PLANT OR MACHINE REPAIR..................... 03

                     NEW JOB STARTED DURING WEEK................. 04

                     JOB TERMINATED DURING WEEK.................. 05

                     COULD FIND ONLY PART-TIME WORK............. 06

                     HOLIDAY--LEGAL OR RELIGIOUS................. 07

                     LABOR DISPUTE............................... 08

                     BAD WEATHER................................. 09

                     OWN ILLNESS................................. 10

                     ILLNESS OF OTHER FAMILY MEMBER............. 11

                     ON VACATION................................. 12

                     ATTENDS SCHOOL.............................. 13

                     TOO BUSY WITH HOUSEWORK, PERSONAL
                        BUSINESS, ETC............................ 14

                     DID NOT WANT FULL-TIME WORK................. 15

                     FULL-TIME WORK WEEK UNDER 35 HOURS......... 16

                     OTHER REASON .. (SPECIFY) _____ 17

5.   (Continued)

B.   IF NO: What is the reason you usually work less than 35 hours a week?
               RECORD VERBATIM AND CODE ONE ONLY.

     IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you
     worked less than 35 hours last week?

     _____

     _____

     _____

               SLACK WORK 01   19-20/

               MATERIAL SHORTAGE............................ 02

               PLANT OR MACHINE REPAIR...................... 03

               COULD FIND ONLY PART-TIME WORK............... 06

               BAD WEATHER.................................. 09

               OWN ILLNESS.................................. 10

               ILLNESS OF OTHER FAMILY MEMBER............... 11

               ATTENDS SCHOOL............................... 13

               TOO BUSY WITH HOUSEWORK, PERSONAL
                   BUSINESS, ETC............................ 14

               DID NOT WANT FULL-TIME WORK.................. 15

               FULL-TIME WORK WEEK UNDER 35 HOURS........... 16

               OTHER REASON..(SPECIFY) _____   17

               +-------------------------------------+
               | |
               | NOW SKIP TO Q. 26, PAGE 5-35 |
               | |
               +-------------------------------------+

ASK Q. 6 ONLY IF "35-48" HOURS IN Q.4, PAGE 5-20.

6. Did you lose any time or take any time off last week for any reason such as
    illness, holiday, or slack work?

                    Yes .... (ASK A & B)............ 1   21/

                    No .... (GO TO Q.7, PAGE 5-25) 0

IF YES, ASK A & B. OTHERWISE, GO TO Q. 7, PAGE 5-25.

A. How many hours did you take off?

                    ENTER # OF HOURS: |__|__| 22-23/

B. You told me earlier that you worked (# OF HOURS IN Q.3, PAGE 5-20) hours
    last week. In saying that you worked (# OF HOURS IN Q. 3) hours, had you
    already subtracted the (# OF HOURS IN A) hours that you took off last week?

                    Yes (SKIP TO Q.26, PAGE 5-35)... 1   24/

                    No ....(ASK C & D).......... 0

IF "NO" TO B, ASK C & D. OTHERWISE, GO TO Q. 26, PAGE 5-35.

C. Thinking of the (# OF HOURS IN A) hours that you took off last week, how
    many hours did you end up working last week, at all jobs?

                    ENTER # OF HOURS: |__|__| 25-26/

D. INTERVIEWER: CODE FROM C--RESPONDENT WORKED

                    1 - 34 HOURS ....(ASK E)............ 1   27/

                    35 OR MORE HOURS (SKIP TO Q.26,
                    PAGE 5-35) 2

6.   (Continued)

    E. IF "1 - 34" HOURS IN D: What is the reason you worked less than 35 hours last week?   RECORD VERBATIM AND CODE ONE ONLY.

                                 IF MORE THAN ONE REASON GIVEN, PROBE: What is the one main reason you worked less than 35 hours last week?

_____

_____

_____

SLACK WORK.............................	01	28-29/
MATERIAL SHORTAGE.....................	02	
PLANT OR MACHINE REPAIR..............	03	
NEW JOB STARTED DURING WEEK..........	04	
JOB TERMINATED DURING WEEK...........	05	
COULD FIND ONLY PART-TIME WORK.......	06	
HOLIDAY--LEGAL OR RELIGIOUS..........	07	
LABOR DISPUTE........................	08	
BAD WEATHER..........................	09	
OWN ILLNESS..........................	10	
ILLNESS OF OTHER FAMILY MEMBER.......	11	
ON VACATION..........................	12	
ATTENDS SCHOOL.......................	13	
TOO BUSY WITH HOUSEWORK, PERSONAL BUSINESS, ETC.............	14	
DID NOT WANT FULL-TIME WORK..........	15	
FULL-TIME WORK WEEK UNDER 35 HOURS..	16	
OTHER REASON ... (SPECIFY) _____	17	

```
┌─────────────────────────────────────┐
│   NOW SKIP TO Q. 26, PAGE 5-35       │
└─────────────────────────────────────┘
```

7. Did you work any overtime or at more than one job <u>last week</u>?

                          Yes ....(ASK A)............ 1   30/

                          No (SKIP TO Q.26, PAGE 5-35) ... 0

    <u>IF "YES," ASK A.   OTHERWISE, SKIP TO Q.26, PAGE 5-35.</u>

    A. How many extra hours did you work?

                ENTER # OF
                EXTRA HOURS: | | | (ASK B)   31-32/

                     OR

        NO EXTRA HOURS ... (SKIP TO Q.26, PAGE 5-35)... 00

    B. You told me earlier that you worked (# OF HOURS IN Q. 3, PAGE 5-20) hours
        <u>last week</u>. In saying that you worked (# OF HOURS IN Q. 3) hours, had you
        already included those extra hours you just told me about?

                          Yes (SKIP TO Q.26, PAGE 5-35)... 1   33/

                          No..........(ASK C).............. 0

    C. <u>IF "NO" TO B:</u>   Think of the (# OF HOURS IN A) hours that you worked extra
                         <u>last week</u>. How many hours altogether, did you end up
                         working <u>last week</u>?

                     ENTER # OF
                     HOURS: | | | 34-35/

                    ┌─────────────────────────────────────┐
                    │ NOW SKIP TO Q. 26, PAGE 5-35   │
                    └─────────────────────────────────────┘

───

<u>ASK Q. 8 ONLY IF "NO" TO Q. 2, PAGE 5-20</u>

8. A. <u>INTERVIEWER:</u>   LOOK AT Q.1, PAGE 5-20. WAS CATEGORY 02 "WITH A JOB BUT NOT
                          AT WORK" CODED?

                          YES (GO TO Q.9, PAGE 5-26)...... 1   36/

                          NO ....(ASK B)............. 0

    B. <u>IF NO:</u>   Did you have a job or business from which you were temporarily
                   absent or on layoff <u>last week</u>?

                          Yes (ASK Q.9, PAGE 5-26)........ 1   37/

                          No (SKIP TO Q.13, PAGE 5-28).... 0

ASK Q. 9 ONLY IF "YES" TO Q. 8A OR 8B.

9. Why were you absent from work last week? RECORD VERBATIM AND CODE ONLY ONE.

IF MORE THAN ONE REASON GIVEN, PROBE: What was the main reason why you were absent from work last week?

_____

_____

_____

OWN ILLNESS........(SKIP TO Q.11, PAGE 5-27)......... 01   38-39/

ILLNESS OF OTHER FAMILY MEMBER
(SKIP TO Q.11, PAGE 5-27)............................ 02

ON VACATION........(SKIP TO Q.11, PAGE 5-27)......... 03

BAD WEATHER........(SKIP TO Q.11, PAGE 5-27)......... 04

LABOR DISPUTE......(SKIP TO Q.11, PAGE 5-27)......... 05

NEW JOB TO BEGIN...(ASK A)........................... 06

ON LAYOFF..........(GO TO Q.10, PAGE 5-27).......... 07

SCHOOL INTERFERED..(SKIP TO Q.11, PAGE 5-27)........ 08

OTHER (SPECIFY BELOW AND SKIP TO Q.11, PAGE 5-27)... 09

_____

A. IF "NEW JOB TO BEGIN": Is your new job scheduled to begin within 30
                            days from today, or sometime after that?

Within 30 days (SKIP TO Q.15, PAGE 5-29) 1   40/

Sometime after that (SKIP TO Q.13B, PAGE 5-28). 2

ASK Q. 10 IF "ON LAYOFF" IN Q. 9.

10.   A.   When you were laid off, were you given a definite date on which to report
           back to work, or were you not given such a date?

                          Was given a definite date to report
                             back to work .....(ASK B).......... 1   41/

                          Was not given such a date to report
                             back to work .....(GO TO C)....... 2

      B.   IF "WAS GIVEN A DEFINITE DATE":   Altogether, will your period of layoff
                                             last 30 days or less, or will it last
                                             more than 30 days?

                          30 days or less............ 1   42/

                          More than 30 days.......... 2

      C.   How many weeks ago were you laid off?

                          ENTER # OF WEEKS: | | | 43-44/

      D.   Is the job from which you were laid off a full-time or a part-time job?

                          Full-time................... 1   45/

                          Part-time................... 2

                    ┌─────────────────────────────────────┐
                    │ NOW SKIP TO Q. 19, PAGE 5-31   │
                    └─────────────────────────────────────┘

───

11.   Are you getting wages or salary for any of the time off last week?

                          Yes........................ 1   46/

                          No......................... 0

              (IF VOLUNTEERED):   SELF-EMPLOYED.............. 3

───

12.   Do you usually work 35 hours or more a week at this job?

                          Yes........................ 1   47/

                          No......................... 0

                    ┌─────────────────────────────────────┐
                    │ NOW SKIP TO Q.26, PAGE 5-35   │
                    └─────────────────────────────────────┘

ASK Q.13A ONLY IF "NO" TO Q.8B, PAGE 5-25.

13. A. <u>INTERVIEWER</u>:   SEE Q.1, PAGE 5-20.   WAS CATEGORY 03, "LOOKING FOR WORK"
                           CODED?

                           YES ......(GO TO Q.14)........... 1   48/

                           NO ....(ASK B).............. 0

    IF "NO" TO Q. 13A, OR IF CODE 2 IN Q.9A PAGE 5-26, ASK B:

    B.   Have you been looking for work during the past 4 weeks?

                           Yes............................... 1   49/

                           No (SKIP TO Q.20, PAGE 5-32).... 0

_____

14. What have you been doing in the last 4 weeks to find work?
     RECORD VERBATIM AND CODE ALL THAT APPLY.

        _____

        _____

        _____

                       NOTHING (SKIP TO Q.20,
                               PAGE 5-32)............. 01   50-51/

                       CHECKED WITH:
                           STATE EMPLOYMENT AGENCY.... 02   52-53/
                           PRIVATE EMPLOYMENT AGENCY.. 03   54-55/
                           EMPLOYER DIRECTLY........... 04   56-57/
                           FRIENDS OR RELATIVES....... 05   58-59/

                       PLACED OR ANSWERED ADS........... 06   60-61/

                       LOOKED IN THE NEWSPAPER......... 07   62-63/

                       SCHOOL EMPLOYMENT SERVICE....... 08   64-65/

                       OTHER (SPECIFY)_____   09   66-67/

15. Why did you start looking for work? Was it because you lost or quit a job at that time (PAUSE) or was there some other reason? RECORD VERBATIM AND CODE ONE ONLY.

_____

_____

_____

LOST JOB......................... 01   68-69/

QUIT JOB......................... 02

LEFT SCHOOL...................... 03

CHILDREN ARE OLDER............... 04

ENJOY WORKING.................... 05

NEEDED MONEY TO SUPPORT MYSELF
   OR MY FAMILY.................. 06

WANTED TEMPORARY WORK............ 07

HEALTH IMPROVED.................. 08

PROGRAM ENDED.................... 11

OTHER (SPECIFY)_____ 12

---

16. INTERVIEWER: ANSWER CODED IN Q.9, PAGE 5-26 IS:

NEW JOB TO BEGIN (ASK Q.17, PAGE 5-30)..... 1   70/

BLANK--Q. 9 NOT ASKED
(SKIP TO Q.18, PAGE 5-31)................... 2

IF CODE 1 IN Q. 16, ASK Q. 17.

17. A. How many weeks ago did you start looking for work?

ENTER # OF WEEKS: |___|___|___| 71-72/

B. Is your new job a full-time or a part-time job?

Full-time.................. 1   73/

Part-time.................. 2

C. Is there any reason why you could not take a job last week?

Yes ....(ASK D)............. 1   74/

No (SKIP TO Q.24, PAGE 5-34) ... 0

D. IF YES TO C: What was the reason?
                  RECORD VERBATIM AND CODE ONE ONLY.

_____

_____

_____

ALREADY HAD A JOB............... 1   75/

TEMPORARY ILLNESS............... 2

GOING TO SCHOOL................. 3

NEEDED AT HOME.................. 4

OTHER (SPECIFY)

_____ 5

+---------------------------------+
| NOW SKIP TO Q.24, PAGE 5-34 |
+---------------------------------+

IF CODE 2 IN Q. 16 PAGE 5-29, ASK Q.18.

18. A. How many weeks have you been looking for work?

                 ENTER # OF WEEKS: | | | 76-77/

    B. Have you been looking for full-time or part-time work?
       IF "BOTH," CODE "FULL-TIME."

                      Full-time................... 1   78/

                      Part-time................... 2

_____
                                                      BEGIN DECK 09
19. Is there any reason why you could not take a job last week?

                      Yes ....(ASK A)............. 1   10/

                      No (SKIP TO Q.24, PAGE 5-34).... 0

    A. IF YES: What was the reason? RECORD VERBATIM AND CODE ONE ONLY.

       _____

       _____

       _____

                      ALREADY HAD A JOB............... 1   11/

                      TEMPORARY ILLNESS............... 2

                      GOING TO SCHOOL................. 3

                      NEEDED AT HOME................. 4

                      OTHER (SPECIFY BELOW)........... 5

                      _____

                      _____
                     | |
                     | NOW SKIP TO Q. 24, PAGE 5-34 |
                     |_____|

20. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not
     counting your military service,) Did you do any work <u>for pay</u> since (DATE OF
     LAST INTERVIEW)?

                        Yes................................ 1   12/

                        No................................. 0

_____

21. Do you want a regular job now, either full- or part-time?

                        Yes ....(ASK A)......... 1   13/

                        No..................(ASK B)......... 0

                        Maybe, it depends...(ASK A)......... 3

                        Don't know ....(ASK B)......... 8

A.   <u>IF YES OR MAYBE</u>:   B.   <u>IF NO OR DON'T KNOW</u>:

     What are the reasons you are   What are the reasons you do not
     not looking for work? RECORD   want a regular job now? RECORD
     VERBATIM AND CODE ALL THAT APPLY.   VERBATIM AND CODE ALL THAT APPLY.

     _____   _____

     _____   _____

     _____   _____

     _____   _____

     <u>BELIEVE NO WORK</u> AVAILABLE   <u>BELIEVE NO WORK</u> AVAILABLE
        IN LINE OF WORK OR AREA.... 01   IN LINE OF WORK OR AREA........01   14-15/

     <u>COULDN'T FIND</u> ANY WORK....... 02   <u>COULDN'T FIND</u> ANY WORK...........02   16-17/

     LACKS NECESSARY SCHOOLING,   LACKS NECESSARY SCHOOLING,
        TRAINING, SKILLS, OR   TRAINING, SKILLS, OR
        EXPERIENCE................. 03   EXPERIENCE.....................03   18-19/

     EMPLOYERS THINK TOO <u>YOUNG</u>.... 04   EMPLOYERS THINK TOO <u>YOUNG</u>........04   20-21/

     CAN'T ARRANGE <u>CHILD CARE</u>..... 06   CAN'T ARRANGE <u>CHILD CARE</u>.........06   22-23/

     <u>FAMILY</u> RESPONSIBILITIES...... 07   <u>FAMILY</u> RESPONSIBILITIES..........07   24-25/

     <u>IN SCHOOL</u> OR OTHER TRAINING.. 08   <u>IN SCHOOL</u> OR OTHER TRAINING......08   26-27/

     ILL HEALTH, PHYSICAL   ILL HEALTH, PHYSICAL
        DISABILITY................ 09   DISABILITY.....................09   28-29/

     PREGNANCY..................... 10   PREGNANCY..........................10   30-31/

     OTHER PERSONAL HANDICAPS   OTHER PERSONAL HANDICAPS
        IN FINDING JOB............ 05   IN FINDING JOBS................05   32-33/

     SPOUSE OR PARENT AGAINST   SPOUSE OR PARENT AGAINST
        MY WORKING................ 11   MY WORKING.....................11   34-35/

     DOES NOT WANT TO WORK........ 12   DOES NOT WANT TO WORK............12   36-37/

     CAN'T ARRANGE TRANSPORTATION 13   CAN'T ARRANGE TRANSPORTATION.....13   38-39/

     DON'T KNOW WHERE TO LOOK..... 14   DON'T KNOW WHERE TO LOOK.........14   40-41/

     OTHER (SPECIFY)_____ 15   OTHER (SPECIFY) _____....15   42-43/
                  OR   OR
     DON'T KNOW................... 98   DON'T KNOW......................98   44-45/

22. Do you intend to look for work of any kind in the next 12 months?

                    Yes ....(ASK A).......... 1   46/

                    No ....(GO TO Q.23)...... 0

                    It depends ...(GO TO Q.23)...... 3

                    Don't Know ...(GO TO Q.23)...... 8

A. What would the wage or salary have to be for you to be willing to take a
    job? PROBE IF NECESSARY: Is that per hour, day, week, or what?

    |__|__|__|__|__|__| . |__|__|__| Per hour............. 01   54-55/
         DOLLARS   CENTS   Per day............. 02
         47-51/   52-53/   Per week............ 03
                                             Bi-weekly
                                                (every 2 weeks)... 04
                                             Per month........... 05
                                             Per year............ 06
                                             Other (SPECIFY)
                                             _____ 07

            OR, IF VOLUNTEERED

            ANY PAY................................... 08

B. How many days per week (do/would) you want to work?

            ENTER # OF DAYS PER WEEK: |_0_|__| 56-57/

C. Now we are going to ask about hours per day.
    How many hours per day (do/would) you want to work?

            ENTER # OF HOURS PER DAY: |__|__|__| 58-59/

----

23. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q. 20,
                  PAGE 5-32, CODED "YES")?

                    YES (SKIP TO Q.26, PAGE 5-35)... 1   60/

                    NO (SKIP TO SECTION 6,
                        PAGE 6-39) 0

24. Now I'd like you to think about the time since (DATE OF LAST INTERVIEW). (Not counting your military service,) Did you do any work for pay since (DATE OF LAST INTERVIEW)?

                        Yes 1   61/

                        No 0

A.   INTERVIEWER: WAS R LOOKING FOR WORK LAST WEEK (IS Q.13A PAGE 5-28 CODED "1") OR HAS R BEEN LOOKING FOR WORK IN THE PAST FOUR WEEKS (IS Q.13B CODED "1")? (IF Q.13A AND Q.13B ARE BOTH BLANK, CODE "NO", BELOW).

                        YES ....(ASK B)........ 1   62/

                        NO ....(GO TO Q. 25)..... 0

B.   What would the wage or salary have to be for you to be willing to take a job? IF R RESPONDS "MINIMUM WAGE," RE-ASK B. PROBE IF NECESSARY: Is that per hour, day, week, or what?

|___|___|___|___|___| . |___|___| Per hour............. 01   70-71/
       DOLLARS   CENTS   Per day............. 02

       63-67/   68-69/   Per Week............. 03

                                        Bi-weekly
                                        (every 2 weeks)...... 04

                                        Per month............ 05

                                        Per year............. 06

                                        Other (SPECIFY)

                                        _____ 07

                        OR, IF VOLUNTEERED, ANY PAY 08

C.   How many days per week (do/would) you want to work?

                        ENTER # OF DAYS PER WEEK: |_0_|___| 72-73/

D.   Now we are going to ask about hours per day.
     How many hours per day (do/would) you want to work?

                        ENTER # OF HOURS PER DAY: |___|___| 74-75/

----

25. INTERVIEWER: HAS R WORKED FOR PAY SINCE DATE OF LAST INTERVIEW (IS Q. 24 CODED "YES")?

                        YES (GO TO Q.26, PAGE 5-35)..... 1   76/

                        NO ....(SKIP TO SECTION 6,
                               PAGE 6-39)............... 0

26.   A.   For whom did you work last (week)? IF MORE THAN ONE EMPLOYER, PROBE: For whom did you work the most hours during the last week (you worked)?

_____   10-34/

      B.   <u>INTERVIEWER:</u>   ALSO ENTER NAME OF EMPLOYER ON THE COVER OF AN EMPLOYER SUPPLEMENT.

27.   What kind of business or industry is this? (FOR EXAMPLE: TV AND RADIO MFG., RETAIL SHOE STORE, STATE LABOR DEPT., FARM.)

_____   35-37/

_____

_____

28.   A.   What kind of work were you doing for this job? RECORD VERBATIM.
           <u>IF MORE THAN ONE KIND OF WORK, PROBE:</u> What kind of work were you doing for the <u>most hours last week?</u>

_____   38-40/

_____

      B.   What were your most important activities or duties? RECORD VERBATIM.

_____

_____

_____

      C.   Some jobs are odd jobs--that is, work done from time to time, like <u>occasional</u> lawnmowing or babysitting. Others are <u>regular</u> jobs--that is, jobs done on a more or less regular basis. (Is/Was) this a job that (is/was) done on a more or less regular basis or (is/was) it an odd job?

                    Regular job................ 1   41/

                    Odd job.................... 2

FOR OFFICE USE ONLY:		
A.I.I.O 1980		
Industry:	__|__|__|	42-44/
Occupation:	__|__|__|	45-47/

29. Were you ... (READ CATEGORIES BELOW)

```
┌──────┐
│ HAND │         An employee of a private company,
│ CARD │         business, or individual for wages,
│  A   │         salary, or commission, or (GO TO Q.30)..... 1          48/
└──────┘
                 A government employee, or ....(ASK A)...... 2

                 Self-employed in own business,
                 professional practice, or farm, or
                 ............................(ASK B)........ 3

                 Working without pay in family business
                 or farm? ... (SKIP TO Q.33, PAGE 5-38)..... 4
```

IF CODE 2 IN Q. 29, ASK A:

A. Were you an employee of the federal government, state government, or local
    government?

                          Federal government employee..... 1   49/

                          State government employee....... 2

                          Local government employee....... 3

                          Don't know...................... 8

                          ┌─────────────────┐
                          │ GO TO Q. 30   │
                          └─────────────────┘

IF CODE 3 IN Q. 29, ASK B:

B. Is your business incorporated or unincorporated?

                          Business incorporated........... 1   50/

                          Business unincorporated......... 2   *

                          Don't know...................... 8   *

_____

30. A. How many hours per week (do/did) you usually work at this job?

                          ENTER # OF HOURS: |___|___|___| 51-52/

    B. INTERVIEWER: ARE Q.20, PAGE 5-32 AND Q.24, PAGE 5-34 BOTH BLANK?

                          YES 1   53/

                          NO (SKIP TO Q.32, PAGE 5-37) ... 0

    C. INTERVIEWER: IS ANSWER AT Q.30A, 20 HOURS OR MORE?

                          YES 1   54/

                          NO (SKIP TO Q.32, PAGE 5-37) ... 0

31. <u>INTERVIEWER</u>: (IS/WAS) R SELF-EMPLOYED IN A BUSINESS WHICH IS UNINCORPORATED
     (Q. 29B CODED "2" OR "8")? * *

                         YES .....(GO TO Q.32)...... 1   55/

                         NO 0   .

A. (Does/did) your employer make available to you (READ CATEGORY . . .)?
    CODE "YES" OR "NO" FOR EACH.

                                                   <u>Yes</u>   <u>No</u>

        a. medical, surgical, or hospital
            insurance that covers injuries
            or major illnesses off the job   1   0   56/

        b. life insurance that would cover
            your death for reasons not
            connected with your job   1   0   57/

        c. sick days with full pay   1   0   58/

        d. dental benefits   1   0   59/

        e. paid vacation   1   0   60/

        f. (maternity/paternity) leave
            that will allow you to go
            back to your old job or one
            that pays the same as your
            old job   1   0   61/

_____

32. Many companies or organizations have employees at more than one location.
     <u>Besides</u> the place where you (work/worked), [(does/did) (EMPLOYER)/do you] have
     any employees working at any <u>other</u> location, (as far as you know)?

                         Yes...................... 1   62/

                         No....................... 0

A. At the place where you (work/worked), how many employees [(does/did)
    (EMPLOYER)/do you] have?

                    ENTER # OF EMPLOYEES: |__|__|,|__|__|__| 63-67

<u>IF YES TO Q.32, ASK B.   OTHERWISE, GO TO Q.33</u>

B. As far as you know, about how many employees [(does/did) (EMPLOYER)/do you]
    have working at all of (its/your) <u>other</u> locations -- under 1,000 employees
    or 1,000 employees or more?

                    Under 1,000 employees........... 1   68/

                    1,000 employees or more......... 2

                    DON'T KNOW...................... 8

33. At what time of the day (do/did) you usually begin and end work at this job?

      <u>INTERVIEWER RECORD:</u>

          Time usually began: _____

                                               AM / MIDNIGHT   69-72/
                                               PM / NOON
                                             (CIRCLE ONE)

          Time usually ended: _____

                                               AM / MIDNIGHT   73-76/
                                               PM / NOON
                                             (CIRCLE ONE)

    OR IF R CAN'T ANSWER BECAUSE HOURS VARY TOO MUCH, CHECK BOX: |＿| 77/

---

34. How (do/did) you feel about (the job you have now/ your most recent job)?
     (Do/Did) you like it very much, like it fairly well, dislike it somewhat,
     or dislike it very much? CODE ONE ONLY.

                        Like it very much.............. 1   78/

                        Like it fairly well............. 2

                        Dislike it somewhat............ 3

                        Dislike it very much............ 4

```
 _____
|                               |
|     NOW GO TO SECTION 6        |
|_____|
```

SECTION 6: ON JOBS

1. <u>INTERVIEWER</u>: DID R HAVE A CIVILIAN JOB SINCE THE LAST INTERVIEW?
                      (IF YES, YOU HAVE ENTERED NAME ON AN **EMPLOYER SUPPLEMENT**)

                      <u>OR</u> DID R SERVE IN ANY BRANCH OF THE MILITARY SINCE THE
                      DATE OF THE LAST INTERVIEW? (SEE **CALENDAR**, ROW A, OR
                      "YES" TO Q.6, PAGE 4-15, SECTION 4)

                         YES 1   10/

                         NO .... (SKIP TO Q. 3) 0

_____

2. Besides [(the job with (EMPLOYER IN Q. 26A, SECTION 5, PAGE 5-35)/(and)/(your
    military service,)] have you done any other work for pay since (DATE OF LAST
    INTERVIEW)?

                         Yes .... (SKIP TO Q.4) 1   11/

                         No .... (SKIP TO Q.6, PAGE 6-41) 0

_____

3. Since (DATE OF LAST INTERVIEW), have you done <u>any</u> work <u>at all</u> for which you
    were paid?
                         Yes 1   12/

                         No .... (SKIP TO Q.6, PAGE 6-41) 0

_____

4. Some jobs are odd jobs--that is, work done from time to time, like <u>occasional</u>
    lawnmowing or babysitting. Others are <u>regular</u> jobs--that is, jobs done on a
    more or less regular basis.

    [Not counting your job with (EMPLOYER IN SEC. 5, Q. 26A, PAGE 5-35), since
    (DATE OF LAST INTERVIEW)], have any of the jobs you've had for pay been done on
    a more-or-less regular basis?

                         Yes .... (GO TO Q.5, PAGE 6-40) 1   13/

                         No .... (SKIP TO Q.6, PAGE 6-41) 0

5.   Please give me the names of each of your employers for all <u>regular</u> jobs you've
     had for pay since (DATE OF LAST INTERVIEW) [not counting your job with
     (EMPLOYER IN SEC. 5, Q. 26A, PAGE 5-35)]. If you had more than one job at the
     same time, please tell me about each job separately. Let's start with the most
     recent regular job you've had and work back in time to (DATE OF LAST
     INTERVIEW).

     LIST EMPLOYER NAMES ON THE EMPLOYER LINES BELOW AND IN Q. 1 ON THE COVERS OF
     THE **EMPLOYER SUPPLEMENTS,** STARTING WITH THE MOST RECENT JOB.

     A.   <u>PROBE:</u>   What was the name of your employer for the <u>next</u> most recent
                      <u>regular</u> job you've had since (DATE OF LAST INTERVIEW)?

          CONTINUE PROBING UNTIL R SAYS "NO OTHER EMPLOYER." <u>IF R VOLUNTEERS THAT
          (HE/SHE) WORKED FOR MORE THAN ONE EMPLOYER FOR A JOB, ASK B.</u>

     B.   During a single month, (do/did) you generally work for <u>one</u> employer or <u>more
          than one</u> employer for this job?

                         One employer .... [ASK (1)]

                         More than one employer .... [ASK (2)]

          (1)   <u>IF ONE EMPLOYER IN B:</u> What (is/was) the name of the (next) most
                recent employer you've worked for on this job?

                RECORD IN Q. 1 ON THE COVER OF AN **EMPLOYER SUPPLEMENT** AND REPEAT THIS
                QUESTION UNTIL YOU GET "NO OTHER EMPLOYER." THEN GO BACK TO "A"
                ABOVE.

          (2)   <u>IF MORE THAN ONE EMPLOYER IN B:</u> RECORD "VARIETY OF EMPLOYERS" IN
                Q. 1 OF THE **EMPLOYER SUPPLEMENT.** THEN GO BACK TO "A" ABOVE. CONTINUE
                PROBING UNTIL R SAYS "NO OTHER EMPLOYER."

                              <u>EMPLOYERS</u>

                 (ENTER HERE AND IN Q. 1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS.**)

          _____

          _____

          _____

          _____

          _____

          _____

6.   INTERVIEWER: SEE ROW A OF **CALENDAR**. WAS R ON ACTIVE DUTY IN THE ACTIVE FORCES
                   THE ENTIRE TIME FROM DATE OF THE LAST INTERVIEW UNTIL NOW?

                          YES ... (SKIP TO Q.11, PAGE 6-44) ... 1   14/

                          NO 0

---

7.   INTERVIEWER: HAS R BEEN ENROLLED IN REGULAR SCHOOL AT ANY TIME
                   SINCE THE DATE OF THE LAST INTERVIEW? (DOES SECTION 3,
                   Q.1, PAGE 3-5, = YES?)

                          YES 1   15/

                          NO .... (SKIP TO Q.9, PAGE 6-42) 0

---

8.   Some schools have cooperative work-study programs in which students work part-
     time for pay and their schools give time off or credit for the job. Since
     (DATE OF LAST INTERVIEW), have you had a job for pay that was part of a work-
     study program? [Please tell me if (any of) the job(s) you've already told me
     about was this kind of job.]

                          Yes .... (ASK A) 1   16/

                          No ..... (GO TO Q.9, PAGE 6-42) 0

     A.   IF YES: What was the name of your employer for your work-study job?
                   RECORD VERBATIM. PROBE: Any others?

     FOR EACH EMPLOYER   _____   _____   _____
     NAME RECORDED IN
     A, ANSWER B:

     B.   INTERVIEWER:
          IS THE EMPLOYER
          NAME RECORDED
          IN "A" ALREADY
          ENTERED IN
          Q. 1 ON THE
          COVER OF AN
          EMPLOYER
          SUPPLEMENT?   YES..(CIRCLE   YES..(CIRCLE   YES..(CIRCLE
                                    CODE 1 ON THE   CODE 1 ON THE   CODE 1 ON THE
                                    COVER OF THE   COVER OF THE   COVER OF THE
                                    EMPLOYER   **EMPLOYER**   **EMPLOYER**
                                    SUPPLEMENT   **SUPPLEMENT**   **SUPPLEMENT**
                                    FOR THIS   FOR THIS   FOR THIS
                                    EMPLOYER) ... 1   EMPLOYER) ... 1   EMPLOYER) ... 1

                                    NO ..(RECORD   NO ..(RECORD   NO ..(RECORD
                                    THIS EMPLOYER   THIS EMPLOYER   THIS EMPLOYER
                                    AT Q. 1 ON THE   AT Q. 1 ON THE   AT Q. 1 ON THE
                                    COVER OF AN   COVER OF AN   COVER OF AN
                                    EMPLOYER SUPP. **EMPLOYER SUPP.** **EMPLOYER SUPP.**
                                    AND CIRCLE   AND CIRCLE   AND CIRCLE
                                    CODE 1 ON THE   CODE 1 ON THE   CODE 1 ON THE
                                    COVER OF THAT   COVER OF THAT   COVER OF THAT
                                    SUPPLEMENT) . 0   SUPPLEMENT) . 0   SUPPLEMENT) . 0

9. Some government programs give employers tax credits for hiring people. The names of some are: Targeted Jobs Tax Credits and WIN Tax Credit.

A. Since (DATE OF LAST INTERVIEW) have you received a certificate or voucher to show employers that you are eligible for any of these programs?

Yes .... (ASK B) 1   17/

No .... (GO TO Q.10, PAGE 6-43) 0

B. IF YES: Since (DATE OF LAST INTERVIEW), have you had a job that was part of a tax credit program? [Please tell me if (any of) the job(s) you already told me about was this kind of job.]

Yes .... (ASK C) 1   18/

No .... (GO TO Q.10, PAGE 6-43) 0

C. IF YES: What was the name of your employer for this job?
RECORD VERBATIM. PROBE: Any others?

_____   _____   _____

FOR EACH EMPLOYER
NAME RECORDED IN
C, ANSWER D:

D. INTERVIEWER:
IS THE EMPLOYER
NAME RECORDED
IN "C" ALREADY
ENTERED IN
Q. 1 ON THE
COVER OF AN
**EMPLOYER
SUPPLEMENT?**

YES..(CIRCLE CODE 2 ON THE COVER OF THE **EMPLOYER SUPPLEMENT** FOR THIS EMPLOYER) ... 1	YES..(CIRCLE CODE 2 ON THE COVER OF THE **EMPLOYER SUPPLEMENT** FOR THIS EMPLOYER) ... 1	YES..(CIRCLE CODE 2 ON THE COVER OF THE **EMPLOYER SUPPLEMENT** FOR THIS EMPLOYER) ... 1
NO ..(RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN **EMPLOYER SUPP.** AND CIRCLE CODE 2 ON THE COVER OF THAT SUPPLEMENT) . 0	NO ..(RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN **EMPLOYER SUPP.** AND CIRCLE CODE 2 ON THE COVER OF THAT SUPPLEMENT) . 0	NO ..(RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN **EMPLOYER SUPP.** AND CIRCLE CODE 2 ON THE COVER OF THAT SUPPLEMENT) . 0

10. Some government-sponsored programs provide students with part-time jobs during the school year. Other programs provide jobs for youths for about 10 weeks during the summer. Other programs provide jobs or on-the-job training for pay. Please take a look at this card. Since (DATE OF LAST INTERVIEW), have you had a job for pay that was sponsored by the kinds of government programs listed here? (PAUSE) [Again, please tell me if (any of) the job(s) you already told me about was part of one of these programs.]

HAND CARD B

Yes .... (ASK A) 1   19/
No .... (GO TO Q.11, PAGE 6-44) 0

A. IF YES: What was the name of your employer for this job?
             RECORD VERBATIM. PROBE: Any others?

FOR EACH EMPLOYER
NAME RECORDED IN
A, ANSWER B: _____   _____   _____

B. INTERVIEWER:
    IS THE EMPLOYER
    NAME RECORDED
    IN "A" ALREADY
    ENTERED IN
    Q. 1 ON THE
    COVER OF AN
    **EMPLOYER
    SUPPLEMENT?**

YES..(CIRCLE CODE 3 ON THE COVER OF THE **EMPLOYER SUPPLEMENT** FOR THIS EMPLOYER) ... 1	YES..(CIRCLE CODE 3 ON THE COVER OF THE **EMPLOYER SUPPLEMENT** FOR THIS EMPLOYER) ... 1	YES..(CIRCLE CODE 3 ON THE COVER OF THE **EMPLOYER SUPPLEMENT** FOR THIS EMPLOYER) ... 1
NO . (RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN **EMPLOYER SUPP.** AND CIRCLE CODE 3 ON THE COVER OF THAT SUPPLEMENT) . 0	NO . (RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN **EMPLOYER SUPP.** AND CIRCLE CODE 3 ON THE COVER OF THAT SUPPLEMENT) . 0	NO . (RECORD THIS EMPLOYER AT Q. 1 ON THE COVER OF AN **EMPLOYER SUPP.** AND CIRCLE CODE 3 ON THE COVER OF THAT SUPPLEMENT) . 0

11. INTERVIEWER: SEE ITEM 8 ON **INFORMATION SHEET.** WAS R EMPLOYED ON DATE OF LAST INTERVIEW?

                        YES .... (ASK A) 1   20/

                        NO .... (SKIP TO Q. 13) 0

     A. IF YES,
     INTERVIEWER: ARE ALL OF R'S EMPLOYERS IN ITEM 8 OF **INFORMATION SHEET** NOW ENTERED AT Q. 1 ON THE COVERS OF **EMPLOYER SUPPLEMENTS**?

                        YES .... (SKIP TO Q. 13) 1   21/

                        NO 0

---

12. INTERVIEWER: LIST BELOW ALL EMPLOYERS IN ITEM 8 OF **INFORMATION SHEET** THAT ARE NOT NOW ENTERED AT Q. 1 ON THE COVER OF **EMPLOYER SUPPLEMENTS.** THEN ASK A.

                     _____   _____   _____

     FOR EACH EMPLOYER
     NAME RECORDED
     ABOVE, ASK A:

     A. When we interviewed
         you last on (DATE OF
         LAST INTERVIEW) you
         were working for (READ
         EMPLOYER NAME). Have
         you already told me
         about (EMPLOYER) for
         this year but called
         it by another name?

                        YES 1   YES 1   YES 1

                        NO . (RECORD   NO . (RECORD   NO . (RECORD
                        THIS EMPLOYER   THIS EMPLOYER   THIS EMPLOYER
                        AT Q. 1 ON THE   AT Q. 1 ON THE   AT Q. 1 ON THE
                        COVER OF AN   COVER OF AN   COVER OF AN
                        EMPLOYER   **EMPLOYER**   **EMPLOYER**
                        SUPPLEMENT) . 0 **SUPPLEMENT**) . 0 **SUPPLEMENT** .. 0

---

13. INTERVIEWER: ALTOGETHER, ON HOW MANY **EMPLOYER SUPPLEMENTS** HAVE YOU RECORDED AN EMPLOYER NAME?

                        NONE ... **(GO TO SECTION 7)** 00   22-23/

                        ONE OR MORE . . .
                           (SPECIFY NUMBER HERE, AND
                           ADMINISTER SUPPLEMENTS NOW.
                           START WITH THE MOST RECENT JOB).. |___|___|

SECTION 7:   GAPS WHEN R WAS NOT WORKING OR IN THE MILITARY

--->   (INTERVIEWER NOTE: BY NOW YOU SHOULD HAVE ADMINISTERED AN EMPLOYER SUPPLEMENT
                     FOR EACH JOB COUNTED AT **SECTION 6,** Q.13, PAGE 6-44)

---

1.   INTERVIEWER: HOW MANY EMPLOYER SUPPLEMENTS HAVE YOU ADMINISTERED TO THE
                       RESPONDENT?

                               ENTER NUMBER: | | |

---

2.   INTERVIEWER: HAVE YOU DRAWN ANY LINES ON ROW A OR B OF THE **CALENDAR?**

               YES .... (GO TO Q. 3) 1   24/

               NO ...(INTERVIEWER: PUT DATE OF LAST INTERVIEW
                      AND TODAY'S DATE IN BOXES FOR PERIOD 1, Q.4A,
                      ON THE NEXT PAGE.   PUT BOTH DATES ON ROW C OF
                      THE **CALENDAR.**   DRAW A LINE TO CONNECT THESE
                      DATES.   THEN GO TO Q.4B, NEXT PAGE.)......... 0

---

3.   INTERVIEWER: SEE **CALENDAR** ROWS A AND B.   ARE THERE ANY GAPS OF A WEEK OR
                       MORE BETWEEN EMPLOYERS AND/OR ACTIVE DUTY SINCE DATE OF LAST
                       INTERVIEW AND NOW?

                       IN OTHER WORDS, ARE THERE ANY SPACES OF A WEEK OR MORE WHERE YOU
                       DO NOT HAVE A LINE DRAWN IN ROW A OR ROW B?
                       (CHECK ALL YOUR DATES CAREFULLY.   CHECK THE ENDING DATE OF EACH
                       JOB HELD AND THE STARTING DATE OF THE NEXT JOB.)

