MATHEMATICA
Policy Research, Inc.

The National Evaluation of the Welfare-to-Work Grants Program:

12 Month Follow-Up Survey Instrument

June 17, 2003

Submitted to:

    Department of Health and Human Services
    Office of the Assistant Secretary for Planning and
       Evaluation
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NATIONAL EVALUATION
OF THE
WELFARE-TO-WORK GRANTS PROGRAM

FOLLOW-UP QUESTIONNAIRE

ANSWERS TO COMMONLY ASKED QUESTIONS
TO BE USED ONLY WHEN SPEAKING TO SAMPLE MEMBERS

WHAT IS THE STUDY ABOUT?

The purpose of this study is to see how people are doing on and off welfare.

WHO IS SPONSORING THIS STUDY?

The study is being sponsored by the U.S. Department of Health and Human Services.

WHO IS CONDUCTING THIS STUDY?

The study is being conducted by Mathematica Policy Research (MPR) of Princeton, NJ, an independent research company.

HOW WAS I SELECTED FOR THE STUDY?

You were selected from lists of people who might have been on welfare and are trying to improve their lives through employment.

WHY SHOULD I PARTICIPATE IN THE STUDY?

Your participation is vital to improving programs to help people achieve employment success. Information about your experiences can help policymakers improve such programs.

WHAT IS THE SIGNIFICANCE OF [ENROLLMENT DATE]*?

We want to find out how people have been doing in employment and other ways since they entered the study. [ENROLLMENT DATE] is when you completed a short questionnaire and became part of the study.

I AM NOT RECEIVING WELFARE BENEFITS OR PARTICIPATING IN ANY WELFARE PROGRAM. I AM NOT INTERESTED.

This study is about the experiences of people even after they stop receiving welfare benefits, and about people who have had some difficulties with employment in the past. We would like to know how things are going for you now even though you are not receiving services.

WHAT KINDS OF INFORMATION WILL BE COLLECTED IN THE SURVEY?

The survey will ask you about your work and educational experience, your housing and neighborhood, and sources of income and support.

HOW LONG WILL THE SURVEY TAKE?

The survey should take about 45 minutes to complete.

IS THE INFORMATION CONFIDENTIAL? HOW IS THE INFORMATION GOING TO BE USED? WHO WILL SEE THE INFORMATION?

All information collected in connection with this study will be kept strictly confidential and used only for research purposes. Your name will not be associated with your answers. The results of the study will only be reported as percentages, such as "25% of the people in the study are working part-time."

WILL MY BENEFITS BE AFFECTED IF I DO OR DO NOT PARTICIPATE?

No. Your participation in the study is voluntary and will not affect any benefits you receive now or apply for in the future.

Prepared by Mathematica Policy Research, Inc.

DO I HAVE TO REPORT THE $20 INCENTIVE PAYMENT TO MY CASEWORKER? WILL IT COUNT AGAINST MY TANF GRANT?

IF SAMPLE MEMBER IS FROM PHILADELPHIA/NASHVILLE/BOSTON/YAKIMA/WEST VIRGINIA, READ:

Yes, you must report the $20 incentive payment to your TANF caseworker. However, the payment will not be used to reduce your TANF grant.

IF SAMPLE MEMBER IS FROM FORT WORTH/PHOENIX/BALTIMORE/FLORIDA/CHICAGO, READ:

No, you do not need to report the $20 incentive payment to your TANF caseworker.

*NOTE: [ENROLLMENT DATE] WILL BE DISPLAYED IN CATI AND READ IN HARD-COPY AS MONTH/YEAR.

CONTENTS

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┌─────────────────────────────────────────────────────────────┐
│ TIME STARTED: |___|___|:|___|___|              AM....01       │
│                                                PM....02       │
│                                                               │
│ DATE OF INTERVIEW: |__|__| / |__|__| / |__|__|__|__|          │
│                     Month    Day      Year                    │
└─────────────────────────────────────────────────────────────┘
```

A.   INTRODUCTION/SCREENER

A1.   May I please speak with [SAMPLE MEMBER]? (My name is [NAME] and I'm from Mathematica Policy Research, Inc., a research company in Princeton, New Jersey.)

SAMPLE MEMBER AVAILABLE . . . . . 01 [1]

SAMPLE MEMBER NOT
AVAILABLE . . . . 00 →

> When would be a good time to reach [SAMPLE MEMBER]? **RECORD INFORMATION ON CONTACT SHEET. THANK PERSON AND TERMINATE.**

A2.   My name is [NAME] and I'm from Mathematica Policy Research, Inc., a research company in Princeton, New Jersey. We are doing a study to learn more about the experiences of people who are trying to get jobs and improve their lives. The interview will take about 45 minutes and **you will receive $20** for completing the interview. Everything that you tell me is completely confidential.

PROBE: You may have received a letter recently which explained the study to you.

PROBE: You may remember that you became a participant in this study about a year ago.

OK TO CONTINUE 01

NOT A GOOD TIME FOR SM . . . . . . 00 →

> When would be a good time to do the interview? **RECORD APPT. DATE AND TIME ON CONTACT SHEET. THANK SM AND TERMINATE.**

A3.   I just need to verify that I am speaking with the correct person. What is your date of birth?