                       THERE ARE SOME GAPS .... (GO TO Q. 4A, NEXT PAGE) 1   25/

                       ALL TIME IS ACCOUNTED FOR IN LINES A AND B
                       (**SKIP TO SECTION 8,** PAGE 8-56) 2

G A P S   B E T W E E N   J O B S :   **M O S T   R E C E N T** ------------>

		PERIOD 1 FROM	PERIOD 2 FROM

4. A.   INTERVIEWER: DRAW LINES ON ROW C TO REPRESENT   A.
         PERIODS DURING WHICH THERE ARE NO LINES IN ROW
         A OR B. USE DATES ENTERED IN ROWS A & B TO
         INDICATE IN ROW C DATES R BEGAN AND ENDED EACH
         PERIOD OF NON-EMPLOYMENT. ENTER THE DATES FOR
         EACH PERIOD INTO BOX A, MOST RECENT PERIOD FIRST.
         NOW ENTER BELOW THE TOTAL NUMBER OF SEPARATE
         PERIODS OF NON-EMPLOYMENT:

                     TOTAL # OF SEPARATE PERIODS: |__|__|
                                           26-27/

PERIOD 1:
|__|__|__|__|__|__|
MONTH DAY YEAR
            28-33/

TO

|__|__|__|__|__|__|
MONTH DAY YEAR
            34-39/

PERIOD 2:
|__|__|__|__|__|__|
MONTH DAY YEAR
            58-63/

TO

|__|__|__|__|__|__|
MONTH DAY YEAR
            64-69/

FOR EACH SET OF DATES ENTERED IN A, ASK B-J:

B.   You said you were not working between (DATES OF
     FIRST/NEXT PERIOD). During how many of those
     weeks were you looking for work or on layoff from
     a job--during none, some, or all of those weeks?

     INTERVIEWER: FOLLOW SKIP INSTRUCTIONS AT B
                    IN COLUMNS.

PERIOD 1:
B. None ... (GO TO I) .. 1
   Some ... (GO TO C) .. 2
   All .... (GO TO J) .. 3
                        40/

PERIOD 2:
None ... (GO TO I) .. 1
Some ... (GO TO C) .. 2
All .... (GO TO J) .. 3
                        70/

C.   INTERVIEWER: USE WEEK **CALENDAR** TO DETERMINE
     WEEK # OF EACH DATE. CIRCLE WEEK #'S ON **CALENDAR.**

D.   ENTER ENDING WEEK # IN BOX D HERE.

D.
PERIOD 1:
|__|__|__|
WEEK PERIOD ENDED
41-43/

PERIOD 2:
|__|__|__|
WEEK PERIOD ENDED
71-73/

E.   ENTER BEGINNING WEEK # IN BOX E HERE.

E.
PERIOD 1:
- |__|__|__|
WEEK PERIOD BEGAN
44-46/

PERIOD 2:
- |__|__|__|
WEEK PERIOD BEGAN
74-76/

F.   SUBTRACT WEEK BEGAN FROM WEEK ENDED (D-E=F)
     AND ENTER THE DIFFERENCE HERE.
     (# OF WEEKS IN GAP)

F.
PERIOD 1:
= |__|__|__|
OF WEEKS
47-49/

PERIOD 2:
= |__|__|__|
OF WEEKS
77-79/

BEGIN DECK 12

G.   You were not working from (DATE) to (DATE).
     That would be about (# IN BOX F) weeks when you
     were not working. For how many of these weeks
     were you looking for work or on layoff from a
     job? ENTER IN BOX G HERE.

G.
PERIOD 1:
|__|__|__|
OF WEEKS LOOKING
OR ON LAYOFF
50-52/

PERIOD 2:
|__|__|__|
OF WEEKS LOOKING
OR ON LAYOFF
10-12/

H.   INTERVIEWER: SUBTRACT # OF WEEKS LOOKING OR
     ON LAYOFF FROM # OF WEEKS IN GAP PERIOD
     (F-G=H). ENTER DIFFERENCE IN BOX H HERE
     READ: That leaves (# IN H) weeks that you
     were not working or looking for work.

H.
PERIOD 1:
|__|__|__|
OF WEEKS
NOT LOOKING
53-55/

PERIOD 2:
|__|__|__|
OF WEEKS
NOT LOOKING
13-15/

I.   What would you say was the main reason that you
     were not looking for work during that period?
     RECORD VERBATIM AND ENTER CODE IN BOX I BELOW.

DID NOT WANT TO WORK ... 01	CHILD CARE PROBLEMS 06
ILL, DISABLED, UNABLE	PERSONAL/FAMILY REASONS 07
TO WORK 02	VACATION 08
FOR SCHOOL EMPLOYEES:	LABOR DISPUTE/STRIKE 09
SCHOOL WAS NOT IN	BELIEVED NO WORK AVAILABLE . 10
SESSION FOR THIS	COULD NOT FIND WORK 11
PERIOD 03	IN SCHOOL 12
ARMED FORCES 04	OTHER 13
PREGNANCY 05	

PERIOD 1:
I. |__|__|
REASON NOT LOOKING
56-57/

PERIOD 2:
|__|__|
REASON NOT LOOKING
16-17/

J.   INTERVIEWER: IF THERE ARE ANY ADDITIONAL PERIODS, GO BACK TO B FOR NEXT PERIOD. OTHERWISE, GO TO Q.5, PAGE 7-48.

-------------------------------------> **T O   L E A S T   R E C E N T**   BEGIN DECK 13

PERIOD 3 FROM	PERIOD 4 FROM	PERIOD 5 FROM	PERIOD 6 FROM
⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 18-23/	⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 48-53/	⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 10-15/	⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 40-45/
TO	TO	TO	TO
⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 24-29/	⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 54-59/	⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 16-21/	⌊ ⌊ ⌊ ⌊ ⌊ ⌋ MONTH DAY YEAR 46-51/
None ... (GO TO I) .. 1 Some ... (GO TO C) .. 2 All .... (GO TO J) .. 3 30/	None ... (GO TO I) .. 1 Some ... (GO TO C) .. 2 All .... (GO TO J) .. 3 60/	None ... (GO TO I) .. 1 Some ... (GO TO C) .. 2 All .... (GO TO J) .. 3 22/	None ... (GO TO I) .. 1 Some ... (GO TO C) .. 2 All .... (GO TO J) .. 3 52/
⌊ ⌊ ⌊ ⌋ WEEK PERIOD ENDED 31-33/ - ⌊ ⌊ ⌊ ⌋ WEEK PERIOD BEGAN 34-36/ = ⌊ ⌊ ⌊ ⌋ # OF WEEKS 37-39/	⌊ ⌊ ⌊ ⌋ WEEK PERIOD ENDED 61-63/ - ⌊ ⌊ ⌊ ⌋ WEEK PERIOD BEGAN 64-66/ = ⌊ ⌊ ⌊ ⌋ # OF WEEKS 67-69/	⌊ ⌊ ⌊ ⌋ WEEK PERIOD ENDED 23-25/ - ⌊ ⌊ ⌊ ⌋ WEEK PERIOD BEGAN 26-28/ = ⌊ ⌊ ⌊ ⌋ # OF WEEKS 29-31/	⌊ ⌊ ⌊ ⌋ WEEK PERIOD ENDED 53-55/ - ⌊ ⌊ ⌊ ⌋ WEEK PERIOD BEGAN 56-58/ = ⌊ ⌊ ⌊ ⌋ # OF WEEKS 59-61/
⌊ ⌊ ⌊ ⌋ # OF WEEKS LOOKING OR ON LAYOFF 40-42/	⌊ ⌊ ⌊ ⌋ # OF WEEKS LOOKING OR ON LAYOFF 70-72/	⌊ ⌊ ⌊ ⌋ # OF WEEKS LOOKING OR ON LAYOFF 32-34/	⌊ ⌊ ⌊ ⌋ # OF WEEKS LOOKING OR ON LAYOFF 62-64/
⌊ ⌊ ⌊ ⌋ # OF WEEKS NOT LOOKING 43-45/	⌊ ⌊ ⌊ ⌋ # OF WEEKS NOT LOOKING 73-75/	⌊ ⌊ ⌊ ⌋ # OF WEEKS NOT LOOKING 35-37/	⌊ ⌊ ⌊ ⌋ # OF WEEKS NOT LOOKING 65-67/
⌊ ⌊ ⌋ REASON NOT LOOKING 46-47/	⌊ ⌊ ⌋ REASON NOT LOOKING 76-77/	⌊ ⌊ ⌋ REASON NOT LOOKING 38-39/	⌊ ⌊ ⌋ REASON NOT LOOKING 68-69/

-------------------------------------> **T O   L E A S T   R E C E N T**   BEGIN DECK 13

5.   INTERVIEWER: WHAT SEX IS R?

                    MALE.................(GO TO Q.6)..................... 1   70/

                    FEMALE.......(SKIP TO SECTION 8, PAGE 8-56)........ 2

----

6.   INTERVIEWER: IS "SOME" OR "ALL" CODED IN Q.4B, PAGE 7-46, FOR MOST RECENT PERIOD
                    (PERIOD 1) R WAS NOT WORKING?

                            YES...........(GO TO A)............... 1   71/

                            NO....(SKIP TO SECTION 8, PAGE 8-56).. 0

     A.   INTERVIEWER: DID R'S MOST RECENT PERIOD (PERIOD 1) NOT WORKING BEGIN WITHIN THE
                         LAST 12 MONTHS?

                            YES...........(GO TO B)............... 1   72/

                            NO....(SKIP TO SECTION 8, PAGE 8-56).. 0

     B.   INTERVIEWER: CIRCLE ON THE TOP OF THE CALENDAR THE STARTING AND ENDING MONTHS OF
                         THE MOST RECENT JOB GAP.

7.   (HAND CARD H.) Please look at this card. During your most recent period of
     unemployment, that is between (DATE) and (DATE), which of the following methods did
     you use to look for work? CODE ALL THAT APPLY.

```
 _____
|  HAND |                        State Employment Service.............. 01     73-74/
| CARD  |
|   H   |                        Private Employment Service............ 02     75-76/
 -------
```
                                 School Placement Office/Teachers or
                                     Professors.......................... 03   77-78/

                                 Friends and Relatives.................. 04   79-80/
                                                                          BEGIN DECK 14
                                 Community Action Groups............... 05   10-11/

                                 Local JTPA Program.................... 06   12-13/

                                 Labor Union........................... 07   14-15/

                                 Civil Service Test or Federal Job
                                     Application......................... 08   16-17/

                                 Newspapers, Periodicals, or Trade
                                     Journals............................ 09   18-19/

                                 Direct Employer Contact............... 10   20-21/

                                 Other (SPECIFY) _____

                                 _____ 11   22-23/

PLEASE GO ON TO NEXT PAGE -------------->

	MONTH 1	MONTH 2
8.A INTERVIEWER: STARTING WITH THE MOST RECENT MONTH R WAS NOT WORKING, ENTER THE MONTH AND YEAR FOR EACH MONTH THAT R WAS NOT WORKING. ENTER MONTHS AND YEAR FOR THE MOST RECENT PERIOD ONLY. (PERIOD 1, Q.4A, PAGE 7-46.)	|_|_||_|_| 24-27 MONTH YEAR	|_|_||_|_| 52-55/ MONTH YEAR

B. (HAND CARD H.) During (MONTH AND YEAR) when you were
    not working which of the methods that you mentioned did
    you use to look for work?
    CODE ALL THAT APPLY.

		MONTH 1	MONTH 2
State Employment Service.........	01	.... 01 28-29/	.... 01 56-57/
Private Employment Service.......	02	.... 02 30-31/	.... 02 58-59/
School Placement Office/Teachers or Professors...................	03	.... 03 32-33/	.... 03 60-61/
Friends and Relatives............	04	.... 04 34-35/	.... 04 62-63/
Community Action Groups,.........	05	.... 05 36-37/	.... 05 64-65/
Local JTPA Program...............	06	.... 06 38-39/	.... 06 66-67/
Labor Union......................	07	.... 07 40-41/	.... 07 68-69/
Civil Service Test or Federal Job Application.................	08	.... 08 42-43/	.... 08 70-71/
Newspapers, Periodicals, or Trade Journals..................	09	.... 09 44-45/	.... 09 72-73/
Direct Employer Contact..........	10	.... 10 46-47/	.... 10 74-75/
Other (SPECIFY) _____ _____	11	_____ _____ 11 48-49/ _____	_____ _____ 11 76-77/ _____
NO METHOD, NOT LOOKING FOR WORK..	00	.... 00 50-51/	.... 00 78-79/

HAND
CARD
H

C. INTERVIEWER: IF THERE ARE ANY ADDITIONAL MONTHS,
    GO BACK TO B FOR THE NEXT MONTH. OTHERWISE GO TO
    Q.9, PAGE 7-54.

MONTH 3

|__|__| |__|__|10-13/
MONTH   YEAR

MONTH 4

|__|__| |__|__|38-41/
MONTH   YEAR

MONTH 5

|__|__| |__|__|66-69/
MONTH   YEAR

MONTH 6

|__|__| |__|__|24-27/
MONTH   YEAR

.... 01   14-15/
.... 02   16-17/
.... 03   18-19/
.... 04   20-21/
.... 05   22-23/
.... 06   24-25/
.... 07   26-27/
.... 08   28-29/
.... 09   30-31/
.... 10   32-33/
_____
_____ 11 34-35/
.... 00   36-37/

.... 01   42-43/
.... 02   44-45/
.... 03   46-47/
.... 04   48-49/
.... 05   50-51/
.... 06   52-53/
.... 07   54-55/
.... 08   56-57/
.... 09   58-59/
.... 10   60-61/
_____
_____ 11 62-63/
.... 00   64-65/

.... 01   70-71/
.... 02   72-73/
.... 03   74-75/
.... 04   76-77/
.... 05   78-79/
BEGIN DECK 16
.... 06   10-11/
.... 07   12-13/
.... 08   14-15/
.... 09   16-17/
.... 10   18-19/
_____
_____ 11 20-21/
.... 00   22-23/

.... 01   28-29/
.... 02   30-31/
.... 03   32-33/
.... 04   34-35/
.... 05   36-37/
.... 06   38-39/
.... 07   40-41/
.... 08   42-43/
.... 09   44-45/
.... 10   46-47/
_____
_____ 11 48-49/
.... 00   50-51/

8.A.   INTERVIEWER: CONTINUE TO ENTER MONTHS FROM
         CALENDAR IN BOX A.

MONTH 7

MONTH 8

BEGIN DECK 17

| | | | | | |52-55/
MONTH   YEAR

| | | | | | |10-13/
MONTH   YEAR

B.   (HAND CARD H.) During (MONTH AND YEAR) that you
       were not working which of the methods that you
       mentioned did you use to look for work?
       CODE ALL THAT APPLY.

HAND CARD H		

State Employment Service......... 01 01   56-57/ 01   14-15

Private Employment Service....... 02 02   58-59/ 02   16-17/

School Placement Office/Teachers
   or Professors................... 03 03   60-61/ 03   18-19/

Friends and Relatives............ 04 04   62-63/ 04   20-21/

Community Action Groups,......... 05 05   64-65/ 05   22-23/

Local JTPA Program............... 06 06   66-67/ 06   24-25/

Labor Union...................... 07 07   68-69/ 07   26-27/

Civil Service Test or Federal
   Job Application................. 08 08   70-71/ 08   28-29/

Newspapers, Periodicals, or
   Trade Journals.................. 09 09   72-73/ 09   30-31/

Direct Employer Contact.......... 10 10   74-75/ 10   32-33/

Other (SPECIFY) _____

_____ 11 _____   11   76-77/ _____   11   34-35/

NO METHOD, NOT LOOKING FOR WORK.. 00 00   78-79/ 00   36-37/

C.   INTERVIEWER: IF THERE ARE ANY ADDITIONAL MONTHS,
       GO BACK TO B FOR THE NEXT MONTH. OTHERWISE GO TO
       Q.9, PAGE 7-54.

MONTH 9	MONTH 10	MONTH 11	MONTH 12

|_|_| |_|_| |38-41/
MONTH YEAR

|_|_| |_|_| |66-69/
MONTH YEAR

|_|_| |_|_| |24-27/
MONTH YEAR

|_|_| |_|_| |52-55/
MONTH YEAR

.... 01   42-43/   01   70-71/   01   28-29/   01   56-57/

.... 02   44-45/   02   72-73/   02   30-31/   02   58-59/

.... 03   46-47/   03   74-75/   03   32-33/   03   60-61/

.... 04   48-49/   04   76-77/   04   34-35/   04   62-63/

.... 05   50-51/   05   78-79/   05   36-37/   05   64-65/

                             BEGIN DECK 18

.... 06   52-53/   06   10-11/   06   38-39/   06   66-67/

.... 07   54-55/   07   12-13/   07   40-41/   07   68-69/

.... 08   56-57/   08   14-15/   08   42-43/   08   70-71/

.... 09   58-59/   09   16-17/   09   44-45/   09   72-73/

.... 10   60-61/   10   18-19/   10   46-47/   10   74-75/

_____   _____   _____   _____

_____ 11   62-63/   _____ 11   20-21/   _____ 11   48-49/   _____ 11   76-77/

.... 00   64-65/   00   22-23/   00   50-51/   00   78-79/

INTERVIEWER: IF R USED ONLY THREE METHODS OR LESS THAN THREE METHODS, (Q.8, PAGES 7-50 through 7-53) CODE Q.9
                WITHOUT ASKING AND GO TO Q.10.

9.   (HAND CARD H.) Which three methods did you use most frequently during your most recent period not
         working?

              State Employment Service... 01

              Private Employment Service. 02

              School Placement Office/
                 Teachers or Professors... 03

```
┌──────┐
│ HAND │   Friends and Relatives...... 04
│ CARD │                                     10-11/
│  H   │
└──────┘   Community Action Groups.... 05
                                             12-13/

              Local JTPA Program......... 06
                                             14-15/

              Labor Union............... 07
```

              Civil Service Test or Federal
                 Job Application.......... 08

              Newspapers, periodicals, or
                 Trade Journals........... 09

              Direct Employer Contact.... 10

              Other (SPECIFY) _____ 11

              _____

10.   INTERVIEWER: ENTER THE CODES FOR THE METHODS CODED IN Q.9 AND ASK A-E FOR EACH METHOD LISTED.

		METHOD 1	METHOD 2	METHOD 3
		|__|___| 16-17/	|__|___| 29-30/	|__|___| 42-43/
A.	How many job offers did you receive as a result of (READ METHOD)? (Please do not include a job offer that you previously mentioned.)	|__|__| NUMBER OF 18-19/ JOB OFFERS	|__|__| NUMBER OF 31-32/ JOB OFFERS	|__|__| NUMBER OF 44-45/ JOB OFFERS
B.	(IF A = ZERO, SKIP TO E. OTHERWISE ASK B - D.) What was the (highest) wage that you were offered as a result of (METHOD)? PROBE IF NECESSARY: Is that per hour, day, week, or what? (Please do not include a wage offer that you previously mentioned.)	|_|_|_|_|_|.|_|_| DOLLARS AND CENTS	|_|_|_|_|_|.|_|_| DOLLARS AND CENTS	|_|_|_|_|_|.|_|_| DOLLARS AND CENTS
		20-24/ 25-26/	33-37/ 38-39/	46-50/ 51-52/
		Per hour............. 01	Per hour............. 01	Per hour............. 01
		Per day.............. 02	Per day.............. 02	Per day.............. 02
		Per week............. 03	Per week............. 03	Per week............. 03
		Bi-weekly............ 04	Bi-weekly............ 04	Bi-weekly............ 04
		Per month............ 05	Per month............ 05	Per month............ 05
		Per year............. 06	Per year............. 06	Per year............. 06
		Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
		_____ 07	_____ 07	_____ 07
		27-28/	40-41/	53-54/

	METHOD 1	METHOD 2	METHOD 3
C. Did you accept that offer?	Yes..(SKIP TO E).. 1	Yes..(SKIP TO E).. 1	Yes..(SKIP TO E).. 1
	No................ 0	No................ 0	No................ 0
	55/	58/	61/

D. Why did you decide not
to accept the offer?
(IF MORE THAN ONE REASON,
PROBE: What is the one
main reason?) RECORD
VERBATIM AND ENTER CODE
IN BOX D.

--------------------	--------------------	--------------------
--------------------	--------------------	--------------------
D. |__|__| 56-57/	D. |__|__| 59-60/	D. |__|__| 62-63/
REASON REJECTED	REASON REJECTED	REASON REJECTED
JOB OFFER	JOB OFFER	JOB OFFER

```
INADEQUATE PAY/BENEFITS... 01

UNSUITABLE WORKING
   CONDITIONS............... 02

WOULD NOT MAKE USE OF MY
   EXPERIENCE OR SKILLS.... 03

HAD INSUFFICIENT EXPERIENCE
   OR SKILLS................ 04

PARENTS OR SPOUSE AGAINST
   MY ACCEPTING OFFER...... 05

INSUFFICIENT HOURS/TOO MANY
   HOURS.................... 06

CHANGED PLANS.............. 07

TRANSPORTATION PROBLEMS... 08

BETTER OFFER.............. 09

OTHER (SPECIFY) _____  10
```

E. INTERVIEWER: IF R USED ANOTHER METHOD, GO BACK TO A FOR NEXT METHOD. OTHERWISE GO ON TO SECTION 8.

SECTION 8: ON GOVERNMENT TRAINING

1. There are certain kinds of training programs sponsored by the government in
    which young people receive training or assistance in a workshop or a classroom
    to prepare them for jobs. Examples of these kinds of training or assistance
    include certain JTPA, TAA programs, and the Job Corps, but there are others.

----

2. INTERVIEWER: SEE **INFORMATION SHEET,** ITEM 10. IS A GOVERNMENT TRAINING PROGRAM
                 FROM LAST YEAR'S INTERVIEW LISTED THERE?

                         YES .... (READ A) 1   64

                         NO .... (GO TO Q. 3) 0

    IF YES TO Q. 2, ASK A:

    A. Our records show that at our last interview (DATE OF LAST INTERVIEW), you
        were receiving this kind of training at (NAME OF SCHOOL OR AGENCY FROM
        INFORMATION SHEET). We would like to ask some questions about your
        participation in this program since (DATE OF LAST INTERVIEW).
        ENTER IN Q. 8 (ON NEXT PAGE) THE NAME OF THE SCHOOL OR AGENCY FROM ITEM 10
        OF **INFORMATION SHEET.** THEN GO TO Q. 5.

    IF NO TO Q. 2, ASK Q. 3:

3. (Besides the jobs you already told me about,) Since (DATE OF LAST INTERVIEW),
    have you received training or assistance from any of these kinds of government-
    sponsored programs?

```
 HAND                   Yes ................................. 1          65/
 CARD                   No...(SKIP TO SECTION 9, PAGE 9-64).. 0
  I
```

----

4. Thinking of the (first/next) training program that you attended since (DATE OF
    LAST INTERVIEW), what is the name of the school or agency where you've received
    this training? RECORD IN Q. 8, NEXT PAGE, AND GO ON TO Q. 5.
                    (IF NECESSARY, USE A SECOND QUESTIONNAIRE.)

----

5. What is the name of the government program that sponsors this training? RECORD
    IN Q. 9, NEXT PAGE, AND GO ON TO Q. 6.

----

6. (Besides the job(s) you already told me about,) Since (DATE OF LAST INTERVIEW),
    have you received any other training or assistance [either from (NAME OF SCHOOL
    OR AGENCY FROM **INFORMATION SHEET,** ITEM 10) or] from any of these kinds of
    government-sponsored training programs?

```
 HAND                IF YES, GO BACK TO Q. 4
 CARD                   FOR THE NEXT PROGRAM .............. 1        66/
  I
                     IF NO, GO TO Q. 7 .................... 0
```

7. <u>INTERVIEWER:</u> IF THERE ARE ANY PROGRAMS ENTERED IN QS. 8 & 9 BELOW, ASK QS. 10-33 NOW.
    OTHERWISE, SKIP TO SECTION 9, PAGE 9-64.

	COLUMN #1 BEGIN DECK 20	COLUMN #2
8. ENTER NAME OF SCHOOL OR AGENCY WHERE R RECEIVED TRAINING.	10-34/ _____	54-78/ _____
9. ENTER NAME OF THE GOVERNMENT PROGRAM THAT SPONSORS THIS TRAINING.	35-36/ _____	79-80/ _____
10. You told me that you received training or assistance at (ENTRY IN Q. 8) through the (ENTRY IN Q. 9).		BEGIN DECK 21
A. <u>INTERVIEWER:</u> WAS <u>THIS</u> TRAINING PROGRAM LISTED ON ITEM 10 OF **INFO SHEET?** (DID YOU ENTER IN Q. 8 FOR THIS PROGRAM THE NAME OF THE SCHOOL OR AGENCY FROM ITEM 10 OF INFO SHEET?)	YES .. (ENTER THE 37/ DATE OF THE LAST INTERVIEW IN "B" BELOW AND GO TO Q. 11) ... 1 NO ... (ASK B) 0	YES .. (ENTER THE 10/ DATE OF THE LAST INTERVIEW IN "B" BELOW AND GO TO Q. 11) ... 1 NO ... (ASK B) 0
B. <u>IF NO TO A:</u> When did you start participating in this program?	38-43/ |_|_|_|_|_|_| MONTH DAY YEAR	11-16/ |_|_|_|_|_|_| MONTH DAY YEAR
11. Are you currently partici- pating in this program?	44/ Yes . (SKIP TO Q. 13) .... 1 No 0	17/ Yes . (SKIP TO Q. 13) .... 1 No 0
12. When did you stop partici- pating in this program? PROBE FOR AND RECORD MONTH, DAY, AND YEAR.	45-50/ |_|_|_|_|_|_| MONTH DAY YEAR	18-23/ |_|_|_|_|_|_| MONTH DAY YEAR
13. For a variety of reasons, people often do not partici- pate in their programs some of the time. Between (DATE IN Q. 10) and (now/DATE IN Q. 12), were there any periods of a <u>full week</u> or more during which <u>you</u> did <u>not</u> participate in this program?	51/ Yes ... (ASK A) ...... 1 No .. (GO TO Q.14 PAGE 8-58) 0	24/ Yes ... (ASK A) ...... 1 No .. (GO TO Q.14 PAGE 8-58) 0
A. <u>IF YES:</u> Between (DATE IN Q. 10) and (now/DATE IN Q. 12), for how many weeks, altogether, did you <u>not</u> participate in this program?	# WEEKS |_|_| 52-53/	# WEEKS |_|_| 25-26/

	COLUMN #1	COLUMN #2
14. How many hours a week (do/did) you usually spend in the program? ENTER # OF HOURS	# HOURS |__|__| 27-28/	# HOURS |__|__| 35-36/
15. How many hours a day (do/did) you usually spend in the program? ENTER # OF HOURS	# HOURS |__|__| 29-30/	# HOURS |__|__| 37-38/
16. A. As far as you know, (is/was) this training part of a JTPA or TAA program?	31/ Yes .... 1 No 0	39/ Yes .... 1 No 0
B. As far as you know, (is/was) this training (also) part of a WIN program?	32/ Yes .... 1 No 0	40/ Yes .... 1 No 0
17. Why did you decide to enter this training program? RECORD VERBATIM. IF MORE THAN ONE REASON GIVEN, PROBE: What was the one main reason? CODE ONE ONLY.	_____ _____ _____ _____ 33-34/ TO GET MONEY .... 01 TO GET A BETTER JOB THAN COULD GET ON MY OWN .... 02 TO GET A JOB .... 03 TO GET JOB TRAINING OR EXPERIENCE ...... 04 TO HAVE SOMETHING TO DO .... 05 THE TRAINING SOUNDED INTERESTING .... 06 OTHER (SPECIFY) 07	_____ _____ _____ _____ 41-42/ TO GET MONEY .... 01 TO GET A BETTER JOB THAN COULD GET ON MY OWN .... 02 TO GET A JOB .... 03 TO GET JOB TRAINING OR EXPERIENCE ...... 04 TO HAVE SOMETHING TO DO .... 05 THE TRAINING SOUNDED INTERESTING .... 06 OTHER (SPECIFY) 07

	COLUMN #1	COLUMN #2
18. <u>INTERVIEWER</u>, IS R CURRENTLY PARTICIPATING IN THIS PROGRAM? ("YES" TO Q.11, PG. 8-57)	43/ YES .(SKIP TO Q. 20) . 1 NO 0	49/ YES .(SKIP TO Q. 20) . 1 NO 0

	COLUMN #1	COLUMN #2

19. Did you <u>complete</u> this training program or not?	44/
	Completed this program
	  (GO TO Q. 20) 1
	Did not complete this
	  program . (ASK A) .. 0
		50/
		Completed this program
		  (GO TO Q. 20) 1
		Did not complete this
		  program . (ASK A) .. 0

A. <u>IF CODE 0</u>: Why did you leave this program? RECORD VERBATIM. <u>IF MORE THAN ONE REASON GIVEN</u>, <u>PROBE</u>: What was the main reason? CODE ONE ONLY.	_____ _____ _____ _____	_____ _____ _____ _____

	45-46/
	EXPELLED FROM PROGRAM .. 01
	QUIT BECAUSE FOUND
	  A JOB 02
	TRANSFERRED TO ANOTHER
	  PROGRAM 03
	DISSATISFIED WITH PAY .. 04
	UNSATISFACTORY
	  CONDITIONS 05
	LOST INTEREST 06
	TOO DIFFICULT 07
	PROBLEMS WITH
	  TRANSPORTATION 08
	TOO MUCH TIME INVOLVED . 09
	PREGNANCY 10
	OWN ILLNESS OR
	  DISABILITY 11
	OTHER PERSONAL OR FAMILY
	  REASONS 12
	MOVED 13
	OTHER (SPECIFY) ....
	_____ 14
		51-52/
		EXPELLED FROM PROGRAM . 01
		QUIT BECAUSE FOUND
		  A JOB 02
		TRANSFERRED TO ANOTHER
		  PROGRAM 03
		DISSATISFIED WITH PAY . 04
		UNSATISFACTORY
		  CONDITIONS 05
		LOST INTEREST 06
		TOO DIFFICULT 07
		PROBLEMS WITH
		  TRANSPORTATON........ 08
		TOO MUCH TIME INVOLVED. 09
		PREGNANCY 10
		OWN ILLNESS OR
		  DISABILITY 11
		OTHER PERSONAL OR FAMILY
		  REASONS 12
		MOVED 13
		OTHER (SPECIFY) ....
		_____ 14

	Yes	No		Yes	No	
20. We would like to know more about the kinds of services the program provided you. (First/Next) (does/did) this program provide you with ... (READ CATEGORIES A & B AND CODE "YES" OR "NO" FOR EACH)						
A. Job search assistance?	1	0	47/	1	0	53/
B. Classroom training to prepare for a GED?	1	0	48/	1	0	54/

	COLUMN #1	COLUMN #2
21. (Does/did) this program provide you with other classroom training in reading, writing, or arithmetic? A. IF YES: Was that classroom training part of a program of English as a second language-- that is, a program for people who grew up speaking a language other than English?	55/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 22) .. 0 56/ Yes .... 1 No 0	63/ Yes .....(ASK A) ..... 1 NO .. (GO TO Q. 22) .. 0 64/ Yes .... 1 No 0
22. (Does/did) this program provide you with classroom training in other skills needed for certain types of jobs? A. IF YES: What kind of job were you being trained for? RECORD VERBATIM.	57/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 23) .. 0 58-60/ _____ _____ _____ _____	65/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 23) .. 0 66-68/ _____ _____ _____ _____

23. INTERVIEWER: IS R CURRENTLY PARTICIPATING IN THIS PROGRAM? ("YES" TO Q.11, PAGE 8-57)	61/
	YES (SKIP TO Q.26
	    PAGE 8-61) 1
	
	NO .... (ASK Q.24) ... 0
		69/
		YES (SKIP TO Q.26
		    PAGE 8-61) 1
		
		NO .. (ASK Q.24) 0

24. Were you placed in a job as part of your training, for example; on-the-job training or work experience?	62/ Yes .... 1 No 0	70/ Yes .... 1 No 0

		COLUMN #1			COLUMN #2		
25.	After completion of training, were you placed in a job by this program?	Yes .... 1 No 0		71/	Yes .... 1 No 0		79/

		COLUMN #1			COLUMN #2		
26.	(Does/did) this program provide you with (READ CATEGORIES AND CODE "YES" OR "NO" FOR EACH)	Yes	No		BEGIN DECK 22 Yes	No	
	A. Extra help preparing for college?	1	0	72/	1	0	10/
	B. Health care or medical services?	1	0	73/	1	0	11/
	C. Childcare?	1	0	74/	1	0	12/
	D. Transportation or bus tokens?	1	0	75/	1	0	13/
	E. Lodging?	1	0	76/	1	0	14/
	F. Meals?	1	0	77/	1	0	15/

		COLUMN #1	COLUMN #2

27.	(Does/did) this program provide you with any <u>other</u> kinds of services?
	
	A. <u>IF YES</u>: What other kinds of services? RECORD VERBATIM.
		78/
		Yes .... (ASK A) 1
		No .. (GO TO Q.28,
		        PAGE 8-62) 0
		
		_____
		
		_____
		
		_____
			16/
			Yes .... (ASK A) 1
			No .. (GO TO Q.28,
			        PAGE 8-62) 0
			
			_____
			
			_____
			
			_____

28. Besides any money you may (presently receive/ have received) through public assistance or Unemployment Compensation (do/while you were in the program, did) you receive any money for participating in this program?

A. IF YES: How much money (do/did) you usually receive for participating in this program? Please give me the amount you receive(d) before any deductions like taxes and social security (are/were) taken out.
PROBE IF NECESARY:
(Is/Was) that per hour, per day, per week, or what?

COLUMN #1	COLUMN #2
17/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 29) .. 0	28/ Yes .... (ASK A) ..... 1 No .. (GO TO Q. 29) .. 0
18-22/ 23-24/ |_|_|_| , |_|_|_| . |_|_|_| DOLLARS CENTS	29-33/ 34-35/ |_|_|_| , |_|_|_| . |_|_|_| DOLLARS CENTS

25-26/
Per hour 01
Per day 02
Per week 03
Bi-weekly (every 2
   weeks) 04
Per month 05
Per year 06
OTHER (SPECIFY)
_____ 07
	36-37/
	Per hour 01
	Per day 02
	Per week 03
	Bi-weekly (every 2
	   weeks) 04
	Per month 05
	Per year 06
	OTHER (SPECIFY)
	_____ 07

29. How (does/did) the training or experience you received in this program affect your chances of getting a good job--do you feel that your chances of getting a good job (are/ were) improved or not improved?

27/ Improved .... 1 Not improved 2	38/ Improved .... 1 Not improved 2

	COLUMN #1	COLUMN #2
30. INTERVIEWER: SEE ROW B ON **CALENDAR.** HAS R HAD A JOB SINCE LEAVING THIS PROGRAM?	39/ YES .. (ASK Q. 31) ... 1 NO . (SKIP TO Q. 32) . 0	43/ YES ..(ASK Q. 31) .... 1 NO . (SKIP TO Q. 32) . 0
31. After you left the program, did the training or experience you received in this program <u>help</u> you or <u>not</u> help you in performing any job you have held?	40/ Helped .... 1 Did not help 2	44/ Helped .... 1 Did not help 2
32. Thinking back over your entire experience in this program, how satisfied or dissatisfied are you with it overall-- very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	41/ Very satisfied .... 1 Somewhat satisfied ... 2 Somewhat dissatisfied. 3 Very dissatisfied 4	45/ Very satisfied .... 1 Somewhat satisfied ... 2 Somewhat dissatisfied. 3 Very dissatisfied 4
33. INTERVIEWER: ARE THERE ANY ADDITIONAL PROGRAMS RECORDED IN COLUMN HEADINGS (Qs 8 AND 9, PAGE 8-57) NOT YET ASKED ABOUT?	42/ YES .. (RE-ASK Q.10-33 FOR THE NEXT PROGRAM) ..... 1 NO .. (**GO TO** **SECTION 9**) 0	46/ YES .. (USING THE SECOND QUESTIONNAIRE, ASK Q.10-33 FOR THE NEXT PROGRAM) ..... 1 NO .. (**GO TO** **SECTION 9**) 0

SECTION 9: OTHER TRAINING

1. I would now like to ask you about <u>other types</u> of schooling and training you may have had, excluding regular schooling, and government training we have already talked about.

---

2. <u>INTERVIEWER:</u> SEE **INFORMATION SHEET**, ITEM 11. IS AN "OTHER TRAINING PROGRAM" FROM LAST YEAR'S INTERVIEW LISTED THERE?

<div align="center">

YES .... (ASK Q. 3) 1   47/

NO ... (SKIP TO Q.4, PAGE 9-65) 0

</div>

<u>IF YES TO Q. 2, ASK Q. 3:</u>

3. A. <u>INTERVIEWER:</u> CODE BELOW EACH TYPE OF TRAINING AGENCY FROM **INFORMATION SHEET**, ITEM 11.

	1st PROGRAM		2nd PROGRAM	
1) BUSINESS COLLEGE	 01	48-49/	 01	57-58/
2) A NURSE'S PROGRAM	 02		 02	
3) AN APPRENTICESHIP PROGRAM	 03		 03	
4) A VOCATIONAL OR TECHNICAL INSTITUTE	 04		 04	
5) BARBER OR BEAUTY SCHOOL	 05		 05	
6) FLIGHT SCHOOL	 06		 06	
7) A CORRESPONDENCE COURSE	 07		 07	
8) COMPANY TRAINING	 08		 08	
9) OTHER (SPECIFY) _____	 09		 09	

<u>FOR EACH TYPE OF TRAINING AGENCY IN A,</u>
<u>ASK B-E.</u>

B. Our records show that on our last interview on (DATE OF LAST INTERVIEW), you were receiving training at (TYPE OF TRAINING AGENCY). We would (also) like to ask you a few questions about that training. First, what job were you being trained for?

    50-52/   59-61/

    53-56/   62-65/

C. When did you finish or leave the training?

    | | | | | | | | | |
    MONTH YEAR   MONTH YEAR
        OR   OR
    STILL ENROLLED (GO   STILL ENROLLED (GO
    TO E) .... 0001 TO E) 0001

3.   (continued)   1st PROGRAM   2nd PROGRAM
                                           ----------   ----------

     D. Did you complete this training
         or not?

              Completed training   1   66/   1   69/

              Did not complete training   0   0

     E. How many hours per week (did/do)
         you usually spend ...

              IF APPRENTICESHIP:

              In all your apprenticeship
              activities?

              IF CORRESPONDENCE COURSE:
              ----
              working on these materials?

              ALL OTHERS: In this
              ----
              training?

                   ENTER HOURS/WEEK: |_|_|_| 67-68/ |_|_|_| 70-71/

---

4.   (Besides the training we've already talked about) Since (DATE OF LAST INTERVIEW), have you received training
     from any (other) source, such as the kinds of places listed on this card? For example, training in a business
     college, nurses program, an apprenticeship program, a vocational-technical institute, military training, or any of
     these other kinds of sources?

     ┌─────┐
     │HAND │   Yes 1   72/
     │CARD │
     │ J │   No   (SKIP TO SECTION 10, PAGE 10-68) ...0
     └─────┘

---

5.   Did you receive training from any of these sources for one month or more?

                    Yes 1   73/

                    No   (SKIP TO SECTION 10, PAGE 10-68) ...0

6. Now I would like to ask you some questions about each kind of training in which you were enrolled for
    at least a month since (DATE OF LAST INTERVIEW). Let's begin with the first program in which you were
    enrolled since (DATE OF LAST INTERVIEW).

BEGIN DECK 23

	1st PROGRAM	2nd PROGRAM	3rd PROGRAM

A. What job were you being
    trained for?

    _____ 74-76/   _____ 10-12/   _____ 15-17/

    _____   _____   _____

B. HAND CARD J. Which
    category on this card
    best describes where you
    received this training?

                                77-78/   13-14/   18-19/

    1) Business college   01   01   01

    2) A nurses program   02   02   02

    3) An apprenticeship
        program   03   03   03

    4) A vocational or
        technical institute   04   04   04

    5) Barber or beauty
        school   05   05   05

    6) Flight school   06   06   06

    7) A correspondence
        course   07   07   07

    8) Company/military
        training   08   08   08

    9) Other (SPECIFY)   09   09   09

    _____   _____   _____

    _____   _____   _____

6.   (continued)

	1st PROGRAM	2nd PROGRAM	3rd PROGRAM

C.   When did you start
the training?

| | | |	20-23/
Month Year	

| | | |	32-35/
Month Year	

| | | |	44-47/
Month Year	

D.   When did you finish or
leave the training?

	24-27/
| | | |	
Month Year	

OR

STILL ENROLLED
(GO TO F) 0001

	36-39/
| | | |	
Month Year	

OR

STILL ENROLLED
(GO TO F) 0001

	48-51/
| | | |	
Month Year	

OR

STILL ENROLLED
(GO TO F) 0001

E.   Did you complete this
training or not?

                                    28/

Completed training   1

Did not complete
training?   0

                                    40/

..... 1

..... 0

                                    52/

..... 1

..... 0

F.   How many hours per
week (did/do) you
usually spend . . .

IF APPRENTICESHIP:
In all your apprentice-
ship activities?

IF CORRESPONDENCE
COURSE: working on
these materials?

ALL OTHERS: In this
training?

ENTER HOURS/WEEK:

| | |	29-30/

| | |	41-42/

| | |	53-54/

G.   Since (DATE OF LAST
INTERVIEW) have you
received for at
least one month
any kind of training
from another of these
sources?

                                    31/
Yes (GO BACK TO
     Q.6A, P. 9-66)..1

No ...(GO TO
       SECTION 10)...0

                                    43/
Yes (GO BACK TO
     Q.6A, P. 9-66)...1

No ...(GO TO
       SECTION 10)....0

                                    55/
Yes ..(GO TO A NEW
       QUEX Q.6A,
       P. 9-66).......1

No ...(GO TO
       SECTION 10 0

SECTION 10: FERTILITY

In order to make future plans for schools, housing, hospitals, and medical care, information is needed about the number of children people plan to have.

We know that some of these questions may not apply to you, but we need to ask the same questions of all our respondents in order to be complete.

First I would like to verify our records from last year.


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┌────────────────────────────────────────────────────────────────────────┐
│   VERIFICATION OF BIOLOGICAL CHILDREN - USING CHILDREN'S RECORD FORM, PART A │
└────────────────────────────────────────────────────────────────────────┘
```

1. INTERVIEWER: ARE CHILDREN LISTED IN PART A: LIST OF BIOLOGICAL CHILDREN?

                    Yes ... (SKIP TO B, PAGE 10-70) 1   56/

                    No .... (ASK A) 0

A. Our records show that you had not (had/given birth to) any children of your own as of (DATE OF LAST INTERVIEW). Is that correct?

                    IF INFORMATION IS CORRECT
                    (GO TO Q.3, PAGE 10-76) 1   57/

                    IF INFORMATION IS INCORRECT, ASK
                    FOR (CHILD/CHILDREN)'S FULL NAME,
                    SEX, AND BIRTHDATE AND RECORD
                    BEGINNING AT LINE 01 ON CHILDREN'S
                    RECORD FORM, PART A. ALSO RECORD
                    NAME(S) AND ID#(S) IN Q.1B, (PG 10-70)
                    AND CIRCLE CODE FOR "CHILD ADDED"
                    IN Q. 1D, (PG. 10-70)................ 2

PLEASE GO ON TO NEXT PAGE -------------------->

1. (Continued)

    B.   <u>INTERVIEWER:</u>   BEGINNING WITH FIRST CHILD LISTED ON THE **CHILDREN'S RECORD FORM**, <u>PART A.</u> RECORD ID #
                     AND NAME FOR EACH CHILD.

	Biological First Child ID: |__|__| 58-59/ ――――――――― NAME	Biological Second Child ID: |__|__| 67-68/ ――――――― NAME	Biological Third Child ID: |__|__| 76-77/ ――――――― NAME
C. [I'd like to read information about your (child/children) from our last interview to check our records.] As of (DATE OF LAST INTERVIEW), our records show that you have (had/given birth to) (READ <u>FULL</u> NAME, SEX, AND BIRTHDATE, OF 1ST CHILD/2ND CHILD/ETC.) Is that correct?	IF INFORMATION IS CORRECT, GO TO NEXT CHILD. IF NO ADDITIONAL CHILDREN, 60/ SKIP TO Q.2.... 1 IF INFORMATION IS INCORRECT, MAKE CORRECTIONS IN <u>PART A,</u> OF **THE CHILDREN'S RECORD FORM,** THEN GO TO D....... 2	.... 1 69/ 2	.... 1 78/ .... 2 BEGIN DECK 24
D. <u>INTERVIEWER:</u> <u>WHAT INFORMATION WAS JUST CHANGED ON THE</u> **CHILDREN'S RECORD FORM,** PART A? CODE ALL THAT APPLY. <u>INTERVIEWER NOTE:</u> FOR FEMALE RESPONDENTS IF CHILD IS ADDDED, WRITE AN "*" IN THE "PRENATAL CARE" COLUMN ON THE RECORD FORM, PART A.	BIRTHDATE...... 1 61/ CHILD ADDED (SEE NOTE)..... 2 62/ CHILD DELETED.. 3 63/ NAME........... 4 64/ SEX............ 5 65/ OTHER (SPECIFY) ――――――――― ――――――――― 6 66/	.... 1 70/ .... 2 71/ .... 3 72/ .... 4 73/ .... 5 74/ ――――――― ――――――― 6 75/	.... 1 10/ .... 2 11/ .... 3 12/ .... 4 13/ .... 5 14/ ――――――― ――――――― 6 15/

――
| INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN <u>PART A,</u> GO TO Q.2, PG. 10-72. |
――

1. (Continued)

Biological Fourth Child	Biological Fifth Child	Biological Sixth Child	Biological Seventh Child	Biological Eighth Child
ID: |__|__| 16-17/	ID: |__|__| 25-26/	ID: |__|__| 34-35/	ID: |__|__| 43-44/	ID: |__|__| 52-53/
_____ NAME	_____ NAME	_____ NAME	_____ NAME	_____ NAME

IF INFORMATION IS CORRECT, GO TO NEXT CHILD. IF NO ADDITIONAL CHILDREN, SKIP

| TO Q.2......... 1 18/ | .... 1 27/ | .... 1 36/ | .... 1 45/ | .... 1 54/ |

IF INFORMATION IS INCORRECT, MAKE CORRECTIONS IN PART A, OF **THE CHILDREN'S RECORD FORM,**

| THEN GO TO D.. 2 | .... 2 | .... 2 | .... 2 | .... 2 |

| BIRTHDATE..... 1 19/ | .... 1 28/ | .... 1 37/ | .... 1 46/ | .... 1 55/ |

CHILD ADDED

(SEE NOTE).... 2 20/	.... 2 29/	.... 2 38/	.... 2 47/	.... 2 56/
CHILD DELETED. 3 21/	.... 3 30/	.... 3 39/	.... 3 48/	.... 3 57/
NAME........... 4 22/	.... 4 31/	.... 4 40/	.... 4 49/	.... 4 58/
SEX............ 5 23/	.... 5 32/	.... 5 41/	.... 5 50/	.... 5 59/

OTHER (SPECIFY)

| _____ | _____ | _____ | _____ | _____ |
| _____ 6 24/ | _____ 6 33/ | _____ 6 42/ | _____ 6 51/ | _____ 6 60/ |

INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN PART A, GO TO Q.2, PG.10-72.

2. <u>INTERVIEWER:</u> ASK THIS QUESTION FOR EACH CHILD LISTED ON THE **CHILDREN'S RECORD FORM**
<u>PART A.</u> BEGIN WITH FIRST CHILD AND RECORD ID #.

> <u>INTERVIEWER NOTE:</u> IF STATUS PREPRINTED ON **CHILDREN'S RECORD FORM** IS
> "DECEASED," DO NOT ASK WHERE CHILD IS CURRENTLY
> LIVING (Q.2) AND DO NOT ASK WHEN CHILD DIED
> (Q.2C). IF "DECEASED" STATUS IS <u>PREPRINTED</u>, YOU
> SHOULD CODE "08--DECEASED" ONLY.

	BIOLOGICAL FIRST CHILD	BIOLOGICAL SECOND CHILD	BIOLOGICAL THIRD CHILD
	61-62/	65-66/	69-70/
Where does (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.) usually live?	ID: |＿|＿|	ID: |＿|＿|	ID: |＿|＿|
	―――――――― NAME	―――――――― NAME	―――――――― NAME
	63-64/	67-68/	71-72/
1) IN THIS HOUSEHOLD ....(SKIP TO D) 01		(SKIP TO D).. 01	(SKIP TO D).. 01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) (FATHER/MOTHER) (GO TO A) 02		(GO TO A).... 02	(GO TO A).... 02
3) WITH OTHER RELATIVE(S) (SPECIFY) _____ (GO TO A) 03		(GO TO A) 03	(GO TO A) 03
4) WITH FOSTER CARE ....(GO TO A) 04		(GO TO A).... 04	(GO TO A).... 04
5) WITH ADOPTIVE PARENTS ....(GO TO A) 05		(GO TO A).... 05	(GO TO A).... 05
6) LONG TERM CARE INSTITUTION ....(GO TO A) 06		(GO TO A).... 06	(GO TO A).... 06
7) AWAY AT SCHOOL ....(GO TO A) 07		(GO TO A).... 07	(GO TO A).... 07
8) DECEASED ....(SKIP TO C) 08		(SKIP TO C).. 08	(SKIP TO C).. 08
OTHER LIVING ARRANGEMENTS			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PARENT..(SKIP TO D) 09		(SKIP TO D).. 09	(SKIP TO D).. 09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON..(SKIP TO D) 10		(SKIP TO D).. 10	(SKIP TO D).. 10
11) OTHER (SPECIFY BELOW AND GO TO A)....... _____ 11		(GO TO A).... _____ 11	(GO TO A).... _____ 11

2.   (continued)   BIOLOGICAL   BIOLOGICAL   BIOLOGICAL
                                    FIRST CHILD   SECOND CHILD   THIRD CHILD

   A. When did (CHILD)   MONTH   YEAR   MONTH   YEAR   MONTH   YEAR
       last live with you? |__|__| |__|__| 73-76/ |__|__| |__|__| 15-18/ |__|__| |__|__|

                                   OR   OR   OR   25-28/

                            NEVER LIVED WITH R   NEVER LIVED WITH R   NEVER LIVED WITH R
                            (SKIP TO D)... 0000   (SKIP TO D)... 0000   (SKIP TO D)... 0000

   B. Were there any
       periods of more
       than three con-
       secutive months
       when (CHILD) did   77/   19/   29/
       not live with you   Yes (SKIP TO D).. 1 Yes (SKIP TO D)... 1 Yes (SKIP TO D).. 1
       before (DATE IN A)? No (SKIP TO D)... 0   No (SKIP TO D).... 0   No (SKIP TO D)... 0

       IF "DECEASED" IS PREPRINTED ON **CHILDREN'S RECORD FORM,** PART A, DO NOT READ. OTHERWISE,
       BEGIN DECK 25

   C. IF DECEASED, ASK: MONTH   YEAR   MONTH   YEAR   MONTH   YEAR
       When did (CHILD) die? |__|__| |__|__| |__|__| |__|__| |__|__| |__|__|
                             10-11/   12-13/   20-21/   22-23/   30-31/   32-33/

   D. INTERVIEWER: IS   YES.(REASK Q.2, 14/ YES.(REASK Q.2, 24/ YES.(REASK Q.2, 34/
       THERE ANOTHER CHILD   PG. 10-72, FOR   PG. 10-72, FOR   PG. 10-74, FOR
       LISTED?   NEXT CHILD).. 1   NEXT CHILD).. 1   NEXT CHILD). 1

                            NO..(GO TO Q.3,   NO..(GO TO Q.3,   NO..(GO TO Q.3,
                                PG. 10-76).. 0   PG. 10-76)... 0   PG. 10-76).. 0

   _____
   | INTERVIEWER: IF MORE THAN 3 CHILDREN, CONTINUE AT Q.2, PAGE 10-74.   OTHERS GO TO Q.3, |
   | PAGE 10-76. |
   _____

2.   (Continued)

		BIOLOGICAL FOURTH CHILD	BIOLOGICAL FIFTH CHILD	BIOLOGICAL SIXTH CHILD

Where does (NAME OF 4TH CHILD/NAME OF 5TH CHILD, ETC.) usually live?

	FOURTH CHILD	FIFTH CHILD	SIXTH CHILD
	35-36/	49-50/	63-64/
ID:	|__|__|	|__|__|	|__|__|
	_____NAME_____	_____NAME_____	_____NAME_____
	37-38/	51-52/	65-66/

1)   IN THIS HOUSEHOLD ....(SKIP TO D) 01   (SKIP TO D).. 01   (SKIP TO D).. 01

NOT IN THIS HOUSEHOLD

2)   WITH (HIS/HER) (FATHER/MOTHER) (GO TO A) 02   (GO TO A).... 02   (GO TO A).... 02

3)   WITH OTHER RELATIVE(S)
     (SPECIFY) _____ (GO TO A) 03   (GO TO A)   03   (GO TO A)   03

4)   WITH FOSTER CARE ....(GO TO A) 04   (GO TO A).... 04   (GO TO A).... 04

5)   WITH ADOPTIVE PARENTS ....(GO TO A) 05   (GO TO A).... 05   (GO TO A).... 05

6)   LONG TERM CARE INSTITUTION ....(GO TO A) 06   (GO TO A).... 06   (GO TO A).... 06

7)   AWAY AT SCHOOL ....(GO TO A) 07   (GO TO A).... 07   (GO TO A).... 07

8)   DECEASED ....(SKIP TO C) 08   (SKIP TO C).. 08   (SKIP TO C).. 08

OTHER LIVING ARRANGEMENTS

9)   CHILD LIVES PART-TIME WITH R AND
     PART-TIME WITH OTHER PARENT..(SKIP TO D) 09   (SKIP TO D).. 09   (SKIP TO D).. 09

10) CHILD LIVES PART-TIME WITH R AND
     PART-TIME WITH OTHER PERSON..(SKIP TO D) 10   (SKIP TO D).. 10   (SKIP TO D).. 10

11) OTHER (SPECIFY BELOW AND GO TO A).......   (GO TO A)   (GO TO A)
     _____ 11   _____ 11   _____ 11

A.   When did (CHILD)
     last live with you?

	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
	39-40/	41-42/	53-54/	55-56/	67-68/	69-70/
	OR		OR		OR	

NEVER LIVED WITH R
(SKIP TO D)... 0000

NEVER LIVED WITH R
(SKIP TO D)... 0000

NEVER LIVED WITH R
(SKIP TO D)... 0000

B.   Were there any
     periods of more
     than three con-
     secutive months
     when (CHILD) did
     not live with you
     before (DATE IN A)?

		43/		57/		71/
	Yes (SKIP TO D)... 1		(SKIP TO D).... 1		(SKIP TO D).... 1	
	No (SKIP TO D).... 0		(SKIP TO D).... 0		(SKIP TO D).... 0	

IF "DECEASED" IS PREPRINTED ON **CHILDREN'S RECORD FORM,** PART A, DO NOT READ.   OTHERWISE,

C.   IF DECEASED, ASK:
     When did (CHILD) die?

	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
	44-45/	46-47/	58-59/	60-61/	72-73/	74-75/

D.   INTERVIEWER: IS
     THERE ANOTHER CHILD
     LISTED?

YES (REASK Q.2,   48/
     FOR NEXT
     CHILD........ 1

YES (REASK Q.2,   62/
     FOR NEXT
     CHILD..... 1

YES (REASK Q.2,   76/
     PG. 10-75 FOR
     NEXT CHILD... 1

NO (GO TO Q.3,
    PG. 10-76).... 0

NO (GO TO Q.3,
    PG. 10-76). 0

NO (GO TO Q.3,
    PG. 10-76).... 0

INTERVIEWER: IF MORE THAN 6 CHILDREN, CONTINUE AT Q.2, PAGE 10-75.   OTHERS GO TO Q.3,
         PAGE 10-76.

2. (Continued)   BIOLOGICAL   BIOLOGICAL
                                   SEVENTH CHILD   EIGHTH CHILD
                                                10-11/   24-25/
    Where does (NAME OF   ID: |__|__| ID: |__|__|
    7TH CHILD, NAME OF 8TH
    CHILD) usually live?   _____   _____
                                   NAME   NAME
                                          12-13/   26-27/
    1) IN THIS HOUSEHOLD ....(SKIP TO D) 01   (SKIP TO D). 01

    NOT IN THIS HOUSEHOLD
    2) WITH (HIS/HER) (FATHER/MOTHER) (GO TO A) 02   (GO TO A)... 02
    3) WITH OTHER RELATIVE(S)
        (SPECIFY)_____(GO TO A) 03   (GO TO A)   03
    4) WITH FOSTER CARE ....(GO TO A)   04   (GO TO A)... 04
    5) WITH ADOPTIVE PARENTS ....(GO TO A)   05   (GO TO A)... 05
    6) LONG TERM CARE
        INSTITUTION ....(GO TO A) 06   (GO TO A)... 06
    7) AWAY AT SCHOOL ....(GO TO A) 07   (GO TO A)... 07
    8) DECEASED ....(SKIP TO C) 08   (SKIP TO C) 08
        OTHER LIVING ARRANGEMENTS
    9) CHILD LIVES PART-TIME WITH R AND
        PART-TIME WITH OTHER PARENT (SKIP TO D) 09   (SKIP TO D). 09

    10) CHILD LIVES PART-TIME WITH R AND
        PART-TIME WITH OTHER PERSON..(SKIP TO D) 10   (SKIP TO D). 10

    11) OTHER (SPECIFY BELOW AND GO TO A)   (GO TO A)

        _____ 11   _____ 11

    A. When did (CHILD)   MONTH   YEAR   MONTH   YEAR
        last live with you? |__|__| |__|__| |__|__| |__|__|
                             14-15/   16-17/   28-29/   30-31/
                                  OR   OR

                             NEVER LIVED WITH R   NEVER LIVED WITH R
                             (SKIP TO D)... 0000   (SKIP TO D)... 0000

    B. Were there any
        periods of more
        than three con-
        secutive months
        when (CHILD) did   18/   32/
        not live with you   YES (SKIP TO D)... 1   (SKIP TO D)......... 1
        before (DATE IN A)? NO (SKIP TO D).... 0   (SKIP TO D)......... 0

        IF "DECEASED" IS PREPRINTED ON CHILDREN'S RECORD FORM, PART A, DO NOT READ.   OTHERWISE,

    C. IF DECEASED, ASK: MONTH   YEAR   MONTH   YEAR
        When did (CHILD) die? |__|__| |__|__| |__|__| |__|__|
                              19-20/   21-22/   33-34/   35-36/

    D. INTERVIEWER: IS
        THERE ANOTHER CHILD   YES (REASK Q.2 FOR 23/   (GO TO NEW QUEX   37/
        LISTED?   NEXT CHILD).. 1   Q.2, PG. 10-72).. 1

                              NO (GO TO Q.3   (GO TO Q.3,
                                  PG. 10-76).... 0   PG. 10-76)....... 0

| VERIFICATION OF NON-BIOLOGICAL CHILDREN - USING **CHILDREN'S RECORD FORM,** <u>PART B</u> |
---

3. <u>INTERVIEWER</u>:   ARE CHILDREN LISTED IN <u>PART B</u>:   LIST OF NON-BIOLOGICAL CHILDREN
                      (ADOPTED OR STEP-CHILDREN)?

                        YES .... (ASK A) 1   38/
                        NO .... (GO TO Q.5, PAGE 10-79) 0

A. I'd like to read information about your step or adopted (child/children) from our last
    interview to check our records. As of (DATE OF LAST INTERVIEW), our records show that
    you had (a) step or (an) adopted (child/children) . . . (READ EACH CHILD'S FULL NAME,
    SEX, AND BIRTHDATE, AND IF APPLICABLE STATUS. Is that correct? RECORD FIRST AND LAST
    NAME AND MIDDLE INITIAL IN <u>PART B</u>, WHEN NECESSARY.

                        Yes 1   39/

                        No ....(MAKE CORRECTIONS IN <u>PART B</u>).......... 0

                        | NOW GO TO Q.4, PAGE 10-77 |

| <u>INTERVIEWER NOTE</u>:   IF CORRECTION IS THAT <u>NO</u> CHILDREN SHOULD BE |
| LISTED AT PART B, OF THE CHILDREN'S RECORD FORM |
| CROSS OFF NAME, SEX, AND BIRTHDATE, THEN SKIP |
| TO Q.5, PAGE 10-79 .... 2 |

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┌─────────────────────────────────────────────────────────────┐
│  CODING OF NON-BIOLOGICAL CHILDREN'S CURRENT LIVING LOCATION  │
└─────────────────────────────────────────────────────────────┘
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4.   INTERVIEWER: • RECORD EACH CHILD'S ID # AND FIRST NAME FROM <u>PART B</u> OF **CHILDREN'S RECORD FORM.**
                   • FOR EACH CHILD <u>ALSO LISTED ON HOUSEHOLD ENUMERATION</u> OF **FACE SHEET,** <u>ALSO CODE "IN THIS HOUSEHOLD ... 01".</u>
                   • IF STATUS PREPRINTED ON **CHILDREN'S RECORD FORM** IS "DECEASED," DO NOT ASK WHERE CHILD IS CURRENTLY LIVING (Q.4) AND DO NOT ASK WHEN CHILD DIED (Q.4a).
                   • IF "DECEASED" STATUS IS <u>PREPRINTED,</u> YOU SHOULD CODE "08--DECEASED" ONLY.
                   • FOR EACH CHILD <u>NOT LISTED</u> ON HOUSEHOLD ENUMERATION OF **FACE SHEET,** <u>ASK:</u>

Where does (CHILD) usually live? (CODE BELOW)

	NON-BIOLOGICAL <u>FIRST CHILD</u>	NON-BIOLOGICAL <u>SECOND CHILD</u>	NON-BIOLOGICAL <u>THIRD CHILD</u>
	40-41/ ID: |__|__|	48-49/ ID: |__|__|	56-57/ ID: |__|__|
	_____ NAME	_____ NAME	_____ NAME
	42-43/	50-51/	58-59/
1) IN THIS HOUSEHOLD 01		 01	 01
<u>NOT IN THIS HOUSEHOLD</u>			
2) WITH (HIS/HER) (FATHER/MOTHER) .. 02		 02	 02
3) WITH OTHER RELATIVE(S) (SPECIFY) _____ 03		_____ 03	_____ 03
4) WITH FOSTER CARE 04		 04	 04
5) WITH ADOPTIVE PARENTS 05		 05	 05
6) LONG TERM CARE INSTITUTION 06		 06	 06
7) AWAY AT SCHOOL 07		 07	 07
8) DECEASED .... (ASK a) 08		(ASK a) 08	(ASK a) 08
9) OTHER (SPECIFY) _____ _____ 09		_____ 09	_____ 09

IF "DECEASED" IS <u>PREPRINTED</u> ON **CHILDREN'S RECORD FORM,** <u>PART B,</u> DO NOT READ.

OTHERWISE,

	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
a. <u>IF DECEASED, ASK:</u> When did (CHILD) die?	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
	44-45/	46-47/	52-53/	54-55/	60-61/	62-63/

```
┌─────────────────────────────────────────────────────────────────────┐
│  INTERVIEWER:  IF MORE THAN 3 CHILDREN, CONTINUE AT Q.4A ON NEXT PAGE.│
│               OTHERS SKIP TO Q.5, PAGE 10-79.                          │
└─────────────────────────────────────────────────────────────────────┘
```

4A. Where does (CHILD) usually live? (CODE BELOW)

	NON-BIOLOGICAL FOURTH CHILD	NON-BIOLOGICAL FIFTH CHILD	BEGIN DECK 27 NON-BIOLOGICAL SIXTH CHILD
	64-65/	72-73/	10-11/
	ID: |_|_|	ID: |_|_|	ID: |_|_|
	NAME	NAME	NAME
	66-67/	74-75/	12-13/

1)   IN THIS HOUSEHOLD 01   01   01

NOT IN THIS HOUSEHOLD
2)   WITH (HIS/HER) (FATHER/MOTHER) .. 02   02   02
3)   WITH OTHER RELATIVE(S)
     (SPECIFY) _____ 03   _____ 03   _____ 03
4)   WITH FOSTER CARE 04   04   04
5)   WITH ADOPTIVE PARENTS 05   05   05
6)   LONG TERM CARE
     INSTITUTION 06   06   06
7)   AWAY AT SCHOOL 07   07   07
8)   DECEASED   .... (ASK a) 08   (ASK a) 08   (ASK a) 08
9)   OTHER (SPECIFY) _____
     _____ 09   _____ 09   _____ 09

     IF "DECEASED" IS PREPRINTED ON **CHILDREN'S RECORD FORM**, PART B, DO NOT READ.

     OTHERWISE,

a. IF DECEASED, ASK: MONTH   YEAR   MONTH   YEAR   MONTH   YEAR
    When did (CHILD) die? \|_\|_\| \|_\|_\| \|_\|_\| \|_\|_\| \|_\|_\| \|_\|_\|
                            68-69/   70-71/   76-77/   78-79/   14-15/   16-17/

INTERVIEWER: WHEN DATA HAS BEEN COLLECTED FOR ALL CHILDREN IN PART B, GO TO Q.5, P.10-79.

5.   INTERVIEWER: SEE HOUSEHOLD ENUMERATION OF **FACE SHEET**. ARE THERE ANY SONS, DAUGHTERS, STEP OR ADOPTED SONS OR DAUGHTERS LISTED THERE BUT <u>ARE NOT</u> LISTED ON **CHILDREN'S RECORD FORM**, <u>PART A AND B?</u>

                   YES .... (GO TO Q.6) 1   18/

                   NO .... (SKIP TO Q.7) 0

6.   INTERVIEWER: FOR EACH CHILD NOT LISTED ON **CHILDREN'S RECORD FORM**, ASK:

                   Is (CHILD'S FULL NAME) your own biological child or is (he/she) an adopted or stepchild?

---> <u>IF BIOLOGICAL</u>:

      INTERVIEWER: WAS CHILD BORN SINCE DATE OF LAST INTERVIEW? (YOU HAVE RECORDED NEW CHILD ON HOUSEHOLD ENUMERATION AND CHILD'S AGE IS LESS THAN YEAR(S) SINCE LAST INTERVIEW)

                   YES .... (ASK ABOUT NEXT CHILD
                            OR SKIP TO Q.7)............ 1   19/

                   NO .... (GO TO A) 0

      A. INTERVIEWER: • RECORD FULL NAME AND SEX ON FIRST AVAILABLE LINE IN <u>PART A</u> OF **CHILDREN'S RECORD FORM**.

                         • THEN ASK: What is (his/her) birthdate?
                            RECORD IN <u>PART A</u> FOR EACH CHILD.

                         • FOR FEMALE RESPONDENTS: WRITE AN "*" IN THE "PRENATAL CARE" COLUMN ON THE **RECORD FORM**.

                         • RECORD ID # HERE FOR EACH BIOLOGICAL CHILD JUST COLLECTED.

             NEXT BIOLOGICAL   NEXT BIOLOGICAL   NEXT BIOLOGICAL
                  CHILD   CHILD   CHILD

             |__|__| |__|__| |__|__|
               ID #   ID #   ID #

                20-21/   22-23/   24-25/

                    (ASK ABOUT NEXT CHILD OR GO TO Q.7)

---> <u>IF ADOPTED OR STEPCHILD</u>:

      B. INTERVIEWER: • RECORD FULL NAME AND SEX ON FIRST AVAILABLE LINE IN <u>PART B</u> OF **CHILDREN'S RECORD FORM**.

                         • THEN ASK: What is (his/her) birthdate?
                            RECORD IN <u>PART B</u> FOR EACH CHILD.

                         • RECORD ID # HERE FOR EACH <u>NON-BIOLOGICAL</u> CHILD JUST COLLECTED.

          NEXT NON-BIOLOGICAL   NEXT NON-BIOLOGICAL   NEXT NON-BIOLOGICAL
                  CHILD   CHILD   CHILD

             |__|__| |__|__| |__|__|
               ID #   ID #   ID #

                26-27/   28-29/   30-31/

                    (ASK ABOUT NEXT CHILD OR GO TO Q.7)

7. <u>INTERVIEWER</u>:   WHAT SEX IS THE RESPONDENT?

                        MALE ....(GO TO Q.8) 1   32/

                        FEMALE (SKIP TO Q.25, PAGE 10-87) 2

ASK MEN ONLY:

8. Please tell me if you have had any children since (DATE OF LAST INTERVIEW)?

                        Yes .... (ASK A) 1   33/

                        No .... (ASK B) 0

A. How many children have you had since (DATE OF LAST INTERVIEW), not
    counting any babies who were dead at birth?

                        ENTER NUMBER OF CHILDREN: |___|___| 34-35/
                        (GO TO Q.9, PAGE 10-81)

B. <u>INTERVIEWER</u>:   HAS R EVER HAD ANY CHILDREN?

                        YES ... (SKIP TO Q.14, PAGE 10-82) ... 1   36/

                        NO .... (SKIP TO Q.16, PAGE 10-85) ... 0

		FIRST CHILD (SINCE LAST INTERVIEW)	SECOND CHILD (SINCE LAST INTERVIEW)	THIRD CHILD (SINCE LAST INTERVIEW)
9.	INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD FORM,** PART A.	37-38/ ID: |__|__|	46-47/ ID: |__|__|	55-56/ ID: |__|__|
10.	What did you name the (first/next) baby?	(RECORD NAME IN PART A OF **CHILDREN'S RECORD FORM)**	(RECORD NAME IN PART A OF **CHILDREN'S RECORD FORM)**	(RECORD NAME IN PART A OF **CHILDREN'S RECORD FORM)**
11.	Was the baby a boy or a girl?	(RECORD SEX IN PART A)	(RECORD SEX IN PART A)	(RECORD SEX IN PART A)
12.	When was your (CHILD) child born?	(RECORD BIRTH-DATE IN PART A OF **CHILDREN'S RECORD FORM,** THEN ASK Q.13)	(RECORD BIRTH-DATE IN PART A OF **CHILDREN'S RECORD FORM,** THEN ASK Q.13)	(RECORD BIRTH-DATE IN PART A OF **CHILDREN'S RECORD FORM,** THEN ASK Q.13)

13. Where does (CHILD/NEXT CHILD)
    usually live? (CODE BELOW)

	FIRST CHILD 39-40/	SECOND CHILD 48-49/	THIRD CHILD 57-58/
1) IN THIS HOUSEHOLD 01	01	01
NOT IN THIS HOUSEHOLD			
2) WITH (HIS/HER) MOTHER 02	02	02
3) WITH OTHER RELATIVE(S) (SPECIFY) _____ 03	_____ 03	_____ 03
4) WITH FOSTER CARE 04	04	04
5) WITH ADOPTIVE PARENTS 05	05	05
6) LONG TERM CARE INSTITUTION 06	06	06
7) AWAY AT SCHOOL 07	07	07
8) DECEASED .... (ASK A) 08	(ASK A) .08	(ASK A) .08
OTHER LIVING ARRANGEMENTS			
9) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH MOTHER................. 09	09	09
10) CHILD LIVES PART-TIME WITH R AND PART-TIME WITH OTHER PERSON........... 10	10	10
11) OTHER (SPECIFY) _____ 11	_____ 11	_____ 11

A. IF DECEASED, ASK: When did (CHILD) die?	MONTH |__|__| YEAR |__|__| 41-42/ 43-44/	MONTH |__|__| YEAR |__|__| 50-51/ 52-53/	MONTH |__|__| YEAR |__|__| 59-60/ 61-62/
B. HAS R HAD ANOTHER CHILD?	YES.(GO TO Q.9 FOR NEXT CHILD). 1	(GO TO Q.9 FOR NEXT CHILD).. 1	(GO TO NEW QUEX Q.9, PG.10-81) 1
	NO.(GO TO Q.14).. 0 45/	(GO TO Q.14). 0 54/	(GO TO Q.14).. 0 63/

14. <u>INTERVIEWER:</u> DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM** PART A, AND ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**)?

$$\text{YES} \ldots\ldots\ldots \text{(GO TO A)} \ldots\ldots\ldots \text{1} \qquad\qquad 64/$$

$$\text{NO} \ldots\ldots \text{(GO TO Q.15, PAGE 10-84)} \ldots\ldots \text{0}$$

A. <u>INTERVIEWER:</u>   ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.

	FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
	ID: |__|__| 65-66/	ID: |__|__| 75-76/	ID: |__|__| 15-16/
	_____ NAME	_____ NAME	_____ NAME

B. <u>INTERVIEWER:</u>   ASK Q.14C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

	FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
C. Does (FIRST CHILD/NEXT CHILD)'s natural mother live in this household?	67/ Yes ..(SKIP TO H).... 1 / No .....(ASK D)...... 0	77/ Yes ..(SKIP TO H)... 1 / No .....(ASK D)..... 0	17/ Yes ..(SKIP TO H).. 1 / No .....(ASK D).... 0
D. Is (CHILD)'s mother living?	68/ Yes ....(ASK E)...... 1 / No ...(SKIP TO H).... 0	78/ Yes ....(ASK E)..... 1 / No ...(SKIP TO H)... 0	18/ Yes ...(ASK E)..... 1 / No ..(SKIP TO H)... 0
E. About how far from you does (CHILD'S) mother live? Is it . . . [HAND CARD K]	69/ within 1 mile .... 1 / 1-10 miles .... 2 / 11-100 miles .... 3 / 101-200 miles........ 4 / more than 200 miles.. 5	79/ .... 1 / .... 2 / .... 3 / .... 4 / 5	19/ .... 1 / .... 2 / .... 3 / .... 4 / 5
		BEGIN DECK 28	
F. In the past 12 months [or since (CHILD) has been separated from (his/her) mother whichever is most recent] about how often has (CHILD) seen (his/her) mother? [HAND CARD L]	70-71/ Almost every day .... 01 / 2-5 times a week .... 02 / About once a week ... 03 / 1-3 times a month ... 04 / 7-11 times in the past 12 months..... 05 / 2-6 times in the past 12 months..... 06 / Once in the past 12 months .... 07 / Never (SKIP TO H).... 00	10-11/ .... 01 / .... 02 / .... 03 / .... 04 / .... 05 / .... 06 / .... 07 / ....(SKIP TO H)..... 00	20-21/ .... 01 / .... 02 / .... 03 / .... 04 / .... 05 / .... 06 / .... 07 / ...(SKIP TO H)..... 00
G. How long do these visits usually last? RECORD IN DAYS.	72-73/ Less than 1 day ..... 00 / |__|__| # DAYS	12-13/ Less than 1 day .... 00 / |__|__| # DAYS	22-23/ Less than 1 day ... 00 / |__|__| # DAYS
H. <u>INTERVIEWER:</u> IS THERE A (2ND/ 3RD/ETC.) CHILD LISTED?	74/ YES ..(RE-ASK C FOR NEXT CHILD) .... 1 / NO ...(GO TO Q.15, PAGE 10-84).... 0	14/ .....(RE-ASK C)..... 1 / NO ...(GO TO Q.15, PAGE 10-84)... 0	24/ .....(RE-ASK C).... 1 / NO ...(GO TO Q.15, PAGE 10-84).. 0

14. (continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: |_|_| 25-26/	ID: |_|_| 35-36/	ID: |_|_| 45-46/	ID: |_|_| 55-56/	ID: |_|_| 65-66/
_____ NAME	_____ NAME	_____ NAME	_____ NAME	_____ NAME

	27/		37/		47/		57/		67/
Yes ..(SKIP TO H)... 1		Yes ...(SKIP TO H)... 1		Yes ...(SKIP TO H)... 1		Yes ...(SKIP TO H)... 1		Yes ...(SKIP TO H)... 1	
No .....(ASK D)...... 0		No .....(ASK D)...... 0		No .....(ASK D)...... 0		No .....(ASK D)...... 0		No .....(ASK D)...... 0	

	28/		38/		48/		58/		68/
Yes ... (ASK E) 1		Yes ... (ASK E) 1		Yes ... (ASK E) 1		Yes ... (ASK E) 1		Yes ... (ASK E) 1	
No ..(SKIP TO H) ... 0		No .. (SKIP TO H) ... 0		No .. (SKIP TO H) ... 0		No .. (SKIP TO H) ... 0		No .. (SKIP TO H) ... 0	

	29/		39/		49/		59/		69/
within 1 mile 1		 1		 1		 1		 1	
1-10 miles 2		 2		 2		 2		 2	
11-100 miles 3		 3		 3		 3		 3	
101-200 miles........ 4		 4		 4		 4		 4	
more than 200 miles 5		 5		 5		 5		 5	

	30-31/		40-41/		50-51/		60-61/		70-71/
Almost every day .. 01		 01		 01		01		 01	
2-5 times a week .. 02		 02		 02		02		 02	
About once a week . 03		 03		 03		03		 03	
1-3 times a month . 04		 04		 04		04		 04	
7-11 times in the past 12 months .. 05		 05		 05		05		 05	
2-6 times in the past 12 months... 06		 06		 06		06		 06	
Once in the past 12 months 07		 07		 07		07		 07	
Never (SKIP TO H).. 00		.....(SKIP TO H).... 00		.....(SKIP TO H).... 00		.....(SKIP TO H).....00		.....(SKIP TO H).... 00	

	32-33/		42-43/		52-53/		62-63/		72-73/
Less than 1 day ... 00		Less than 1 day 00		Less than 1 day 00		Less than 1 day 00		Less than 1 day 00	
|_|_| # DAYS		|_|_| # DAYS		|_|_| # DAYS		|_|_| # DAYS		|_|_| # DAYS	

	34/		44/		54/		64/		74/
YES (RE-ASK C FOR NEXT CHILD) 1		......(RE-ASK C)..... 1		......(RE-ASK C).... 1		.....(RE-ASK C)...... 1		(GO TO NEW QUEX, O.14A, P.10-82). 1	
NO ..(GO TO O.15, PAGE 10-84).... 0		NO ..(GO TO O.15, PAGE 10-84)..... 0		NO ..(GO TO O.15, PAGE 10-84).... 0		NO ..(GO TO O.15, PAGE 10-84)..... 0		NO ..(GO TO O.15, PAGE 10-84)..... 0	

15. <u>INTERVIEWER</u>: DO ANY OF R'S OWN CHILDREN <u>NOT</u> LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED OR ADOPTED-OUT
                      CHILDREN) (ARE THERE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM** <u>PART A,</u> WHO ARE
                      <u>NOT</u> LISTED ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**)?

                                    YES .... (ASK A-F) 1   75/

                                    NO .... (GO TO Q.16, PAGE 10-85) 0

A. <u>INTERVIEWER</u>:   ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. <u>NOT LIVING IN HOUSEHOLD HERE:</u>
                      (USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

	FIRST CHILD NOT IN HH	SECOND CHILD	THIRD CHILD
	ID: |_|_| 76-77/	ID: |_|_| 13-14/	ID: |_|_| 21-22/
	_____ NAME	_____ NAME	_____ NAME

B. <u>INTERVIEWER</u>:   ASK C-F FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

C. <u>INTERVIEWER</u>:   READ INTRODUC-
                       TORY STATEMENT
                       FOR FIRST
                       CHILD ONLY:

Now I would like to ask you
some questions about your
(child/children) who (is/are)
not living in this household.

	FIRST 78/	SECOND 15/	THIRD 23/
HAND CARD K — About how far from you does (CHILD'S NAME) live? Is it ...	within 1 mile .... 1 1-10 miles .... 2 11-100 miles .... 3 101-200 miles........ 4 more than 200 miles.. 5	.... 1 .... 2 .... 3 .... 4 5	.... 1 .... 2 .... 3 .... 4 5

	79-80/	16-17/	24-25/

D. HAND CARD L — In the past 12 months [or since (CHILD) has not been living with you, whichever is most recent] about how often have you seen (CHILD)?	Almost every day 01
	2-5 times a week 02
	About once a week ... 03
	1-3 times a month ... 04
	7-11 times in the
	  past 12 months..... 05
	2-6 times in the
	  past 12 months..... 06
	Once in the past
	  12 months 07
	Never ..(SKIP TO F).. 00
	BEGIN DECK 29
		 01
		 02
		 03
		 04
		
		 05
		
		 06
		
		 07
		....(SKIP TO F)..... 00
			 01
			 02
			 03
			 04
			
			 05
			
			 06
			
			 07
			....(SKIP TO F).... 00

	10-11/	18-19/	26-27/
E. How long do these visits usually last? RECORD IN DAYS.	Less than 1 day...... 00 |_|_| # DAYS	Less than 1 day..... 00 |_|_| # DAYS	Less than 1 day ... 00 |_|_| # DAYS

	12/	20/	28/

F. <u>INTERVIEWER</u>: IS THERE A (2ND/ 3RD/ETC.) CHILD?	YES (RE-ASK C-F FOR
	  NEXT CHILD).. 1
	
	NO ...(GO TO Q.16,
	  PAGE 10-85).... 0
		YES (REASK C-F FOR
		  NEXT CHILD).... 1
		
		NO..(GO TO Q.16,
		  PAGE 10-85)..... 0
			(GO TO NEW QUEX,
			Q.15C, PAGE 10-84). 1
			
			NO..(GO TO Q.16,
			  PAGE 10-85).... 0

16. Altogether, how many (more) children do you <u>expect</u> to have?

    (INCLUDE ANY CURRENT PREGNANCIES)

                    ENTER NUMBER OF CHILDREN: |__|__| 29-30/
                              OR
              NONE ... (SKIP TO Q.18) 00

---

17. In how many months or years do you expect to have your (first/next) child?

                    ENTER NUMBER OF MONTHS: |__|__| 31-32/
                              OR
              NUMBER OF YEARS: |__|__| 33-34/

---

18. <u>INTERVIEWER:</u>   HAS RESPONDENT HAD ANY CHILDREN SINCE DATE OF LAST INTERVIEW (IS Q.8,
                  PAGE 10-80 CODED "YES") OR IS R EXPECTING A CHILD (IS NUMBER OF MONTHS
                  IN Q.17 LESS THAN "09")?

                  YES .... (ASK A) 1   35/

                  NO .... (GO TO Q.19) 0

    A. When your (partner/spouse) became pregnant with (MOST RECENT CHILD) were you and
        she trying to have a baby or trying <u>not</u> to have a baby? (CODE MALE'S INTENTION
        IF THERE WAS DISAGREEMENT BETWEEN MALE AND PARTNER.)

                  Trying to have a baby 1   36/

                  Trying not to have a baby 2

                  Neither 3

---

19. <u>INTERVIEWER:</u>   IS (PARTNER/SPOUSE) CURRENTLY PREGNANT?   (IS Q.17, CODED LESS THAN 09
                  MONTHS?)

                  YES .. (SKIP TO Q.23, PAGE 10-86) ... 1   37/

                  NO .... (ASK Q.20) 0

---

20. During the last month, have you or your (partner/spouse) used any form of birth
    control? By birth control we mean methods such as those listed on this card.

    ┌────────┐   Yes .... (ASK Q.21) 1   38/
    │ HAND   │
    │ CARD   │   No ... (SKIP TO Q.23, PAGE 10-86) ... 0
    │ M   │
    └────────┘   R's partner is currently pregnant
                  (SKIP TO Q.23, PAGE 10-86) 2

---

21. In the past month, how often have you or your (partner/spouse) used birth control?
    Would you say it was always, sometimes, or almost never?

                  Always 1   39/

                  Sometimes 2

                  Almost never 3

22. Please look at this card. What methods have you or your (partner/spouse) used in the last month? Just tell me the numbers. CODE ALL THAT APPLY.

HAND CARD M	1. Pill 01		40-41/
	2. Condom, rubber 02		42-43/
	3. Foam 03		44-45/
	4. Jelly or cream alone 04		46-47/
	5. Suppository or insert 05		48-49/
	6. Diaphragm with or without jelly or cream.. 06		50-51/
	7. Douching after intercourse 07		52-53/
	8. IUD, coil, loop 08		54-55/
	9. Operation--Female sterilization, tubes tied 09		56-57/
	10. Operation--Male sterilization, vasectomy.. 10		58-59/
	11. Natural family planning, safe period by temperature or cervical mucus test 11		60-61/
	12. Rhythm or safe period by calendar......... 12		62-63/
	13. Withdrawal/pulling out 13		64-65/
	14. Contraceptive sponge 14		66-67/
	15. Abstinence................................ 15		68-69/
	16. Other method (SPECIFY) _____ 16		70-71/

---

23. INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

YES 1   72/

NO 0

---

24. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE QUESTIONS IN SECTION 10?

YES 1   73/

NO 0

TELEPHONE INTERVIEW.................... 2

25. <u>INTERVIEWER:</u> WAS RESPONDENT PREGNANT AT DATE OF LAST INTERVIEW?
     SEE **INFORMATION SHEET** ITEM 12.

                   YES (RECORD DATE OF LAST INTERVIEW ON
                       CALENDAR IN ROW D, SKIP TO Q.27A) ... 1   74/

                   NO .... (ASK A) 0

                   MISSING .... (ASK A) 2

     A. Have you been pregnant since (DATE OF LAST INTERVIEW)?

------> <u>INTERVIEWER NOTE:</u>   INCLUDE CURRENT PREGNANCY.

                       Yes .... (ASK B) 1   75/

                       No ..... (SKIP TO Q.38, PAGE 10-93) 0

     B. How many times?   76/
                                        ENTER NUMBER: |__|

26. When did (that/the first) pregnancy begin? What month and year?

                                ENTER MONTH: |__|__| 77-78/
                                AND YEAR: |__|__| 79-80/
                       RECORD DATE IN ROW D ON **CALENDAR.**

27. Please look at this card. What was the result of that pregnancy? Just tell me
     the number. CODE BELOW.

------> <u>INTERVIEWER NOTE:</u>   IF R WAS PREGNANT AT DATE OF LAST INTERVIEW, ASK:

     A. According to our records, you were pregnant at the date of our last
         interview. Please look at this card. What was the result of that
         pregnancy? Just tell me the number. CODE BELOW.   BEGIN DECK 30

                   1. Live birth .... (Ask B-G) 1   10/
     ┌──────┐   2. Miscarriage .. (GO TO Q.28, PAGE 10-89)... 2
     │ HAND │   3. Stillbirth ... (GO TO Q.28, PAGE 10-89)... 3
     │ CARD │   4. Abortion ..... (GO TO Q.28, PAGE 10-89)... 4
     │ N   │   5. Still pregnant (SKIP TO Q.38A, P.10-93)... 5
     └──────┘
                   <u>INTERVIEWER:</u> IF R VOLUNTEERS SHE WAS NOT PREGNANT, CHANGE Q.25
                                 AND INFORMATION SHEET TO "NO", THEN ASK Q.25A.

     B. <u>INTERVIEWER:</u>   RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD
                         FORM,** <u>PART A.</u>

                                        ID NUMBER: |__|__| 11-12/

     C. What did you name the baby?

         RECORD FULL NAME IN <u>PART A</u> OF **CHILDREN'S RECORD FORM.**

     D. Was the baby a boy or a girl? RECORD SEX IN <u>PART A.</u>

     E. When was the baby born?

         ENTER BIRTHDATE IN <u>PART A.</u> RECORD DATE IN ROW D ON **CALENDAR.** DRAW LINE IN
         ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK Q.27F.

27. (continued)

F. Where does (CHILD) usually live?

      1)   IN THIS HOUSEHOLD ....(SKIP TO G) 01   13-14/

NOT IN THIS HOUSEHOLD
      2)   WITH (HIS/HER) FATHER..........(GO TO a) 02
      3)   WITH OTHER RELATIVE(S)
           (SPECIFY) _____(GO TO a) 03
      4)   WITH FOSTER CARE ....(GO TO a) 04
      5)   WITH ADOPTIVE PARENTS ....(GO TO a) 05
      6)   LONG TERM CARE
           INSTITUTION ....(GO TO a) 06
      7)   AWAY AT SCHOOL ....(GO TO a) 07
      8)   DECEASED ....(ASK c) 08

OTHER LIVING ARRANGEMENTS
      9)   CHILD LIVES PART-TIME WITH R AND
           PART-TIME WITH FATHER........(SKIP TO G) 09
    10)   CHILD LIVES PART-TIME WITH R AND
           PART-TIME WITH OTHER PERSON..(SKIP TO G) 10
    11)   OTHER (SPECIFY BELOW AND GO TO a)

      _____ 11

a. When did (child) last live with you?

     Month   Year
                   or   NEVER LIVED WITH R... 0000   15-18/
  |__|__| |__|__| (SKIP TO G)
   (ask b)

b. ASK ONLY IF CHILD IS OVER 3 MONTHS OLD: (Were/Was) there any
period(s) of more than three consecutive months when (CHILD) did not
live with you before that time?

              Yes..(SKIP TO G).... 1   19/
              No...(SKIP TO G).... 0

c. IF DECEASED, ASK: When did (CHILD) die?

                    |__|__|__|__| 20-23/
                      MO   YR

G. Were you pregnant another time after that pregnancy?

        Yes .... (SKIP TO Q.30, PAGE 10-89) 1   24/

        No ..... (SKIP TO Q.38, PAGE 10-93) 0

28. When did that pregnancy end? |_|_|_|_|_|_| 25-30/
                                                  MO   DA   YR

RECORD DATE IN ROW D ON **CALENDAR.** DRAW LINE IN ROW D SHOWING LENGTH OF
PREGNANCY.

---

29. How many months pregnant were you when that happened?

                              ENTER NUMBER OF MONTHS: |_|_| 31-32/

A. Were you pregnant another time after that pregnancy?

              Yes ..... (GO TO Q.30) 1   33/

              No ..... (SKIP TO Q.38, PAGE 10-93) 0