```
(01-12)        (01-31)        (1935-1982)
|___|___| / |___|___| / |___|___|___|___|
MONTH      DAY          YEAR
```

REFUSED . . . . r ┐
                                                      ├→ **GO TO A5**
DON'T KNOW . . . . d ┘

---

[1] A field will be created at this point in CATI to indicate whether the interview was completed via telephone, in-person by cell phone, or in-person by paper/pencil questionnaire. This option appears for cases sent to the field. Interviewers can still call out and take SM call-ins.

A4. **INTERVIEWER: CHECK A3 ON THE CONTACT SHEET. DOES THE DOB IN A3 MATCH THE DOB ON THE CONTACT SHEET?**

> YES . . . . 01 → **GO TO A8**
>
> NO/NO DOB ON CONTACT SHEET . . 00

A5. And what are the last 4-digits of your Social Security number?

> |___|___|___|___|
>
> DON'T KNOW . . . . d ⎤
> REFUSED . . . . r ⎦ → **GO TO A7**

A6. **INTERVIEWER: CHECK A5 ON THE CONTACT SHEET. DO THE LAST 4 DIGITS OF THE SSN IN A5 MATCH THE SSN ON THE CONTACT SHEET?**

> YES . . . . 01 → **GO TO A8**
>
> NO/NO SSN ON CONTACT SHEET . . 00 → **GO TO A7**

A7. I'm sorry. I need to check my records before I can interview you. Is this the best time to reach you in the future?

> YES . . . . 01 → **THANK SM AND TERMINATE. RECORD TIME AND DATE ON CONTACT SHEET.**
>
> NO . . . . 00 → What is the best time to reach you? **RECORD TIME AND DATE ON CONTACT SHEET. THANK SM AND TERMINATE.**

A8. Are you male or female?

CODE WITHOUT ASKING IF KNOWN.

> MALE 01
>
> FEMALE 02
>
> DON'T KNOW . . . . d
>
> REFUSED . . . . r

2

B. RECEIPT OF SERVICES IN THE PAST YEAR

A. TYPE OF SERVICE	B.	C.	D.
ASK QUESTIONS IN COLUMN A FIRST. THEN GO TO B3a. B1. Now I would like to ask you a few questions about classes or meetings you have had since [ENROLLMENT DATE] to help you get ready for employment, find work, or stay employed.	**FREQUENCY** The next questions are about the service(s) you have received since [ENROLLMENT DATE]. **ASK FOR EACH "YES" IN COLUMN A.**	**DURATION**	How useful was this service in helping you find or keep a job? Was it very useful, somewhat useful or not useful at all?

B1a. Since [ENROLLMENT DATE], have you attended any job readiness training or classes to help you prepare for working, such as, how to get along with people at work, dress for a job, or stick to a work schedule?
 	
        YES   01
 	
        NO 00
 	
        DON'T KNOW . . . . . d
 	
        REFUSED . . . . r
	How often have you attended job readiness training?
	
	ONCE A WEEK 01
	TWICE A WEEK 02
	THREE OR FOUR TIMES A WEEK . . . 03
	FIVE OR SIX TIMES A WEEK 04
	SEVEN TIMES A WEEK/EVERYDAY . . 05
	
	ONCE OR TWICE A MONTH 06
	
	ONCE OR TWICE 07
	THREE OR FOUR TIMES 08
	FIVE TO TEN TIMES 09
	MORE THAN TEN TIMES 10
	DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		|___|___| ENTER NUMBER
		
		→ ☐ WEEKS (01-78)
		☐ MONTHS (01-18)
		
		For how many months?
		➡ MONTHS |___|___|
		        (01-18)
		
		➡ **GO TO D**
			VERY USEFUL 01
			
			SOMEWHAT USEFUL 02
			
			NOT USEFUL AT ALL . 03
			
			(GO TO NEXT "YES" IN COLUMN A, OR B4)
			
			DON'T KNOW . . . . d
			
			REFUSED . . . . r

B2. Since [ENROLLMENT DATE], have you received any job search or placement services such as, help writing your resume or finding a job opening, getting a better job, or arranging a job with an employer?
 	
        YES   01
 	
        NO 00
 	
        DON'T KNOW . . . . . d
 	
        REFUSED . . . . r
	How often have you received job search or placement services?
	
	ONCE A WEEK 01
	TWICE A WEEK 02
	THREE OR FOUR TIMES A WEEK . . . 03
	FIVE OR SIX TIMES A WEEK 04
	SEVEN TIMES A WEEK/EVERYDAY . . 05
	
	ONCE OR TWICE A MONTH 06
	
	ONCE OR TWICE 07
	THREE OR FOUR TIMES 08
	FIVE TO TEN TIMES 09
	MORE THAN TEN TIMES 10
	DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		|___|___| ENTER NUMBER
		
		→ ☐ WEEKS (01-78)
		☐ MONTHS (01-18)
		
		For how many months?
		➡ MONTHS |___|___|
		        (01-18)
		
		➡ **GO TO D**
			VERY USEFUL 01
			
			SOMEWHAT USEFUL 02
			
			NOT USEFUL AT ALL . 03
			
			(GO TO NEXT "YES" IN COLUMN A, OR B4)
			
			DON'T KNOW . . . . d
			
			REFUSED . . . . r

B3. Since [ENROLLMENT DATE], have you attended life skills classes or classes on how to manage your own life while you are working, such as, how to manage money, use public transportation, or balance your job and family responsibilities?
 	
        YES   01
 	
        NO 00
 	
        DON'T KNOW . . . . . d
 	
        REFUSED . . . . r
	How often have you attended life skills classes?
	
	ONCE A WEEK 01
	TWICE A WEEK 02
	THREE OR FOUR TIMES A WEEK . . . 03
	FIVE OR SIX TIMES A WEEK 04
	SEVEN TIMES A WEEK/EVERYDAY . . 05
	
	ONCE OR TWICE A MONTH 06
	
	ONCE OR TWICE 07
	THREE OR FOUR TIMES 08
	FIVE TO TEN TIMES 09
	MORE THAN TEN TIMES 10
	DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		|___|___| ENTER NUMBER
		
		→ ☐ WEEKS (01-78)
		☐ MONTHS (01-18)
		
		For how many months?
		➡ MONTHS |___|___|
		        (01-18)
		
		➡ **GO TO D**
			VERY USEFUL 01
			
			SOMEWHAT USEFUL 02
			
			NOT USEFUL AT ALL . 03
			
			GO TO B4
			
			DON'T KNOW . . . . d
			
			REFUSED . . . . r

B3a.   **INTERVIEWER: IS B1a, B2, OR B3 CODED "YES"?**

        YES . . . . 01 ➡ **ASK B-D ABOVE FOR EACH "YES" IN COLUMN A**

        NO . . . . 00 ➡ **GO TO B4**

3

A. TYPE OF SERVICE	B.	C.	D.
ASK QUESTIONS IN COLUMN A FIRST. THEN FOR EACH "YES," ASK QUESTIONS IN COLUMNS B-D.	**FREQUENCY** The next questions are about the service(s) you have received since [ENROLLMENT DATE]. **ASK FOR EACH "YES" IN COLUMN A.**	**DURATION**	How useful was this service in helping you find or keep a job? Was it very useful, somewhat useful or not useful at all?

B4. Since [ENROLLMENT DATE], have you received any mental health services?
 	
 YES   01
 NO 00
 DON'T KNOW . . . . d
 REFUSED . . . . r
	How often have you received mental health services?
	
	 ONCE A WEEK 01
	 TWICE A WEEK 02
	 THREE OR FOUR TIMES A WEEK . . . 03
	 FIVE OR SIX TIMES A WEEK 04
	 SEVEN TIMES A WEEK/EVERYDAY . . 05
	 ONCE OR TWICE A MONTH 06
	
	 ONCE OR TWICE 07
	 THREE OR FOUR TIMES 08
	 FIVE TO TEN TIMES 09
	 MORE THAN TEN TIMES 10
	 DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		 |___|___| ENTER NUMBER
		
		 → ☐ WEEKS (01-78)
		    ☐ MONTHS (01-18)
		
		 For how many months?
		 ➡ MONTHS |___|___|
		            (01-18)
		
		 ➡ GO TO D
			VERY USEFUL 01
			
			 SOMEWHAT USEFUL 02
			
			 NOT USEFUL AT ALL . 03
			
			 (GO TO NEXT "YES" IN COLUMN A, OR B13)
			
			 DON'T KNOW . . . . d
			
			 REFUSED . . . . r

B5. Have you received any substance abuse treatment?
 	
 PROBE: Since [ENROLLMENT DATE].
 	
 YES   01
 NO 00
 DON'T KNOW . . d
 REFUSED . . . . . r
	How often have you received substance abuse treatment?
	
	 ONCE A WEEK 01
	 TWICE A WEEK 02
	 THREE OR FOUR TIMES A WEEK . . . 03
	 FIVE OR SIX TIMES A WEEK 04
	 SEVEN TIMES A WEEK/EVERYDAY . . 05
	 ONCE OR TWICE A MONTH 06
	
	 ONCE OR TWICE 07
	 THREE OR FOUR TIMES 08
	 FIVE TO TEN TIMES 09
	 MORE THAN TEN TIMES 10
	 DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		 |___|___| ENTER NUMBER
		
		 → ☐ WEEKS (01-78)
		    ☐ MONTHS (01-18)
		
		 For how many months?
		 ➡ MONTHS |___|___|
		            (01-18)
		
		 ➡ GO TO D
			VERY USEFUL 01
			
			 SOMEWHAT USEFUL 02
			
			 NOT USEFUL AT ALL . 03
			
			 (GO TO NEXT "YES" IN COLUMN A, OR B13)
			
			 DON'T KNOW . . . . d
			
			 REFUSED . . . . r

B6. Aside from mental health services or substance abuse treatment, have you received any other medical attention to correct physical conditions so that you could work?
 	
 PROBE: Like problems with your eyes, dental problems, or back problems.   YES   01
           NO 00
 PROBE: Since [ENROLLMENT DATE].   DON'T KNOW . . d
           REFUSED . . . . . r
	How often have you received medical attention for physical conditions so that you could work?
	
	 ONCE A WEEK 01
	 TWICE A WEEK 02
	 THREE OR FOUR TIMES A WEEK . . . 03
	 FIVE OR SIX TIMES A WEEK 04
	 SEVEN TIMES A WEEK/EVERYDAY . . 05
	 ONCE OR TWICE A MONTH 06
	
	 ONCE OR TWICE 07
	 THREE OR FOUR TIMES 08
	 FIVE TO TEN TIMES 09
	 MORE THAN TEN TIMES 10
	 DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		 |___|___| ENTER NUMBER
		
		 → ☐ WEEKS (01-78)
		    ☐ MONTHS (01-18)
		
		 For how many months?
		 ➡ MONTHS |___|___|
		            (01-18)
		
		 ➡ GO TO D
			VERY USEFUL 01
			
			 SOMEWHAT USEFUL 02
			
			 NOT USEFUL AT ALL . 03
			
			 (GO TO NEXT "YES" IN COLUMN A, OR B13)
			
			 DON'T KNOW . . . . d
			
			 REFUSED . . . . r

B7. Have you received any legal assistance?
 	
 PROBE: Help from an attorney, legal aide, or help paying for these types of services.   YES   01
         NO 00
         DON'T KNOW . . d
         REFUSED . . . . . r
	How often have you received legal assistance?
	
	 ONCE A WEEK 01
	 TWICE A WEEK 02
	 THREE OR FOUR TIMES A WEEK . . . 03
	 FIVE OR SIX TIMES A WEEK 04
	 SEVEN TIMES A WEEK/EVERYDAY . . 05
	 ONCE OR TWICE A MONTH 06
	
	 ONCE OR TWICE 07
	 THREE OR FOUR TIMES 08
	 FIVE TO TEN TIMES 09
	 MORE THAN TEN TIMES 10
	 DON'T KNOW/REFUSED. .(GO TO D) d/r
		For how many weeks or months?
		
		 |___|___| ENTER NUMBER
		
		 → ☐ WEEKS (01-78)
		    ☐ MONTHS (01-18)
		
		 For how many months?
		 ➡ MONTHS |___|___|
		            (01-18)
		
		 ➡ GO TO D
			VERY USEFUL 01
			
			 SOMEWHAT USEFUL 02
			
			 NOT USEFUL AT ALL . 03
			
			 (GO TO NEXT "YES" IN COLUMN A, OR B13)
			
			 DON'T KNOW . . . . d
			
			 REFUSED . . . . r

A. TYPE OF SERVICE	B.	C.	D.
ASK QUESTIONS IN COLUMN A FIRST. THEN FOR EACH "YES," ASK QUESTIONS IN COLUMNS B-D.	**FREQUENCY** The next questions are about the service(s) you have received since [ENROLLMENT DATE]. **ASK FOR EACH "YES" IN COLUMN A.**	**DURATION**	How useful was this service in helping you find or keep a job? Was it very useful, somewhat useful or not useful at all?
B8a. Since [ENROLLMENT DATE], have you ever talked with a caseworker or counselor for help or encouragement about problems in your personal life or at work? YES ... 01 NO ... 00 DON'T KNOW ... d REFUSED ... r	How often have you talked with a caseworker or counselor for help or encouragement about problems in your personal life or at work? ONCE A WEEK ... 01 TWICE A WEEK ... 02 THREE OR FOUR TIMES A WEEK ... 03 FIVE OR SIX TIMES A WEEK ... 04 SEVEN TIMES A WEEK/EVERYDAY ... 05 ONCE OR TWICE A MONTH ... 06 ONCE OR TWICE ... 07 THREE OR FOUR TIMES ... 08 FIVE TO TEN TIMES ... 09 MORE THAN TEN TIMES ... 10 DON'T KNOW/REFUSED. .(GO TO D) ... d/r	For how many weeks or months? |___|___| ENTER NUMBER → ☐ WEEKS (01-78) ☐ MONTHS (01-18) For how many months? ➡ MONTHS |___|___| (01-18) ➡ GO TO D	VERY USEFUL ... 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 **(GO TO NEXT "YES" IN COLUMN A, OR B13)** DON'T KNOW ... d REFUSED ... r
B9. Have you gone to any peer support groups or discussion groups with other people who are in situations like yours? **PROBE:** Since [ENROLLMENT DATE]. YES ... 01 NO ... 00 DON'T KNOW ... d REFUSED ... r	How often have you attended peer support groups or discussion groups? ONCE A WEEK ... 01 TWICE A WEEK ... 02 THREE OR FOUR TIMES A WEEK ... 03 FIVE OR SIX TIMES A WEEK ... 04 SEVEN TIMES A WEEK/EVERYDAY ... 05 ONCE OR TWICE A MONTH ... 06 ONCE OR TWICE ... 07 THREE OR FOUR TIMES ... 08 FIVE TO TEN TIMES ... 09 MORE THAN TEN TIMES ... 10 DON'T KNOW/REFUSED. .(GO TO D) ... d/r	For how many weeks or months? |___|___| ENTER NUMBER → ☐ WEEKS (01-78) ☐ MONTHS (01-18) For how many months? ➡ MONTHS |___|___| (01-18) ➡ GO TO D	VERY USEFUL ... 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 **(GO TO NEXT "YES" IN COLUMN A, OR B13)** DON'T KNOW ... d REFUSED ... r
B10. Since [ENROLLMENT DATE], has a caseworker or counselor done any mediation, where they actually talk to someone like your employer or landlord, to help work out problems you were having? YES ... 01 NO ... 00 DON'T KNOW ... d REFUSED ... r	How often has a caseworker or counselor done mediation to help work out problems you were having? ONCE A WEEK ... 01 TWICE A WEEK ... 02 THREE OR FOUR TIMES A WEEK ... 03 FIVE OR SIX TIMES A WEEK ... 04 SEVEN TIMES A WEEK/EVERYDAY ... 05 ONCE OR TWICE A MONTH ... 06 ONCE OR TWICE ... 07 THREE OR FOUR TIMES ... 08 FIVE TO TEN TIMES ... 09 MORE THAN TEN TIMES ... 10 DON'T KNOW/REFUSED. .(GO TO D) ... d/r	For how many weeks or months? |___|___| ENTER NUMBER → ☐ WEEKS (01-78) ☐ MONTHS (01-18) For how many months? ➡ MONTHS |___|___| (01-18) ➡ GO TO D	VERY USEFUL ... 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 DON'T KNOW ... d REFUSED ... r **GO TO B13**

B11.   **NO B11 THIS VERSION.**

B12.   **NO B12 THIS VERSION.**

B13. Next, I'd like to know if there were any services that you did **not** get, or did not get enough of, that would have helped you find or keep a job. These could include the services we just talked about, or some others. Since [ENROLLMENT DATE], what services would have been useful to you? **CIRCLE ALL THAT APPLY**.

		B13. CIRCLE **ALL** THAT APPLY	**B15.** CIRCLE ONLY **ONE**
A.	NONE	00	--
B.	JOB READINESS TRAINING	01	01
C.	JOB SEARCH OR PLACEMENT SERVICES	02	02
D.	LIFE SKILLS CLASSES	03	03
E.	MENTAL HEALTH SERVICES	04	04
F.	SUBSTANCE ABUSE TREATMENT	05	05
G.	SERVICES TO CORRECT MEDICAL CONDITIONS . . .	06	06
H.	LEGAL ASSISTANCE	07	07
I.	MORAL SUPPORT AND COUNSELING FROM A CASEWORKER OR COUNSELOR	08	08
J.	ASSISTANCE WITH HANDLING PROBLEMS AT WORK FROM A CASEWORKER OR COUNSELOR . . .	09	09
K.	PEER SUPPORT GROUPS	10	10
L.	MEDIATION SERVICES	11	11
M.	HELP PAYING FOR CHILD CARE	12	12
N.	HELP FINDING CHILD CARE	13	13
O.	PAYING FOR TRANSPORTATION	14	14
P.	FINDING APPROPRIATE TRANSPORTATION	15	15
Q.	ANY OTHER TYPES OF SERVICES (SPECIFY) . . . . . . _____	16	16
R.	_____		
S.	_____		
T.	**GED CLASSES**	**17**	**17**
U.	**COMPUTER CLASSES**	**18**	**18**
V.	**HELP WITH HOUSING/HOUSING ASSISTANCE**	**19**	**19**
W.	**JOB TRAINING**	**20**	**20**
X.	DON'T KNOW	d	--
Y.	REFUSED	r	--

B14. | **INTERVIEWER: IS MORE THAN ONE SERVICE CIRCLED IN B13 ABOVE (CODES 01-16)?**

YES 01

NO . . . . 00 → **GO TO C1**

B15. Which one of the services you just mentioned would have been the most helpful to you in terms of finding and keeping a job. **CIRCLE ONLY ONE CODE IN COLUMN B15, ABOVE.**

6

C. CURRENT HOUSING ARRANGEMENT, HOUSEHOLD STRUCTURE AND CHILDREN

C1.   The next questions are about your housing arrangement. Do you rent or own your own home, are you staying with a friend or relative, do you live in a group home or halfway house that is run by an agency, or do you live in some other type of place?

<u>CIRCLE ONE ONLY</u>

OWN . . . . 01 → **GO TO C7**

RENT 02

STAY WITH A FRIEND 03

STAY WITH A RELATIVE 04

LIVE IN A GROUP HOME/
HALFWAY HOUSE . . . . 05 → **GO TO C4**

LIVE IN A LONG-TERM
HOMELESS SHELTER . . . . 06 ┐

LIVE IN AN EMERGENCY HOUSING
SHELTER (INCLUDING DOMESTIC   ├→ **GO TO C10**
VIOLENCE SHELTER) 07

INCARCERATED . . . . 08 ┘

HOMELESS AND LIVING ON
THE STREET . . . . 09 → **GO TO C13**

OTHER (SPECIFY) 10

_____

DON'T KNOW . . . . d

REFUSED . . . . r

C2.   Do you currently receive any government assistance to help pay for your housing? For example, do you get a rent subsidy or pay a lower rent because a housing authority or the Section 8 program or some other government program pays part of the cost?

YES . . . . 01 → **GO TO C4**

NO 00

DON'T KNOW . . . . d

REFUSED . . . . r

7

C3.   Does a government public housing authority own the building where you live?

YES 01

NO 00

DON'T KNOW . . . . d

REFUSED . . . . r

> **GO TO C5**

C4.   Do you have to pay anything to live there?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO C9**

REFUSED . . . . r