```
┌─────────────────────────────────────────────────────────────────────┐
│  INTERVIEWER:    IF R HAD MORE THAN ONE PREGNANCY SINCE DATE OF LAST   │
│                  INTERVIEW, GO TO Q.30.  OTHERS SKIP TO Q.38,          │
│                  PAGE 10-93.                                           │
└─────────────────────────────────────────────────────────────────────┘
```

---

30. When did the second pregnancy begin? What month and year?

                              ENTER MONTH: |_|_| 34-35/
                              AND YEAR: |_|_| 36-37/

                      RECORD DATE IN ROW D ON **CALENDAR.**

---

31. Please look at this card. What was the result of that pregnancy? Just tell me
     the number. CODE BELOW

                  1. Live birth .... (ASK A-F) 1   38/
    ┌──────┐   2. Miscarriage .. (GO TO Q.32, P.10-91) 2
    │ HAND │   3. Stillbirth ... (GO TO Q.32, P.10-91) 3
    │ CARD │   4. Abortion ..... (GO TO Q.32, P.10-91) 4
    │ N   │   5. Still pregnant (SKIP TO Q.38A, P.10-93)... 5
    └──────┘

A. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD
                    FORM,** PART A.

                              ID NUMBER: |_|_| 39-40/

B. What did you name the baby?

    RECORD FULL NAME IN PART A OF **CHILDREN'S RECORD FORM.**

C. Was the baby a boy or a girl? RECORD SEX IN PART A.

D. When was the baby born?

    ENTER BIRTHDATE IN PART A. RECORD DATE IN ROW D ON **CALENDAR.** DRAW LINE IN
    ROW D SHOWING LENGTH OF PREGNANCY. THEN ASK E, PAGE 10-90.

31. (Continued)

   E. Where does (CHILD) usually live?

                  1) IN THIS HOUSEHOLD ....(SKIP TO F) 01   41-42/

                  NOT IN THIS HOUSEHOLD
                  2) WITH (HIS/HER) FATHER ....(GO TO a) 02
                  3) WITH OTHER RELATIVE(S)
                         (SPECIFY) _____(GO TO a) 03
                  4) WITH FOSTER CARE ....(GO TO a) 04
                  5) WITH ADOPTIVE PARENTS ....(GO TO a) 05
                  6) LONG TERM CARE
                         INSTITUTION ....(GO TO a) 06
                  7) AWAY AT SCHOOL ....(GO TO a) 07
                  8) DECEASED ....(ASK c) 08

                  OTHER LIVING ARRANGEMENTS
                  9) CHILD LIVES PART-TIME WITH R AND
                        PART-TIME WITH FATHER.......(SKIP TO F) 09
                 10) CHILD LIVES PART-TIME WITH R AND
                        PART-TIME WITH OTHER PERSON.(SKIP TO F) 10
                 11) OTHER (SPECIFY BELOW AND GO TO a)

                      _____ 11

   a. When did (child) last live with you?

             Month   Year
                                    or   NEVER LIVED WITH R... 0000   43-46/
             |__|__| |__|__| (SKIP TO F)
                 (ask b)

   b. ASK ONLY IF CHILD IS OVER 3 MONTHS OLD: (Were/Was) there any
       period(s) of more than three consecutive months when (CHILD) did not
       live with you before that time?

                      Yes..(SKIP TO F)... 1   47/
                      No...(SKIP TO F)... 0

   c. IF DECEASED, ASK: When did (CHILD) die? |__|__|__|__| 48-51/
                                                   MO   YR

   F. Were you pregnant another time after that pregnancy?

             Yes .... (SKIP TO Q.34, PAGE 10-91) 1   52/

             No ..... (SKIP TO Q.38, PAGE 10-93) 0

32. When did that pregnancy end? |__|__|__|__|__|__| 53-58/
                                          MO   DA   YR

    RECORD DATE IN ROW D ON **CALENDAR.** DRAW LINE IN ROW D SHOWING LENGTH OF
    PREGNANCY.

---

33. How many months pregnant were you when that happened?

                           ENTER NUMBER OF MONTHS: |__|__| 59-60/

    A. Were you pregnant another time after that pregnancy?

             Yes .... (GO TO Q.34) 1   61/

             No ..... (SKIP TO Q.38, PAGE 10-93) 0

    ┌───┐
    │ INTERVIEWER: IF R HAD MORE THAN TWO PREGNANCIES SINCE DATE OF   │
    │   INTERVIEW, GO TO Q.34. OTHERS SKIP TO Q.38, P.10-93.│
    └───┘

---

34. When did the third pregnancy begin? What month and year?

                           ENTER MONTH: |__|__| 62-63/

                           AND YEAR: |__|__| 64-65/

                           RECORD DATE IN ROW D ON **CALENDAR.**

---

35. Please look at this card. What was the result of that pregnancy? Just tell me
    the number. CODE BELOW

                 1.   Live birth .... (ASK A-F) 1   66/
    ┌──────┐   2.   Miscarriage .. (GO TO Q.36, P.10-93) 2
    │ HAND │   3.   Stillbirth ... (GO TO Q.36, P.10-93) 3
    │ CARD │   4.   Abortion ..... (GO TO Q.36, P.10-93) 4
    │ N   │   5.   Still pregnant (SKIP TO Q.38A, P.10-93)... 5
    └──────┘

    A. INTERVIEWER: RECORD ID # CONSECUTIVE TO NUMBERS ON **CHILDREN'S RECORD
                        FORM,** PART A.

                           ID NUMBER: |__|__| 67-68/

    B. What did you name the baby?

        RECORD FULL NAME IN PART A, OF **CHILDREN'S RECORD FORM.**

    C. Was the baby a boy or a girl? RECORD SEX IN PART A.

    D. When was the baby born?

        ENTER BIRTHDATE IN PART A. RECORD IN ROW D ON **CALENDAR.** DRAW LINE IN ROW D
        SHOWING LENGTH OF PREGNANCY. THEN ASK Q.35E ON NEXT PAGE.

35. (continued)

E. Where does (CHILD) usually live?

            1)   IN THIS HOUSEHOLD ....(SKIP TO F)01   69-70/

            NOT IN THIS HOUSEHOLD
            2)   WITH (HIS/HER) FATHER ....(GO TO a)02
            3)   WITH OTHER RELATIVE(S)
                   (SPECIFY) _____(GO TO a)03
            4)   WITH FOSTER CARE ....(GO TO a)04
            5)   WITH ADOPTIVE PARENTS ....(GO TO a)05
            6)   LONG TERM CARE
                   INSTITUTION ....(GO TO a)06
            7)   AWAY AT SCHOOL ....(GO TO a)07
            8)   DECEASED ....(ASK c)08

            OTHER LIVING ARRANGEMENTS
            9)   CHILD LIVES PART-TIME WITH R AND
                   PART-TIME WITH FATHER.......(SKIP TO F)09
           10)   CHILD LIVES PART-TIME WITH R AND
                   PART-TIME WITH OTHER PERSON.(SKIP TO F)10
           11)   OTHER (SPECIFY BELOW AND GO TO a)

           _____ 11

a. When did (child) last live with you?

            Month   Year
                                  or   NEVER LIVED WITH R... 0000   71-74/
            |__|__| |__|__| (SKIP TO F)
              (ask b)

b. ASK ONLY IF CHILD IS OVER 3 MONTHS OLD: (Were/Was) there any
    period(s) of more than three consecutive months when (CHILD) did not
    live with you before that time?

                   Yes..(SKIP TO F)... 1   75/
                   No...(SKIP TO F)... 0

c. IF DECEASED, ASK: When did (CHILD) die? |__|__|__|__| 76-79/
                                                 MO   YR

F. Were you pregnant another time after that pregnancy?

            Yes (GO TO NEW QUEX, Q.26, PAGE 10-87) ... 1   80/

            No .... (SKIP TO Q.38, PAGE 10-93) 0

36. When did that pregnancy end? | | | | | | | | 10-15/
                                           MO   DA   YR

RECORD IN ROW D ON **CALENDAR.**   DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY.

---

37. How many months pregnant were you when that happened?

                        ENTER NUMBER OF MONTHS: | | | 16-17/

    A. Were you pregnant another time after that pregnancy?

              Yes (GO TO NEW QUEX, Q.26, PAGE 10-87) ... 1   18/

              No .... (ASK Q.38) 0

---

38. Are you pregnant now?

              Yes .... (ASK A) 1   19/

              No .... (GO TO Q.39) 0

              Don't know .... (GO TO Q.39) 8

    A. IF YES: When do you expect the baby to be born?

                        ENTER DATE HERE: | | | | | | | | 20-25/
                                           MO   DA   YR

        DRAW LINE IN ROW D SHOWING LENGTH OF PREGNANCY. (IF CURRENT PREGNANCY
        EXPECTED BIRTHDATE IS <u>PAST</u> DATE OF THIS YEAR'S INTERVIEW, DRAW LINE TO DATE
        OF THIS INTERVIEW ONLY).

        IF R VOLUNTEERS THAT PREGNANCY WILL BE TERMINATED,

        CHECK BOX HERE: |__| 26/

---

39. <u>INTERVIEWER:</u> HAS R HAD ANY PREGNANCIES SINCE DATE OF LAST INTERVIEW?

                        YES .... (ASK A) 1   27/

                        NO (SKIP TO Q.47, P.10-96) 0

    A. <u>IF YES:</u>   WAS R PREGNANT AT DATE OF LAST INTERVIEW?
                        SEE **INFORMATION SHEET** ITEM 12.

                        YES .... (ASK B) 1   28/

                        NO (SKIP TO Q.40, P.10-94) 0

        IF FACE SHEET IS CODED "MISSING", CHECK Q.26, PAGE 10-87. IF
        THERE IS A DATE LISTED WHICH IS <u>PRIOR</u> TO THE DATE OF LAST
        INTERVIEW, CODE Q.39A "YES." IF THERE IS A DATE LISTED WHICH IS
        AFTER THE DATE OF LAST INTERVIEW <u>OR</u> IF Q.26 IS BLANK CODE Q.39A
        "NO."

    B. <u>INTERVIEWER:</u>   DID R HAVE MORE PREGNANCIES THAN THAT ONE SINCE THE DATE OF
                            THE LAST INTERVIEW?

                        YES (GO TO Q.40, PAGE 10-94).... 1   29/

                        NO (SKIP TO Q.47, PAGE 10-96)... 0

PREGNANCY INTERVALS SINCE DATE OF LAST INTERVIEW

40. INTERVIEWER: DETERMINE PREGNANCY INTERVALS BETWEEN PREGNANCIES AND FROM DATE OF
                   LAST INTERVIEW TO A PREGNANCY SINCE LAST INTERVIEW.

                   SEE ROW D OF THE **CALENDAR** FOR BEGINNING AND ENDING DATES OF
                   PREGNANCIES.

                   DRAW LINES IN ROW E BETWEEN PREGNANCIES AND FROM DATE OF LAST
                   INTERVIEW TO BEGINNING OF PREGNANCY SINCE DATE OF LAST INTERVIEW.
                   ASK QUESTIONS 41-46 FOR THESE PREGNANCY INTERVALS.

---

41. Now I would like to ask you some questions about your (pregnancy/pregnancies)
     since the last time we talked with you.

```
┌────────┐
│ HAND   │
│ CARD   │
│  MM    │
└────────┘
```
     Between (DATE) and (DATE), did you ever use any methods such as the ones
     listed on this card to keep from getting pregnant?

---

42. Had you stopped all methods before you became pregnant?

---

43. Was the reason you (were not/stopped) using any methods because you yourself
     wanted to become pregnant?

---

44. Just before you became pregnant the (first, second, third, ETC.) time, did
     you want to become pregnant when you did? IF "NO," PROBE: Did you want
     (a/another) baby but not at that time, or did you want (none/no more) at all?

---

45. And what about your husband or partner when you became pregnant the (first
     second, third, ETC.) time, did he want you to become pregnant when you did?
     IF "NO," PROBE: Did he want you to have (a/another) baby but not at that
     time, or did he want you to have (none/no more) at all?

---

46. INTERVIEWER: IS THERE ANOTHER PREGNANCY INTERVAL?

INTERVIEWER NOTE:
-------------------> USE CALENDAR TO DETERMINE PREGNANCY INTERVAL DATES.

1ST INTERVAL	2ND INTERVAL	3RD INTERVAL	4TH INTERVAL
30/	36/	42/	48/
Yes (Q.42)... 1	(Q.42)... 1	(Q.42)... 1	(Q.42)... 1
No (Q.43)... 0	(Q.43)... 0	(Q.43)... 0	(Q.43)... 0
31/	37/	43/	49/
Yes (Q.43)... 1	(Q.43)... 1	(Q.43)... 1	(Q.43)... 1
NQ (Q.44)... 0	(Q.44)... 0	(Q.44)... 0	(Q.44)... 0
32/	38/	44/	50/
Yes (Q.45)... 1	(Q.45)... 1	(Q.45)... 1	(Q.45)... 1
No (Q.44)... 0	(Q.44)... 0	(Q.44)... 0	(Q.44)... 0
33/	39/	45/	51/
Yes........... 1	... 1	... 1	... 1
Didn't matter. 2	... 2	... 2	... 2
No--not at that time.... 3	... 3	... 3	... 3
No--(none/no more) at all. 4	... 4	... 4	... 4
34/	40/	46/	52/
Yes 1	... 1	... 1	... 1
Didn't matter. 2	... 2	... 2	... 2
No--not at that time ... 3	... 3	... 3	... 3
No--(none/no more) at all. 4	... 4	... 4	... 4
Don't know.... 8	... 8	... 8	... 8
35/	41/	47/	53/

YES (REPEAT
    QS.41-46). 1
	(REPEAT
	  QS.41-46) 1
		(REPEAT
		  QS.41-46).. 1
			(GO TO NEW
			  QUEX, Q.41,
			  P.10-94)... 1

NO (Q.47, P.10-96)... 0	(Q.47, P.10-96) 0	(Q.47, P.10-96)... 0	(Q.47, P.10-96)... 0

47. Altogether, how many (more) children do you <u>expect</u> to have?
     <u>IF R IS PREGNANT, ADD</u>: Please include your current pregnancy.

               ENTER NUMBER OF CHILDREN: |__|__|__| 54-55/

                              OR

               NONE ... (SKIP TO Q.49) 00

_____

48. In how many months or years do you expect to have your (first/next) child?

               ENTER # OF MONTHS: |__|__| 56-57/

                      OR

               # OF YEARS: |__|__| 58-59/

_____

49. <u>INTERVIEWER</u>: IS R CURRENTLY PREGNANT? (IS Q.38, P.10-93, CODED YES OR
               IS Q.38A CODED)?

               YES (SKIP TO Q.53, PAGE 10-97) 1   60/

               NO .... (ASK Q.50) 0

_____

50. During the last month, have you used any form of birth control? By birth
     control we mean methods such as those listed on this card.

     ┌──────┐
     │ HAND │   Yes 1   61/
     │ CARD │   No (SKIP TO Q.53, PAGE 10-97) 0
     │ M   │
     └──────┘

_____

51. In the past month, how often have you or your (partner/spouse) used birth control?
     Would you say it was always, sometimes, or almost never?

               Always 1   62/

               Sometimes 2

               Almost never 3

52.   Please look at this card. What methods have you or your (partner/spouse) used in the
      last month? Just tell me the numbers. CODE ALL THAT APPLY.

```
┌─────────┐
│ HAND    │
│ CARD    │
│  M      │
└─────────┘
```

     1. Pill 01   63-64/

     2. Condom, rubber 02   65-66/

     3. Foam 03   67-68/

     4. Jelly or cream alone 04   69-70/

     5. Suppository or insert 05   71-72/

     6. Diaphragm with or without jelly or cream.. 06   73-74/

     7. Douching after intercourse 07   75-76/

     8. IUD, coil, loop 08   77-78/

     9. Operation--Female sterilization,   BEGIN DECK 32
         tubes tied 09   10-11/

    10. Operation--Male sterilization, vasectomy.. 10   12-13/

    11. Natural family planning, safe period by
         temperature or cervical mucus test 11   14-15/

    12. Rhythm or safe period by calendar......... 12   16-17/

    13. Withdrawal/pulling out 13   18-19/

    14. Contraceptive sponge 14   20-21/

    15. Abstinence................................. 15   22-23/

    16. Other method (SPECIFY) _____ 16   24-25/

_____

53.   INTERVIEWER: HAS R EVER HAD ANY CHILDREN?

         YES 1   26/

         NO 0

_____

54. Now please fill out this card and seal it in the envelope. Thank you.

```
┌─────────────────┐
│  HAND SELF-     │
│  ADMINISTERED   │
│  CARD           │
└─────────────────┘
```

55. <u>INTERVIEWER</u>:   HAS R HAD ANY PREGNANCIES SINCE DATE OF LAST INTERVIEW?
                      (SEE QS.25 AND 25A, PAGE 10-87)

                      YES ...... (SKIP TO C) 1   42/

                      NO .... (ASK A) 0

A.   <u>INTERVIEWER</u>:   HAS R <u>EVER</u> HAD ANY LIVE BIRTHS? (SEE **CHILDREN'S RECORD
                   FORM,** <u>PART A</u>)

                   YES .... (ASK B) 1   43/
                   NO ...(SKIP TO Q.129, PAGE 10-128)... 0

B.   <u>INTERVIEWER</u>:   DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED
                   ON THE **CHILDREN'S RECORD FORM,** <u>PART A</u>? (ARE QS. 88, 90, 92,
                   OR 95, LISTED UNDER FEEDING QUESTIONS?)

                   YES (SKIP TO Q.86A, P.10-111)...... 1   44/
                   NO (SKIP TO Q.97, PAGE 10-115)..... 0

C.   <u>INTERVIEWER</u>:   IS R CURRENTLY PREGNANT? (Q.38, PAGE 10-93, IS CODED "1"--
                   YES OR Q.38A IS CODED).

                   YES .... (ANSWER D) 1   45/
                   NO (GO TO Q.56, PAGE 10-99)........ 0

D.   <u>INTERVIEWER</u>:   HAS R HAD OTHER PREGNANCIES SINCE DATE OF LAST INTERVIEW
                   BESIDES THIS CURRENT PREGNANCY? (DOES Q.25B,PAGE 10-87,
                   = 2 OR MORE)

                   YES (GO TO Q.56, PAGE 10-99)....... 1   46/
                   NO .... (ANSWER E) 0

E.   <u>INTERVIEWER</u>:   SEE **CHILDREN'S RECORD FORM,** <u>PART A</u>. ARE QS.88, 90, 92, OR
                   95, LISTED UNDER "FEEDING QUESTIONS"?

                   YES (SKIP TO Q.86A, P.10-111)...... 1   47/
                   NO (SKIP TO Q.97, PAGE 10-115)..... 0

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
56. Now I'd like to ask you some questions about your (pregnancy/pregnancies) since (DATE OF LAST INTERVIEW).		
A. FILL IN DATES OF PREGNANCIES SINCE DATE OF LAST INTERVIEW (Qs.26 PAGE 10-87; 30, PAGE 10-89; 34, PAGE 10-91) DO NOT INCLUDE CURRENT PREGNANCY. IF MORE THAN 2 PREGNANCIES, USE ANOTHER QUESTIONNAIRE.	DATE BEGAN: |__|__|__|__| 48-51/ MO YR	DATE BEGAN: |__|__|__|__| 61-64/ MO YR
B. CODE RESULT OF PREGNANCIES (Q.27A, PAGE, 10-87, Q.31, PAGE 10-89, Q.35, PAGE 10-91)	LIVE BIRTH (GO TO C)...... 1 52/ MISCARRIAGE (GO TO Q.57).. 2 STILLBIRTH (GO TO Q.57)... 3 ABORTION..(GO TO Q.57).... 4	LIVE BIRTH (GO TO C)...... 1 65/ MISCARRIAGE (GO TO Q.57).. 2 STILLBIRTH (GO TO Q.57)... 3 ABORTION..(GO TO Q.57).... 4
C. IF PREGNANCIES RESULTED IN A LIVE BIRTH, RECORD CHILD'S ID NUMBER FROM Q.27B, PAGE 10-87, Q.31A, PAGE 10-89, OR Q.35A, PAGE 10-91.	ID # |__|__| 53-54/	ID # |__|__| 66-67/
D. RECORD CHILD'S NAME FROM CHILDREN'S RECORD FORM, PART A.	_____ (NAME)	_____ (NAME)
57. (First/Next), during your pregnancy (with CHILD/that began DATE), did you make any visits to a doctor or nurse for prenatal care, that is to be examined or talk about your pregnancy?	Yes (ASK A)....... 1 55/ No (GO TO Q.58).. 0	Yes (ASK A)........ 1 68/ No (GO TO Q.58)... 0
A. IF YES, ASK: When did you first visit a doctor or nurse for prenatal care, during which month of your pregnancy? ENTER MONTH NUMBER	|__|__| 56-57/ MONTH	|__|__| 69-70/ MONTH
58. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the 12 months before [(1ST CHILD/2ND CHILD) was born/your pregnancy loss]?	Yes (ASK A)....... 1 58/ No (GO TO Q.59).. 0	Yes (ASK A)........ 1 71/ No (GO TO Q.59)... 0
A. How often did you usually drink alcoholic beverages during (your/that) pregnancy? Did you drink . . . (READ CATEGORIES) . . . CODE ONE ONLY. HAND CARD 0	Everyday......... 07 59-60/ Nearly everyday. 06 3 or 4 days a week........ 05 1 or 2 days a week........ 04 3 or 4 days a month....... 03 About once a month....... 02 Less than once a month.. 01 Never 00	Everyday......... 07 72-73/ Nearly everyday . 06 3 or 4 days a week......... 05 1 or 2 days a week......... 04 3 or 4 days a month........ 03 About once a month........ 02 Less than once a month... 01 Never 00

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
59. Did you smoke tobacco cigarettes at all during the <u>12 months before</u> [(1ST CHILD/ 2ND CHILD) was born/your pregnancy loss]?	Yes (ASK A) ...... 1 No (GO TO 60)..... 0	74/	Yes (ASK A)....... 1 No (GO TO 60)..... 0	28/

A. On the average, how many cigarettes did you smoke <u>during</u> (your/that) pregnancy? Did you smoke 2 or more packs a day? Did you smoke 1 pack or more but less than 2 packs a day, or less than 1 pack a day?
(IF VOLUNTEERED)
	2 or more packs
	  a day........... 3
	1 or more but
	  less than 2..... 2
	Less than 1
	  pack a day...... 1
	DID NOT SMOKE
	  DURING THAT
	  PERIOD.......... 0
		75/	2 or more packs
			  a day........... 3
			1 or more but
			  less than 2 2
			Less than 1
			  pack a day...... 1
			DID NOT SMOKE
			  DURING THAT
			  PERIOD.......... 0
				29/

60. Ultrasound or sonogram is a way of taking a picture of the baby through sound waves while the baby is still in the womb. Did you have this test when you were pregnant [with (1ST CHILD/2ND CHILD)]? (DO NOT PROBE A "DON'T KNOW" RESPONSE.)	Yes (ASK A-D)...... 1
	No (GO TO Q.61,
	  P.10-101)...... 0
	Don't Know
	  (GO TO Q.61,
	  P.10-101)....... 8
		76/	Yes (ASK A-D)..... 1
			No (GO TO Q.61,
			  P.10-101)..... 0
			Don't Know
			  (GO TO Q.61,
			  P.10-101)...... 8
				30/

	BEGIN DECK 33			

A. <u>IF YES, ASK:</u> On this card are some reasons ultrasound is used. Could you tell me why ultrasound was used during your pregnancy [with (1ST CHILD/ 2ND CHILD)]? CODE ALL THAT APPLY.
 	
[HAND CARD P]
	To see if there
	  were twins...... 01
	To find out the
	  due date........ 02
	To prepare for
	  a procedure
	  called amnio-
	  centesis........ 03
	To look for
	  defects in the
	  baby 04
	To find out if
	  the baby was
	  still alive..... 05
	To find out if
	  the baby was
	  growing nor-
	  mally 06
	To find out what
	  position the
	  baby was in..... 07
	Other (SPECIFY)
	
	_____
	_____ 08
	
	Don't know........ 98
		10-11/
		12-13/
		
		14-15/
		
		16-17/
		
		18-19/
		
		20-21/
		
		22-23/
		
		24-25/
		26-27/
			To see if there
			  were twins..... 01
			To find out the
			  due date....... 02
			To prepare for
			  a procedure
			  called amnio-
			  centesis....... 03
			To look for
			  defects in the
			  baby 04
			To find out if
			  the baby was
			  still alive.... 05
			To find out if
			  the baby was
			  growing nor-
			  mally 06
			To find out what
			  position the
			  baby was in.... 07
			Other (SPECIFY)
			
			_____
			_____ 08
			
			Don't know....... 98
				31-32/
				33-34/
				
				35-36/
				
				37-38/
				
				39-40/
				
				41-42/
				
				43-44/
				
				45-46/
				47-48/

60. (continued)	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
B. How many times were sonograms done during (your/that) pregnancy?	|___|___| NUMBER OF TIMES	49-50/	|___|___| NUMBER OF TIMES	25-26/
C. How many months pregnant were you when it was performed? CODE ALL THAT APPLY.	2nd month or less. 02	51-52/	2nd month or less 02	27-28/
	3rd month 03	53-54/	3rd month 03	29-30/
	4th month 04	55-56/	4th month 04	31-32/
	5th month 05	57-58/	5th month 05	33-34/
	6th month 06	59-60/	6th month 06	35-36/
	7th month 07	61-62/	7th month 07	37-38/
	8th month 08	63-64/	8th month 08	39-40/
	9th month 09	65-66/	9th month 09	41-42/
	Don't know 98	67-68/	Don't know 98	43-44/
	More than 9 months 96	69-70/	More than 9 months 96	45-46/
D. [HAND CARD Q] Here is a card that shows you the different things that doctors can find out from sonograms. Please tell me all the things the doctor found out from your sonogram(s). CODE ALL THAT APPLY.	Twins were present......... 01	71-72/	Twins were present........ 01	47-48/
	Twins were not present..... 02	73-74/	Twins were not present.... 02	49-50/
	Baby's due date... 03	75-76/	Baby's due date.. 03	51-52/
	Birth defect was present..... 04	77-78/	Birth defect was present.... 04	53-54/
	Birth defect was not present..... 05	BEGIN DECK 34 10-11/	Birth defect was not present.... 05	55-56/
	Baby was alive.... 06	12-13/	Baby was alive... 06	57-58/
	Baby was growing normally........ 07	14-15/	Baby was growing normally....... 07	59-60/
	Baby was not growing normally........ 08	16-17/	Baby was not growing normally....... 08	61-62/
	What position baby was in..... 09	18-19/	What position baby was in.... 09	63-64/
	Other (SPECIFY) _____ _____ 10	20-21/	Other (SPECIFY) _____ _____ 10	65-66/
	Don't know........ 98	22-23/	Don't know....... 98	67-68/
61. Amniocentesis is a procedure during which a long needle is used to collect some of the fluid that surrounds the baby while it is in the womb. Was amniocentesis done while you were pregnant [with (1ST CHILD/2ND CHILD)]?	Yes (ASK A-D)...... 1	24/	Yes (ASK A-D)..... 1	69/
	No (GO TO Q.62, P.10-103)...... 0		No (GO TO Q.62, P.10-103)..... 0	

61. (continued)

| | | 1ST PREGNANCY SINCE DATE OF LAST INTERVIEW | | 2ND PREGNANCY SINCE DATE OF LAST INTERVIEW | |

A. IF YES, ASK: On this card are some reasons amniocentesis is used. Could you tell me why amniocentesis was used during your pregnancy [with (1ST CHILD/2ND CHILD]? CODE ALL THAT APPLY.

HAND CARD R

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease.......... 1   70/

To find out how far along the baby was......... 2   71/

To find out if the baby's lungs were mature........... 3   72/

Other (SPECIFY)

_____

_____ 4   73/

Don't know 8   74/

To look for a genetic or birth defect, like Down's Syndrome, Tay-Sachs, neural tube defect, or sex-linked disease......... 1   33/

To find out how far along the baby was........ 2   34/

To find out if the baby's lungs were mature.......... 3   35/

Other (SPECIFY)

_____

_____ 4   36/

Don't know 8   37/

B. How many times was amniocentesis done during (your/that) pregnancy?

|__|__| 75-76/
NUMBER OF TIMES

|__|__| 38-39/
NUMBER OF TIMES

BEGIN DECK 35

C. How many months pregnant were you when it was performed? CODE ALL THAT APPLY.

3rd month or less 03   10-11/
4th month 04   12-13/
5th month 05   14-15/
6th month 06   16-17/
7th month 07   18-19/
8th month 08   20-21/
9th month 09   22-23/
More than 9
  months 96   24-25/

3rd month or less 03   40-41/
4th month 04   42-43/
5th month 05   44-45/
6th month 06   46-47/
7th month 07   48-49/
8th month 08   50-51/
9th month 09   52-53/
More than 9
  months 96   54-55/

D. Here is a card that shows you the different things that doctors can find out from amniocentesis. Please tell me all the things the doctor found out when you had amniocentesis during (your/that) pregnancy. CODE ALL THAT APPLY.

HAND CARD S

Baby's lungs were mature....... 1   26/

Baby's lungs were not mature 2   27/

Genetic or birth defect was present....... 3   28/

Genetic or birth defect was not present... 4   29/

Baby was normal 5   30/

Other (SPECIFY)

_____ 6   31/

Don't know 8   32/

Baby's lungs were mature....... 1   56/

Baby's lungs were not mature 2   57/

Genetic or birth defect was present....... 3   58/

Genetic or birth defect was not present... 4   59/

Baby was normal 5   60/

Other (SPECIFY)

_____ 6   61/

Don't know 8   62/

		1ST PREGNANCY SINCE DATE OF LAST INTERVIEW				2ND PREGNANCY SINCE DATE OF LAST INTERVIEW			
		Yes	No	N/A		Yes	No	N/A	

62. A. During (your/that) pregnancy, did you . . . (CODE YES OR NO FOR EACH ITEM) . . .

	Yes	No	N/A		Yes	No	N/A	
Take a vitamin/mineral supplement?	1	0		63/	1	0		78/
Cut down on the amount of calories in the food you ate?	1	0		64/	1	0		79/
Cut down on the amount of salt you used?	1	0		65/	1	0		80/
Use diuretics (fluid or water pills) to help eliminate water?	1	0		66/	BEGIN DECK 36 1	0		10/
Reduce or stop your smoking?	1	0	4	67/	1	0	4	11/
Reduce or stop your alcohol intake?	1	0	4	68/	1	0	4	12/

B. INTERVIEWER: FOR EACH YES IN A, ASK: Did you (REPEAT ITEM IN A) based on a doctor's or nurse's suggestion? CODE IN APPROPRIATE ITEMS BELOW.

	Yes	No			Yes	No		
Take a vitamin/mineral supplement	1	0		69/	1	0		13/
Cut down on the amount of calories in the food you ate	1	0		70/	1	0		14/
Cut down on the amount of salt you used	1	0		71/	1	0		15/
Use diuretics (fluid or water pills) to help eliminate water	1	0		72/	1	0		16/
Reduce or stop your smoking	1	0		73/	1	0		17/
Reduce or stop your alcohol intake	1	0		74/	1	0		18/

63. INTERVIEWER: DID THIS PREGNANCY END IN A LIVE BIRTH?

	1ST PREGNANCY		2ND PREGNANCY	
	YES (GO TO Q.64). 1 NO (ASK A)........ 0	75/	YES (GO TO Q.64).. 1 NO (ASK A)........ 0	19/

A. INTERVIEWER: IS THERE ANOTHER PREGNANCY AFTER DATE OF LAST INTERVIEW?

	YES (GO BACK TO Q.57, P.10-99).... 1	76/	YES (GO TO NEW QUEX, Q.57, P.10-99)..... 1	20/
	NO (SKIP TO Q.86, P.10-111).... 0		NO (SKIP TO Q.86, P.10-111)..... 0	

64. Based on either your last menstrual period date or your doctor's or clinic's information, was (1ST CHILD/ 2ND CHILD) born within a week of the expected (due) date?

	Yes (GO TO Q.65, P.10-104)... 1	77/	Yes (GO TO Q.65, P.10-104).... 1	21/
	No (ASK A & B P. 10-104)... 0		No (ASK A & B P. 10-104).... 0	

64. (continued)	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
A. Was the baby born early or late?	Early............. 1 Late............. 2	22/	Early............. 1 Late............. 2	39/
B. How many weeks (early/late) was the baby? IF "ONE WEEK", PROBE BY RE-ASKING Q.64. IF "1 1/2 WEEKS", ROUND UP TO "2".	|_|_| NUMBER OF WEEKS:	23-24/	|_|_| NUMBER OF WEEKS:	40-41/
65. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen?	Yes ..(ASK A).... 1 No (GO TO Q.66).. 0	25/	Yes ...(ASK A).... 1 No (GO TO Q.66)... 0	42/

A. IF YES, ASK: Was this your first cesarean section, or did you have one before?	First cesarean
	  section 1
	Had cesarean(s)
	  before 0
		26/	First cesarean
			  section 1
			Had cesarean(s)
			  before 0
				43/

66. A. What was your weight just before you delivered?	|_|_|_| WEIGHT AT TIME OF DELIVERY	27-29/	|_|_|_| WEIGHT AT TIME OF DELIVERY	44-46/
B. What was your weight just before you became pregnant with (1ST CHILD/2ND CHILD)?	|_|_|_| WEIGHT BEFORE PREGNANCY	30-32/	|_|_|_| WEIGHT BEFORE PREGNANCY	47-49/
C. INTERVIEWER: SUBTRACT B FROM A TO GET NUMBER OF POUNDS (GAINED/LOST) DURING PREGNANCY.	|_|_| ENTER NUMBER OF POUNDS GAINED/LOST	33-34/	|_|_| ENTER NUMBER OF POUNDS GAINED/LOST	50-51/

D. Does that mean you (gained/lost) (NUMBER IN C) pounds during your pregnancy?	Yes (GO TO Q.67). 1
	No (ASK R HOW
	  MANY POUNDS
	  SHE (GAINED/
	  LOST) DURING
	  PREGNANCY.
	  RECORD IN C.
	  ADJUST A AND
	  B WITH R
	  ACCORDINGLY.... 0
		35/	Yes (GO TO Q.67).. 1
			No (ASK R HOW
			  MANY POUNDS
			  SHE (GAINED/
			  LOST) DURING
			  PREGNANCY.
			  RECORD IN C.
			  ADJUST A AND
			  B WITH R
			  ACCORDINGLY.... 0
				52/

67. What was (1ST/CHILD/2ND CHILD)'s length at birth?	|_|_| NUMBER OF INCHES	36-37/	|_|_| NUMBER OF INCHES	53-54/
A. INTERVIEWER: DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	YES .... 1 NO 0	38/	YES .... 1 NO 0	55/

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
68. How long did your baby stay in the hospital?	|_|_|_| NUMBER OF DAYS	56-58/	|_|_|_| NUMBER OF DAYS	26-28/
	(BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.69)....000		(BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.69).....000	
A. Did you leave the hospital at the same time as your baby or did you leave earlier or later?	Same time (GO TO Q.69)..... 1	59/	Same time (GO TO Q.69)...... 1	29/
	Earlier (ASK B).. 2		Earlier (ASK B)... 2	
	Later (ASK B).... 3		Later (ASK B)..... 3	
	BABY STILL IN HOSPITAL (SKIP TO Q.85B, PG.10-110) 4		BABY STILL IN HOSPITAL (SKIP TO Q.85B, PG.10-110) 4	
B. How many days (earlier/later)?	|_|_|_|	60-62/	|_|_|_|	30-32/

	1ST PREGNANCY		2ND PREGNANCY	
69. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured?	Yes..(GO TO Q.70) 1 No (SKIP TO 81, P.10-108).... 0	63/	Yes..(GO TO Q.70). 1 No (SKIP TO 81, P.10-108)..... 0	33/

	1ST PREGNANCY		2ND PREGNANCY	
70. A. When you took (1ST CHILD/2ND CHILD) to a clinic, hospital, or doctor the first time because (he/she) was sick or injured, what was the nature of (his/her) illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury?	_____ _____ _____		_____ _____ _____	
INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	A. |_|_| CODE	64-65/	A. |_|_| CODE	34-35/

	1ST PREGNANCY			2ND PREGNANCY	
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED IN A ABOVE.	B. Fever............ 01	66-67/	B.	 01	36-37/
	Cold............. 02	68-69/		 02	38-39/
	Sore throat..... 03	70-71/		 03	40-41/
	Pneumonia........ 04	72-73/		 04	42-43/
	Ear infection... 05	74-75/		 05	44-45/
	Vomitting, diarrhea, or dehydration... 06	76-77/		 06	46-47/
	Rash............ 07	78-79/		 07	48-49/
HAND CARD T	Accident or poisoning..... 08	BEGIN DECK 37 10-11/		 08	50-51/
	Convulsions..... 09	12-13/		 09	52-53/
	Jaundice........ 10	14-15/		 10	54-55/
	Feeding problems (food allergy, formula tolerance, etc.)... 11	16-17/		 11	56-57/
	Meningitis...... 12	18-19/		 12	58-59/
	Asthma or bronchitis.... 13	20-21/		 13	60-61/
	Other (SPECIFY)				
	_____ 14	22-23/		_____ 14	62-63/
	None 00	24-25/		None 00	64-65/

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW	2ND PREGNANCY SINCE DATE OF LAST INTERVIEW
71. How many months old was (1ST CHILD/ 2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the first time for this (ILLNESS/INJURY)? ---> INTERVIEWER NOTE: 1 DAY TO 4 WEEKS = 01 MONTH. MORE THAN 4 WEEKS--DIVIDE BY 4 AND ROUND UP. EX: 36 WEEKS = 09 MONTHS	|_|_| 66-67/ NUMBER OF MONTHS	|_|_| 22-23/ NUMBER OF MONTHS
72. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.70A, PAGE 10-105)? A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the last time you took (him/her) to a clinic or doctor for (ILLNESS/INJURY FROM Q.70A, PAGE 10-105)?	Once (GO TO Q.73). 01 OR 68-69/ |_|_| NUMBER OF TIMES (ASK A) |_|_| 70-71/ NUMBER OF MONTHS	Once (GO TO Q.73).01 OR 24-25/ |_|_| NUMBER OF TIMES (ASK A) |_|_| 26-27/ NUMBER OF MONTHS
73. Please look at this card. In (1ST CHILD/ 2ND CHILD)'s first year, when you took (him/her) to a clinic, hospital, or doctor because (he/she) had (ILLNESS/INJURY FROM Q.70A, PAGE 10-105), where did you take (him/her)? CODE ALL THAT APPLY. HAND CARD U	Private doctor's office........ 01 72-73/ Public clinic... 02 74-75/ Private clinic.. 03 76-77/ Health Mainte- BEGIN DECK 38 nance Organi- zation (HMO).. 04 10-11/ Hospital clinic, walk-in clinic..... 05 12-13/ Community health center........ 06 14-15/ Emergency room out-patient... 07 16-17/ Other (SPECIFY) _____ _____ 08 18-19/ Hospital admission..... 09 20-21/	.... 01 28-29/ .... 02 30-31/ .... 03 32-33/ .... 04 34-35/ .... 05 36-37/ .... 06 38-39/ .... 07 40-41/ _____ _____ 08 42-43/ 09 44-45/

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
74. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN Q.73?	YES (ASK A & B).. 1 NO..(GO TO Q.75). 0	46/	...(ASK A & B).... 1 ...(GO TO Q.75)... 0	16/
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes .... 1 No 0	47/	.... 1 0	17/
B. Did you have to take time off from work?	Yes .... 1 No .... 0 Not working...... 2	48/	.... 1 .... 0 2	18/
75. In (1ST CHILD/2ND CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured with a <u>different</u> illness or injury than the one we have just talked about?	Yes (GO TO Q.76). 1 No (SKIP TO Q.81, P.10-108).... 0	49/	Yes (GO TO Q.76).. 1 No (SKIP TO Q.81, P.10-108)..... 0	19/
76. A. What was the nature of this <u>other</u> illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury? INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	|_|_| CODE	50-51/	|_|_| CODE	20-21/
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED ABOVE. HAND CARD T	B. Fever............ 01 Cold............. 02 Sore throat...... 03 Pneumonia........ 04 Ear infection... 05 Vomitting, diarrhea, or dehydration... 06 Rash............ 07 Accident or poisoning...... 08 Convulsions..... 09 Jaundice........ 10 Feeding problems (food allergy, formula toler- ance, etc.)... 11 Meningitis...... 12 Asthma or bronchitis.... 13 Other (SPECIFY) _____ 14 _____ None 00	52-53/ 54-55/ 56-57/ 58-59/ 60-61/ 62-63/ 64-65/ 66-67/ 68-69/ 70-71/ 72-73/ 74-75/ 76-77/ BEGIN DECK 39 10-11/ 12-13/	B. .... 01 .... 02 .... 03 .... 04 .... 05 .... 06 .... 07 .... 08 .... 09 .... 10 .... 11 .... 12 .... 13 _____ 14 _____ None 00	22-23/ 24-25/ 26-27/ 28-29/ 30-31/ 32-33/ 34-35/ 36-37/ 38-39/ 40-41/ 42-43/ 44-45/ 46-47/ 48-49/ 50-51/
77. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the <u>first</u> time for this (ILLNESS/INJURY)?	|_|_| NUMBER OF MONTHS	14-15/	|_|_| NUMBER OF MONTHS	52-53/

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
				BEGIN DECK 40
78. In (1ST CHILD/2ND CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN 0.76A, PAGE 10-107)?	Once (GO TO 0.79). 01 OR |_|_| NUMBER OF TIMES (ASK A)	54-55/	Once (GO TO 0.79).01 OR |_|_| NUMBER OF TIMES (ASK A)	10-11/
A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the last time you took (him/her) to a clinic, hospital, or doctor for (ILLNESS/INJURY FROM 0.76A, PAGE 10-107)?	|_|_| NUMBER OF MONTHS	56-57/	|_|_| NUMBER OF MONTHS	12-13/
79. Please look at this card. Where did you take (1ST CHILD/2ND CHILD) when (he/she) was sick or injured? CODE ALL THAT APPLY. HAND CARD U	Private doctor's office......... 01	58-59/	 01	14-15/
	Public clinic... 02	60-61/	 02	16-17/
	Private clinic.. 03	62-63/	 03	18-19/
	Health Maintenance Organization (HMO).. 04	64-65/	 04	20-21/
	Hospital clinic, walk-in clinic...... 05	66-67/	 05	22-23/
	Community health center......... 06	68-69/	 06	24-25/
	Emergency room out-patient... 07	70-71/	 07	26-27/
	Other (SPECIFY) _____ _____ 08	72-73/	_____ 08	28-29/
	Hospital admission..... 09	74-75/	 09	30-31/
80. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN 0.79?	YES (ASK A & B).. 1 NO (GO TO 0.81).. 0	76/	...(ASK A & B).... 1 ...(GO TO 0.81)... 0	32/
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	Yes .... 1 No 0	77/	.... 1 0	33/
B. Did you have to take time off from work?	Yes .... 1 No .... 0 Not working....... 2	78/	.... 1 .... 0 2	34/
Now we are going to discuss well baby care.				
81. In (1ST CHILD, 2ND CHILD)'s first year, did you take (him/her) to a clinic or a doctor for well baby care when (he/she) was not sick?	Yes (GO TO 0.82, P.10-109)... 1 No (SKIP TO 0.84, P.10-109).... 0	79/	Yes (GO TO 0.82, P.10-109).... 1 No (SKIP TO 0.84, P.10-109)..... 0	35/

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW			2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	
	MONTH (Q.82)	PLACE (Q.83)		MONTH (Q.82)	PLACE (Q.83)

82. How many months old was (1ST CHILD, 2ND CHILD) when you took (him/her) to a clinic or doctor for well baby care the first time? . . . How old was (he/she) the next time?

	MONTH	PLACE		MONTH	PLACE	
	01	|__|__|	36-39/	01	|__|__|	46-49/
	02	|__|__|	40-43/	02	|__|__|	50-53/
	03	|__|__|	44-47/	03	|__|__|	54-57/
	04	|__|__|	48-51/	04	|__|__|	58-61/
	05	|__|__|	52-55/	05	|__|__|	62-65/
	06	|__|__|	56-59/	06	|__|__|	66-69/
	07	|__|__|	60-63/	07	|__|__|	70-73/
	08	|__|__|	64-67/	08	|__|__|	74-77/ BEGIN DECK 42
	09	|__|__|	68-71/	09	|__|__|	10-13/
	10	|__|__|	72-75/	10	|__|__|	14-17/
	11	|__|__|	76-79/ BEGIN DECK 41	11	|__|__|	18-21/
	12	|__|__|	10-13/	12	|__|__|	22-25/
	Don't know 98	|__|__|	14-17/	98	|__|__|	26-29/

------> INTERVIEWER NOTE: CONTINUE TO ASK UNTIL THE LAST TIME IS CODED. THEN GO TO Q.83.

Don't know 98 (SKIP TO Q.83A)   98 (SKIP TO Q.83A)

---

83. When you took (1ST CHILD, 2ND CHILD) for well baby care when (he/she) was (1ST MONTH NAMED IN Q.82/2ND MONTH NAMED), where did you take (him/her)? Was it a . . . READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.82 ABOVE.

[HAND CARD V]

A. ASK ONLY IF Q.82 IS CODED "Don't know": Where did you usually take (1ST CHILD, 2ND CHILD) for well baby care? Was it a . . . (READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO "Don't know" IN Q.82 ABOVE:

[HAND CARD V]