C4a.   In [LAST MONTH], what was **your share** of the housing costs including anything you paid for rent or utilities?

PROBE: Your best estimate is fine.

$ |___|,|___|___|___|
(0005-1000)

DON'T KNOW . . . . d

REFUSED . . . . r

> **GO TO C9**

8

C5.   The next questions determine what your household spends on housing and what your share of the cost is.

First, in [LAST MONTH], what was the overall housing cost for **you and the people living with you**. Please include rent and any utilities, such as gas, heat or electricity.

PROBE: Your best estimate is fine.

$ |___|**,**|___|___|___|
(0050-3500)

ZERO 00
DON'T KNOW . . . . d   **GO TO C9**
REFUSED . . . . r

C6.   What was **your share** of the [INSERT AMOUNT FROM C5/HOUSING COSTS] in [LAST MONTH]?

PROBE: Your best estimate is fine.

$ |___|**,**|___|___|___|
(0005-3500)

ZERO 00
DON'T KNOW . . . . d
REFUSED . . . . r

GO TO C9

9

C7.   The next questions determine what your household spends on housing and what your share of the cost is.

First, in [LAST MONTH], what was the overall housing cost for **you and the people living with you**. Please include mortgage, home insurance, property taxes, and any utilities, such as gas, heat or electricity.

PROBE: Your best estimate is fine.

$ |___|**,**|___|___|___|
(0050-3500)

ZERO 00
DON'T KNOW . . . . d   **GO TO C9**
REFUSED . . . . r

C8.   What was **your share** of the [INSERT AMOUNT FROM C7/HOUSING COSTS] in [LAST MONTH]?

PROBE: Your best estimate is fine.

$ |___|**,**|___|___|___|
(0005-3500)

ZERO 00
DON'T KNOW . . . . d
REFUSED . . . . r

C9.   (In addition to paying money,) Do you "pay" for any of your housing in some other way? This could be by doing chores, caring for a child or sick relative, paying bills, or contributing food or other items.

YES 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

C10. Have you been homeless and living on the street at any time since [ENROLLMENT DATE]? We mean times when you actually had no place to stay, not even a shelter.

YES 01

NO 00

DON'T KNOW . . . . d

REFUSED . . . . r

C11. **NO C11 THIS VERSION.**

C12. | **INTERVIEWER: DOES SM CURRENTLY LIVE IN A SHELTER? DOES C1 EQUAL (06) OR (07)?** |
| --- |
| YES . . . . 01 → **GO TO C15** |
| NO . . . . 00 |

11

C13. Have you lived in a homeless shelter, emergency shelter, or a domestic violence shelter at any time since [ENROLLMENT DATE]?

YES 01

NO 00

DON'T KNOW . . . . d

REFUSED . . . . r

C14. **NO C14 THIS VERSION.**

C15. How many times have you changed where you were living or staying since [ENROLLMENT DATE]? (Do not count any places you stayed while you were homeless and living on the street.)

INTERVIEWER: CODE 99 MOVES OR MORE AS "99".

|___|___| NUMBER OF TIMES MOVED
(00-99)

DON'T KNOW . . . . d

REFUSED . . . . r

C16.

| INTERVIEWER: | WHAT IS THE ANSWER TO C1--SAMPLE MEMBER'S CURRENT HOUSING ARRANGEMENT? |

IN GROUP HOME/HALFWAY HOUSE . . 05

IN A LONG TERM HOMELESS
SHELTER 06

IN AN EMERGENCY HOUSING
SHELTER 07   **GO TO C17**

HOMELESS AND LIVING ON
THE STREET 09

INCARCERATED . . . . 08 ⟶ **GO TO C26**

ALL OTHERS. . . . . . .01, 02, 03, 04, 96, d, r ⟶ **GO TO C18**

C17.   How many members of your family are staying with you now while you are
[INSERT ANSWER FROM C16 ABOVE]? Please **do not** include yourself.

   PROBE: . . . whatever "family" means to you.

   PROBE: . . . if you consider (him/her) a family member, then include
        (him/her) in the count.

     |___|___| NUMBER OF FAMILY MEMBERS
     (01-15)   IN HOUSEHOLD (EXCLUDING SM) ⟶ **GO TO C19**

     NONE/NO OTHER FAMILY MEMBERS/
     SAMPLE MEMBER IS ALONE . . . . 00 ⟶ **GO TO C25**

C18.   How many people live or stay with you now? Please count people who
normally stay with you for at least 4 nights per week and include babies, small
children, people who are not related to you, and people who are temporarily
away, for example, in a hospital or on a trip. Please **do not** include yourself or
any roomers or boarders, or people visiting you on vacation.

     |___|___| NUMBER OF PEOPLE IN HOUSEHOLD
     (01-15)   (EXCLUDING SM)

     NONE/NO OTHER PEOPLE/
     SAMPLE MEMBER LIVES ALONE . . . . . 00 ⟶ **GO TO C25**

13

		PERSON	1		PERSON	2		PERSON	3	
C19.	Please tell me the first name or initials of everyone who is currently living or staying with you. **PROBE:** Any others? **RECORD FIRST NAMES ACROSS THE TOP OF THE GRID <u>FIRST</u>. THEN ASK C20-C24 <u>DOWN</u> FOR EACH NAME.**	_____ **FIRST NAME #1**	_____ **FIRST NAME #2**	_____ **FIRST NAME #3**
C20.	What is [NAME]'s relationship <u>to you</u>? **CODE COHABITEE'S CHILD AND ANY OTHER CHILD WHO IS NOT NATURAL, ADOPTED OR STEP, BUT FOR WHOM THE SAMPLE MEMBER TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."**	NATURAL OR ADOPTED CHILD . . . . 01 STEPCHILD . . . . 02 OTHER CUSTODIAL CHILD/FOSTER CHILD . . . . 03 PARENT . . . . 04 STEPPARENT . . . . 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE . . . . 06 GRANDPARENT/GREAT-GRANDPARENT . . . . 07 GRANDCHILD/GREAT GRANDCHILD . . . . 08 BROTHER/SISTER . . . . 09 NEPHEW/NIECE . . . . 10 COUSIN . . . . 11 SPOUSE . . . . 12 BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) . . . . . 13 OTHER RELATIVE OR IN-LAW . . . . 14 NON-RELATIVE (EXCLUDING ROOMER/BOARDER) . . . . 15 DON'T KNOW . . . . d REFUSED . . . . r	NATURAL OR ADOPTED CHILD . . . . 01 STEPCHILD . . . . 02 OTHER CUSTODIAL CHILD/FOSTER CHILD . . . . 03 PARENT . . . . 04 STEPPARENT . . . . 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE . . . . 06 GRANDPARENT/GREAT-GRANDPARENT . . . . 07 GRANDCHILD/GREAT GRANDCHILD . . . . 08 BROTHER/SISTER . . . . 09 NEPHEW/NIECE . . . . 10 COUSIN . . . . 11 SPOUSE . . . . 12 BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) . . . . 13 OTHER RELATIVE OR IN-LAW . . . . 14 NON-RELATIVE (EXCLUDING ROOMER/BOARDER) . . . . . . 15 DON'T KNOW . . . . d REFUSED . . . . r	NATURAL OR ADOPTED CHILD . . . . 01 STEPCHILD . . . . 02 OTHER CUSTODIAL CHILD/FOSTER CHILD . . . . 03 PARENT . . . . 04 STEPPARENT . . . . 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE . . . . 06 GRANDPARENT/GREAT-GRANDPARENT . . . . 07 GRANDCHILD/GREAT GRANDCHILD . . . . 08 BROTHER/SISTER . . . . 09 NEPHEW/NIECE . . . . 10 COUSIN . . . . 11 SPOUSE . . . . 12 BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) . . . . 13 OTHER RELATIVE OR IN-LAW . . . . 14 NON-RELATIVE (EXCLUDING ROOMER/BOARDER) . . . . . . 15 DON'T KNOW . . . . d REFUSED . . . . r
C21.	**ASK OR VERIFY:** Is [NAME] male or female?	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r
C22.	How old is [NAME]? **PROBE:** Your best estimate is fine. **CODE 5 WEEKS OR LESS AS 1 MONTH.**	|___|___| YEARS ➜ **GO TO C24** (01-98) **OR** |___|___| MONTHS ➜ **GO TO C24** (01-35) 99 YEARS OR OLDER . . . .(GO TO C24) . . . 99 DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS ➜ **GO TO C24** (01-98) **OR** |___|___| MONTHS ➜ **GO TO C24** (01-35) 99 YEARS OR OLDER . . . .(GO TO C24) . . . 99 DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS ➜ **GO TO C24** (01-98) **OR** |___|___| MONTHS ➜ **GO TO C24** (01-35) 99 YEARS OR OLDER . . . .(GO TO C24) . . . 99 DON'T KNOW . . . . d REFUSED . . . . r
C23.	Is [NAME] . . . **INTERVIEWER: PROBE, THIS QUESTION IS CRITICAL.** **USE CODE 03 ONLY IF SAMPLE MEMBER DOES NOT KNOW EXACT AGE UNDER 14.**	age 4 or less, ... 01 age 5 to 13, ... 02 UNDER 14 YEARS OF AGE, . . 03 14 to 17, ... 04 18 to 64, or . . . . 05 65 or older? 06	age 4 or less, ... 01 age 5 to 13, ... 02 UNDER 14 YEARS OF AGE, . 03 14 to 17, ... 04 18 to 64, or . . . . 05 65 or older? 06	age 4 or less, ... 01 age 5 to 13, ... 02 UNDER 14 YEARS OF AGE, . 03 14 to 17, ... 04 18 to 64, or . . . . 05 65 or older? 06
C24.	**INTERVIEWER, CHECK C19: IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES. . . .(GO TO C20, PERSON #2) . . . . 01 NO. . . . .(GO TO C25) 00	YES. . . .(GO TO C20, PERSON #3) . . . . 01 NO. . . . .(GO TO C25) 00	YES. . . .(GO TO C20, PERSON #4) . . . . 01 NO. . . . .(GO TO C25) 00

14

**PERSON	4 |**	**PERSON	5 |**	**PERSON	6 |**	**PERSON	7 |**
_____	_____	_____	_____
FIRST NAME #4	**FIRST NAME #5**	**FIRST NAME #6**	**FIRST NAME #7**

PERSON 4	PERSON 5	PERSON 6	PERSON 7
NATURAL OR ADOPTED CHILD 01	NATURAL OR ADOPTED CHILD 01	NATURAL OR ADOPTED CHILD 01	NATURAL OR ADOPTED CHILD 01
STEPCHILD 02	STEPCHILD 02	STEPCHILD 02	STEPCHILD 02
OTHER CUSTODIAL CHILD/FOSTER CHILD 03	OTHER CUSTODIAL CHILD/FOSTER CHILD 03	OTHER CUSTODIAL CHILD/FOSTER CHILD 03	OTHER CUSTODIAL CHILD/FOSTER CHILD 03
PARENT 04	PARENT 04	PARENT 04	PARENT 04
STEPPARENT 05	STEPPARENT 05	STEPPARENT 05	STEPPARENT 05
AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06
GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT 07
GRANDCHILD/GREAT GRANDCHILD 08	GRANDCHILD/GREAT GRANDCHILD 08	GRANDCHILD/GREAT GRANDCHILD 08	GRANDCHILD/GREAT GRANDCHILD 08
BROTHER/SISTER 09	BROTHER/SISTER 09	BROTHER/SISTER 09	BROTHER/SISTER 09
NEPHEW/NIECE 10	NEPHEW/NIECE 10	NEPHEW/NIECE 10	NEPHEW/NIECE 10
COUSIN 11	COUSIN 11	COUSIN 11	COUSIN 11
SPOUSE 12	SPOUSE 12	SPOUSE 12	SPOUSE 12
BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13
OTHER RELATIVE OR IN-LAW 14	OTHER RELATIVE OR IN-LAW 14	OTHER RELATIVE OR IN-LAW 14	OTHER RELATIVE OR IN-LAW 14
NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
MALE 01	MALE 01	MALE 01	MALE 01
FEMALE 02	FEMALE 02	FEMALE 02	FEMALE 02
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
|___|___| YEARS → **GO TO C24** (01-98) **OR** |___|___| MONTHS → **GO TO C24** (01-35)	|___|___| YEARS → **GO TO C24** (01-98) **OR** |___|___| MONTHS → **GO TO C24** (01-35)	|___|___| YEARS → **GO TO C24** (01-98) **OR** |___|___| MONTHS → **GO TO C24** (01-35)	|___|___| YEARS → **GO TO C24** (01-98) **OR** |___|___| MONTHS → **GO TO C24** (01-35)
99 YEARS OR OLDER. . . . .(GO TO C24) 99	99 YEARS OR OLDER. . . . .(GO TO C24) 99	99 YEARS OR OLDER. . . . .(GO TO C24) 99	99 YEARS OR OLDER. . . . .(GO TO C24) 99
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
age 4 or less, ... 01	age 4 or less, ... 01	age 4 or less, ... 01	age 4 or less, ... 01
age 5 to 13, ... 02	age 5 to 13, ... 02	age 5 to 13, ... 02	age 5 to 13, ... 02
UNDER 14 YEARS OF AGE, ... 03	UNDER 14 YEARS OF AGE, ... 03	UNDER 14 YEARS OF AGE, ... 03	UNDER 14 YEARS OF AGE, ... 03
14 to 17, ... 04	14 to 17, ... 04	14 to 17, ... 04	14 to 17, ... 04
18 to 64, or 05	18 to 64, or 05	18 to 64, or 05	18 to 64, or 05
65 or older? 06	65 or older? 06	65 or older? 06	65 or older? 06
YES. . . .(GO TO C20, PERSON #5) 01	YES. . . .(GO TO C20, PERSON #6) 01	YES. . . .(GO TO C20, PERSON #7) 01	YES. . . .(GO TO C20, PERSON #8) 01
NO. . . . .(GO TO C25) 00	NO. . . . .(GO TO C25) 00	NO. . . . .(GO TO C25) 00	NO. . . . .(GO TO C25) 00

15

		PERSON	8		PERSON	9		PERSON	10	
C19.	Please tell me the first name or initials of everyone who is currently living or staying with you. **PROBE:** Any others? **RECORD FIRST NAMES ACROSS THE TOP OF THE GRID <u>FIRST</u>. THEN ASK C20-C24 <u>DOWN</u> FOR EACH NAME.**	_____ **FIRST NAME #8**	_____ **FIRST NAME #9**	_____ **FIRST NAME #10**
C20.	What is [NAME]'s relationship <u>to you</u>? **CODE COHABITEE'S CHILD AND ANY OTHER CHILD WHO IS NOT NATURAL, ADOPTED OR STEP, BUT FOR WHOM THE SAMPLE MEMBER TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."**	NATURAL OR ADOPTED CHILD . . . . 01 STEPCHILD . . . . 02 OTHER CUSTODIAL CHILD/FOSTER CHILD . . . . 03 PARENT . . . . 04 STEPPARENT . . . . 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE . . . . 06 GRANDPARENT/GREAT-GRANDPARENT . . . . 07 GRANDCHILD/GREAT GRANDCHILD . . . . 08 BROTHER/SISTER . . . . 09 NEPHEW/NIECE . . . . 10 COUSIN . . . . 11 SPOUSE . . . . 12 BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) . . . . . 13 OTHER RELATIVE OR IN-LAW . . . . 14 NON-RELATIVE (EXCLUDING ROOMER/BOARDER) . . . . 15 DON'T KNOW . . . . d REFUSED . . . . r	NATURAL OR ADOPTED CHILD . . . . 01 STEPCHILD . . . . 02 OTHER CUSTODIAL CHILD/FOSTER CHILD . . . . 03 PARENT . . . . 04 STEPPARENT . . . . 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE . . . . 06 GRANDPARENT/GREAT-GRANDPARENT . . . . 07 GRANDCHILD/GREAT GRANDCHILD . . . . 08 BROTHER/SISTER . . . . 09 NEPHEW/NIECE . . . . 10 COUSIN . . . . 11 SPOUSE . . . . 12 BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) . . . . 13 OTHER RELATIVE OR IN-LAW . . . . 14 NON-RELATIVE (EXCLUDING ROOMER/BOARDER) . . . . . . 15 DON'T KNOW . . . . d REFUSED . . . . r	NATURAL OR ADOPTED CHILD . . . . 01 STEPCHILD . . . . 02 OTHER CUSTODIAL CHILD/FOSTER CHILD . . . . 03 PARENT . . . . 04 STEPPARENT . . . . 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE . . . . 06 GRANDPARENT/GREAT-GRANDPARENT . . . . 07 GRANDCHILD/GREAT GRANDCHILD . . . . 08 BROTHER/SISTER . . . . 09 NEPHEW/NIECE . . . . 10 COUSIN . . . . 11 SPOUSE . . . . 12 BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) . . . . 13 OTHER RELATIVE OR IN-LAW . . . . 14 NON-RELATIVE (EXCLUDING ROOMER/BOARDER) . . . . . . 15 DON'T KNOW . . . . d REFUSED . . . . r
C21.	**ASK OR VERIFY:** Is [NAME] male or female?	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r
C22.	How old is [NAME]? **PROBE:** Your best estimate is fine. **CODE 5 WEEKS OR LESS AS 1 MONTH.**	|___|___| YEARS ➜ **GO TO C24** (01-98) **OR** |___|___| MONTHS ➜ **GO TO C24** (01-35) 99 YEARS OR OLDER. . . . .(GO TO C24) . . . 99 DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS ➜ **GO TO C24** (01-98) **OR** |___|___| MONTHS ➜ **GO TO C24** (01-35) 99 YEARS OR OLDER. . . . .(GO TO C24) . . 99 DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS ➜ **GO TO C24** (01-98) **OR** |___|___| MONTHS ➜ **GO TO C24** (01-35) 99 YEARS OR OLDER. . . . .(GO TO C24) . . 99 DON'T KNOW . . . . d REFUSED . . . . r
C23.	Is [NAME] . . . **INTERVIEWER: PROBE, THIS QUESTION IS CRITICAL.** **USE CODE 03 ONLY IF SAMPLE MEMBER DOES NOT KNOW EXACT AGE UNDER 14.**	age 4 or less, ... 01 age 5 to 13, ... 02 UNDER 14 YEARS OF AGE, . . 03 14 to 17, ... 04 18 to 64, or . . . . 05 65 or older? 06	age 4 or less, ... 01 age 5 to 13, ... 02 UNDER 14 YEARS OF AGE, . 03 14 to 17, ... 04 18 to 64, or . . . . 05 65 or older? 06	age 4 or less, ... 01 age 5 to 13, ... 02 UNDER 14 YEARS OF AGE, . 03 14 to 17, ... 04 18 to 64, or . . . . 05 65 or older? 06
C24.	**INTERVIEWER, CHECK C19: IS THERE ANOTHER PERSON TO ASK ABOUT?**	YES. . . .(GO TO C20, PERSON #9) . . . . 01 NO. . . . .(GO TO C25) 00	YES. . . .(GO TO C20, PERSON #10) . . . . 01 NO. . . . .(GO TO C25) 00	**GO TO C25**

*For paper-pencil versions, interviewers should carry supplemental grid pages for households with greater than 10 H.H. members.

16

C25.   [Besides the (child/children) we've already talked about,] Do you have any children who do not live with you now? Please include only children who are currently under age 18.

YES . . . . 01 → **GO TO C26b**

NO 00

DON'T KNOW . . . . d   **GO TO E1**

REFUSED . . . . r

C26.   The next questions are about any children you may have and where they are living.

Do you have any children who are currently under age 18?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO E1**

REFUSED . . . . r

C26a.   How many children do you have under age 18?

|___|___| NUMBER OF CHILDREN UNDER 18
(01-15)

DON'T KNOW . . . . d

REFUSED . . . . r

GO TO C27

C26b.   How many children do you have under age 18 who do not live with you?

|___|___| NUMBER OF CHILDREN UNDER 18
(01-15)

17

	CHILD |_11_|	CHILD |_12_|	CHILD |_13_|
C27. Please tell me the first name(s) or initials of [that child/each of those children]. **RECORD NAMES ACROSS THE TOP OF THE GRID FIRST. THEN ASK C28-C34 DOWN FOR EACH CHILD.**	_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME
C28. How old is [CHILD]? **CODE 5 WEEKS OR LESS AS 1 MONTH.**	|__|__| YEARS → **GO TO C30** (01-17) **OR** |__|__| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r	|__|__| YEARS → **GO TO C30** (01-17) **OR** |__|__| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r	|__|__| YEARS → **GO TO C30** (01-17) **OR** |__|__| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r
C29. Would you say [CHILD] is . . .	under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03	under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03	under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03
C30. **ASK OR VERIFY:** Is [CHILD] male or female?	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r
C31. Where or with whom does (he/she) currently live? **PROBE1:** Who has primary responsibility for (him/her) now? **PROBE2:** Can I read some answer categories for you?	CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05	CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05	CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05
INTERVIEWER: USE PROBES. THIS IS A CRITICAL QUESTION. **CIRCLE ONE CODE** **CODE COLLEGE AND MILITARY AS 09.**	ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10	ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10	ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10

18

CHILDREN-OUT-OF-HOUSEHOLD GRID

CHILD |_14_|	CHILD |_15_|	CHILD |_16_|	CHILD |_17_|
_____	_____	_____	_____
CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME
|___|___| YEARS → **GO TO C30** (01-17) **OR** |___|___| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS → **GO TO C30** (01-17) **OR** |___|___| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS → **GO TO C30** (01-17) **OR** |___|___| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r	|___|___| YEARS → **GO TO C30** (01-17) **OR** |___|___| MONTHS → **GO TO C30** (01-35) DON'T KNOW . . . . d REFUSED . . . . r
under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03	under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03	under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03	under 2 years, ... 01 2 to 12 years old, or . . . . 02 13 to 17 years old? 03
MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	MALE . . . . 01 FEMALE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r
CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05	CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05	CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05	CHILD'S BIOLOGICAL FATHER/MOTHER . . . . 01 CHILD'S GRANDPARENTS . . . . 02 CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE. . . . . 03 OTHER ADULT RELATIVE OF CHILD . . . . 04 SOME OTHER ADULT 05
ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10	ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10	ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10	ADOPTIVE PARENTS. . . . . .(GO TO C34) . . 06 FOSTER CARE. .(GO TO C34) . 07 GROUP HOME . .(GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND. . . . . . .(GO TO C34) . 09 INCARCERATED. . . . .(GO TO C34) . 10

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		CHILD |_11_|	CHILD |_12_|	CHILD |_13_|
C32.	**INTERVIEWER: ENTER CHILD's FIRST NAME HERE. THEN CONTINUE WITH C32a-C34 DOWN FOR EACH CHILD.**	_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME
C32a.	What is the first name and the initial of the last name of this person?	_____ GUARDIAN NAME **INTERVIEWER: ENTER NAME AND THEN CODE 01 IN THE GUARDIAN CODE BOX BELOW.** **GUARDIAN CODE BOX: |__|__|** \[**GO TO C34** \]	_____ GUARDIAN NAME **GUARDIAN CODE BOX: |__|__|** (01-02)	_____ GUARDIAN NAME **GUARDIAN CODE BOX: |__|__|** (01-03)
C33.	Is this the same person who cares for . . .		CIRCLE ONE **[CHILD 11]?** YES. . . .01 → **ENTER CODE 01 IN GUARDIAN CODE BOX AT C32a FOR CHILD 12** NO . . . .00 → **ENTER CODE 02 IN GUARDIAN CODE BOX AT C32a FOR CHILD 12**	CIRCLE ONE **[CHILD 11]** . . . . .01 → **ENTER CODE 01 IN GUARDIAN CODE BOX AT C32a FOR CHILD 13** **[CHILD 12]** . . . . .02 → **ENTER CODE 02 IN GUARDIAN CODE BOX AT C32a FOR CHILD 13** NONE OF THE ABOVE . . . . .03 → **ENTER CODE 03 IN GUARDIAN CODE BOX AT C32a FOR CHILD 13**
C34.	**INTERVIEWER, CHECK C27. IS THERE ANOTHER CHILD TO ASK ABOUT?**	YES. . .(GO TO C28, CHILD 12) . . . . 01 NO. . . .(GO TO D1) 00	YES. . .(GO TO C28, CHILD 13) . . . . 01 NO. . . .(GO TO D1) 00	YES. . .(GO TO C28, CHILD 14) . . . . 01 NO. . . .(GO TO D1) 00

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CHILD |_ 14 _|	CHILD |_ 15 _|	CHILD |_ 16 _|	CHILD |_ 17 _|
_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME	_____ CHILD'S FIRST NAME
_____ GUARDIAN NAME **GUARDIAN CODE** **BOX:** |__|__| (01-04)	_____ GUARDIAN NAME **GUARDIAN CODE** **BOX:** |__|__| (01-05)	_____ GUARDIAN NAME **GUARDIAN CODE** **BOX:** |__|__| (01-06)	_____ GUARDIAN NAME **GUARDIAN CODE** **BOX:** |__|__| (01-07)
CIRCLE <u>ONE</u> **[CHILD 11]** . . . . .01 → **ENTER CODE 01** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 14** **[CHILD 12]** . . . . .02 → **ENTER CODE 02** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 14** **[CHILD 13]** . . . . .03 → **ENTER CODE 03** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 14** NONE OF THE ABOVE . . . . .04 → **ENTER CODE 04** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 14**	CIRCLE <u>ONE</u> **[CHILD 11]** . . . . .01 → **ENTER CODE 01** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 15** **[CHILD 12]** . . . . .02 → **ENTER CODE 02** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 15** **[CHILD 13]** . . . . .03 → **ENTER CODE 03** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 15** **[CHILD 14]** . . . . .04 → **ENTER CODE 04** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 15** NONE OF THE ABOVE . . . . .05 → **ENTER CODE 05** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 15**	CIRCLE <u>ONE</u> **[CHILD 11]** . . . . .01 → **ENTER CODE 01** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 16** **[CHILD 12]** . . . . .02 → **ENTER CODE 02** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 16** **[CHILD 13]** . . . . .03 → **ENTER CODE 03** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 16** **[CHILD 14]** . . . . .04 → **ENTER CODE 04** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 16** **[CHILD 15]** . . . . .05 → **ENTER CODE 05** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 16** NONE OF THE ABOVE . . . . .06 → **ENTER CODE 06** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 16**	CIRCLE <u>ONE</u> **[CHILD 11]** . . . . .01 → **ENTER CODE 01** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17** **[CHILD 12]** . . . . .02 → **ENTER CODE 02** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17** **[CHILD 13]** . . . . .03 → **ENTER CODE 03** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17** **[CHILD 14]** . . . . .04 → **ENTER CODE 04** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17** **[CHILD 15]** . . . . .05 → **ENTER CODE 05** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17** **[CHILD 16]** . . . . .06 → **ENTER CODE 06** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17** NONE OF THE ABOVE. . . . . .07 → **ENTER CODE 07** **IN GUARDIAN** **CODE BOX** **AT C32a FOR** **CHILD 17**
YES. . .(GO TO C28, CHILD 15) . . . . 01 NO. . . .(GO TO D1) 00	YES. . .(GO TO C28, CHILD 16) . . . . 01 NO. . . .(GO TO D1) 00	YES. . .(GO TO C28, CHILD 17) . . . . 01 NO. . . .(GO TO D1) 00	**GO TO D1**

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D. FINANCIAL AND MATERIAL CONTRIBUTIONS TO CHILDREN OUTSIDE THE HOUSEHOLD

CHILDREN WITH "GUARDIANS" GRID
(CHILDREN WITH C31 = 01-05)

D1.   **INTERVIEWER: CHECK ACROSS THE ENTIRE GRID AT C32a. ARE THERE ANY GUARDIAN NAMES AND CODE BOXES FILLED IN?**