```
                    CARD V
01   Private doctor's office
02   Public clinic
03   Private clinic
04   Health Maintenance Organization (HMO)
05   Hospital clinic, walk-in clinic
06   Community health center
07   Emergency room out-patient
08   Other (SPECIFY) _____

     _____
```

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84. Children are given a series of DPT shots and oral polio vaccine during the first year of life. During which months did (1ST CHILD/2ND CHILD) have those immunizations? CODE ALL THAT APPLY.

1st month 01	18-19/	01	30-31/
2nd month 02	20-21/	02	32-33/
3rd month 03	22-23/	03	34-35/
4th month 04	24-25/	04	36-37/
5th month 05	26-27/	05	38-39/
6th month 06	28-29/	06	40-41/
7th month 07	30-31/	07	42-43/
8th month 08	32-33/	08	44-45/
9th month 09	34-35/	09	46-47/
10th month 10	36-37/	10	48-49/
11th month 11	38-39/	11	50-51/
12th month 12	40-41/	12	52-53/
None 00	42-43/	00	54-55/
Don't know (ASK A) 98	44-45/	... (ASK A) 98	56-57/

	1ST PREGNANCY SINCE DATE OF LAST INTERVIEW		2ND PREGNANCY SINCE DATE OF LAST INTERVIEW	

84. (continued)

A. <u>IF DON'T KNOW, ASK:</u> Even if you can't remember the exact time, do you remember if your child had . . . (CODE YES OR NO FOR EACH ITEM) . . .

	1ST PREGNANCY		2ND PREGNANCY	
The first set of immunizations?	Yes .... 1 No 0	58/	.... 1 0	65/
The second set of immunizations?	Yes .... 1 No 0	59/	.... 1 0	66/
The third set of immunizations?	Yes .... 1 No 0	60/	.... 1 0	67/

85. Babies often get a measles shot when they are a little older. Has (1ST CHILD/2ND CHILD) had a measles shot?

	1ST		2ND	
	Yes (ASK A) ..... 1 No (ASK B) ..... 0 Don't know (ASK B)...... 8	61/	.... (ASK A) ..... 1 .... (ASK B) ..... 0 .... (ASK B) 8	68/

A. About how many months old was (he/she) at the time of the measles shot?

	|__|__| NUMBER OF MONTHS Don't know.......98	62-63/	|__|__| NUMBER OF MONTHS 98	69-70/

B. <u>INTERVIEWER:</u> IS THERE ANOTHER PREGNANCY?

	YES (GO BACK TO Q.57, P.10-99).... 1 NO (GO TO Q.86, P.10-111).... 0	64/	YES (GO TO NEW QUESTION- NAIRE Q.57, P.10-99)..... 1 NO (GO TO Q.86, P.10-111)..... 0	71/

86. <u>INTERVIEWER</u>:   DO WE NEED TO ASK FEEDING QUESTIONS FOR ANY CHILDREN LISTED ON
                  THE **CHILDREN'S RECORD FORM,** <u>PART A</u> (ARE QS.88, 90, 92 OR 95,
                  LISTED UNDER "FOOD")?

                            YES .... (READ A) 1   72/

                            NO .... (ASK B) 0

   A. NOTE THE FOLLOWING INSTRUCTIONS BEFORE BEGINNING THE FEEDING QUESTIONS:

       • ENTER NAME AND ID NUMBER ON TOP OF COLUMNS IN Q.87 ON PAGE 10-112 FOR
          EACH CHILD LISTED ON **CHILDREN'S RECORD FORM,** <u>PART A</u> FOR WHOM WE NEED
          TO ASK FEEDING QUESTIONS.

       • FOLLOW SKIP PATTERN INDICATED ON **CHILDREN'S RECORD FORM,** <u>PART A</u> FOR
          EACH CHILD FOR WHOM WE NEED TO ASK FEEDING QUESTIONS.

       • ALWAYS ASK FEEDING QUESTIONS FOR EACH CHILD BORN SINCE DATE OF LAST
          INTERVIEW. (SEE **CHILDREN'S RECORD FORM,** <u>PART A</u>)

   B. <u>INTERVIEWER</u>: WAS THERE A LIVE BIRTH SINCE DATE OF LAST INTERVIEW?

                            YES .... (RECORD ID AND NAME IN Q.87,
                                     PG. 10-112, AND ASK QS.88-96) .. 1   73/

                            NO ..... (SKIP TO Q.97, PAGE 10-115) 0

87. INTERVIEWER: SEE **CHILDREN'S RECORD FORM,** PART A. ENTER NAME AND ID NUMBER FOR EACH CHILD NEEDING FEEDING
QUESTIONS. START WITH OLDEST CHILD FIRST. USE A 2ND QUESTIONNAIRE IF NECESSARY.

	1ST CHILD NEEDING FEEDING QS.	2ND CHILD	3RD CHILD
	ID: |_|_| 10-11/ ———————— NAME	ID: |_|_| 28-29/ ———————— NAME	ID: |_|_| 46-47/ ———————— NAME

88. How much did (NAME OF 1ST CHILD, ETC.) weigh at birth?
 	
 A. IF Q.88 IS DON'T KNOW, ASK A: Did (he/she) weigh more than 5 1/2 pounds or less?
	ENTER POUNDS: |_|_| 12-13/
	 AND
	 OUNCES: |_|_| 14-15/
	 OR
	 DON'T KNOW (ASK A)... 9898
	                     16/
	 More.................... 1
	 Less.................... 2
	 DON'T KNOW 8
		|_|_| 30-31/
		
		 |_|_| 32-33/
		
		 (ASK A)... 9898
		           34/
		 1
		 2
		 8
			|_|_| 48-49/
			
			 |_|_| 50-51/
			
			 (ASK A)... 9898
			         52/
			 1
			 2
			 8

BREAST FEEDING: 89. When (CHILD) was an infant, did you breast feed (him/her) at all?	17/ Yes....(GO TO Q. 90).......... 1 No....(SKIP TO Q. 91)........ 0	35/ ..(Q. 90)......... 1 ..(Q. 91)......... 0	53/ ..(Q. 90)..... 1 ..(Q. 91)..... 0

90. How many weeks old was (he/she) when you quit breast feeding (him/her altogether?	ENTER NUMBER OF
	 WEEKS OLD: |_|_| 18-19/
	   OR
	 ENTER NUMBER OF MONTHS OLD:
	 AND USE THIRD BOX FOR 20-22/
	 1/2 MONTH (.5): |_|_|_| . |_|_|
	
	 Still breastfeeding 000
	   OR
	 DON'T KNOW................... 998
		|_|_| 36-37/
		
		      38-40/
		 |_|_|_| . |_|_|
		
		 000
		
		 998
			|_|_| 54-55/
			
			      56-58/
			 |_|_|_| . |_|_|
			
			 000
			
			 998

FORMULA FEEDING:
 	
 91. How many weeks old was (CHILD) when you began feeding (him/her) formula on a daily basis?
	ENTER NUMBER OF
	 WEEKS OLD: |_|_| 23-24/
	   OR
	 ENTER NUMBER OF MONTHS OLD:
	 AND USE THIRD BOX FOR 25-27/
	 1/2 MONTH (.5): |_|_|_| . |_|_|
	   OR
	 From birth.................. 000
	   OR
	 (Do/Did) not formula feed
	 (SKIP TO Q.93, P.10-113)... 995
	   OR
	 DON'T KNOW 998
		|_|_| 41-42/
		
		      43-45/
		 |_|_|_| . |_|_|
		
		 000
		
		 (Q. 93,
		 P.10-113) 995
		
		 998
			|_|_| 59-60/
			
			      61-63/
			 |_|_|_| . |_|
			
			 000
			
			 (Q. 93,
			 P.10-113) ... 995
			
			 998

	1ST CHILD	2ND CHILD	3RD CHILD
		BEGIN DECK 44	

92. How many weeks old was (CHILD) when you stopped feeding (him/her) formula on a daily basis?

1ST CHILD	2ND CHILD	3RD CHILD
ENTER NUMBER OF WEEKS OLD: |_|_| 64-65/ OR	|_|_| 10-11/	|_|_| 21-22/
ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 66-68/ 1/2 MONTH (.5): |_|_|_|.|_| OR	12-14/ |_|_|_|.|_|	23-25/ |_|_|_|.|_|
Still feeding formula .... 000 OR	 000	 000
DON'T KNOW 998	 998	 998

COW'S MILK:
93. How many weeks old was (CHILD) when (he/she) began drinking cow's milk on a daily basis?

1ST CHILD	2ND CHILD	3RD CHILD
ENTER NUMBER OF 69-70/ WEEKS OLD: |_|_| OR	15-16/ |_|_|	26-27/ |_|_|
ENTER NUMBER OF MONTHS OLD: AND USE THIRD BOX FOR 71-73/ 1/2 MONTH (.5): |_|_|_|.|_| OR	17-19/ |_|_|_|.|_|	28-30/ |_|_|_|.|_|
From birth...................... 000 OR	 000	 000
Has not begun yet............... 995 OR	 995	 995
DON'T KNOW...................... 998	 998	 998

94. INTERVIEWER: SEE QS.89, 91, AND 93.

- IF Q.89 IS CODED "YES", OR IS BLANK, SKIP TO Q.95
  OR
- IF Q.91 IS CODED "FROM BIRTH" (000), OR IS BLANK, SKIP TO Q.95
  OR
- IF Q.93 IS CODED "FROM BIRTH" (000), SKIP TO Q.95
  OR
- OTHERWISE, ASK A

1ST CHILD	2ND CHILD	3RD CHILD
74/	20/	31/

A. How (was/is) (CHILD) fed at birth?

1ST CHILD	2ND CHILD	3RD CHILD
Intravenous feeding............... 1	 1	 1
Evaporated milk................... 2	 2	 2
Other (SPECIFY) _____ _____ 3	_____ _____ 3	_____ _____ 3
(GO TO Q.95)	(GO TO Q.95)	(GO TO Q.95)

SOLID FOOD: 1ST CHILD   2ND CHILD   3RD CHILD

95. INTERVIEWER: READ INTRO-
    DUCTORY STATEMENT ONLY   ENTER NUMBER OF   32-33/   38-39/   44-45/
    FOR FIRST CHILD: WEEKS OLD: | | | | | | | | |
     (Now we would like you   OR
    to think about solid   ENTER NUMBER OF MONTHS OLD:
    food. Solid food is any   AND USE THIRD BOX FOR   34-36/   40-42/   46-48/
    food other than milk or   1/2 MONTH (.5): | | | . | | | | | . | | | | | . | |
    formula, like cereal or
    fruit whether it is   From birth................. 000   000   000
    commercially prepared,
    like Gerbers, or prepared   OR
    at home).   Has not begun yet.......... 995   995   995
                                   OR
                               DON'T KNOW................. 998   998   998

    How many weeks old was
    (CHILD) when (he/she)
    first ate solid food
    on a daily basis?

                                                    37/   43/   49/
                                                                                  (GO TO NEW
                                                                                  QUEX, Q.88,
96. INTERVIEWER: DOES   P.10-112) 1
    RESPONDENT HAVE ANOTHER   YES.......(ASK A).......... 1   (ASK A)........ 1
    CHILD FOR WHOM WE NEED
    TO ASK FEEDING QUESTIONS? NO (GO TO Q.97,   NO (GO TO Q.97,   NO (GO TO Q.97,
                                   PAGE 10-115)........... 0   P.10-115).. 0   P.10-115)... 0

    A. Now I would like to ask
        about (NAME OF NEXT CHILD)
        REPEAT QS. 88-96 BEGINNING
        ON PAGE 10-112, FOR NEXT
        CHILD.

97. INTERVIEWER: SEE **CHILDREN'S RECORD FORM**, PART A. DOES R HAVE CHILDREN FOR WHOM IMMUNIZATION ("SHOTS")
                 INFORMATION IS NEEDED? (NOTE: IF STATUS IS "DECEASED" OR "ADOPTED-OUT", CODE "0")

                 YES--"NEED" ....(ASK A-D)......... 1   50/

                 NO--"OKAY" (GO TO Q.98, P.10-116).... 0

                 R HAS NO CHILDREN ...(GO TO Q.124,
                                PAGE 10-124)... 2

A. Children are given a series of DPT shots (that is diphtheria, pertussis, tetanus) and oral polio
   vaccine during their first year of life. We would like to ask some questions about DPT shots for
   (CHILDREN LISTED ON **CHILDREN'S RECORD FORM**, PART A FOR WHOM SHOT INFORMATION IS NEEDED).

   INTERVIEWER: ENTER ID # AND NAME FOR EACH CHILD IN PART A, WITH "NEED" LISTED UNDER "SHOTS."
                THEN ASK B AND C FOR EACH CHILD. USE ANOTHER QUESTIONNAIRE IF NECESSARY.

                                                                     BEGIN DECK 45

		1st CHILD	2nd CHILD	3rd CHILD	4th CHILD	5th CHILD	6th CHILD
		51-52/	58-59/	65-66/	72-73/	10-11/	17-18/
B. Has (1ST CHILD, 2ND CHILD ETC.) had . . .	ID # AND NAME	⌊_⌊_⌋	⌊_⌊_⌋	⌊_⌊_⌋	⌊_⌊_⌋	⌊_⌊_⌋	⌊_⌊_⌋

the first set of immunizations
often given when 2 months old?

	53/	60/	67/	74/	12/	19/
Yes	1	... 1	... 1	... 1	... 1	... 1
No	0	... 0	... 0	... 0	... 0	... 0

the second set of immunizations
often given when 4 months old?

	54/	61/	68/	75/	13/	20/
Yes	1	... 1	... 1	... 1	... 1	... 1
No	0	... 0	... 0	... 0	... 0	... 0

the third set of immunizations
often given when 6 months old?

	55/	62/	69/	76/	14/	21/
Yes	1	... 1	... 1	... 1	... 1	... 1
No	0	... 0	... 0	... 0	... 0	... 0

C. INTERVIEWER: READ INTRODUCTORY
                STATEMENT ONLY FOR
                FIRST CHILD.

   (Babies often get a measles shot
   when they are older, usually after
   their 1st birthday).

   Has (FIRST CHILD, NEXT CHILD,
   ETC.) had a measles shot?

	56/	63/	70/	77/	15/	22/
Yes	1	... 1	... 1	... 1	... 1	... 1
No	0	... 0	... 0	... 0	... 0	... 0

D. INTERVIEWER: IS THERE ANOTHER CHILD
                FOR WHOM IMMUNIZATION
                INFORMATION IS MISSING?   23/

	57/	64/	71/	78/	16/	(NEW QUEX Q.97B,
YES ..(RE ASK B-D)....	1	... 1	... 1	... 1	 1	P.10-115). 1
NO ....(GO TO Q.98, PAGE 10-116)...	0	... 0	... 0	... 0	 0	(Q.98, P.10-116). 0

98. INTERVIEWER: DO WE NEED TO ASK PRE-NATAL CARE INFORMATION FOR ANY CHILDREN LISTED ON
     THE **CHILDREN'S RECORD FORM** <u>PART A</u>? (IS THERE AN "*" IN THE COLUMN MARKED "PRE-NATAL
     CARE"?)

                             YES..........(GO TO A)............ 1   24/
                             NO....(SKIP TO Q.124, PG.10-124)... 0

     A.   ENTER ID#, NAME, AND BIRTHDATE FOR EACH CHILD WITH AN "*" IN THE COLUMN MARKED
          "PRE-NATAL CARE" ON THE **CHILDREN'S RECORD FORM,** <u>PART A</u>. ASK Q.99-Q.123 FOR
          EACH CHILD LISTED. IF MORE THAN THREE CHILDREN HAVE AN "*", USE ANOTHER
          QUESTIONNAIRE.

	1ST CHILD	2ND CHILD	3RD CHILD
Now I'd like to ask you some questions about your pregnancy with (CHILD) who was born (BIRTHDATE).	ID# |__|__| 25-26/ _____ (NAME) BIRTHDATE |__|__|__|__|__|__| MO DAY YR 27-32/	ID # |__|__| 40-41/ _____ (NAME) BIRTHDATE |__|__|__|__|__|__| MO DAY YR 42-47/	ID # |__|__| 55-56 _____ (NAME) BIRTHDATE |__|__|__|__|__|__| MO DAY YR 57-62/
99. When did that pregnancy begin? In what month and year? ENTER MONTH AND YEAR	DATE BEGAN: |__|__|__|__| MO YR 33-36/	DATE BEGAN: |__|__|__|__| MO YR 48-51/	DATE BEGAN: |__|__|__|__| MO YR 63-66/
100. During your pregnancy with (CHILD), did you make any visits to a doctor or nurse for prenatal care, that is to be examined or talk about your pregnancy? A. IF YES, ASK: When did you first visit a doctor or nurse for prenatal care, during which month of your pregnancy? ENTER MONTH NUMBER	Yes (ASK A)....... 1 No (GO TO Q.101).. 0 37/ |__|__| MONTH 38-39/	Yes (ASK A)....... 1 No (GO TO Q.101).. 0 52/ |__|__| MONTH 53-54/	Yes (ASK A)........ 1 No (GO TO Q.101)... 0 67/ |__|__| MONTH 68-69/

BEGIN DECK 46

	1ST CHILD	2ND CHILD	3RD CHILD
	70/	10/	19/
101. Did you drink any alcoholic beverages, including beer, wine, or liquor, during the <u>12 months before</u> [(1ST CHILD/2ND CHILD/3RD CHILD) was born]?	Yes (ASK A)........ 1 No (GO TO Q.102)... 0	Yes (ASK A)........ 1 No (GO TO Q.102).. 0	Yes (ASK A).......1 No (GO TO Q.102).. 0
	71-72/	11-12/	20-21/

A. How often did you usually drink alcoholic beverages <u>during</u> (your/that) pregnancy? Did you drink . . . (READ CATEGORIES) . . . CODE ONE ONLY
 	
 HAND CARD O
	Everyday.......... 07
	 Nearly everyday... 06
	 3 or 4 days
	   a week.......... 05
	 1 or 2 days
	   a week.......... 04
	 3 or 4 days
	   a month......... 03
	 About once
	   a month......... 02
	 Less than
	   once a month.... 01
	 Never 00
		Everyday.......... 07
		 Nearly everyday . 06
		 3 or 4 days
		   a week.......... 05
		 1 or 2 days
		   a week.......... 04
		 3 or 4 days
		   a month......... 03
		 About once
		   a month......... 02
		 Less than
		   once a month... 01
		 Never 00
			Everyday......... 07
			 Nearly everyday . 06
			 3 or 4 days
			   a week.......... 05
			 1 or 2 days
			   a week.......... 04
			 3 or 4 days
			   a month........ 03
			 About once
			   a month........ 02
			 Less than
			   once a month... 01
			 Never 00

102. Did you smoke tobacco cigarettes at all during the <u>12 months before</u> [(1ST CHILD/2ND CHILD/3RD CHILD) was born]?	Yes (ASK A) .... 1 73/ No (GO TO Q.103)... 0	Yes (ASK A)........ 1 13/ No (GO TO Q.103).. 0	Yes (ASK A)....... 1 22/ No (GO TO Q.103).. 0
	74/	14/	23/

A. On the average, how many cigarettes did you smoke <u>during</u> (your/that) pregnancy? Did you smoke 2 or more packs a day? Did you smoke 1 pack or more but less than 2 packs a day, or less than 1 pack a day?
 (IF VOLUNTEERED)
	2 or more packs
	   a day............ 3
	 1 or more but
	   less than 2...... 2
	 Less than 1
	   pack a day....... 1
	 DID NOT SMOKE
	   DURING THAT
	   PERIOD........... 0
		2 or more packs
		   a day............ 3
		 1 or more but
		   less than 2 2
		 Less than 1
		   pack a day...... 1
		 DID NOT SMOKE
		   DURING THAT
		   PERIOD........... 0
			2 or more packs
			   a day............ 3
			 1 or more but
			   less than 2..... 2
			 Less than 1
			   pack a day...... 1
			 DID NOT SMOKE
			   DURING THAT
			   PERIOD........... 0

103. Based on either your last menstrual period date or your doctor's or clinic's information, was (1ST CHILD/2ND CHILD/3RD CHILD) born <u>within</u> a week of the expected (due) date?	Yes (GO TO Q.104,
	   P.10-118)..... 1 75/
	
	 No (ASK A & B)..... 0
		Yes (GO TO Q.104,
		   P.10-118).. 1 15/
		
		 No (ASK A & B).. 0
			Yes (GO TO Q.104,
			   P.10-118).... 1 24/
			
			 No (ASK A & B).... 0

A. Was the baby born early or late?	Early............. 1 76/ Late.............. 2	Early............ 1 16 Late............. 2	Early............. 1 25/ Late.............. 2
B. How many weeks (early/late) was the baby? IF "ONE WEEK", PROBE BY RE-ASKING Q.103. IF "1 1/2 WEEKS", ROUND UP TO "2".	|___|___| 77-78/ NUMBER OF WEEKS:	|___|___| 17-18/ NUMBER OF WEEKS:	|___|___| 26-27/ NUMBER OF WEEKS:

	1ST CHILD	2ND CHILD	3RD CHILD
104. Was a cesarean section done? IF NECESSARY, PROBE: Was the baby delivered by an incision in your abdomen? A. <u>IF YES, ASK:</u> Was this your first cesarean section, or did you have one before?	28/ Yes ..(ASK A)....... 1 No (GO TO Q.105)... 0 29/ First cesarean section .... 1 Had cesarean(s) before 0	42/ Yes ...(ASK A).... 1 No (GO TO Q.105).. 0 43/ First cesarean section .... 1 Had cesarean(s) before 0	56/ Yes ...(ASK A).... 1 No (GO TO Q.105).. 0 57/ First cesarean section .... 1 Had cesarean(s) before 0
105. A. What was your weight just before you delivered? B. What was your weight just before you became pregnant with (1ST CHILD/ 2ND CHILD/3RD CHILD)? C. <u>INTERVIEWER:</u> SUBTRACT B FROM A TO GET NUMBER OF POUNDS (GAINED/LOST) DURING PREGNANCY. D. Does that mean you (gained/lost) (NUMBER IN C) pounds during your pregnancy?	|_|_|_| 30-32/ WEIGHT AT TIME OF DELIVERY |_|_|_| 33-35/ WEIGHT BEFORE PREGNANCY |_|_| 36-37/ ENTER NUMBER OF POUNDS GAINED/LOST Yes (GO TO Q.106)..1 No (ASK R HOW MANY POUNDS SHE (GAINED/ LOST) DURING 38/ PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY)....0	|_|_|_| 44-46/ WEIGHT AT TIME OF DELIVERY |_|_|_| 47-49/ WEIGHT BEFORE PREGNANCY |_|_| 50-51/ ENTER NUMBER OF POUNDS GAINED/LOST Yes (GO TO Q.106)..1 No (ASK R HOW MANY POUNDS SHE (GAINED/ LOST) DURING 52/ PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY)....0	|_|_|_| 58-60/ WEIGHT AT TIME OF DELIVERY |_|_|_| 61-63/ WEIGHT BEFORE PREGNANCY |_|_| 64-65/ ENTER NUMBER OF POUNDS GAINED/LOST Yes (GO TO Q.106)..1 No (ASK R HOW MANY POUNDS SHE (GAINED/ LOST) DURING 66/ PREGNANCY. RECORD IN C. ADJUST A AND B WITH R ACCORDINGLY)....0
106. What was (1ST/CHILD/2ND CHILD/3RD CHILD)'s length at birth? A. <u>INTERVIEWER:</u> DID R INDICATE THAT THE LENGTH OF THE BABY WAS AN ESTIMATE?	|_|_| 39-40/ NUMBER OF INCHES 41/ YES .... 1 NO 0	|_|_| 53-54/ NUMBER OF INCHES 55/ YES .... 1 NO 0	|_|_| 67-68/ NUMBER OF INCHES 69/ YES .... 1 NO 0

BEGIN DECK 48

	1ST CHILD	2ND CHILD	3RD CHILD
107. How long did your baby stay in the hospital?	|_|_|_| 70-72/ NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.108)....000	|_|_|_| 40-42/ NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.108)...000	|_|_|_| 10-12/ NUMBER OF DAYS (BABY/RESPONDENT) DID NOT STAY IN HOSPITAL (GO TO Q.108)..000
A. Did you leave the hospital at the same time as your baby or did you leave earlier or later?	Same time (SKIP TO Q.108).... 1 73/ Earlier (ASK B).... 2 Later (ASK B)...... 3	Same time (SKIP TO Q.108)... 1 43/ Earlier (ASK B)... 2 Later (ASK B)..... 3	Same time (SKIP TO Q.108).. 1 13/ Earlier (ASK B).. 2 Later (ASK B).... 3
B. How many days (earlier/later)?	|_|_|_| 74-76/	|_|_|_| 44-46/	|_|_|_| 14-16/
108. In (1ST CHILD/2ND CHILD/3RD CHILD)'s first year, did you take (him/her) to a clinic hospital, or doctor because (he/she) was sick or injured?	77/ Yes (GO TO Q.109).. 1 No (SKIP TO Q.120, P.10-122)...... 0	47/ Yes (GO TO Q.109). 1 No (SKIP TO Q.120, P.10-122)..... 0	17/ Yes (GO TO Q.109) 1 No (SKIP TO Q.120, P. 10-122)... 0
109. A. When you took (1ST CHILD/2ND CHILD/3RD/CHILD) to a clinic, hospital, or doctor the first time because (he/she) was sick or injured, what was the nature of (his/her) illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury? INTERVIEWER: ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	_____ _____ _____ A. |_|_| 78-79/ CODE	_____ _____ _____ A. |_|_| 48-49/ CODE	_____ _____ _____ A. |_|_| 18-19/ CODE

BEGIN DECK 47

| B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED IN A ABOVE.

HAND CARD T | B. Fever..........01 10-11/
Cold..........02 12-13/
Sore throat....03 14-15/
Pneumonia......04 16-17/
Ear infection..05 18-19/
Vomitting, diarrhea, or dehydration..06 20-21/
Rash..........07 22-23/
Accident or poisoning.....08 24-25/
Convulsions.....09 26-27/
Jaundice........10 28-29/
Feeding problems (food allergy, formula tolerance, etc.)....11 30-31/
Meningitis......12 32-33/
Asthma or bronchitis....13 34-35/
Other (SPECIFY)

_____
_____ 14 36-37/

None ....00 38-39/ | B. 01 50-51/
..........02 52-53/
..........03 54-55/
..........04 56-57/
..........05 58-59/

..........06 60-61/
..........07 62-63/

..........08 64-65/
..........09 66-67/
..........10 68-69/

..........11 70-71/
..........12 72-73/
..........13 74-75/

_____
14 76-77/

None ......00 78-79/ | B. 01 20-21/
.......02 22-23/
.......03 24-25/
.......04 26-27/
.......05 28-29/

.......06 30-31/
.......07 32-33/

.......08 34-35/
.......09 36-37/
.......10 38-39/

.......11 40-41/
.......12 42-43/
.......13 44-45/

_____
14 46-47/

None ..00 48-49/ |

	1ST CHILD	2ND CHILD	3RD CHILD
110. How many months old was (1ST CHILD/ 2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the first time for this (ILLNESS/INJURY)? ---> INTERVIEWER NOTE: 1 DAY TO 4 WEEKS = 01 MONTH. MORE THAN 4 WEEKS--DIVIDE BY 4 AND ROUND UP. EX: 36 WEEKS = 09 MONTHS	|__|__| 50-51/ NUMBER OF MONTHS	|__|__| 74-75 NUMBER OF MONTHS	|__|__| 28-29/ NUMBER OF MONTHS
111. In (1ST CHILD/2ND CHILD/3RD CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.109A, PAGE 10-119)?	Once (GO TO Q.112)......01 OR |__|__| 52-53/ NUMBER OF TIMES (ASK A)	Once (GO TO Q.112)......01 OR |__|__| 76-77/ NUMBER OF TIMES (ASK A)	Once (GO TO Q.112).....01 OR |__|__| 30-31/ NUMBER OF TIMES (ASK A)
A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the last time you took (him/her) to a clinic, hospital, or doctor for (ILLNESS/INJURY FROM Q.109A, PAGE 10-119)?	|__|__| 54-55/ NUMBER OF MONTHS	|__|__| 78-79/ NUMBER OF MONTHS	|__|__| 32-33/ NUMBER OF MONTHS
112. Please look at this card. In (1ST CHILD/ 2ND CHILD)'s first year, when you took (him/her) to a clinic, hospital, or doctor because (he/she) had (ILLNESS/INJURY FROM Q.109A, PAGE 10-119), where did you take (him/her)? CODE ALL THAT APPLY. HAND CARD U	Private doctor's office........01 56-57/ Public clinic...02 58-59/ Private clinic..03 60-61/ Health Mainte- nance Organi- zation (HMO)..04 62-63/ Hospital clinic, walk- in clinic.....05 64-65/ Community health center........06 66-67/ Emergency room out-patient...07 68-69/ Other (SPECIFY) _____ _____ 08 70-71/ Hospital admission.......09 72-73/	BEGIN DECK 49 ....01 10-11/ ....02 12-13/ ....03 14-15/ ....04 16-17/ ....05 18-19/ ....06 20-21/ ....07 22-23/ _____ 08 24-25/ 09 26-27/	..........01 34-35/ ....02 36-37/ ....03 38-39/ ....04 40-41/ ....05 42-43/ ....06 44-45/ ....07 46-47/ _____ 08 48-49/ 09 50-51/

	1ST CHILD	2ND CHILD	3RD CHILD
113. <u>INTERVIEWER:</u> WAS HOSPITAL ADMISSION (09) CODED IN Q.112?	52/ YES (ASK A & B)... 1 NO (GO TO Q.114).. 0	22/ (ASK A & B).......... 1 (GO TO Q.114)....... 0	60/ (ASK A & B)..... 1 (GO TO Q.114)... 0
A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary?	53/ Yes .... 1 No 0	23/ 1 0	61/ 1 0
B. Did you have to take time off from work?	54/ Yes .... 1 No .... 0 Not working....... 2	24/ .... 1 .... 0 2	62/ .... 1 .... 0 2
114. In (1ST CHILD/2ND CHILD/3RD CHILD)'s first year, did you take (him/her) to a clinic, hospital, or doctor because (he/she) was sick or injured with a different illness or injury than the one we have just talked about?	55/ Yes (GO TO Q.115) 1 No (SKIP TO Q.120, P.10-122)..... 0	25/ Yes (GO TO Q.115)..... 1 No (SKIP TO Q.120, P.10-122)......... 0	63/ Yes (GO TO Q.115). 1 No (SKIP TO Q.120, P.10-122)..... 0
115. A. What was the nature of this other illness or injury? RECORD VERBATIM. IF MORE THAN ONE MENTIONED, PROBE: What was the main illness or injury? <u>INTERVIEWER:</u> ENTER CODE FROM B (BELOW) FOR MAIN ILLNESS OR INJURY. CODE OTHER ILLNESSES OR INJURIES MENTIONED IN B BELOW.	|__|__| CODE	|__|__| 26-27/ CODE	|__|__| 64-65/ CODE
		56-57/	
B. Please look at this card and tell me which of these symptoms or conditions occurred with the (ILLNESS/INJURY). CODE ALL THAT APPLY. DO NOT RECODE MAIN ILLNESS OR INJURY RECORDED ABOVE. HAND CARD T	B. Fever.........01 58-59/ Cold...........02 60-61/ Sore throat....03 62-63/ Pneumonia......04 64-65/ Ear infection..05 66-67/ Vomitting, diarrhea, or dehydration..06 68-69/ Rash...........07 70-71/ Accident or poisoning....08 72-73/ Convulsions....09 74-75/ Jaundice.......10 76-77/ Feeding problems (food allergy, formula tolerance, etc.)..11 BEGIN DECK 50 10-11/ Meningitis.....12 12-13/ Asthma or Bronchitis.....13 14-15/ Other (SPECIFY) _____ 14 16-17/ None 00 18-19/	...........01 28-29/ ....02 30-31/ ....03 32-33/ ....04 34-35/ ....05 36-37/ ....06 38-39/ ....07 40-41/ ....08 42-43/ ....09 44-45/ ....10 46-47/ ....11 48-49/ ....12 50-51/ ....13 52-53/ _____ 14 54-55/ None 00 56-57/	.......01 66-67/ ....02 68-69/ ....03 70-71/ ....04 72-73/ ....05 74-75/ BEGIN DECK 51 ....06 10-11/ ....07 12-13/ ....08 14-15/ ....09 16-17/ ....10 18-19/ ....11 20-21/ ....12 22-23/ ....13 24-25/ _____ 14 26-27/ None .. 00 28-29/
116. How many months old was (1ST CHILD/2ND CHILD) when you took (him/her) to a clinic, hospital, or doctor the first time for this (ILLNESS/INJURY)?	|__|__| 20-21/ NUMBER OF MONTHS	|__|__| 58-59/ NUMBER OF MONTHS	|__|__| 30-31/ NUMBER OF MONTHS

	1ST CHILD	2ND CHILD	3RD CHILD
117. In (1ST CHILD/2ND CHILD/3RD CHILD)'s first year, altogether how many visits were made to a clinic, hospital, or doctor because (he/she) had (ILLNESS OR INJURY NAMED IN Q.115A, PAGE 10-121)? A. In (1ST CHILD/2ND CHILD)'s first year, how many months old was (he/she) the last time you took (him/her) to a clinic, hospital, or doctor for (ILLNESS/INJURY FROM Q.115A, PAGE 10-121)?	Once (GO TO Q.118)......01 OR |__|__| 32-33/ NUMBER OF TIMES (ASK A) |__|__| 34-35/ NUMBER OF MONTHS	Once (GO TO Q.118)....01 OR |__|__| 58-59/ NUMBER OF TIMES (ASK A) |__|__| 60-61/ NUMBER OF MONTHS	Once (GO TO Q.118)..01 OR |__|__| 14-15/ NUMBER OF TIMES (ASK A) |__|__| 16-17/ NUMBER OF MONTHS
118. Please look at this card. Where did you take (1ST CHILD/2ND CHILD/3RD CHILD) when (he/she) was sick or injured? CODE ALL THAT APPLY. HAND CARD U	Private doctor's office.........01 Public clinic....02 Private clinic...03 Health Mainte- nance Organi- zation (HMO)...04 Hospital clinic, walk- in clinic........05 Community health center.........06 Emergency room out-patient....07 Other (SPECIFY) _____ _____ 08 Hospital admission......09	36-37/ ....01 38-39/ ....02 40-41/ ....03 42-43/ ....04 44-45/ ....05 46-47/ ....06 48-49/ ....07 _____ 50-51/ _____ 08 52-53/ 09	62-63/ ....01 18-19/ 64-65/ ....02 20-21/ 66-67/ ....03 22-23/ 68-69/ ....04 24-25/ 70-71/ ....05 26-27/ 72-73/ ....06 28-29/ 74-75/ ....07 30-31/ _____ 76-77/ _____ 08 32-33/ 78-79/ 09 34-35/
		BEGIN DECK 52	
119. INTERVIEWER: WAS HOSPITAL ADMISSION (09) CODED IN Q.118? A. When (1ST CHILD/2ND CHILD) was admitted to the hospital, was surgery necessary? B. Did you have to take time off from work?	54/ YES (ASK A & B).. 1 NO (GO TO Q.120) 0 55/ Yes .... 1 No .... 0 56/ Yes .... 1 No .... 0 Not working...... 2	10/ (ASK A & B).. 1 (GO TO Q.120).0 11/ .... 1 .... 0 12/ .... 1 .... 0 2	36/ (ASK A & B).. 1 (GO TO Q.120).0 37/ .... 1 .... 0 38/ .... 1 .... 0 2
Now we are going to discuss well baby care. 120. In (1ST CHILD, 2ND CHILD)'s first year, did you take (him/her) to a clinic or a doctor for well baby care when (he/she) was not sick?	57/ Yes (GO TO Q.121, P.10-123)... 1 No (SKIP TO Q.123, P.10-123).... 0	13/ Yes (GO TO Q.121, P.10-123). 1 No (SKIP TO Q.123, P.10-123). 0	39/ Yes (GO TO Q.121, P.10-123). 1 No (SKIP TO Q.123, P.10-123).. 0

	1ST CHILD		2ND CHILD		3RD CHILD	
					BEGIN DECK 54	
	MONTH (Q.121)	PLACE (Q.122)	MONTH (Q.121)	PLACE (Q.122)	MONTH (Q.121)	PLACE (Q.122)

121. How many months old was (1ST CHILD, 2ND CHILD/3RD CHILD) when you took (him/her) to a clinic or doctor for well baby care the first time? . . . How old was (he/she) the next time?

1ST MONTH	1ST PLACE	2ND MONTH	2ND PLACE	3RD MONTH	3RD PLACE
01	|__|__| 40-43/	01	|__|__| 27-30/	01	|__|__| 10-13/
02	|__|__| 44-47/	02	|__|__| 31-34/	02	|__|__| 14-17/
03	|__|__| 48-51/	03	|__|__| 35-38/	03	|__|__| 18-21/
04	|__|__| 52-55/	04	|__|__| 39-42/	04	|__|__| 22-25/
05	|__|__| 56-59/	05	|__|__| 43-46/	05	|__|__| 26-29/
06	|__|__| 60-63/	06	|__|__| 47-50/	06	|__|__| 30-33/
07	|__|__| 64-67/	07	|__|__| 51-54/	07	|__|__| 34-37/
08	|__|__| 68-71/	08	|__|__| 55-58/	08	|__|__| 38-41/
09	|__|__| 72-75/	09	|__|__| 59-62/	09	|__|__| 42-45/

------> INTERVIEWER NOTE: CONTINUE TO ASK UNTIL THE LAST TIME IS CODED. THEN GO TO Q.122.

BEGIN DECK 53

1ST MONTH	1ST PLACE	2ND MONTH	2ND PLACE	3RD MONTH	3RD PLACE
10	|__|__| 10-13/	10	|__|__| 63-66/	10	|__|__| 46-49/
11	|__|__| 14-17/	11	|__|__| 67-70/	11	|__|__| 50-53/
12	|__|__| 18-21/	12	|__|__| 71-74/	12	|__|__| 54-57/
Don't know 98	|__|__| 22-25/	98	|__|__| 75-78/	98	|__|__| 58-61/
(SKIP TO Q.122A)		(SKIP TO Q.122A)		(SKIP TO Q.122A)	

---

122. When you took (1ST CHILD, 2ND CHILD, 3RD CHILD) for well baby care when (he/she) was (1ST MONTH NAMED IN Q.121/2ND MONTH NAMED), where did you take (him/her)? Was it a . . . READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO MONTH IN Q.121 ABOVE.

| HAND CARD V |

A. ASK ONLY IF Q.121 IS CODED "Don't know"... Where did you usually take (1ST CHILD/ 2ND CHILD/3RD CHILD) for well baby care? Was it a . . . READ CATEGORIES AS NECESSARY AND ENTER CODE NEXT TO "Don't know" IN Q.121 ABOVE.

| HAND CARD V |

```
                  CARD V

01  Private doctor's office
02  Public clinic
03  Private clinic
04  Health Maintenance Organization (HMO)
05  Hospital clinic, walk-in clinic
06  Community health center
07  Emergency room out-patient
08  Other (SPECIFY) _____
    _____
```

	1ST CHILD 26/	2ND CHILD 79/	3RD CHILD 62/
123. INTERVIEWER: IS THERE ANOTHER CHILD LISTED IN Q.98A, PG. 10-116?	YES (GO BACK TO Q.99, P.10-116).... 1	YES (GO BACK TO Q.99, P.10-116).... 1	YES (GO TO NEW QUEX Q.99, P.10-116).... 1
	NO (GO TO Q.124, P.10-124)..... 0	NO (GO TO Q.124, P.10-124)..... 0	NO (GO TO Q.124, P.10-124)..... 0

124. INTERVIEWER: HAS R EVER HAD ANY LIVE BIRTHS?

                    YES .... (GO TO Q.125) 1   63/
                    NO ... (SKIP TO Q.129, PAGE 10-128) 0

125. INTERVIEWER: DO ANY OF R'S OWN CHILDREN NOT LIVE IN THE HOUSEHOLD? (DO NOT COUNT DECEASED OR ADOPTED-OUT
                  CHILDREN) (ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM**, PART A, WHO ARE NOT LISTED
                  ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?

                    YES .... (GO TO A) 1   64/
                    NO ..... (GO TO Q.126, PAGE 10-126) 0

A. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. NOT LIVING IN HOUSEHOLD HERE:
                   (USE ANOTHER QUESTIONNAIRE IF MORE THAN 3 CHILDREN NOT IN HOUSEHOLD).

FIRST CHILD NOT IN HH	SECOND CHILD	THIRD CHILD BEGIN DECK 55
ID: |_|_| 65-66/	ID: |_|_| 73-74/	ID: |_|_| 10-11/
———————— NAME	———————— NAME	———————— NAME

B. INTERVIEWER: ASK C-G FOR EACH CHILD NOT IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

C. INTERVIEWER: READ INTRODUC-
                   TORY STATEMENT
                   FOR FIRST
                   CHILD ONLY:

Now I would like to ask you
some questions about your
(child/children) who (is/are)
not living in this household.

HAND CARD W

	67/	75/	12/
About how far from you does (CHILD'S NAME) live? Is it ...	within 1 mile 1	 1	 1
	1-10 miles 2	 2	 2
	11-100 miles 3	 3	 3
	101-200 miles........ 4	 4	 4
	more than 200 miles.. 5	 5	 5

HAND CARD X

	68-69/	76-77/	13-14/
D. In the past 12 months [or since (CHILD) has not been living with you, whichever is most recent] about how often have you seen (CHILD)?	Almost every day 01	01	01
	2-5 times a week 02	02	02
	About once a week ...03	03	03
	1-3 times a month ...04	04	04
	7-11 times in the past 12 months.....05	05	05
	2-6 times in the past 12 months.....06	06	06
	Once in the past 12 months 07	07	07
	Never ..(SKIP TO F)..00	....(SKIP TO F).....00	....(SKIP TO F)....00

	70-71/	78-79/	15-16/
E. How long do these visits usually last? RECORD IN DAYS.	Less than 1 day......00 |_|_|_| # DAYS	Less than 1 day.....00 |_|_|_| # DAYS	Less than 1 day ...00 |_|_|_| # DAYS

	72/	80/	17/
F. INTERVIEWER: IS THERE A (2ND/ 3RD/ETC.) CHILD?	YES ..(RE-ASK C-F FOR NEXT CHILD)... 1	YES .(RE-ASK C-F FOR NEXT CHILD)... 1	(GO TO NEW QUEX, Q.125C, P.10-124).. 1
	NO ...(GO TO G)....... 0	.....(GO TO G)....... 0	...(GO TO G)........ 0

G. FILL OUT A CARETAKER LOCATING FORM FOR EACH CHILD LISTED IN Q.125A.

PLEASE GO TO NEXT PAGE ------------------------------>

126. INTERVIEWER: DO ANY OF R'S OWN CHILDREN LIVE IN THIS HOUSEHOLD (ARE ANY CHILDREN LISTED ON THE
CHILDREN'S RECORD FORM, PART A, AND ON THE HOUSEHOLD ENUMERATION OF THE FACE SHEET)?

YES .... (GO TO A) 1   18/

NO .... (GO TO Q.127, PAGE 10-128) 0

A. INTERVIEWER: ENTER NAME AND ID # OF FIRST CHILD, NEXT CHILD, ETC. LIVING IN THIS HOUSEHOLD HERE.
                 USE A SECOND QUESTIONNAIRE IF NECESSARY

	FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
	ID: |_|_| 19-20/	ID: |_|_| 29-30/	ID: |_|_| 39-40/
	_____ NAME	_____ NAME	_____ NAME

B. INTERVIEWER: ASK Q.126C FOR EACH CHILD LIVING IN THIS HOUSEHOLD. START WITH FIRST CHILD LISTED.

	FIRST CHILD IN HH	SECOND CHILD	THIRD CHILD
C. Does (FIRST CHILD/NEXT CHILD)'s natural father live in this household?	21/ Yes ..(SKIP TO H).... 1 / No .....(ASK D)...... 0	31/ Yes ..(SKIP TO H)... 1 / No .....(ASK D)..... 0	41/ Yes ..(SKIP TO H).. 1 / No .....(ASK D).... 0
D. Is (CHILD)'s father living?	22/ Yes ... (ASK E) ..... 1 / No ..(SKIP TO H) 0	32/ Yes ... (ASK E) .... 1 / No ..(SKIP TO H).... 0	42/ Yes ... (ASK E) ... 1 / No ..(SKIP TO H)... 0
E. About how far from you does (CHILD'S) father live? Is it . . . [HAND CARD W]	23/ within 1 mile .... 1 / 1-10 miles .... 2 / 11-100 miles .... 3 / 101-200 miles........ 4 / more than 200 miles.. 5	33/ .... 1 / .... 2 / .... 3 / .... 4 / 5	43/ .... 1 / .... 2 / .... 3 / .... 4 / 5
F. In the past 12 months [or since (CHILD) has been separated from (his/her) father whichever is most recent] about how often has (CHILD) seen (his/her) father? [HAND CARD X]	24-25/ Almost every day ....01 / 2-5 times a week ....02 / About once a week ...03 / 1-3 times a month ...04 / 7-11 times in the past 12 months.....05 / 2-6 times in the past 12 months.....06 / Once in the past 12 months ....07 / Never (SKIP TO H)....00	34-35/ ....01 / ....02 / ....03 / ....04 / ....05 / ....06 / ....07 / ....(SKIP TO H).....00	44-45/ ....01 / ....02 / ....03 / ....04 / ....05 / ....06 / ....07 / ...(SKIP TO H).....00
G. How long do these visits usually last? RECORD IN DAYS.	26-27/ Less than 1 day ..... 00 / |_|_| # DAYS	36-37/ Less than 1 day .... 00 / |_|_| # DAYS	46-47/ Less than 1 day ... 00 / |_|_| # DAYS
H. INTERVIEWER: IS THERE A (2ND/3RD/ETC.) CHILD LISTED?	YES ..(RE-ASK C-H 28/ FOR NEXT CHILD) .... 1 / NO ...(GO TO I)....... 0	38/ ....(RE-ASK C-H).... 1 / ....(GO TO I)....... 0	48/ ....(RE-ASK C-H)... 1 / ....(GO TO I)....... 0

I. TRANSFER THE ID# TO THE COVER, AND THE ID#, THE NAME, AND BIRTHDATE TO PAGE 1 OF A CHILDREN'S SUPPLEMENT FOR EACH
    CHILD LISTED IN Q.126A. DO NOT COMPLETE SUPPLEMENTS UNTIL YOU HAVE COMPLETED RESPONDENT'S INTERVIEW.

126. (continued)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD	SEVENTH CHILD	EIGHTH CHILD
ID: |__|__| 49-50/	ID: |__|__| 59-60/	ID: |__|__| 69-70/	**BEGIN DECK 56** ID: |__|__| 10-11/	ID: |__|__| 20-21/
‾‾‾‾‾NAME‾‾‾‾‾	‾‾‾‾‾NAME‾‾‾‾‾	‾‾‾‾‾NAME‾‾‾‾‾	‾‾‾‾‾NAME‾‾‾‾‾	‾‾‾‾‾NAME‾‾‾‾‾
51/ Yes ..(SKIP TO H)... 1 No .....(ASK D)..... 0	**61/** Yes ..(SKIP TO H).... 1 No .....(ASK D)....... 0	**71/** Yes ..(SKIP TO H).... 1 No .....(ASK D)....... 0	**12/** Yes ..(SKIP TO H).... 1 No .....(ASK D)....... 0	**22/** Yes .. (SKIP TO H)... 1 No ......(ASK D)..... 0
52/ Yes ... (ASK E) .... 1 No ..(SKIP TO H).... 0	**62/** Yes ... (ASK E) ..... 1 No ..(SKIP TO H)..... 0	**72/** Yes ... (ASK E) ..... 1 No ..(SKIP TO H)..... 0	**13/** Yes ... (ASK E) ..... 1 No ..(SKIP TO H)..... 0	**23/** Yes ... (ASK E) ..... 1 No ..(SKIP TO H)..... 0
53/ within 1 mile .... 1 1-10 miles .... 2 11-100 miles .... 3 101-200 miles........ 4 more than 200 miles 5	**63/** .... 1 .... 2 .... 3 .... 4 5	**73/** .... 1 .... 2 .... 3 .... 4 5	**14/** .... 1 .... 2 .... 3 .... 4 5	**24/** .... 1 .... 2 .... 3 .... 4 5

54-55/
Almost every day ...01
2-5 times a week ...02
About once a week ..03
1-3 times a month ..04
7-11 times in the
  past 12 months....05
2-6 times in the
  past 12 months....06
Once in the past
  12 months 07
Never (SKIP TO H)...00
	64-65/
	01
	02
	03
	04
	
	05
	
	06
	
	07
	....(SKIP TO H)......00
		74-75/
		01
		02
		03
		04
		
		05
		
		06
		
		07
		...(SKIP TO H).......00
			15-16/
			01
			02
			03
			04
			
			05
			
			06
			
			07
			...(SKIP TO H).......00
				25-26/
				01
				02
				03
				04
				
				05
				
				06
				
				07
				..(SKIP TO H).......00

56-57/ Less than 1 day 00	**66-67/** Less than 1 day 00	**76-77/** Less than 1 day 00	**17-18/** Less than 1 day 00	**27-28/** Less than 1 day 00
|__|__| ‾#‾DAYS	|__|__| ‾#‾DAYS	|__|__| ‾#‾DAYS	|__|__| ‾#‾DAYS	|__|__| ‾#‾DAYS

58/
YES (RE-ASK O.126C-H
  FOR NEXT
  CHILD).......... 1
 	
NO ...(GO TO I)..... 0
	68/
	.........(C-H)........ 1
	
	.....(GO TO I)........ 0
		78/
		.........(C-H)........ 1
		
		.....(GO TO I)........ 0
			19/
			.......(C-H).......... 1
			
			.....(GO TO I)........ 0
				29/
				(GO TO NEW QUEX,
				O.126C, P.10-126) .. 1
				
				...(GO TO I).......... 0

127. A.   INTERVIEWER: SEE CHILDREN'S RECORD FORM PART A.   DOES R HAVE ANY CHILDREN WHOSE
          STATUS IS "ADOPTED OUT"?

                              YES........................... 1   30/

                              NO............................ 0

     B.   INTERVIEWER: HAS R HAD ANY CHILDREN SINCE DATE OF LAST INTERVIEW WHO LIVE WITH
          ADOPTIVE PARENTS?   (IS "05" CODED IN Q.27F, PG. 10-88, OR Q.31E,
          PG. 10-90, OR Q.35E, PG. 10-92?) OR R Q 2 PGS 10-73, 10-74 + 10-75

                              YES........................... 1   31/

                              NO............................ 0

          INTERVIEWER: IF YES IS CODED IN A OR B, ASK C, OTHERWISE GO TO Q.128.

     C.   WRITE ID NUMBERS FOR EACH ADOPTED-OUT CHILD BELOW:

          ID # |__|__| ID # |__|__| ID # |__|__| ID # |__|__|
               32-33/   34-35/   36-37/   38-39/

     D.   FILL OUT A CARETAKER LOCATING FORM FOR EACH CHILD LISTED IN C.

128. A.   INTERVIEWER: ON HOW MANY CHILD SUPPLEMENTS, FOR CHILDREN LIVING IN THIS
          HOUSEHOLD, HAVE YOU RECORDED A CHILD ID #, NAME, AND BIRTHDATE?

                              |__|__| NUMBER OF SUPPLEMENTS.   40-41/

          PROCEED WITH CHILD SUPPLEMENTS AFTER COMPLETING RESPONDENT'S INTERVIEW.

     B.   INTERVIEWER: HOW MANY CARETAKER LOCATING FORMS HAVE YOU COMPLETED?

                              |__|__| NUMBER OF CARETAKER FORMS   42-43/

───

129. INTERVIEWER: WAS ANYONE ELSE PRESENT, EXCLUDING YOUNG CHILDREN, WHEN YOU ASKED THE
                    QUESTIONS IN SECTION 10?

                              YES........................... 1   44/

                              NO............................ 0

                              TELEPHONE INTERVIEW........... 2

SECTION 11:   CHILDCARE

ASK WOMEN ONLY:

1.   INTERVIEWER: ARE ANY OF RESPONDENT'S OWN, ADOPTED, OR STEPCHILDREN NOW LISTED
                     ON THE HOUSEHOLD ENUMERATION OF THE **FACE SHEET**?

                     YES 1   45/

                     NO .. (**SKIP TO Q.17, PAGE, 11-138**) 0

2.   INTERVIEWER: REFER TO CALENDAR ROWS A AND B. HAS RESPONDENT WORKED OR BEEN ON
                     ACTIVE DUTY IN THE PAST 4 WEEKS?

                     YES.......(SKIP TO Q.5, PAGE 11-130)...... 1   46/

                     NO... 0

3.   (Not counting regular school) In the past four weeks (has your child/have any
      of your children) been cared for in any regular arrangement such as a day care
      center, nursery school, play group, babysitter, relative, or some other regular
      childcare arrangement?

                     Yes....................................... 1   47/

                     No......(SKIP TO Q.17, PAGE 11-138)....... 0

4.   (HAND CARD Y) In the past four weeks, did you regularly participate in any of

      the following types of activities while your (child/children) (was/were) being

      cared for? (CODE ALL THAT APPLY.)