YES 01

NO . . . . 00 → **GO TO D16**

D1a.   **INTERVIEWER: ENTER EACH GUARDIAN NAME FROM C32a ACROSS THE TOP OF THIS GRID WITH HIS/HER GUARDIAN CODE NUMBER, THEN ENTER THE NAMES OF EVERY CHILD LISTED FOR THAT GUARDIAN (C32).**

	GUARDIAN CODE	|_01_|	|_02_|
D2.	Next, I have a few questions about child support payments and other support you might have provided for your child(ren). **READ D2a-D15 DOWN FOR EACH SET OF GUARDIANS AND CHILDREN.**	_____ **GUARDIAN NAME** CHILD NAME(S):_____	_____ **GUARDIAN NAME** CHILD NAME(S):_____
D2a.	Just to be sure I'm correct, I have [GUARDIAN] listed as the person responsible for [CHILD(REN)]. Is that correct?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.**
D3.	Do you have a <u>legal</u> agreement or child support order that requires you to provide financial support for (this/these) child(ren)?	YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . .(GO TO D7) . . . . r	YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . .(GO TO D7) . . . . r
D4.	How much are the payments supposed to be per month?	$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r
D5.	In [LAST MONTH], how much of that amount did you pay by cash or check, or by having it taken out of your wages? **PROBE:** Your best estimate is fine.	$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r
D6.	Are you up-to-date on your child support payments?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r

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|_ 03 _|	|_ 04 _|	|_ 05 _|
_____ **GUARDIAN NAME**	**_____** **GUARDIAN NAME**	**_____** **GUARDIAN NAME**
CHILD NAME(S):_____ _____ _____ _____ _____	CHILD NAME(S):_____ _____ _____ _____ _____	CHILD NAME(S):_____ _____ _____ _____ _____
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.	**INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.**	**INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.**
YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . .(GO TO D7) . . . . r	YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . .(GO TO D7) . . . . r	YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . .(GO TO D7) . . . . r
$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r
$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r

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GUARDIAN CODE	|_06_|	|_07_|
D2. Next, I have a few questions about child support payments and other support you might have provided for your child(ren). **READ D2a-D15 DOWN FOR EACH SET OF GUARDIANS AND CHILDREN.**	_____ **GUARDIAN NAME** CHILD NAME(S):_____ _____ _____ _____ _____	_____ **GUARDIAN NAME** CHILD NAME(S):_____ _____ _____ _____ _____
D2a. Just to be sure I'm correct, I have [GUARDIAN] listed as the person responsible for [CHILD(REN)]. Is that correct?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.**
D3. Do you have a <u>legal</u> agreement or child support order that requires you to provide financial support for (this/these) child(ren)?	YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . . .(GO TO D7) . . . . r	YES . . . . 01 NO. . . . . (GO TO D7) . . . . 00 DON'T KNOW. . .(GO TO D7) . . . . d REFUSED. . . . . .(GO TO D7) . . . . r
D4. How much are the payments supposed to be per month?	$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) DON'T KNOW . . . . d REFUSED . . . . r
D5. In [LAST MONTH], how much of that amount did you pay by cash or check, or by having it taken out of your wages? **PROBE:** Your best estimate is fine.	$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0010-4000) NONE . . . . 0000 DON'T KNOW . . . . d REFUSED . . . . r
D6. Are you up-to-date on your child support payments?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r

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	GUARDIAN CODE	|_01_|	|_02_|
D7.	Besides any child support paid under a court order or agreement, in [LAST MONTH] did you give any money directly to [GUARDIAN] to help (him/her) and your child(ren) out?	YES . . . . 01 NO. . . . . (GO TO D9) . . . . . . 00 DON'T KNOW . . (GO TO D9) . . . . d REFUSED. . . . .(GO TO D9) . . . . r	YES . . . . 01 NO. . . . . (GO TO D9) . . . . . . 00 DON'T KNOW . . (GO TO D9) . . . . d REFUSED. . . . .(GO TO D9) . . . . r
D8.	How much money did you give them? **PROBE:** Your best estimate is fine.	$ |___| , |___|___|___| (0001-5000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0001-5000) DON'T KNOW . . . . d REFUSED . . . . r
D9.	Since [ENROLLMENT DATE], have you ever bought clothes or diapers for your child(ren) who live(s) with [GUARDIAN]?	YES . . . . 01 NO. . . . .(GO TO D11) . . . . . . 00 DON'T KNOW. . . (GO TO D11) . . . . d REFUSED. . . . . . (GO TO D11) . . . . r	YES . . . . 01 NO. . . . .(GO TO D11) . . . . . . 00 DON'T KNOW. . . (GO TO D11) . . . . d REFUSED. . . . . . (GO TO D11) . . . . r
D10.	How often did you buy clothes or diapers for your child(ren) who live(s) with [GUARDIAN]?	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r
D11.	Since [ENROLLMENT DATE], have you ever bought toys or presents for your child(ren) who live(s) with [GUARDIAN]?	YES . . . . 01 NO. . . . .(GO TO D13) . . . . . . 00 DON'T KNOW. . . (GO TO D13) . . . . d REFUSED. . . . . . (GO TO D13) . . . . r	YES . . . . 01 NO. . . . .(GO TO D13) . . . . . . 00 DON'T KNOW. . . (GO TO D13) . . . . d REFUSED. . . . . . (GO TO D13) . . . . r
D12.	How often did you buy toys or presents for your child(ren) who live(s) with [GUARDIAN]?	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r
D13.	Since [ENROLLMENT DATE], have you ever bought groceries for [GUARDIAN] and your child(ren) who live(s) with (him/her)?	YES . . . . 01 NO. . . . .(GO TO D15) . . . . . . 00 DON'T KNOW. . . (GO TO D15) . . . . d REFUSED. . . . . . (GO TO D15) . . . . r	YES . . . . 01 NO. . . . .(GO TO D15) . . . . . . 00 DON'T KNOW. . . (GO TO D15) . . . . d REFUSED. . . . . . (GO TO D15) . . . . r
D14.	How often did you buy groceries for [GUARDIAN] and your child(ren) who live(s) with (him/her)?	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r
D15.	**INTERVIEWER: CHECK D2. IS THERE ANOTHER GUARDIAN TO ASK ABOUT?**	YES. .(GO TO D2a, GUARDIAN #2) . . 01 NO . . . .(GO TO D16) 00	YES. .(GO TO D2a, GUARDIAN #3) . . 01 NO . . . .(GO TO D16) 00

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|_03_|	|_04_|	|_05_|
YES 01	YES 01	YES 01
NO. . . . . (GO TO D9) 00	NO. . . . . (GO TO D9) 00	NO. . . . . (GO TO D9) 00
DON'T KNOW . . (GO TO D9) . . . . d	DON'T KNOW . . (GO TO D9) . . . . d	DON'T KNOW . . (GO TO D9) . . . . d
REFUSED. . . . .(GO TO D9) . . . . r	REFUSED. . . . .(GO TO D9) . . . . r	REFUSED. . . . .(GO TO D9) . . . . r
$ |___| , |___|___|___| (0001-5000)	$ |___| , |___|___|___| (0001-5000)	$ |___| , |___|___|___| (0001-5000)
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO. . . . .(GO TO D11) 00	NO. . . . .(GO TO D11) 00	NO. . . . .(GO TO D11) 00
DON'T KNOW. . . (GO TO D11) . . . . d	DON'T KNOW. . . (GO TO D11) . . . . d	DON'T KNOW. . . (GO TO D11) . . . . d
REFUSED. . . . . (GO TO D11) . . . . r	REFUSED. . . . . (GO TO D11) . . . . r	REFUSED. . . . . (GO TO D11) . . . . r
ALMOST EVERY DAY 01	ALMOST EVERY DAY 01	ALMOST EVERY DAY 01
2-5 TIMES PER WEEK 02	2-5 TIMES PER WEEK 02	2-5 TIMES PER WEEK 02
ABOUT ONCE A WEEK 03	ABOUT ONCE A WEEK 03	ABOUT ONCE A WEEK 03
1-3 TIMES PER MONTH 04	1-3 TIMES PER MONTH 04	1-3 TIMES PER MONTH 04
2-11 TIMES IN PAST 12 MONTHS 05	2-11 TIMES IN PAST 12 MONTHS 05	2-11 TIMES IN PAST 12 MONTHS 05
ONCE IN THE PAST 12 MONTHS 06	ONCE IN THE PAST 12 MONTHS 06	ONCE IN THE PAST 12 MONTHS 06
OTHER (SPECIFY) 07	OTHER (SPECIFY) 07	OTHER (SPECIFY) 07
_____	_____	_____
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO. . . . .(GO TO D13) 00	NO. . . . .(GO TO D13) 00	NO. . . . .(GO TO D13) 00
DON'T KNOW. . . (GO TO D13) . . . . d	DON'T KNOW. . . (GO TO D13) . . . . d	DON'T KNOW. . . (GO TO D13) . . . . d