```
HAND
CARD
 Y
```
                     Going to school or college................. 01   48-49/

                     ther instruction or training.............. 02   50-51/

                     Looking for work.......................... 03   52-53/

                     Volunteer work............................ 04   54-55/

                     Recreational activities................... 05   56-57/

                     Shopping.................................. 06   58-59/

                     Other (SPECIFY) _____

                     _____ 07   60-61/

                     NO REGULAR ACTIVITIES..................... 08   62-63/

	1ST CHILD	2ND CHILD	3RD CHILD

5. INTERVIEWER: RECORD NAMES OF ALL R'S
OWN, ADOPTED, OR STEPCHILDREN
CURRENTLY LIVING IN THE HOUSEHOLD
FROM THE HOUSEHOLD ENUMERATION OF THE
FACE SHEET.

	_____	_____	_____
	NAME	NAME	NAME

RECORD CHILD'S ID # FROM **CHILDREN'S
RECORD FORM,** PARTS A AND B: USE
ANOTHER QUESTIONNAIRE IF NECESSARY

	|__|__|	|__|__|	|__|__|
	ID # 64-65/	ID # 68-69/	ID # 72-73/

6. Now, we have a few questions about
the regular arrangement(s) you used
to care for your (child/children).

A. FOR EACH CHILD ASK:

During the last 4 weeks, what was
(CHILD) usually doing or how was
(CHILD) usually cared for during
most of the hours that you
[(worked/participated in your
activity/activities) (used
childcare)]? RECORD ANSWER AND
CODE ONLY ONE.

	1ST CHILD	2ND CHILD	3RD CHILD
a. Child's other parent/ stepparent.....................	 01	 01	 01
b. Child's sibling 15+..........	 02	 02	 02
c. Child's sibling under 15.....	 03	 03	 03
d. Child's grandparent..........	 04	 04	 04
e. Other relative of child......	 05	 05	 05
f. Nonrelative of child.........	 06	 06	 06
g. Child in day/group care center	 07	 07	 07
h. Child in nursery/preschool...	 08	 08	 08
i. Child in kindergarten, elementary, or secondary school......................	 09	 09	 09
j. Child cares for self........	 10	 10	 10
k. R's work/activity at home....	 11	 11	 11
l. R cares for child at work/ activity place...............	 12	 12	 12
m. Other arrangement (SPECIFY)			
	_____ 13	_____ 13	_____ 13
	66-67/	70-71/	74-75/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
NAME	NAME BEGIN DECK 57	NAME	NAME	NAME
|__|__| ID # 76-77/	|__|__| ID # 10-11/	|__|__| ID # 14-15/	|__|__| ID # 18-19/	|__|__| ID # 22-23/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
·········· 01	·········· 01	·········· 01	·········· 01	·········· 01
·········· 02	·········· 02	·········· 02	·········· 02	·········· 02
·········· 03	·········· 03	·········· 03	·········· 03	·········· 03
·········· 04	·········· 04	·········· 04	·········· 04	·········· 04
·········· 05	·········· 05	·········· 05	·········· 05	·········· 05
·········· 06	·········· 06	·········· 06	·········· 06	·········· 06
·········· 07	·········· 07	·········· 07	·········· 07	·········· 07
·········· 08	·········· 08	·········· 08	·········· 08	·········· 08
·········· 09	·········· 09	·········· 09	·········· 09	·········· 09
·········· 10	·········· 10	·········· 10	·········· 10	·········· 10
·········· 11	·········· 11	·········· 11	·········· 11	·········· 11
·········· 12	·········· 12	·········· 12	·········· 12	·········· 12
_____ 13	_____ 13	_____ 13	_____ 13	_____ 13
78-79/	12-13/	16-17/	20-21/	24-25/

	1ST CHILD	2ND CHILD	3RD CHILD
6B. Q.6A, PAGE 11-130, IS CODED:	01-06..(ASK C)..... 1 07-13 (SKIP TO D).. 2 26/	01-06..(ASK C)..... 1 07-13 (SKIP TO D).. 2 31/	01-06..(ASK C)..... 1 07-13 (SKIP TO D).. 2 36/
C. Where was (CHILD) usually cared for under this arrangement? RECORD ANSWER AND CODE	_____ _____ Child's home........ 1 Other private home. 2 Other place (SPECIFY) _____ 3 27/	_____ _____ Child's home........ 1 Other private home.. 2 Other place (SPECIFY) _____ 3 32/	_____ _____ Child's home........ 1 Other private home.. 2 Other place (SPECIFY) _____ 3 37/
D. About how many hours per week was (CHILD) usually cared for under this arrangement?	|__|__| NUMBER OF HOURS 28-29/	|__|__| NUMBER OF HOURS 33-34/	|__|__| NUMBER OF HOURS 38-39/
E. Was (CHILD) usually cared for this way during all of the hours that you [(worked/participated in your activity/ activities) (used childcare)]?	Yes.(SKIP TO Q.8, PAGE 11-136).. 1 No....(ASK Q.7).... 0 30/	Yes.(SKIP TO Q.8, PAGE 11-136)... 1 No....(ASK Q.7)..... 0 35/	YES.(SKIP TO Q.8, PAGE 11-136)... 1 NO....(ASK Q.7)..... 0 40/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
01-06..(ASK C)...... 1	01-06..(ASK C)..... 1	01-06..(ASK C)...... 1	01-06..(ASK C)...... 1	01-06..(ASK C)..... 1
07-13 (SKIP TO D).. 2	07-13 (SKIP TO D).. 2	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2
41/	46/	51/	56/	61/
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Child's home........ 1	Child's home....... 1	Child's home........ 1	Child's home........ 1	Child's home........ 1
Other private home.. 2	Other private home.. 2	Other private home.. 2	Other private home.. 2	Other private home.. 2
Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)
_____ 3	_____ 3	3	_____ 3	_____ 3
42/	47/	52/	57/	62/
|_|_|	|_|_|	|_|_|	|_|_|	|_|_|
NUMBER	NUMBER	NUMBER	NUMBER	NUMBER
OF HOURS	OF HOURS	OF HOURS	OF HOURS	OF HOURS
43-44/	48-49/	53-54/	58-59/	63-64/
Yes.(SKIP TO Q.8 PAGE 11-136).. 1	Yes.(SKIP TO Q.8 PAGE 11-136).. 1	Yes.(SKIP TO Q.8 PAGE 11-136)... 1	Yes.(SKIP TO Q.8 PAGE 11-136)... 1	Yes.(SKIP TO Q.8 PAGE 11-136)... 1
No....(ASK Q.7).... 0	No....(ASK Q.7).... 0	No....(ASK Q.7)..... 0	No....(ASK Q.7)..... 0	No....(ASK Q.7)..... 0
45/	50/	55/	60/	65/

	1ST CHILD	2ND CHILD	3RD CHILD

7A. During the last 4 weeks, what was (CHILD) usually doing or how was (CHILD) usually cared for during most of the other hours that you [(worked/participated in your activity/ activities) (used childcare)]? RECORD ANSWER AND CODE ONLY ONE.

	1ST CHILD	2ND CHILD	3RD CHILD
	66-67/	72-73/	78-79/
a. Child's other parent/ stepparent	01	01	01
b. Child's sibling 15+	02	02	02
c. Child's sibling under 15	03	03	03
d. Child's grandparent	04	04	04
e. Other relative of child	05	05	05
f. Nonrelative of child	06	06	06
g. Child in day/group care.center	07	07	07
h. Child in nursery/preschool	08	08	08
i. Child in kindergarten, elementary, or secondary school	09	09	09
j. Child cares for self	10	10	10
k. R's work/activity at home	11	11	11
l. R cares for child at work/ activity place	12	12	12
m. Other arrangement (SPECIFY)	13	13	13
			BEGIN DECK 58

B. Q.7A IS CODED

	1ST CHILD	2ND CHILD	3RD CHILD
	01-06..(ASK C)...... 1	01-06..(ASK C)...... 1	01-06..(ASK C)...... 1
	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2
	68/	74/	10/

C. Where was (CHILD) usually cared for under this other arrangement? RECORD ANSWER AND CODE BELOW.

	1ST CHILD	2ND CHILD	3RD CHILD
	Child's home........ 1	Child's home........ 1	Child's home........ 1
	Other private home.. 2	Other private home.. 2	Other private home.. 2
	Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)
	3	3	3
	69/	75/	11/

D. About how many hours per week was (CHILD) usually cared for under this other arrangement?

	1ST CHILD	2ND CHILD	3RD CHILD
	|__|__| NUMBER OF HOURS 70-71/	|__|__| NUMBER OF HOURS 76-77/	|__|__| NUMBER OF HOURS 12-13/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
_____	_____	_____	_____	_____
_____ 14-15/	_____ 20-21/	_____ 26-27/	_____ 32-33/	_____ 38-39/
.... 01	 01	 01	 01	 01
.... 02	 02	 02	 02	 02
.... 03	 03	 03	 03	 03
.... 04	 04	 04	 04	 04
.... 05	 05	 05	 05	 05
.... 06	 06	 06	 06	 06
.... 07	 07	 07	 07	 07
.... 08	 08	 08	 08	 08
.... 09	 09	 09	 09	 09
.... 10	 10	 10	 10	 10
.... 11	 11	 11	 11	 11
.... 12	 12	 12	 12	 12
_____	_____	_____	_____	_____
_____ 13	_____ 13	_____ 13	_____ 13	_____ 13
01-06..(ASK C)...... 1	01-06..(ASK C)...... 1	01-06..(ASK C)...... 1	01-06..(ASK C)...... 1	01-06..(ASK C)...... 1
07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2	07-13 (SKIP TO D)... 2
16/	22/	28/	34/	40/
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Child's home........ 1	Child's home........ 1	Child's home........ 1	Child's home........ 1	Child's home........ 1
Other private home.. 2	Other private home.. 2	Other private home.. 2	Other private home.. 2	Other private home.. 2
Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)	Other place (SPECIFY)
_____ 3	_____ 3	_____ 3	_____ 3	_____ 3
17/	23/	29/	35/	41/
|__|__| NUMBER OF HOURS 18-19/	|__|__| NUMBER OF HOURS 24-25/	|__|__| NUMBER OF HOURS 30-31/	|__|__| NUMBER OF HOURS 36-37/	|__|__| NUMBER OF HOURS 42-43/

	1ST CHILD	2ND CHILD	3RD CHILD

8. MAIN CHILDCARE
ARRANGEMENT (Q.6A,
P.11-130) IS CODED:

1ST CHILD: 01-08..(GO TO Q.9).. 1 / 09-13 (SKIP TO Q.13) 2 / 44/

2ND CHILD: 01-08..(GO TO Q.9).. 1 / 09-13.(SKIP TO Q.13) 2 / 52/

3RD CHILD: 01-08..(GO TO Q.9).. 1 / 09-13.(SKIP TO Q.13) 2 / 60/

9. Now, I would like to ask
you about other aspects
of (CHILD)'s current main
care arrangement, that is
(MAIN CARE PROVIDER IN
Q.6A, PAGE 11-130).
Including (CHILD), how
many children are cared
for together, in the same
group, at the same time?
(DO NOT INCLUDE CHILDREN
IN THE ENTIRE SCHOOL/
PROGRAM.)

1ST CHILD: |__|__| NUMBER OF CHILDREN 45-46/

2ND CHILD: |__|__| NUMBER OF CHILDREN 53-54/

3RD CHILD: |__|__| NUMBER OF CHILDREN 61-62/

10. How many people supervise
[your (child/children)/the
(# in Q.9) children in
that group]? PROBE: How
many teachers are in that
class?

1ST CHILD: |__|__| NUMBER OF ADULTS 47-48/

2ND CHILD: |__|__| NUMBER OF ADULTS 55-56/

3RD CHILD: |__|__| NUMBER OF ADULTS 63-64/

11. MAIN CARE ARRANGEMENT
(Q.6A, PG.11-130) IS
CODED:

1ST CHILD: 01-05 (SKIP TO Q.13) 1 / 06-08..(GO TO Q.12). 2 / 49/

2ND CHILD: 01-05 (SKIP TO Q.13) 1 / 06-08..(GO TO Q.12). 2 / 57/

3RD CHILD: 01-05 (SKIP TO Q.13) 1 / 06-08..(GO TO Q.12). 2 / 65/

12. Has the main person
responsible for caring
for (CHILD) received any
education or training
specifically related to
children such as early
childhood education,
special education, or
child psychology?

1ST CHILD: Yes................... 1 / No.................... 0 / Don't know........... 8 / 50/

2ND CHILD: Yes................... 1 / No.................... 0 / Don't know........... 8 / 58/

3RD CHILD: Yes................... 1 / No.................... 0 / Don't know........... 8 / 66/

13. INTERVIEWER: DOES R HAVE
ANOTHER CHILD IN THE
HOUSEHOLD?

1ST CHILD: YES..(RE-ASK Q.6A- Q.13).......... 1 / NO..(GO TO Q.14).... 0 / 51/

2ND CHILD: YES..(RE-ASK Q.6A- Q.13).......... 1 / NO..(GO TO Q.14).... 0 / 59/

3RD CHILD: YES..(RE-ASK Q.6A- Q.13).......... 1 / NO..(GO TO Q.14).... 0 / 67/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
01-08..(GO TO Q.9).. 1	01-08..(GO TO Q.9).. 1	01-08..(GO TO Q.9).. 1	01-08..(GO TO Q. 9). 1	01-08..(GO TO Q.9).. 1
09-13.(SKIP TO Q.13) 2	09-13.(SKIP TO Q.13) 2	09-13.(SKIP TO Q.13) 2	09-13.(SKIP TO Q.13) 2	09-13.(SKIP TO Q.13) 2
68/	76/	15/	23/	31/

|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
NUMBER OF CHILDREN	NUMBER OF CHILDREN	NUMBER OF CHILDREN	NUMBER OF CHILDREN	NUMBER OF CHILDREN
69-70/	77-78/	16-17/	24-25/	32-33/

BEGIN DECK 59

|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
NUMBER OF ADULTS	NUMBER OF ADULTS	NUMBER OF ADULTS	NUMBER OF ADULTS	NUMBER OF ADULTS
71-72/	10-11/	18-19/	26-27/	34-35/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
01-05 (SKIP TO Q.13) 1	01-05 (SKIP TO Q.13) 1	01-05 (SKIP TO Q.13) 1	01-05 (SKIP TO Q.13) 1	01-05 (SKIP TO Q.13) 1
06-08..(GO TO Q.12). 2	06-08.(GO TO Q.12).. 2	06-08..(GO TO Q.12). 2	06-08..(GO TO Q.12). 2	06-08..(GO TO Q.12). 2
73/	12/	20/	28/	36/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
Yes.................... 1	Yes.................... 1	Yes................. 1	Yes..................1	Yes................. 1
No..................... 0	No.................... 0	No.................. 0	No...................0	No................ 0
Don't know.......... 8	Don't know.......... 8	Don't know.......... 8	Don't know.........8	Don't know.......... 8
74/	13/	21/	29/	37/

4TH CHILD	5TH CHILD	6TH CHILD	7TH CHILD	8TH CHILD
YES..(RE-ASK Q.6A-	YES..(RE-ASK Q.6A-	YES..(RE-ASK Q.6A-	YES..(RE-ASK Q.6A-	YES..(GO TO NEW
Q.13).......... 1	Q.13).......... 1	Q.13).......... 1	Q.13).......... 1	QUEX Q.6A).... 1
NO..(GO TO Q.14).... 0	NO..(GO TO Q.14).... 0	NO..(GO TO Q.14).... 0	NO..(GO TO Q.14).... 0	NO..(GO TO Q.14).... 0
75/	14/	22/	30/	38/

14. <u>INTERVIEWER:</u> ARE ANY OF THE CHILDREN CARED FOR BY A GRANDPARENT, OTHER RELATIVE,
                NONRELATIVE, DAY/GROUP CARE CENTER, NURSERY OR PRESCHOOL?
                (IS Q.6A, PG.11-130 CODED 04-08 OR IS Q.7A, PG.11-134 CODED 04-08?)

                            YES............(GO TO Q.15A)............ 1

                            NO............(SKIP TO Q.17)............ 0   39/

15A. Not counting tuition for kindergarten, elementary or secondary school, did you (or
      your husband/partner) usually pay for any of the childcare that your
      (child/children) received?

                            Yes..............(ASK B)............... 1

                            No.............(SKIP TO C)............. 0   40/

  B. Not counting tuition for kindergarten, elementary or secondary school, how much do
      you (and your husband/partner) pay, per week, for childcare?

                    $|__|__|__|.00   41-43/

  C. (Besides any cash payment), Did (you/and your husband/partner) pay for any childcare
      through a noncash arrangement such as providing room and board or exchanging
      childcare services?

                            Yes....................................... 1

                            No.. 0   44/

---

16. During the last 4 weeks, did you (or your husband/partner) lose any time from work
     because the person who usually took care of the (child/children) was not available?

                            Yes....................................... 1

                            No.. 0   45/

---

17. <u>INTERVIEWER:</u> ARE ANY CHILDREN LISTED ON THE **CHILDREN'S RECORD FORM,** <u>PART A?</u>

                            YES...........(GO TO Q.18)............. 1

                            NO...(SKIP TO SECTION 12, PG.12-158).... 0   46/

PLEASE GO TO NEXT PAGE------------------->

	BIOLOGICAL 1ST CHILD	BIOLOGICAL 2ND CHILD	BIOLOGICAL 3RD CHILD
18. INTERVIEWER: RECORD ID# AND NAME FOR CHILDREN LISTED IN PART A OF THE **CHILDREN'S RECORD FORM,** (DO NOT LIST DECEASED OR ADOPTED-OUT CHILDREN).	|_|_| ID# 47-48/ _____ NAME	|_|_| ID# 56-57/ _____ NAME	|_|_| ID# 65-66/ _____ NAME
19. How old was (CHILD) on (his/her) last birthday?	|_|_| YEARS 49-50/	|_|_| YEARS 58-59/	|_|_| YEARS 67-68/
A. INTERVIEWER: IS CHILD 1 YEAR OLD OR OLDER?	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 51/	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 60/	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 69/
20. (Has/Did) (CHILD) live(d) with you all or most of (his/her) 1st year of life? By that I mean while (he/she) was less than a year old.	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 52/	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 61/	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 70/
21. In the 1st year of (CHILD)'s life, was (he/she) cared for in any regular arrangement such as a baby sitter, relative, day care center, nursery school, play group or some other regular arrangement?	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 53/	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 62/	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 71/
22. Not counting yourself, how many different childcare arrangements did you use for (CHILD) during (his/her) 1st year of life that lasted for one month or more? If you used more than one sitter or more than one day care center, please count each one separately. IF R STARTED WITH A SITTER OR CENTER AND THEN RETURNED TO THAT SAME SITTER OR CENTER AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, PLEASE COUNT AS SEPERATE ARRANGEMENTS.	|_|_| # ARRANGEMENTS 54-55/	|_|_| # ARRANGEMENTS 63-64/	|_|_| # ARRANGEMENTS 72-73/

BIOLOGICAL 4TH CHILD	BIOLOGICAL 5TH CHILD	BIOLOGICAL 6TH CHILD	BIOLOGICAL 7TH CHILD	BIOLOGICAL 8TH CHILD
|_|_| ID# 74-75/	|_|_| ID# 13-14/	|_|_| ID# 22-23/	|_|_| ID# 31-32/	|_|_| ID# 40-41/
_____ NAME	_____ NAME	_____ NAME	_____ NAME	_____ NAME
|_|_| YEARS 76-77/	|_|_| YEARS 15-16/	|_|_| YEARS 24-25/	|_|_| YEARS 33-34/	|_|_| YEARS 42-43/
Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 78/	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 17/	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 26/	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 35/	Yes..(GO TO Q.20)... 1 No...(SKIP TO Q.34, PG. 11-156)... 0 44/
Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 79/	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 18/	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 27/	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 36/	Yes...(ASK Q.21).... 1 No..(SKIP TO Q.24 PG. 11-146).... 0 45/
BEGIN DECK 60 Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 10/	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 19/	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 28/	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 37/	Yes...(ASK Q.22).... 1 No..(SKIP TO Q.24) PG. 11-146).... 0 46/
|_|_|_| # ARRANGEMENTS 11-12/	|_|_|_| # ARRANGEMENTS 20-21/	|_|_|_| # ARRANGEMENTS 29-30/	|_|_|_| # ARRANGEMENTS 38-39/	|_|_|_| # ARRANGEMENTS 47-48/

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD

23A.   What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD'S) first year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.24, PG. 11-146.

_____	_____	_____
_____	_____	_____
|_|_|	|_|_|	|_|_|
1ST ARRANGEMENT 49-50/	1ST ARRANGEMENT 55-56/	1ST ARRANGEMENT 61-62/

23B.   INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.22, PG. 11-140, IS GREATER THAN 01, ASK: What was the 2nd childcare arrangement you used for one month or more during (CHILD'S) 1st year of life? IF NECESSARY PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.24, PG. 11-146.

_____	_____	_____
_____	_____	_____
|_|_|	|_|_|	|_|_|
2ND ARRANGEMENT 51-52/	2ND ARRANGEMENT 57-58/	2ND ARRANGEMENT 63-64/

23C.   INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.22, PG.11-140, IS GREATER THAN 02, ASK: What was the 3rd childcare arrangement you used for one month or more during (CHILD'S) first year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.24, PG. 11-146.

_____	_____	_____
_____	_____	_____
|_|_|	|_|_|	|_|_|
3RD ARRANGEMENT 53-54/	3RD ARRANGEMENT 59-60/	3RD ARRANGEMENT 65-66/

Child's other parent/stepparent in child's home......... 01
Child's other parent/stepparent in other home........... 02
Child's sibling 15+ in child's home..................... 03
Child's sibling 15+ in other home....................... 04
Child's sibling under 15 in child's home................ 05
Child's sibling under 15 in other home.................. 06
Child's grandparent in child's home..................... 07
Child's grandparent in other home....................... 08
Other relative in child's home.......................... 09
Other relative in other home............................ 10
Nonrelative in child's home............................. 11
Nonrelative in other home............................... 12
Child in day/group care center.......................... 13
Child in nursery/preschool.............................. 14
Other arrangement (SPECIFY)

_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD

|__|__|

1ST ARRANGEMENT
67-68/

|__|__|

1ST ARRANGEMENT
73-74/

|__|__|

1ST ARRANGEMENT
79-80/

|__|__|

1ST ARRANGEMENT
14-15/

|__|__|

1ST ARRANGEMENT
20-21/

BEGIN DECK 61

|__|__|

2ND ARRANGEMENT
69-70/

|__|__|

2ND ARRANGEMENT
75-76/

|__|__|

2ND ARRANGEMENT
10-11/

|__|__|

2ND ARRANGEMENT
16-17/

|__|__|

2ND ARRANGEMENT
22-23/

|__|__|

3RD ARRANGEMENT
71-72/

|__|__|

3RD ARRANGEMENT
77-78/

|__|__|

3RD ARRANGEMENT
12-13/

|__|__|

3RD ARRANGEMENT
18-19/

|__|__|

3RD ARRANGEMENT
24-25/

Child's other parent/stepparent in child's home.......... 01
Child's other parent/stepparent in other home........... 02
Child's sibling 15+ in child's home....................... 03
Child's sibling 15+ in other home........................ 04
Child's sibling under 15 in child's home................. 05
Child's sibling under 15 in other home................... 06
Child's grandparent in child's home...................... 07
Child's grandparent in other home........................ 08
Other relative in child's home........................... 09
Other relative in other home............................. 10
Nonrelative in child's home.............................. 11
Nonrelative in other home................................ 12
Child in day/group care 13
Child in nursery/preschool............................... 14
Other arrangement (SPECIFY)

_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD

23D. INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.22, PG. 11-140, IS GREATER THAN 03, ASK: What was the 4th childcare arrangement you used for one month or more during (CHILD'S) 1st year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS SKIP TO Q.24, PG. 11-146.

|_|_| 4TH ARRANGEMENT 26-27/
|_|_| 4TH ARRANGEMENT 30-31/
|_|_| 4TH ARRANGEMENT 34-35/

23E. INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.22, PG. 11-140, IS GREATER THAN 04, ASK: What was the 5th childcare arrangement you used for one month or more during (CHILD'S) 1st year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. GO TO Q.24, PG. 11-146.

|_|_| 5TH ARRANGEMENT 28-29/
|_|_| 5TH ARRANGEMENT 32-33/
|_|_| 5TH ARRANGEMENT 36-37/

Child's other parent/stepparent in child's home......... 01

Child's other parent/stepparent in other home........... 02

Child's sibling 15+ in child's home..................... 03

Child's sibling 15+ in other home...................... 04

Child's sibling under 15 in child's home................ 05

Child's sibling under 15 in other home.................. 06

Child's grandparent in child's home..................... 07

Child's grandparent in other home....................... 08

Other relative in child's home.......................... 09

Other relative in other home............................ 10

Nonrelative in child's home............................. 11

Nonrelative in other home............................... 12

Child in day/group care 13

Child in nursery/preschool.............................. 14

Other arrangement (SPECIFY)

_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD

|_|_| 4TH ARRANGEMENT 38-39/ |_|_| 4TH ARRANGEMENT 42-43/ |_|_| 4TH ARRANGEMENT 46-47/ |_|_| 4TH ARRANGEMENT 50-51/ |_|_| 4TH ARRANGEMENT 54-55/

|_|_| 5TH ARRANGEMENT 40-41/ |_|_| 5TH ARRANGEMENT 44-45/ |_|_| 5TH ARRANGEMENT 48-49/ |_|_| 5TH ARRANGEMENT 52-53/ |_|_| 5TH ARRANGEMENT 56-57/

Child's other parent/stepparent in child's home.......... 01

Child's other parent/stepparent in other home............ 02

Child's sibling 15+ in child's home...................... 03

Child's sibling 15+ in other home........................ 04

Child's sibling under 15 in child's home................. 05

Child's sibling under 15 in other home................... 06

Child's grandparent in child's home...................... 07

Child's grandparent in other home........................ 08

Other relative in child's home........................... 09

Other relative in other home............................. 10

Nonrelative in child's home.............................. 11

Nonrelative in other home................................ 12

Child in day/group care 13

Child in nursery/preschool............................... 14

Other arrangement (SPECIFY

_____ 15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
24. INTERVIEWER: IS CHILD AT LEAST 2 YEARS OLD OR OLDER? (SEE CHILD'S AGE IN Q.19, PG. 11-140).	YES...(ASK Q.25).... 1 NO..(SKIP TO Q.34, PG. 11-156).... 0 58/	YES...(ASK Q.25).... 1 NO..(SKIP TO Q.34, PG. 11-156).... 0 63/	YES...(ASK Q.25).... 1 NO..(SKIP TO Q.34, PG. 11-156).... 0 68/
25. Did (CHILD) live with you most or all of (his/her) 2nd year of life? By that I mean between (his/her) first and second birthdays.	Yes...(ASK Q.26).... 1 No..(SKIP TO Q.29, PG. 11-152),.... 0 59/	Yes...(ASK Q.26).... 1 No..(SKIP TO Q.29, PG. 11-152),.... 0 64/	Yes...(ASK Q.26).... 1 No..(SKIP TO Q.29, PG. 11-152).... 0 69/
26. In the 2nd year of (CHILD'S) life, was (he/she) cared for in any regular arrangement such as a baby sitter, relative, day care center, nursery school, play group, or some other regular arrangement?	Yes...(ASK Q.27).... 1 No..(SKIP TO Q.29, PG. 11-152).... 0 60/	Yes...(ASK Q.27).... 1 No..(SKIP TO Q.29, PG. 11-152).... 0 65/	Yes...(ASK Q.27).... 1 No..(SKIP TO Q.29, PG. 11-152).... 0 70/
27. Not counting yourself, how many different childcare arrangements did you use for (CHILD) during (his/her) 2nd year of life that lasted for one month or more? If you used more than one baby sitter or more than one day care center, please count each one separately. IF R STARTED WITH A SITTER OR CENTER AND THEN RETURNED TO THAT SAME SITTER OR CENTER AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, PLEASE COUNT AS SEPERATE ARRANGEMENTS.	|__|__| # ARRANGEMENTS 61-62/	|__|__| # ARRANGEMENTS 66-67/	|__|__| # ARRANGEMENTS 71-72/

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
YES...(ASK Q.25).... 1	YES...(ASK Q.25).... 1	YES...(ASK Q.25).... 1	YES...(ASK Q.25).... 1	YES...(ASK Q.25).... 1
NO..(SKIP TO Q.34, PG. 11-156).... 0 73/	NO..(SKIP TO Q.34, PG. 11-156).... 0 78/	NO..(SKIP TO Q.34, PG. 11-156).... 0 12/	NO..(SKIP TO Q.34, PG. 11-156).... 0 17/	NO..(SKIP TO Q.34, PG. 11-156).... 0 22/
Yes...(ASK Q.26).... 1	Yes...(ASK Q.26).... 1	Yes...(ASK Q.26).... 1	Yes...(ASK Q.26).... 1	Yes...(ASK Q.26).... 1
No..(SKIP TO Q.29, PG. 11-152).... 0 74/	No..(SKIP TO Q.29, PG. 11-152).... 0 79/	No..(SKIP TO Q.29, PG. 11-152).... 0 13/	No..(SKIP TO Q.29, PG. 11-152).... 0 18/	No..(SKIP TO Q.29, PG. 11-152).... 0 23/
Yes...(ASK Q.27).... 1	Yes...(ASK Q.27).... 1	Yes...(ASK Q.27).... 1	Yes...(ASK Q.27).... 1	Yes...(ASK Q.27).... 1
No..(SKIP TO Q.29, PG. 11-152).... 0 75/	No..(SKIP TO Q.29, PG. 11-152).... 0 80/	No..(SKIP TO Q.29, PG. 11-152).... 0 14/	No..(SKIP TO Q.29, PG. 11-152).... 0 19/	No..(SKIP TO Q.29, PG. 11-152).... 0 24/
	BEGIN DECK 62			
|_|_|_| # ARRANGEMENTS 76-77/	|_|_|_| # ARRANGEMENTS 10-11/	|_|_|_| # ARRANGEMENTS 15-16/	|_|_|_| # ARRANGEMENTS 20-21/	|_|_|_| # ARRANGEMENTS 25-26/

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD

28A. What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD'S) 2nd year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.29, PG. 11-152.

|___|___| 1ST ARRANGEMENT   27-28/

|___|___| 1ST ARRANGEMENT   33-34/

|___|___| 1ST ARRANGEMENT   39-40/

28B. INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.27, PG. 11-146 IS GREATER THAN 01, ASK: What was the 2nd childcare arrangement you used for one month or more during (CHILD'S) 2nd year of life? IF NECESSARY PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.29, PG. 11-152.

|___|___| 2ND ARRANGEMENT   29-30/

|___|___| 2ND ARRANGEMENT   35-36/

|___|___| 2ND ARRANGEMENT   41-42/

28C. INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.27, PG. 11-146 IS GREATER THAN 02 ASK: What was the 3rd childcare arrangement you used for one month or more during (CHILD'S) 2nd year of life? IF NECESSARY PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.29, PG. 11-152.

|___|___| 3RD ARRANGEMENT   31-32/

|___|___| 3RD ARRANGEMENT   37-38/

|___|___| 3RD ARRANGEMENT   43-44/

Child's other parent/stepparent in child's home....... 01
Child's other parent/stepparent in other home......... 02
Child's sibling 15+ in child's home................... 03
Child's sibling 15+ in other home..................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................ 06
Child's grandparent in child's home................... 07
Child's grandparent in other home..................... 08
Other relative in child's home........................ 09
Other relative in other home.......................... 10
Nonrelative in child's home........................... 11
Nonrelative in other home............................. 12
Child in day/group care center........................ 13
Child in nursery/preschool............................ 14
Other arrangement (SPECIFY)

_____ 15

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD

|__|__| |__|__| |__|__| |__|__| |__|__|

1ST ARRANGEMENT   1ST ARRANGEMENT   1ST ARRANGEMENT   1ST ARRANGEMENT   1ST ARRANGEMENT
          45-46/   51-52/   57-58/   63-64/   69-70/

|__|__| |__|__| |__|__| |__|__| |__|__|

2ND ARRANGEMENT   2ND ARRANGEMENT   2ND ARRANGEMENT   2ND ARRANGEMENT   2ND ARRANGEMENT
          47-48/   53-54/   59-60/   65-66/   71-72/

|__|__| |__|__| |__|__| |__|__| |__|__|

3RD ARRANGEMENT   3RD ARRANGEMENT   3RD ARRANGEMENT   3RD ARRANGEMENT   3RD ARRANGEMENT
          49-50   55-56/   61-62/   67-68/   73-74/

Child's other parent/stepparent in child's home........ 01
Child's other parent/stepparent in other home.......... 02
Child's sibling 15+ in child's home.................... 03
Child's sibling 15+ in other home...................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................. 06
Child's grandparent in child's home.................... 07
Child's grandparent in other home...................... 08
Other relative in child's home......................... 09
Other relative in other home........................... 10
Nonrelative in child's home............................ 11
Nonrelative in other home.............................. 12
Child in day/group care 13
Child in nursery/preschool............................. 14
Other arrangement (SPECIFY)

                                                         15

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD

28D. INTERVIEWER: IF # OF ARRANGE-
MENTS IN Q.27, PG. 11-146, IS
GREATER THAN 03, ASK: What was
the 4th childcare arrangement
you used for one month or more
during (CHILD'S) 2nd year of
life? IF NECESSARY PROBE:
Where did that care take
place? RECORD ANSWER AND CODE
FROM LIST BELOW. IF NO
ADDITIONAL ARRANGEMENTS, SKIP
TO Q.29, PG. 11-152.

          |__|__| |__|__| |__|__|
    4TH ARRANGEMENT   4TH ARRANGEMENT   4TH ARRANGEMENT
              75-76/   79-80/   12-13/

28E. INTERVIEWER: IF # OF ARRANGE-
MENTS IN Q.27, PG. 11-146, IS
GREATER THAN 04, ASK: What was
the 5th childcare arrangement
you used for one month or more
during (CHILD'S) 2nd year of
life? IF NECESSARY PROBE:
Where did that care take
place? RECORD ANSWER AND CODE
FROM LIST BELOW. GO TO Q.29,
PG. 11-152.

                   BEGIN DECK 63

          |__|__| |__|__| |__|__|
    5TH ARRANGEMENT   5TH ARRANGEMENT   5TH ARRANGEMENT
              77-78/   10-11/   14-15/

Child's other parent/stepparent in child's home....... 01
Child's other parent/stepparent in other home......... 02
Child's sibling 15+ in child's home................... 03
Child's sibling 15+ in other home..................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................ 06
Child's grandparent in child's home................... 07
Child's grandparent in other home..................... 08
Other relative in child's home........................ 09
Other relative in other home.......................... 10
Nonrelative in child's home........................... 11
Nonrelative in other home............................. 12
Child in day/group care 13
Child in nursery/preschool............................ 14
Other arrangement (SPECIFY)

_____ 15

4TH	5TH	6TH	7TH	8TH
BIOLOGICAL	BIOLOGICAL	BIOLOGICAL	BIOLOGICAL	BIOLOGICAL
CHILD	CHILD	CHILD	CHILD	CHILD

	___	___			___	___			___	___			___	___			___	___	
4TH ARRANGEMENT	4TH ARRANGEMENT	4TH ARRANGEMENT	4TH ARRANGEMENT	4TH ARRANGEMENT
16-17	20-21/	24-25/	28-29/	32-33/

	___	___			___	___			___	___			___	___			___	___	
5TH ARRANGEMENT	5TH ARRANGEMENT	5TH ARRANGEMENT	5TH ARRANGEMENT	5TH ARRANGEMENT
18-19/	22-23/	26-27/	30-31/	34-35/

Child's other parent/stepparent in child's home....... 01
Child's other parent/stepparent in other home......... 02
Child's sibling 15+ in child's home................... 03
Child's sibling 15+ in other home..................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................ 06
Child's grandparent in child's home................... 07
Child's grandparent in other home..................... 08
Other relative in child's home........................ 09
Other relative in other home.......................... 10
Nonrelative in child's home........................... 11
Nonrelative in other home............................. 12
Child in day/group care 13
Child in nursery/preschool............................ 14
Other arrangement (SPECIFY)

_____   15

		1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD
29.	INTERVIEWER: IS CHILD AT LEAST 3 YEARS OLD OR OLDER? (SEE CHILD'S AGE IN Q.19, PG. 11-140).	YES...(ASK Q.30).... 1 NO..(SKIP TO Q.34, PG. 11-156).... 0 36/	YES...(ASK Q.30).... 1 NO..(SKIP TO Q.34, PG. 11-156).... 0 41/	YES...(ASK Q.30).... 1 NO..(SKIP TO Q.34, PG. 11-156).... 0 46/
30.	Did (CHILD) live with you most or all of (his/her) 3rd year of life? By that I mean between (his/her) second and third birthdays.	Yes...(ASK Q.31).... 1 No..(SKIP TO Q.34, PG. 11-156).... 0 37/	Yes...(ASK Q.31).... 1 No..(SKIP TO Q.34, PG. 11-156).... 0 42/	Yes...(ASK Q.31).... 1 No..(SKIP TO Q.34, PG. 11-156).... 0 47/
31.	In the 3rd year of (CHILD'S) life, was (he/she) cared for in any regular arrangement such as a baby sitter, relative, day care center, nursery school, play group, or some other regular arrangement?	Yes...(ASK Q.32).... 1 No..(SKIP TO Q.34, PG. 11-156).... 0 38/	Yes...(ASK Q.32).... 1 No..(SKIP TO Q.34, PG. 11-156).... 0 43/	Yes...(ASK Q.32).... 1 No..(SKIP TO Q.34, PG. 11-156).... 0 48/
32.	Not counting yourself, how many different childcare arrangements did you use for (CHILD) during (his/her) 3rd year of life that lasted for one month or more? If you used more than one sitter or more than one day care center, please count each one separately. IF R STARTED WITH A SITTER OR CENTER AND THAN RETURNED TO THAT SAME SITTER OR CENTER AFTER AN INTERRUPTION OF AT LEAST ONE MONTH, PLEASE COUNT AS SEPERATE ARRANGEMENTS.	|_|_| # ARRANGEMENTS 39-40	|_|_| # ARRANGEMENTS 44-45/	|_|_| # ARRANGEMENTS 49-50/

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
YES...(ASK Q.30).... 1	YES...(ASK Q.30).... 1	YES...(ASK Q.30).... 1	YES...(ASK Q.30).... 1	YES...(ASK Q.30).... 1
NO..(SKIP TO Q.34, PG. 11-156).... 0 51/	NO..(SKIP TO Q.34, PG. 11-156).... 0 56/	NO..(SKIP TO Q.34, PG. 11-156).... 0 61/	NO..(SKIP TO Q.34, PG. 11-156).... 0 66/	NO..(SKIP TO Q.34, PG. 11-156).... 0 71/
Yes...(ASK Q.31).... 1	Yes...(ASK Q.31).... 1	Yes...(ASK Q.31).... 1	Yes...(ASK Q.31).... 1	Yes...(ASK Q.31).... 1
No..(SKIP TO Q.34, PG. 11-156).... 0 52/	No..(SKIP TO Q.34, PG. 11-156).... 0 57/	No..(SKIP TO Q.34, PG. 11-156).... 0 62/	No..(SKIP TO Q.34, PG. 11-156).... 0 67/	No..(SKIP TO Q.34, PG. 11-156).... 0 72/
Yes...(ASK Q.32).... 1	Yes...(ASK Q.32).... 1	Yes...(ASK Q.32).... 1	Yes...(ASK Q.32).... 1	Yes...(ASK Q.32).... 1
No..(SKIP TO Q.34, PG. 11-156).... 0 53/	No..(SKIP TO Q.34, PG. 11-156).... 0 58/	No..(SKIP TO Q.34, PG. 11-156).... 0 63/	No..(SKIP TO Q.34, PG. 11-156).... 0 68/	No..(SKIP TO Q.34, PG. 11-156).... 0 73/
|__|__| # ARRANGEMENTS 54-55/	|__|__| # ARRANGEMENTS 59-60/	|__|__| # ARRANGEMENTS 64-65/	|__|__| # ARRANGEMENTS 69-70/	|__|__| # ARRANGEMENTS 74-75/

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD

33A. What was (that/the 1st) childcare arrangement you used for one month or more during (CHILD'S) 3rd year of life? IF NECESSARY, PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.34, PG. 11-156.

|_|_|_| |_|_|_| |_|_|_|
1ST ARRANGEMENT   1ST ARRANGEMENT   1ST ARRANGEMENT
        76-77/   12-13/   18-19/

33B. INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.32, PG.11-152, IS GREATER THAN 01, ASK: What was the 2nd childcare arrangement you used for one month or more during (CHILD'S) 3rd year of life? IF NECESSARY PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.34, PG. 11-156.

|_|_|_| |_|_|_| |_|_|_|
2ND ARRANGEMENT   2ND ARRANGEMENT   2ND ARRANGEMENT
        78-79/   14-15/   20-21/

33C. INTERVIEWER: IF # OF ARRANGE-MENTS IN Q.32, PG. 11-152, IS GREATER THAN 02, ASK: What was the 3rd childcare arrangement you used for one month or more during (CHILD'S) 3rd year of life? IF NECESSARY PROBE: Where did that care take place? RECORD ANSWER AND CODE FROM LIST BELOW. IF NO ADDITIONAL ARRANGEMENTS, SKIP TO Q.34, PG. 11-156.

BEGIN DECK 64

|_|_|_| |_|_|_| |_|_|_|
3RD ARRANGEMENT   3RD ARRANGEMENT   3RD ARRANGEMENT
        10-11/   16-17/   22-23/

Child's other parent/stepparent in child's home....... 01
Child's other parent/stepparent in other home......... 02
Child's sibling 15+ in child's home................... 03
Child's sibling 15+ in other home..................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................ 06
Child's grandparent in child's home................... 07
Child's grandparent in other home..................... 08
Other relative in child's home........................ 09
Other relative in other home.......................... 10
Nonrelative in child's home........................... 11
Nonrelative in other home............................. 12
Child in day/group care center........................ 13
Child in nursery/preschool............................ 14
Other arrangement (SPECIFY)

_____ 15

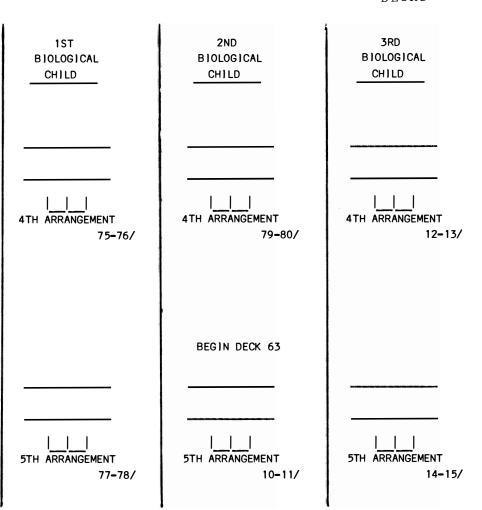| 4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD
|_|_|	|_|_|	|_|_|	|_|_|	|_|_|
1ST ARRANGEMENT 24-25/	1ST ARRANGEMENT 30-31/	1ST ARRANGEMENT 36-37/	1ST ARRANGEMENT 42-43/	1ST ARRANGEMENT 48-49/
|_|_|	|_|_|	|_|_|	|_|_|	|_|_|
2ND ARRANGEMENT 26-27/	2ND ARRANGEMENT 32-33/	2ND ARRANGEMENT 38-39/	2ND ARRANGEMENT 44-45/	2ND ARRANGEMENT 50-51/
|_|_|	|_|_|	|_|_|	|_|_|	|_|_|
3RD ARRANGEMENT 28-29/	3RD ARRANGEMENT 34-35/	3RD ARRANGEMENT 40-41/	3RD ARRANGEMENT 46-47/	3RD ARRANGEMENT 52-53/

```
Child's other parent/stepparent in child's home....... 01
Child's other parent/stepparent in other home......... 02
Child's sibling 15+ in child's home................... 03
Child's sibling 15+ in other home..................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................ 06
Child's grandparent in child's home................... 07
Child's grandparent in other home..................... 08
Other relative in child's home........................ 09
Other relative in other home.......................... 10
Nonrelative in child's home........................... 11
Nonrelative in other home............................. 12
Child in day/group care .............................. 13
Child in nursery/preschool............................ 14
Other arrangement (SPECIFY)
                                                       15
```

	1ST BIOLOGICAL CHILD	2ND BIOLOGICAL CHILD	3RD BIOLOGICAL CHILD

33D. INTERVIEWER: IF # OF ARRANGE-
      MENTS IN Q.32, PG. 11-152, IS
      GREATER THAN 03, ASK: What was
      the 4th childcare arrangement
      you used for one month or more
      during (CHILD'S) 3rd year of
      life? IF NECESSARY PROBE:
      Where did that care take
      place? RECORD ANSWER AND CODE
      FROM LIST BELOW. IF NO
      ADDITIONAL ARRANGEMENTS, SKIP
      TO Q.34.

|_|_| |_|_| |_|_|
4TH ARRANGEMENT   4TH ARRANGEMENT   4TH ARRANGEMENT
        54-55/   59-60/   64-65/

33E. INTERVIEWER: IF # OF
      ARRANGEMENTS IN Q.32, PG. 11-
      152, IS GREATER THAN 04, ASK:
      What was the 5th childcare
      arrangement you used for one
      month or more during (CHILD'S)
      3rd year of life? IF NECESSARY
      PROBE: Where did that care
      take place? RECORD ANSWER AND
      CODE FROM LIST BELOW.

|_|_| |_|_| |_|_|
5TH ARRANGEMENT   5TH ARRANGEMENT   5TH ARRANGEMENT
        56-57/   61-62/   66-67/

Child's other parent/stepparent in child's home....... 01
Child's other parent/stepparent in other home......... 02
Child's sibling 15+ in child's home................... 03
Child's sibling 15+ in other home..................... 04
Child's sibling under 15 in child's home.............. 05
Child's sibling under 15 in other home................ 06
Child's grandparent in child's home................... 07
Child's grandparent in other home..................... 08
Other relative in child's home........................ 09
Other relative in other home.......................... 10
Nonrelative in child's home........................... 11
Nonrelative in other home............................. 12
Child in day/group care 13
Child in nursery/preschool............................ 14
Other arrangement (SPECIFY)

                                                       15

34. INTERVIEWER: IS THERE A
     (2ND/3RD/ETC.) CHILD LISTED IN
     Q.18, PG. 11-140.

YES (REASK Q.19-34   YES (REASK Q.19-34   YES................ 1
    FOR NEXT CHILD). 1   FOR NEXT CHILD). 1   (REASK Q.19-34
                                                         FOR NEXT CHILD)
NO.(GO TO   NO.(GO TO
    SECTION 12) 0   (SECTION 12) 0   NO.(GO TO
              58/   63/   SECTION 12)... 0
                                                                   68/

4TH BIOLOGICAL CHILD	5TH BIOLOGICAL CHILD	6TH BIOLOGICAL CHILD	7TH BIOLOGICAL CHILD	8TH BIOLOGICAL CHILD

|_|_|	|_|_|	|_|_|	|_|_|	|_|_|
4TH ARRANGEMENT	4TH ARRANGEMENT	4TH ARRANGEMENT	4TH ARRANGEMENT	4TH ARRANGEMENT
69-70/	74-75/	79-80/	13-14/	18-19/

BEGIN DECK 65

|_|_|	|_|_|	|_|_|	|_|_|	|_|_|
5TH ARRANGEMENT	5TH ARRANGEMENT	5TH ARRANGEMENT	5TH ARRANGEMENT	5TH ARRANGEMENT
71-72/	76-77/	10-11/	15-16/	20-21/

```
Child's other parent/stepparent in child's home.......  01
Child's other parent/stepparent in other home.........  02
Child's sibling 15+ in child's home...................  03
Child's sibling 15+ in other home.....................  04
Child's sibling under 15 in child's home..............  05
Child's sibling under 15 in other home................  06
Child's grandparent in child's home...................  07
Child's grandparent in other home.....................  08
Other relative in child's home........................  09
Other relative in other home..........................  10
Nonrelative in child's home...........................  11
Nonrelative in other home.............................  12
Child in day/group care center........................  13
Child in nursery/preschool............................  14
Other arrangement (SPECIFY)

                                                         15
```
_____

YES 1	YES 1	YES 1	YES 1	YES 1
(REASK Q.19-34 FOR NEXT CHILD)	(REASK Q.19-34 FOR NEXT CHILD)	(REASK Q.19-34 FOR NEXT CHILD)	(REASK Q.19-34 FOR NEXT CHILD)	(GO TO NEW QUEX Q.19, PG.11-140)
NO 0	NO 0	NO 0	NO 0	NO 0
(GO TO SECTION 12)	(GO TO SECTION 12)	(GO TO SECTION 12)	(GO TO SECTION 12)	(GO TO SECTION 12)
73/	78/	12/	17/	22/

SECTION 1 2: ON HEALTH

1.   INTERVIEWER: ARE Q.20, PAGE 5-32 AND Q.24, PAGE 5-34 SECTION 5 BOTH BLANK?

     OR WAS R ON ACTIVE DUTY IN THE ACTIVE FORCES LAST WEEK:
     (SEE ROW A ON CALENDAR).

                    YES .... (GO TO Q.2) 1   23/

                    NO .... (ASK A) 0

     A. IF NO: Would your health keep you from working on a job for pay now?

                    Yes .... (SKIP TO Q.4) 1   24/

                    No 0

---

2.   A. (Are you/Would you be) limited in the kind of work you (could) do on a job
         for pay because of your health?

                    Yes 1   25/

                    No 0

     B. (Are you/Would you be) limited in the amount of work you (could) do because
         of your health?

                    Yes 1   26/

                    No 0

---

3.   INTERVIEWER: SEE QS. 2A & 2B. IS ANY "YES" ANSWER CODED IN THESE QUESTIONS?

                    YES 1   27/

                    NO ... (SKIP TO Q.5) 0

---

4.   Since what month and year have you had this limitation?

                              ENTER MONTH: |__|__| 28-29/

                                    AND

                              YEAR: 19 |__|__| 30-31/
                                     OR
          IF VOLUNTEERED: All my life................. 0000

---

5.   How much do you weigh? |__|__|__| 32-34/
                                          POUNDS

SECTION 13:   ON ASSETS AND INCOME

1.   Now I would like to ask you some questions about your income in 1985.

A.   During 1985, did you receive any income from service in the military?

                    Yes .... (ASK B) 1   35/
                    No .... (GO TO Q.2) 0

B.   IF YES: And how much total income did you receive during 1985 from the
     military before taxes and other deductions? Please include money received
     from special pays, allowances, and bonuses.

              $ |__|__|__|__| , |__|__|__|__| .00   36-41/

_____

2.   IF R EARNED ANY MONEY FROM THE MILITARY IN 1985, READ A. OTHERWISE, GO TO B.

A.   Not counting any money you received from your military service . . .

B.   During 1985, how much did you receive from wages, salary, commissions, or
     tips from all (other) jobs, before deductions for taxes or anything else?

              $ |__|__|__|__| , |__|__|__|__| .00   42-47/
                             OR

              NONE 000000

_____

3.   (Excluding any income you already have mentioned) During 1985, did you receive
     any money in income . . .

A.   from your own farm?

                    Yes 1   48/

                    No 0

B.   from your own non-farm business, partnership or professional practice?

                    Yes 1   49/

                    No 0

INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q. 4.

C.   IF YES TO A OR B: How much did you receive after expenses?

              $ |__|__|__|__| , |__|__|__|__| .00   50-55/
                             OR

              NONE 000000
                             OR

              DON'T KNOW 999998

4.   During 1985, did you receive any unemployment compensation?

                              Yes .... (ASK A-C) 1   56/

                              No .... (GO TO Q.5) 0

      IF YES, ASK A-C:
      A.   SHOW R **CALENDAR.**   ASK: In which months of 1985 did you receive
                                         unemployment compensation?   CODE ALL THAT APPLY.

                              JANUARY 01   57-58/
                              FEBRUARY 02   59-60/
                              MARCH 03   61-62/
                              APRIL 04   63-64/
                              MAY 05   65-66/
                              JUNE 06   67-68/
                              JULY 07   69-70/
                              AUGUST 08   71-72/
                              SEPTEMBER 09   73-74/
                              OCTOBER 10   75-76/
                              NOVEMBER 11   77-78/
                              DECEMBER 12   79-80/

      B.   How many weeks in 1985 did you receive unemployment compensation?
                                                                      BEGIN DECK 66
                         ENTER NUMBER OF WEEKS: |___|___|___| 10-11/

      C.   How much did you receive per week on the average?

                              $ |___|___| , |___|___|___|___| .00   12-15/

      ----

5.   INTERVIEWER: IS R CURRENTLY MARRIED AND IS R'S SPOUSE LISTED ON THE
                    HOUSEHOLD ENUMERATION?

                         YES .... (GO TO Q.6) 1   16/

                         NO .. (SKIP TO Q.~~13~~, PAGE 13-~~163~~) ... 0
                                           10   162

6.   IF R IS CURRENTLY MARRIED AND R'S SPOUSE IS LISTED ON THE HOUSEHOLD
     ENUMERATION, ASK:

      A.   During 1985, did your (husband/wife) receive any income from service
           (he/she) performed in the military?

                              Yes .... (ASK B) 1   17/

                              No .... (GO TO Q.7) 0

      B.   IF YES: And how much total income did your (husband/wife) receive during
                     1985 from the military before taxes and other deductions?   Please include
                     money received from special pays, allowances, and bonuses.

                              $ |___|___|___|___| , |___|___|___|___| .00   18-23/

7. **IF SPOUSE EARNED ANY MONEY FROM THE MILITARY IN 1985, READ A. OTHERWISE, GO TO B.**

    A. Not counting any money your (husband/wife) received from (his/her) military
        service ...

    B. During 1985, how much did your (husband/wife) receive from wages, salary,
        commissions, or tips from all (other) jobs, before deductions for taxes or
        anything else?

                    $ |__|__|__|__| , |__|__|__|__| .00   24-29/

                                    OR
                    NONE 000000

                                    OR

                    DON'T KNOW 999998

---

8. [Now, please exclude any income you already have mentioned earned by your
    (husband/wife)]. (In addition to the income you received from your farm or
    your business, partnership, or professional practice,) During 1985, did your
    (husband/wife) receive any money in income ...

    A. from (his/her) own farm?

                    Yes 1   30/
                    No 0
                    DON'T KNOW 8

    B. from (his/her) own nonfarm business, partnership, or professional practice?

                    Yes 1   31/
                    No 0
                    DON'T KNOW 8

    INTERVIEWER: IF A OR B IS CODED "YES," ASK C. OTHERWISE, GO TO Q. 9.

    C. **IF YES TO A OR B:** How much did (he/she) receive after expenses?

                    $ |__|__|__|__| , |__|__|__|__| .00   32-37/

                    OR

                    NONE 000000

                    OR

                    DON'T KNOW 999998

---

9. During 1985, did your (husband/wife) receive any unemployment compensation?

                    Yes .... (ASK A-C) 1   38/
                    No .... (GO TO Q. 10) 0

9.   (Continued)

IF YES, ASK A-C:
A.   SHOW R **CALENDAR** AND ASK: In which months of 1985 did your (husband/wife)
                                      receive unemployment compensation?   CODE ALL
                                      THAT APPLY.

                 JANUARY 01   39-40/
                 FEBRUARY 02   41-42/
                 MARCH   03   43-44/
                 APRIL   04   45-46/
                 MAY   05   47-48/
                 JUNE   06   49-50/
                 JULY   07   51-52/
                 AUGUST   08   53-54/
                 SEPTEMBER 09   55-56/
                 OCTOBER 10   57-58/
                 NOVEMBER 11   59-60/
                 DECEMBER 12   61-62/

B.   During how many weeks in 1985 did your (husband/wife) receive unemployment
      compensation?

                 ENTER NUMBER OF WEEKS: | | | | 63-64/
                                    OR
                 DON'T KNOW 98

C.   How much did (he/she) receive per week on the average?

                 $ | | , | | | | .00   65-68/
                       OR
                 DON'T KNOW 9998

_____

10.   INTERVIEWER: HAS R EVER BEEN MARRIED, SEPARATED, DIVORCED, OR WIDOWED?
      (SEE SECTION 2, Q.2A, PAGE 2-2 AND **INFORMATION SHEET**, ITEM 1)?

                 YES .... (ASK A) 1   69/
                 NO .... (GO TO Q.11) 0

A.   During 1985, did you [or your (husband/wife)] receive any money from
      someone living outside this household for alimony?

                 Yes .... (ASK B) 1   70/
                 No .... (GO TO C) 0

B.   How much did you [or your (husband/wife)] receive for alimony during 1985?

                 $ | | | | , | | | | .00   71-76/

C.   During 1985, did you [or your (husband/wife)] <u>pay</u> any money to anyone for
      alimony?

                 Yes .... (ASK D) 1   77/
                 No .... (GO TO Q.11) 0

                                                         BEGIN DECK 67

D.   How much did you [or your (husband/wife)] pay in 1985 for alimony?

                 $ | | | | , | | | | .00   10-15/

------> INTERVIEWER NOTE: IN QS.11-21, REFER TO R'S SPOUSE ONLY IF R IS CURRENTLY
                            MARRIED AND SPOUSE IS LISTED ON HOUSEHOLD ENUMERATION.

11.   INTERVIEWER: HAS R EVER (HAD/GIVEN BIRTH TO) A CHILD (SEE SECTION 10
                       QS.23, PAGE 10-86 OR Q.53, PAGE 10-97).

                            YES .... (ASK A)............... 1   16/
                            NO .... (GO TO Q.12).............. 0

       A.   During 1985, did you [or your (husband/wife)] receive any money from
             someone living outside this household for child support?

                            Yes .... (ASK B) 1   17/
                            No .... (GO TO Q.12) 0

       B.   How much did you [or your (husband/wife)] receive for child support during
             1985?

                       $ |__|__|__|__| , |__|__|__|__| .00   18-23/

12.   During 1985, did you [or your (husband/wife)] pay any money to anyone for child
       support for any child not living in this household?

                            Yes .... (ASK A) 1   24/
                            No .... (GO TO Q.13)............. 0

       A.   How much did you [or your (husband/wife)] pay for child support during
             1985?

                       $ |__|__|__|__| , |__|__|__| .00   25-30/

13.   INTERVIEWER: IF ANYONE OTHER THAN R'S SPOUSE AND CHILDREN IS LISTED IN
                       HOUSEHOLD ENUMERATION, READ A BELOW. OTHERWISE, GO TO B.

       A.   For these next few questions, we are interested in different kinds of
             payments that might have been made directly to you [or your (husband/wife)].
             For these questions, please do not include any payments that were made to
             your parents or to other members of your family, even if the payments were
             used to help pay for your support.

       B.   During 1985, did you [or your (husband/wife)] receive any payments from Aid
             to Families with Dependent Children--AFDC?

                            Yes .... (ASK C & D) 1   31/
                            No .... (GO TO Q.14) 0

       IF YES, ASK C & D:
       C.   In which months of 1985 did you [or your (husband/wife)] receive AFDC
             payments?   CODE ALL THAT APPLY.

                       JANUARY 01   32-33/
                       FEBRUARY 02   34-35/
                       MARCH 03   36-37/
                       APRIL 04   38-39/
                       MAY 05   40-41/
                       JUNE 06   42-43/
                       JULY 07   44-45/
                       AUGUST 08   46-47/
                       SEPTEMBER 09   48-49/
                       OCTOBER 10   50-51/
                       NOVEMBER 11   52-53/
                       DECEMBER 12   54-55/

       D.   During 1985, how much did you [or your (husband/wife)] receive per month on
             the average from AFDC?
                       $ |__|__| , |__|__|__| 00   56-59/
                                    OR
                            DON'T KNOW 9998

14. During 1985, did you [or your (husband/wife)] receive any food stamps under the government's Food Stamp Plan?

                    Yes .... (ASK A & B) 1   60/

                    No .... (GO TO Q.15) 0

    IF YES, ASK A & B:

    A. In which months of 1985 did you [or your (husband/wife)] receive food
        stamps? CODE ALL THAT APPLY.

                    JANUARY 01   61-62/
                    FEBRUARY 02   63-64/
                    MARCH 03   65-66/
                    APRIL 04   67-68/
                    MAY 05   69-70/
                    JUNE 06   71-72/
                    JULY 07   73-74/
                    AUGUST 08   75-76/
                    SEPTEMBER 09   77-78/
                    OCTOBER 10   79-80/
                                                                 BEGIN DECK 68
                    NOVEMBER 11   10-11/
                    DECEMBER 12   12-13/

    B. How many dollars worth of food stamps did you [or your (husband/wife)]
        receive during (MOST RECENT MONTH CODED IN A)?

                    $ |__|__| , |__|__|__| .00   14-17/

15. [Besides the (AFDC) (and) (food stamps),] During 1985, did you [or your
    (husband/wife)] receive any Supplemental Security Income or any public
    assistance or welfare payments from the local, state, or federal government?

                    Yes .... (ASK A & B) 1   18/

                    No .... (GO TO Q.16) 0

    IF YES, ASK A & B:

    A. In which months of 1985 did you [or your (husband/wife)] receive any
        Supplemental Security Income or any public assistance or welfare
        payments? CODE ALL THAT APPLY.

                    JANUARY 01   19-20/
                    FEBRUARY 02   21-22/
                    MARCH 03   23-24/
                    APRIL 04   25-26/
                    MAY 05   27-28/
                    JUNE 06   29-30/
                    JULY 07   31-32/
                    AUGUST 08   33-34/
                    SEPTEMBER 09   35-36/
                    OCTOBER 10   37-38/
                    NOVEMBER 11   39-40/
                    DECEMBER 12   41-42/

    B. And how much did you [or your (husband/wife)] receive per month,
        on the average, during 1985?
                    $ |__|__| , |__|__|__| .00   43-46/
                                      OR
                    DON'T KNOW 9998

16. A. During 1985, did you [or your (husband/wife)] receive any educational
       benefits for veterans under the G.I. Bill or V.E.A.P.?

                        Yes 1   47/

                        No 0

    B. During 1985, did you [or your (husband/wife)] receive any (other kinds of)
       scholarships, fellowships, or grants?

                        Yes 1   48/

                        No 0

    C. INTERVIEWER: IS ANY "YES" CODED IN Q.16 A OR B?

                        YES .... (GO TO Q.17) 1   49/

                        NO .... (SKIP TO Q.18) 0

    IF NOT CURRENTLY MARRIED, CIRCLE CODE "1" IN Q.17 WITHOUT ASKING.

    OTHERWISE, ASK Q.17.

17. Who received these benefits--you, your (husband/wife), or both of you?

                Respondent only .... (ASK A, COLUMN 1 ONLY) 1   50/

                Respondent's spouse only . (ASK A, COLUMN 2 ONLY) 2

                Respondent and spouse .... (ASK A, COLUMNS 1 & 2) 3

COLUMN 1 FOR RESPONDENT	COLUMN 2 FOR R'S SPOUSE
A. What was the total dollar value of the assistance you received from these sources during 1985?	What was the total dollar value of the assistance your (husband/ wife) received from these sources during 1985?
$ |_|_|_| , |_|_|_| .00	$ |_|_|_| , |_|_|_| .00
OR 51-55/	OR 56-60/
DON'T KNOW 99998	DON'T KNOW 99998

----

18. During 1985, did you [or your (husband/wife)] receive any (other) veterans
    benefits, worker's compensation, or disability payments?

                        Yes .... (ASK A) 1   61/

                        No .... (GO TO Q.19) 0

    A. IF YES: What was the total amount of these other veterans benefits,
               worker's compensation, or disability payments you [or your
               (husband/wife)] received during 1985?

                        $ \|_\|_\|_\| , \|_\|_\|_\| .00   62-66/

19. (Aside from the things you have already told me about,) During 1985, did you [or your (husband/wife)] receive any money, even if only a small amount, from any other source such as the ones on this card? For example: things like interest on savings, payments from Social Security, net rental income, or any other regular or periodic sources of income.

Yes .... (ASK A) 1   67/

No .... (GO TO Q.20) 0

HAND
CARD
Z

A. IF YES: Altogether, how much did you [or your (husband/wife)] receive from these sources of income?

$ | | | | , | | | | .00   68-72/

OR
DON'T KNOW 99998

---

20. INTERVIEWER: DID YOU DO THE HOUSEHOLD ENUMERATION WITH A ...

VERSION A (YELLOW).. **[SKIP TO Q.29, PAGE 13-169]** 1   73/

VERSION B (CREAM)... **[SKIP TO Q.29, PAGE 13-169]** 2

VERSION C (TAN)... 3

---

21. INTERVIEWER: **IF VERSION C,** DOES RESPONDENT LIVE WITH ANY RELATIVE OTHER THAN RESPONDENT'S SPOUSE AND CHILDREN?

YES .... (GO TO Q.22) 1   74/

NO ...(SKIP TO Q.26, PAGE 13-168) ... 0

22. The next few questions are about the income received during 1985 by the other persons who live here who are related to you--that is,... (READ NAMES OF ALL PERSONS IN HOUSEHOLD WHO ARE RELATED TO RESPONDENT OTHER THAN R's SPOUSE AND CHILDREN.)

During 1985, did any of these persons receive (READ ITEMS). CODE "YES" OR "NO" FOR EACH ITEM.

		YES	NO	DON'T KNOW	
A.	payments from Aid to Families with Dependent Children? Please include any payments which these persons may have received to help pay for your (or your husband's/wife's) support.	1	0	8	75/
B.	Supplemental Security Income, or any other public assistance or welfare from the local, state, or federal government?	1	0	8	76/
C.	unemployment compensation or worker's compensation?	1	0	8	77/
D.	veterans benefits?	1	0	8	78/

23. INTERVIEWER: IS ANY ITEM IN Q. 22 CODED YES (1)?

YES .... (GO TO Q.24) 1   79/

NO .... (SKIP TO Q.25) 0

BEGIN DECK 69

IF YES TO Q. 23, ASK:

24. What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED TO R OTHER THAN R'S SPOUSE AND CHILDREN) from (READ ALL SOURCES CODED "YES" ABOVE IN Q.22) during 1985 - before taxes and other deductions?

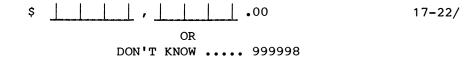$ |___|___|___|___| , |___|___|___|___| .00   10-15/

OR

DON'T KNOW 999998

25. And did any of these persons receive in 1985 any income from a full-time or
    part-time job, net income from their own farm, net income from their non-farm
    business or professional practice, income from Social Security or pensions, or
    any income from any other regular or periodic sources?

                            Yes.........(ASK A)............ 1   16/
                            No..........(GO TO Q.26)...... 0
                            Don't Know..(GO TO Q.26)...... 8

    A. IF YES, ASK:
        What was the total income received by (READ NAMES OF ADULTS WHO ARE RELATED
        TO R OTHER THAN R'S SPOUSE AND CHILDREN) from all sources mentioned above
        during 1985 - before taxes and other deductions?

                    $ |___|___|___|___| , |___|___|___|___| .00   17-22/
                                        OR
                            DON'T KNOW 999998

---

26. INTERVIEWER: DOES RESPONDENT CURRENTLY LIVE WITH A PARTNER OF THE OPPOSITE
                     SEX (Q. 7B ON HOUSEHOLD INTERVIEW CODED "YES")?

            YES .... (ASK Q.27) 1   23/

            NO ..... (SKIP TO Q.29, PAGE 13-169) 0

---

27. During 1985, did ...(READ NAME OF PARTNER ON HH ENUMERATION) ...receive income
     from a full-time or part-time job, net income from (his/her) own farm, net
     income from (his/her own non-farm business, partnership, or professional
     practice, payments from Aid to Families with Dependent Children, Supplemental
     Security Income, or any other public assistance or welfare from the local,
     state or federal government, unemployment compensation or worker's compen-
     sation, income from Social Security or pensions, or income from any other
     regular or periodic sources?

    ┌────────┐   Yes........(GO TO Q.28)...................... 1   24/
    │ HAND   │
    │ CARD   │   No...(SKIP TO Q.29, PAGE 13-169)............. 0
    │ AA   │
    └────────┘   Don't Know....(SKIP TO Q.29, PAGE 13-169).... 8

IF YES TO Q. 27, ASK:

28. What was the total income received by (PARTNER) from all sources listed above
     during 1985--before taxes and other deductions?

                    $ |___|___|___|___| , |___|___|___|___| .00   25-30/
                                        OR
                            DON'T KNOW 999998

```
┌─────────────────┐
│     NOTE:       │
│                 │
│ IN QS.29-37,    │
│ REFER TO R'S    │
│ SPOUSE ONLY     │
│   IF R IS       │
│ CURRENTLY       │
│ MARRIED AND     │
│  SPOUSE IS      │
│ LISTED ON       │
│ HOUSEHOLD       │
│ ENUMERATION.    │
└─────────────────┘
```

29. During 1985, did anyone [other than your (husband/wife)] pay at least half of your living expenses?

     Yes 1   31/

     No .... (SKIP TO Q.30) 0

     A.   INTERVIEWER: IS R LIVING IN A MILITARY BARRACK, ABOARD SHIP, OR IN BACHELOR ENLISTED OR OFFICER QUARTERS?

               YES .... (SKIP TO C) 1   32/

               NO 0

   B. Does this person live [here in this household/in your home at (CITY OF PERMANENT RESIDENCE)]?

               Yes .... (GO TO Q.30) 1   33/

               No 0

   C. What is this person's relationship to you?

       RELATIONSHIP TO RESPONDENT: _____ |__|__|__| 34-35/
                                                      OFFICE
                                                       USE

   D. During 1985, what was the total income of (SOURCE OF SUPPORT) and all family members living with (him/her) before taxes or other deductions?

               $ |__|__|__|__| , |__|__|__| .00   36-41/
                                   OR
               DON'T KNOW 999998

───

30. Do you [or your (husband/wife)] pay at least half of the living expenses of any other person [including your (child/children) but] not counting (yourself/yourselves)?

               Yes .... (ASK A) 1   42/

               No .... (GO TO Q.31) 0

   A. IF YES: Not counting (yourself/yourselves), but including your children, how many persons are dependent upon you [or your (husband/wife)] for at least one-half of their support?

               NUMBER OF DEPENDENTS: |__|__|__| 43-44/

───

31. During any part of 1985, did you live in public housing or did you (IF R LIVES WITH RELATIVES: and your family) receive a rent subsidy or pay a lower rent because the federal, state, or local government was paying part of the cost?

               Yes............................... 1   45/

               No................................ 0

32. Is this (house/apartment) owned or being bought by you (or your husband/wife)?

                    Yes......(ASK A-C)............ 1   46/

                    No.......(GO TO Q.33)......... 0

   A. IF YES: About how much do you think this property would sell for on
       today's market?

                    $|___|,|___|___|___|,|___|___|___|.00   47-53/

   B. About how much do you (and your husband/wife) owe on this property, for
       mortgages, back taxes, home improvement loans, etc.?

                    $|___|,|___|___|___|,|___|___|___|.00   54-60/

   C. How much other debt do you have on this property, such as assessments, home
       repair bills, etc.?

                    $|___|___|___|,|___|___|___|.00   61-66/

_____

33. Do you (and your husband/wife) have any money in savings or checking accounts,
    savings and loan companies, money market funds, credit unions, U.S. savings
    bonds, individual retirement accounts (IRA or KEOGH), or certificates of
    deposit, common stock, stock options, bonds, mutual funds, rights to an estate
    or investment trust, or personal loans to others or mortgages you hold (money
    owed to you by other people)?

                    Yes........(ASK A)............ 1   67/

    +--------+   No.........(GO TO Q.34)....... 0
    | HAND |
    | CARD |
    | BB |
    +--------+

   A. IF YES: How much altogether?

                    $|___|,|___|___|___|,|___|___|___|.00   68-74/

34. Do you (and your husband/wife) own or have an investment in a farm operation, a business or professional practice, or any other real estate, (not counting the property on which you are living)?

                    Yes........(ASK A-C).......... 1   75/

                    No.........(GO TO Q.35)....... 0

A. IF YES: Which ones? (CODE ALL THAT APPLY.)

                    Farm.......................... 1   76/

                    Business...................... 2   77/

                    Other real estate............. 3   78/

B. What is the total market value of all of the (real estate) (assets in the business, including tools and equipment) (farm operation, including value of land, buildings, house, and the equipment, livestock, stored crops, and other assets)? IF FARM: Do not include crops held under commodity credit loans.

   INTERVIEWER: "MARKET VALUE" IS DEFINED AS "HOW MUCH THE RESPONDENT WOULD REASONABLY EXPECT SOMEONE ELSE TO PAY IF THE ITEM(S) WERE SOLD TODAY IN ITS/THEIR PRESENT CONDITION: NOT THE ORIGINAL PRICE THE RESPONDENT PAID FOR THE ITEM(S).

                                                        BEGIN DECK 70
   $|___|,|___|___|___|___|,|___|___|___|___|.00   10-16/

C. What is the total amount of debts or liabilities you (and your husband/wife) owe on this operation or property? Include any unpaid mortgages. (Do not include any commodity credit loans.)

   $|___|,|___|___|___|___|,|___|___|___|___|.00   17-23/

----

35. Do you (and your husband/wife) own any motor vehicles that are primarily for personal use, including cars, motorcycles, trucks, a motor home or trailer?

                    Yes.........(ASK A)........... 1   24/

                    No..(GO TO Q.36, PAGE 13-172). 0

A. Do you (and your husband/wife) owe any money on this (these) vehicle(s)?

                    Yes.........(ASK B)........... 1   25/

                    No..........(SKIP TO C)....... 0

                    Don't Know..(SKIP TO C)....... 8

35.   (Continued)

B.   How much altogether?

$|___|___|___|,|___|___|___|.00   26-31/

(INTERVIEWER: RECORD AMOUNT AND GO TO C)

OR

Don't Know......(GO TO C)..... 999998

C.   How much would this (these) vehicle(s) sell for on today's market?

$|___|___|___|,|___|___|___|.00   32-37/

(INTERVIEWER: RECORD AMOUNT AND GO TO Q.36)

OR

Don't Know.....(GO TO Q.36)... 999998

---

36.   Aside from the things we've already talked about, do you (and your
       husband/wife) own any other items each worth more than $500? For example, a
       piece of furniture, appliance, boat, jewelry, stereo system, a valuable
       collection for investment purposes, etc.

                         Yes........(ASK A)............ 1   38/
                         No ....(SKIP TO Q.37) 0

┌─────────┐
│ HAND   │
│ CARD   │
│ CC   │
└─────────┘

A.   What is their total market value, rounding to the nearest hundred dollars?

$|___|,|___|___|___|,|___|___|___|.00   39-45/

---

37.   Aside from any debts you have already mentioned, do you (and your husband/wife)
       now owe over $500 to any stores, doctors, hospitals, banks, or anyone else,
       excluding 30-day charge accounts?

                         Yes.....(ASK A)............... 1   46/
                         No..(GO TO SECTION 14)........ 0

A.   IF YES: Rounding to the nearest hundred dollars, how much do
                you owe altogether?

$|___|___|___|,|___|___|___|.00   47-52/

                         TIME |_____|_____| AM
                         ENDED: |_____|_____| PM
                                    HR   MIN

                                                         53-56/

SECTION 14: LOCATING INFORMATION

INTERVIEWER: PLEASE PRINT CLEARLY. VERIFY SPELLING.

That's all the survey questions I have, but (as you know) we would like to keep in touch with you. So, let me be certain that we have your correct name, address, and phone number.

1.   A. **Am I correct that your full name is** (READ NAME FROM **FACE SHEET**)? **Let me confirm the spelling.**

BEGIN LOCATOR DECK 01

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT .... |___| 10/
OTHERWISE, ENTER <u>FULL</u> NAME OF PERSON BELOW. PUT
COMMA AFTER LAST NAME.

11-40/

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
(LAST),   (FIRST)   (MIDDLE)

B. **And the street address where <u>you</u> are presently living is . . .** (READ STREET ADDRESS FROM FACE SHEET)? **Is that right?**

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT .... |___| 41/
OTHERWISE, ENTER <u>FULL</u> STREET ADDRESS BELOW.

42-71/

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
(STREET ADDRESS)   BEGIN LOCATOR DECK 02

10-39/

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
(STREET ADDRESS - CONTINUED)

C. **And your city, state, and zip code are . . .** (READ FROM **FACE SHEET**)
Is that correct?

INTERVIEWER: IF CORRECT, CHECK BOX AT RIGHT .... |___| 40/
OTHERWISE, ENTER <u>FULL</u> INFORMATION BELOW.

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| 41-60/
(CITY)

61-62/

|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| |_|_|_|_|_| 63-67/
(STATE)   (ZIP)

NOTE: IF ANY CHANGES, ALSO ASK FOR COUNTY: _____

68/

NOTE: IF R LIVES OUTSIDE THE USA, RECORD COUNTRY: _____

(continued, next page)

1.   (Continued)

   D.   **Finally, we have your telephone number as** (READ PHONE FROM **FACE SHEET**)?
        Is that correct?

        <u>INTERVIEWER</u>:   IF CORRECT, CHECK BOX AT RIGHT .... |___| 69/
                            OTHERWISE, ENTER PHONE BELOW.

                     |__|__|__| |__|__|__|__|__|__|__|__| 70-79/
                     (AREA CODE)   (PHONE NUMBER)

                                   <u>OR</u>   BEGIN LOCATOR DECK 03

                     No phone ...... (SKIP TO Q.2) 0   10/
                     Refused 7

   E.   <u>IF RESPONDENT HAS NEW PHONE</u>:   **In whose name is the phone listed?**

                     RESPONDENT'S NAME ... (SKIP TO Q.2) 1   11/
                     Other .... (SPECIFY BELOW) 2

                                                              12-41/

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

                          ┌─────────────────────┐
                          │   GO TO Q.2   │
                          └─────────────────────┘

   ┌──┐
   │   FOR OFFICE USE ONLY: │
   │   │
   │   GEO CODE: |__|__|__|__|__| 42-46/   PSU: |__|__|__| 47-49/   MLA: |__| 50/   │
   └──┘

2.   INTERVIEWER:

--IF R IS LIVING IN DORMITORY, FRATERNITY, SORORITY, HOSPITAL, OR OTHER TEMPORARY IQ:
        OBTAIN NAME AND RELATIONSHIP OF HOUSEHOLDER AT PERMANENT HOME ADDRESS.
        RECORD NAME, RELATIONSHIP, ADDRESS, AND TELEPHONE INFORMATION IN A-C BELOW.

--IF THE ABOVE IS NOT APPLICABLE AND R IS MARRIED, LIVING APART FROM SPOUSE:
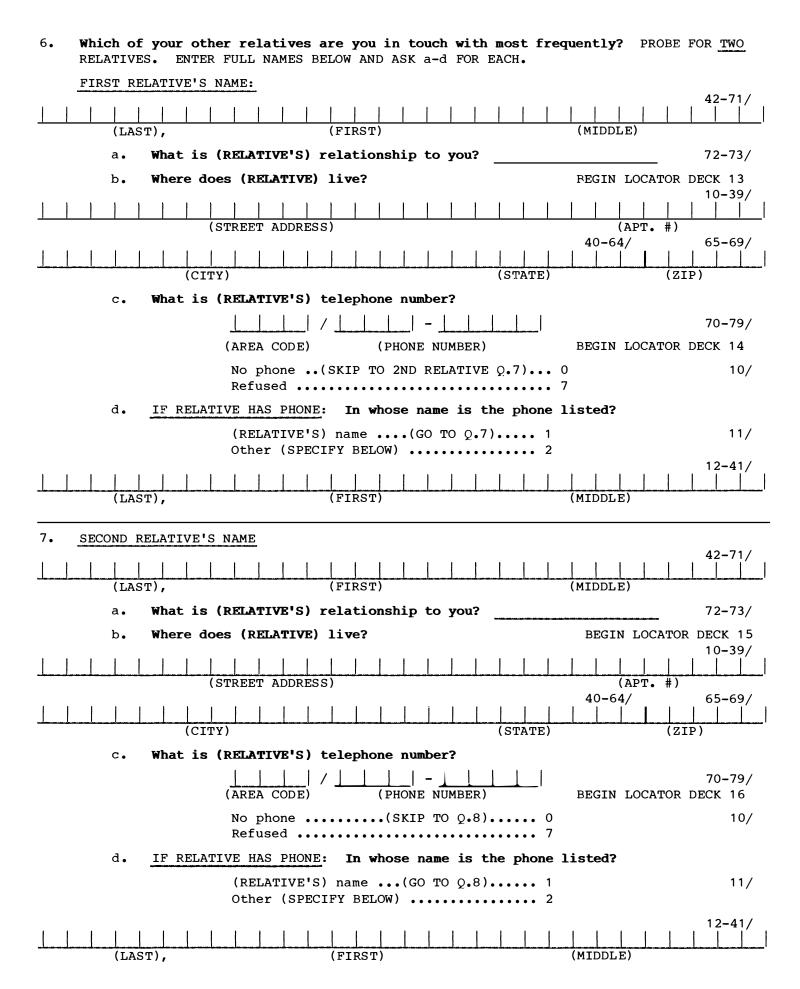   RECORD SPOUSE'S NAME, ADDRESS, AND TELEPHONE INFORMATION IN A-C BELOW.
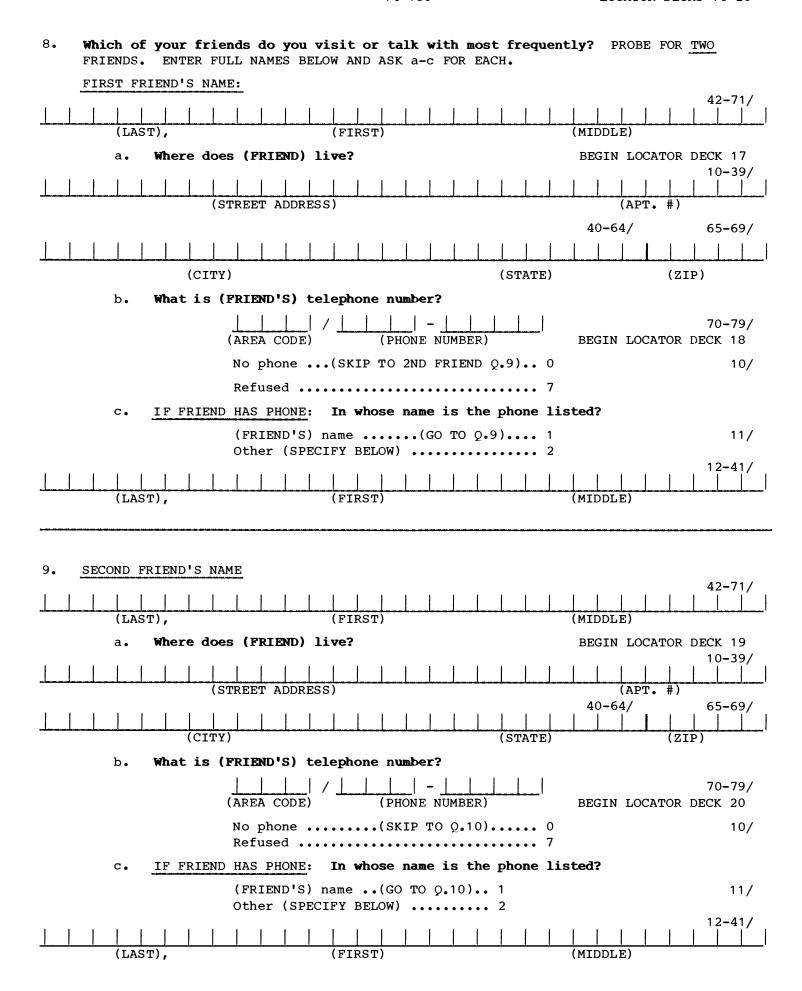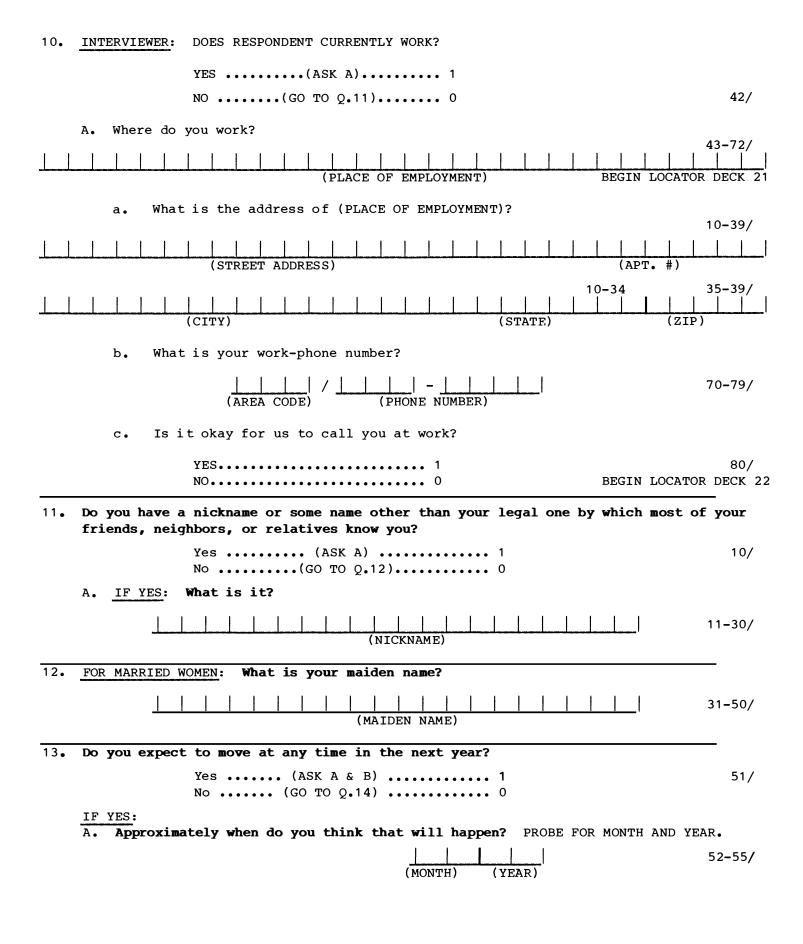
--OTHERWISE: GO TO Q. 3

A.   NAME:
                                                                    51-80/
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

                                                        BEGIN LOCATOR DECK 04

     RELATIONSHIP TO R: _____   10-11/

     ADDRESS:
                                                                    12-41/
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
             (STREET ADDRESS)   (APT. #)

                                                    42-66/   67-71/
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
             (CITY)   (STATE)   (ZIP)

                                                        BEGIN LOCATOR DECK 05
                                                                    10-29/
            |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
                      (COUNTRY IF NOT U.S.)

B.   **And what is (his/her) telephone number?**

            |__|__|__|__| / |__|__|__|__| - |__|__|__|__|__| 30-39/
            (AREA CODE)   (PHONE NUMBER)

            No phone ....(SKIP TO Q.3)........ 0   40/
            Refused 7

C.   IF PERSON HAS PHONE: **In whose name is the phone listed?**

            Name recorded above ..(SKIP TO Q.3).. 1   41/
            Other (SPECIFY BELOW) 2

                                                                    42-71/
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

3. **Thinking of all the people you know, either around here or elsewhere, who would be the one person you keep in touch with who would be <u>most likely to know where you are?</u>** ENTER FULL NAME OF PERSON BELOW AND ASK A-D.

BEGIN LOCATOR DECK 06

10-39/

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
    (LAST),   (FIRST)   (MIDDLE)

A. **What is (PERSON'S) relationship to you?** _____   40-41/

B. **Where does (PERSON) live?**

42-71/

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
    (STREET ADDRESS)   (APT. #)

BEGIN LOCATOR DECK 07

             10-34/   35-39/

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
    (CITY)   (STATE)   (ZIP)

C. **What is (PERSON'S) telephone number?**

    |__|__|__| / |__|__|__| - |__|__|__|__| 40-49/
    (AREA CODE)   (PHONE NUMBER)

    No phone .....(SKIP TO Q.4)..... 0   50/
    Refused 7

D. <u>IF (PERSON) HAS PHONE</u>: **In whose name is the phone listed?**

    (PERSON'S) name ..(SKIP TO Q.4). 1   51/
    Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 08

10-39/

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
    (LAST),   (FIRST)   (MIDDLE)

4.   INTERVIEWER: HAS CURRENT LOCATING INFORMATION BEEN COLLECTED FOR BOTH PARENTS?

                    YES ....(SKIP TO Q.6)....... 1   40/

                    NO ....(ASK A).......... 0

I'd also like the name, address, and telephone number of (each of your parents/your father/your mother).

INTERVIEWER: COLLECT FATHER'S LOCATING INFORMATION IF NOT YET COLLECTED.

A.   **Is your father currently living?**

                    Yes ....(ASK B).......... 1   41/

                    No ....(SKIP TO Q.5)....... 0

B.   **What is your father's full name?**   ENTER FULL NAME AND ASK a-c.

                                                                             42-71/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
    (LAST),   (FIRST)   (MIDDLE)

                                                          BEGIN LOCATOR DECK 09

     a.   **Where does he live?**
                                                                             10-39/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
              (STREET ADDRESS)   (APT. #)

                                              40-64/   65-69/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
              (CITY)   (STATE)   (ZIP)

     b.   **What is his telephone number?**

          | | | | | / | | | | | - | | | | | | 70-79/
          (AREA CODE)   (PHONE NUMBER)

                                                          BEGIN LOCATOR DECK 10

          No phone ....(SKIP TO Q.5)........ 0   10/

          Refused 7

     c.   IF FATHER HAS PHONE: **In whose name is the phone listed?**

          Father's name .....(SKIP TO Q.5)...... 1   11/

          Other ....(SPECIFY BELOW) ... 2

                                                                             12-41/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
    (LAST),   (FIRST)   (MIDDLE)

5. <u>INTERVIEWER</u>: COLLECT MOTHER'S LOCATING INFORMATION IF NOT ALREADY COLLECTED:

A. **Is your mother currently living?**

Yes ....(ASK B) 1   42/

No ....(SKIP TO Q.6) 0

B. **What is your <u>mother's</u> full name?** ENTER FULL NAME BELOW AND ASK a-c.

43-72/

|||||||||||||||||||||||||||||||||||

(LAST),   (FIRST)   (MIDDLE)

a. **Where does she live?**

Same address as father ..... (GO TO Q.6) 1   73/

Other (SPECIFY BELOW) 2

BEGIN LOCATOR DECK 11

10-39/

|||||||||||||||||||||||||||||||||||

(STREET ADDRESS)   (APT. #)

40-64/   65-69/

|||||||||||||||||||||||||||||||||||

(CITY)   (STATE)   (ZIP)

b. **What is her telephone number?**

|___|___|___| / |___|___|___| - |___|___|___|___| 70-79/
(AREA CODE)   (PHONE NUMBER)   BEGIN LOCATOR DECK 12

No phone ....(SKIP TO Q.6)......... 0   10/

Refused 7

c. <u>IF MOTHER HAS PHONE</u>: **In whose name is the phone listed?**

Mother's name ......(SKIP TO Q.6)..... 1   11/

Father's name ......(SKIP TO Q.6)..... 2

Other (SPECIFY BELOW) 3

12-41/

|||||||||||||||||||||||||||||||||||

(LAST),   (FIRST)   (MIDDLE)

6. **Which of your other relatives are you in touch with most frequently?** PROBE FOR <u>TWO</u> RELATIVES. ENTER FULL NAMES BELOW AND ASK a-d FOR EACH.

<u>FIRST RELATIVE'S NAME:</u>

42-71/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(LAST), (FIRST) (MIDDLE)

    a. **What is (RELATIVE'S) relationship to you?** _____ 72-73/

    b. **Where does (RELATIVE) live?** BEGIN LOCATOR DECK 13

10-39/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(STREET ADDRESS) (APT. #)

40-64/ 65-69/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(CITY) (STATE) (ZIP)

    c. **What is (RELATIVE'S) telephone number?**

        | | | | | / | | | | | - | | | | | 70-79/
        (AREA CODE) (PHONE NUMBER) BEGIN LOCATOR DECK 14

        No phone ..(SKIP TO 2ND RELATIVE Q.7)... 0 10/
        Refused 7

    d. <u>IF RELATIVE HAS PHONE:</u> **In whose name is the phone listed?**

        (RELATIVE'S) name ....(GO TO Q.7)..... 1 11/
        Other (SPECIFY BELOW) 2

12-41/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(LAST), (FIRST) (MIDDLE)

---

7. <u>SECOND RELATIVE'S NAME</u>

42-71/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(LAST), (FIRST) (MIDDLE)

    a. **What is (RELATIVE'S) relationship to you?** _____ 72-73/

    b. **Where does (RELATIVE) live?** BEGIN LOCATOR DECK 15

10-39/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(STREET ADDRESS) (APT. #)

40-64/ 65-69/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(CITY) (STATE) (ZIP)

    c. **What is (RELATIVE'S) telephone number?**

        | | | | | / | | | | | - | | | | | 70-79/
        (AREA CODE) (PHONE NUMBER) BEGIN LOCATOR DECK 16

        No phone ....(SKIP TO Q.8)...... 0 10/
        Refused 7

    d. <u>IF RELATIVE HAS PHONE:</u> **In whose name is the phone listed?**

        (RELATIVE'S) name ...(GO TO Q.8)...... 1 11/
        Other (SPECIFY BELOW) 2

12-41/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(LAST), (FIRST) (MIDDLE)

8. **Which of your friends do you visit or talk with most frequently?** PROBE FOR <u>TWO</u>
    FRIENDS. ENTER FULL NAMES BELOW AND ASK a-c FOR EACH.

    <u>FIRST FRIEND'S NAME:</u>

    42-71/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

    a. **Where does (FRIEND) live?**   BEGIN LOCATOR DECK 17

    10-39/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
            (STREET ADDRESS)   (APT. #)

    40-64/   65-69/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
           (CITY)   (STATE)   (ZIP)

    b. **What is (FRIEND'S) telephone number?**

    |__|__|__| / |__|__|__| - |__|__|__|__| 70-79/
    (AREA CODE)   (PHONE NUMBER)   BEGIN LOCATOR DECK 18

    No phone ...(SKIP TO 2ND FRIEND Q.9).. 0   10/

    Refused 7

    c. <u>IF FRIEND HAS PHONE:</u> **In whose name is the phone listed?**

    (FRIEND'S) name ....(GO TO Q.9).... 1   11/
    Other (SPECIFY BELOW) 2

    12-41/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

---

9. <u>SECOND FRIEND'S NAME</u>

    42-71/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

    a. **Where does (FRIEND) live?**   BEGIN LOCATOR DECK 19

    10-39/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
            (STREET ADDRESS)   (APT. #)

    40-64/   65-69/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
           (CITY)   (STATE)   (ZIP)

    b. **What is (FRIEND'S) telephone number?**

    |__|__|__| / |__|__|__| - |__|__|__|__| 70-79/
    (AREA CODE)   (PHONE NUMBER)   BEGIN LOCATOR DECK 20

    No phone ....(SKIP TO Q.10)...... 0   10/
    Refused 7

    c. <u>IF FRIEND HAS PHONE:</u> **In whose name is the phone listed?**

    (FRIEND'S) name ..(GO TO Q.10).. 1   11/
    Other (SPECIFY BELOW) 2

    12-41/

    |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
        (LAST),   (FIRST)   (MIDDLE)

10. <u>INTERVIEWER</u>: DOES RESPONDENT CURRENTLY WORK?

        YES ....(ASK A).......... 1

        NO ....(GO TO Q.11)........ 0   42/

   A. Where do you work?

                                                43-72/

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
                     (PLACE OF EMPLOYMENT)   BEGIN LOCATOR DECK 21

     a. What is the address of (PLACE OF EMPLOYMENT)?

                                                10-39/

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
            (STREET ADDRESS)   (APT. #)

                                        10-34   35-39/

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
         (CITY)   (STATE)   (ZIP)

     b. What is your work-phone number?

            |___|___|___| / |___|___|___| - |___|___|___|___| 70-79/
            (AREA CODE)   (PHONE NUMBER)

     c. Is it okay for us to call you at work?

            YES......................... 1   80/
            NO.......................... 0   BEGIN LOCATOR DECK 22

11. **Do you have a nickname or some name other than your legal one by which most of your friends, neighbors, or relatives know you?**

            Yes .... (ASK A) 1   10/
            No ....(GO TO Q.12)............ 0

   A. <u>IF YES</u>: **What is it?**

        |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| 11-30/
                    (NICKNAME)

12. <u>FOR MARRIED WOMEN</u>: **What is your maiden name?**

        |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| 31-50/
                  (MAIDEN NAME)

13. **Do you expect to move at any time in the next year?**

            Yes .... (ASK A & B) 1   51/
            No .... (GO TO Q.14) 0

   <u>IF YES</u>:
   A. **Approximately when do you think that will happen?** PROBE FOR MONTH AND YEAR.

                |___|___|___|___|___| 52-55/
                (MONTH) (YEAR)

B. **Where do you expect to move?**
    PROBE FOR DETAILS, SPECIFIC ADDRESS IF POSSIBLE.   56-80/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(STREET ADDRESS)   (APT. #)

BEGIN LOCATOR DECK 23
10-34/   35-39/

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
(CITY)   (STATE)   (ZIP)

---

14. **Do you have a driver's license?**

Yes.....(ASK A)...... 1
No....(GO TO Q̶1̶6̶)... 2   40/
        /5

A. **What is your license number?**

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
LICENSE NUMBER
41-64/

B. **What state issued your license?** |__|__| 65-66/

---

15. NOW PAY RESPONDENT FOR MAIN INTERVIEW AND HAVE HIM/HER SIGN THE RECEIPT. <u>DO
     NOT</u> PAY RESPONDENT FOR CHILDREN'S SUPPLEMENTS AT THIS TIME.

---

16. IF CURRENT MAILING ADDRESS IS NOT A REGULAR STREET ADDRESS OR IF DU IS
     DIFFICULT TO LOCATE, GIVE DU DESCRIPTION AND DIRECTIONS HERE:

67/

---

17. OTHER COMMENTS ON LOCATING R:

68/

INTERVIEWER REMARKS

<u>INTERVIEWER</u>: Complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview: |__|__|__| 57-59/
    (Section 1, p. 1 through   MINUTES
      Section 13)

---

2. Date of interview: |__|__|__|__| 8 | 6 | 60-65/
                                    MONTH   DAY   YEAR

---

3. Race of Respondent:

            White 1   66/

            Black 2

            Other 3

---

4. Sex of respondent:

            Male 1   67/

            Female 2

---

5. In what language was this interview conducted?

            English 1   68/

            Spanish 2

            Other (SPECIFY)

            _____ 3

---

6. In general, what was the respondent's attitude toward the interview?

            Friendly and interested 1   69/

            Cooperative but not
                particularly interested 2

            Impatient and restless 3

            Hostile 4

---

7. In general, was the respondent's understanding of the questions . . .

            Good? 1   70/

            Fair? 2

            Poor? 3

8. Was anyone else present other than small children during any portion of the
    youth's interview?

                              Yes ....(ANSWER A).... 1   71/

                              No ....(GO TO Q. 9)... 0

                              TELEPHONE INTERVIEW ...(GO TO Q.9)... 8

    A. IF YES: Who was present? CODE ALL THAT APPLY?

                              R's parent(s) 1   72/

                              Other members(s) of
                              R's household 2   73/

                              R's friend(s) 3   74/

                              Other (SPECIFY)

                              _____ 4   75/
                                                                              BEGIN DECK 71

9. List questions that confused, angered, or caused discomfort to the respondent
    or questions that you feel the respondent did not answer truthfully. EXPLAIN.

                              None 0   10/

                                              or

                           Section   Question

                    A. _____ 11-12/   _____ 13-15/

                    B. _____ 16-17/   _____ 18-20/

                    C. _____ 21-22/   _____ 23-25/

                                                                                          26/
    Describe Problem: _____

                     _____

10. List questions with skip errors, questions that were confusing to you, or
    questions that otherwise didn't work. EXPLAIN.

                              None 0   27/

                                              or

                           Section   Question

                    A. _____ 28-29/   _____ 30-32/

                    B. _____ 33-34/   _____ 35-37/

                    C. _____ 38-39/   _____ 40-42/

                                                                                          43/
    Describe Problem: _____

11. <u>INTERVIEWER:</u> TRANSFER HERE THE LAST LINE OF THE RECORD OF CALLS.

Try #	Day #	Date		Time	Type P = 1 Tel = 2	Outcome Code
		Month	Day			
44-45/	46-47/	48-49/	50-51/	52-55/ A P	56/	57-58/
_____	_____	_____	_____	_____	_____	_____

12. Please record your interview ID #: |__|__|__|__|__|__| 59-64/

13. Please sign your name here: _____

14. Please affix label with your supervisor's name and ID # here:

OFFICE USE ONLY

CODER ID # |__|__|__| 65-67/

KEY PUNCH ID # |__|__|__| 68-70/