REFUSED. . . . . (GO TO D13) . . . . r	REFUSED. . . . . (GO TO D13) . . . . r	REFUSED. . . . . (GO TO D13) . . . . r
ALMOST EVERY DAY 01	ALMOST EVERY DAY 01	ALMOST EVERY DAY 01
2-5 TIMES PER WEEK 02	2-5 TIMES PER WEEK 02	2-5 TIMES PER WEEK 02
ABOUT ONCE A WEEK 03	ABOUT ONCE A WEEK 03	ABOUT ONCE A WEEK 03
1-3 TIMES PER MONTH 04	1-3 TIMES PER MONTH 04	1-3 TIMES PER MONTH 04
2-11 TIMES IN PAST 12 MONTHS 05	2-11 TIMES IN PAST 12 MONTHS 05	2-11 TIMES IN PAST 12 MONTHS 05
ONCE IN THE PAST 12 MONTHS 06	ONCE IN THE PAST 12 MONTHS 06	ONCE IN THE PAST 12 MONTHS 06
OTHER (SPECIFY) 07	OTHER (SPECIFY) 07	OTHER (SPECIFY) 07
_____	_____	_____
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO. . . . .(GO TO D15) 00	NO. . . . .(GO TO D15) 00	NO. . . . .(GO TO D15) 00
DON'T KNOW. . . (GO TO D15) . . . . d	DON'T KNOW. . . (GO TO D15) . . . . d	DON'T KNOW. . . (GO TO D15) . . . . d
REFUSED. . . . . (GO TO D15) . . . . r	REFUSED. . . . . (GO TO D15) . . . . r	REFUSED. . . . . (GO TO D15) . . . . r
ALMOST EVERY DAY 01	ALMOST EVERY DAY 01	ALMOST EVERY DAY 01
2-5 TIMES PER WEEK 02	2-5 TIMES PER WEEK 02	2-5 TIMES PER WEEK 02
ABOUT ONCE A WEEK 03	ABOUT ONCE A WEEK 03	ABOUT ONCE A WEEK 03
1-3 TIMES PER MONTH 04	1-3 TIMES PER MONTH 04	1-3 TIMES PER MONTH 04
2-11 TIMES IN PAST 12 MONTHS 05	2-11 TIMES IN PAST 12 MONTHS 05	2-11 TIMES IN PAST 12 MONTHS 05
ONCE IN THE PAST 12 MONTHS 06	ONCE IN THE PAST 12 MONTHS 06	ONCE IN THE PAST 12 MONTHS 06
OTHER (SPECIFY) 07	OTHER (SPECIFY) 07	OTHER (SPECIFY) 07
_____	_____	_____
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES. .(GO TO D2a, GUARDIAN #4) 01	YES. .(GO TO D2a, GUARDIAN #5) 01	YES. .(GO TO D2a, GUARDIAN #6) 01
NO . . . .(GO TO D16) 00	NO . . . .(GO TO D16) 00	NO . . . .(GO TO D16) 00

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GUARDIAN CODE	|_06_|	|_07_|
D7. Besides any child support paid under a court order or agreement, in [LAST MONTH] did you give any money directly to [GUARDIAN] to help (him/her) and your child(ren) out?	YES . . . . 01 NO. . . . . (GO TO D9) . . . . . . 00 DON'T KNOW . . (GO TO D9) . . . . d REFUSED. . . . . (GO TO D9) . . . . r	YES . . . . 01 NO. . . . . (GO TO D9) . . . . . . 00 DON'T KNOW . . (GO TO D9) . . . . d REFUSED. . . . . (GO TO D9) . . . . r
D8. How much money did you give them? **PROBE:** Your best estimate is fine.	$ |___| , |___|___|___| (0001-5000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___| , |___|___|___| (0001-5000) DON'T KNOW . . . . d REFUSED . . . . r
D9. Since [ENROLLMENT DATE], have you ever bought clothes or diapers for your child(ren) who live(s) with [GUARDIAN]?	YES . . . . 01 NO. . . . .(GO TO D11) . . . . . . 00 DON'T KNOW. . . (GO TO D11) . . . . d REFUSED. . . . . . (GO TO D11) . . . . r	YES . . . . 01 NO. . . . .(GO TO D11) . . . . . . 00 DON'T KNOW. . . (GO TO D11) . . . . d REFUSED. . . . . . (GO TO D11) . . . . r
D10. How often did you buy clothes or diapers for your child(ren) who live(s) with [GUARDIAN]?	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r
D11. Since [ENROLLMENT DATE], have you ever bought toys or presents for your child(ren) who live(s) with [GUARDIAN]?	YES . . . . 01 NO. . . . .(GO TO D13) . . . . . . 00 DON'T KNOW. . . (GO TO D13) . . . . d REFUSED. . . . . . (GO TO D13) . . . . r	YES . . . . 01 NO. . . . .(GO TO D13) . . . . . . 00 DON'T KNOW. . . (GO TO D13) . . . . d REFUSED. . . . . . (GO TO D13) . . . . r
D12. How often did you buy toys or presents for your child(ren) who live(s) with [GUARDIAN]?	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r
D13. Since [ENROLLMENT DATE], have you ever bought groceries for [GUARDIAN] and your child(ren) who live(s) with (him/her)?	YES . . . . 01 NO. . . . .(GO TO D15) . . . . . . 00 DON'T KNOW. . . (GO TO D15) . . . . d REFUSED. . . . . . (GO TO D15) . . . . r	YES . . . . 01 NO. . . . .(GO TO D15) . . . . . . 00 DON'T KNOW. . . (GO TO D15) . . . . d REFUSED. . . . . . (GO TO D15) . . . . r
D14. How often did you buy groceries for [GUARDIAN] and your child(ren) who live(s) with (him/her)?	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r	ALMOST EVERY DAY . . . . 01 2-5 TIMES PER WEEK . . . . 02 ABOUT ONCE A WEEK . . . . 03 1-3 TIMES PER MONTH . . . . 04 2-11 TIMES IN PAST 12 MONTHS . . . 05 ONCE IN THE PAST 12 MONTHS . . . 06 OTHER (SPECIFY) . . . . 07 _____ DON'T KNOW . . . . d REFUSED . . . . r
D15. **INTERVIEWER: CHECK D2. IS THERE ANOTHER GUARDIAN TO ASK ABOUT?**	YES. .(GO TO D2a, GUARDIAN #7) . . 01 NO . . . .(GO TO D16) 00	**GO TO D16**

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CHILDREN IN "NON-GUARDIAN RELATIONSHIPS" GRID
(CHILDREN WITH C31 = 06-10)

D16.

> **INTERVIEWER: CHECK ACROSS THE ENTIRE GRID AT C31. ARE ANY CHILDREN CODED 06, 07, 08, 09, OR 10?**
>
> YES 01
>
> NO . . . . 00 → **GO TO E1**

D16a.

> **INTERVIEWER: AT D17 ENTER EACH CHILD'S NAME (AND HIS/HER CHILD CODE NUMBER) FROM C27 WHO HAS A CODE OF 06-10 IN C31.**

	|__|__|	|__|__|
D17. Is there a <u>legal</u> agreement or child support order that requires you to provide financial support for [CHILD]?	_____ CHILD'S NAME YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	_____ CHILD'S NAME YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r

D17a. **INTERVIEWER; CHECK D17. IS THERE ANOTHER CHILD TO ASK ABOUT?**	YES. . . . . (GO TO D17,
	          NEXT CHILD) 01
	 NO. . . . . .(GO TO E1) 00
		YES. . . . . (GO TO D17,
		          NEXT CHILD) 01
		 NO. . . . . .(GO TO E1) 00

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|___|___| |___|___| |___|___|

_____   _____   _____
CHILD'S NAME   CHILD'S NAME   CHILD'S NAME

YES 01   YES 01   YES 01

NO 00   NO 00   NO 00

DON'T KNOW . . . . d   DON'T KNOW . . . . d   DON'T KNOW . . . . d

REFUSED . . . . r   REFUSED . . . . r   REFUSED . . . . r

YES. . . . . . (GO TO D17,   YES. . . . . . (GO TO D17,   YES. . . . . . (GO TO D17,
          NEXT CHILD) 01   NEXT CHILD) 01   NEXT CHILD) 01

NO. . . . . . .(GO TO E1) 00   NO. . . . . . .(GO TO E1) 00   NO. . . . . . .(GO TO E1) 00

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	|__|__|	|__|__|
D17. Do you have a <u>legal</u> agreement or child support order that requires you to provide financial support for [CHILD]?	_____ CHILD'S NAME YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	_____ CHILD'S NAME YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
D17a. **INTERVIEWER; CHECK D17. IS THERE ANOTHER CHILD TO ASK ABOUT?**	YES. . . . . . (GO TO D17, NEXT CHILD) . . . . 01 NO. . . . . . .(GO TO E1) 00	**GO TO E1**

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E. EARNED INCOME

E1.

INTERVIEWER: DOES C20 EQUAL (12)--SPOUSE OR (13-)--BOYFRIEND/ GIRLFRIEND/PARTNER FOR ANY PERSON? YES . . . . 01 → **GO TO E2** NO . . . . 00 → **GO TO E2a**

E2.

RECORD SM's NAME IN COLUMN 1 ON NEXT PAGE GRID AND RECORD SPOUSE/PARTNER'S NAME AND PERSON # FROM C19 IN COLUMN 2. CONTINUE WITH E3-E8.

E2a.

RECORD SM's NAME IN COLUMN 1 ON NEXT PAGE GRID AND CIRCLE THE CODE FOR "NONE" IN COLUMN 2. CONTINUE WITH E3-E8.

	COLUMN 1	COLUMN 2
The next questions are about money earned at a job or self-employment last month. **ASK E3-E8 <u>DOWN</u> THE GRID FOR EACH; FIRST THE SM AND THEN THE PARTNER (IF APPLICABLE).**	_____ **SAMPLE MEMBER'S NAME**	_____ **PARTNER's NAME** PERSON # |___|___| NONE 00
E3. In [LAST MONTH], did (you/PARTNER) either have a job or work at (your/his/her) own business?	YES . . . . 01 NO. . . . .(GO TO E8) . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO. . . . .(GO TO E9) . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
E4. Did (you/PARTNER) work for an employer, or (were/was) (you/he/she) self-employed, or both?	EMPLOYER . . . . 01 SELF-EMPLOYED. . . .(GO TO E7) . . . . . 02 BOTH--EMPLOYER AND SELF-EMPLOYED . . . . 03 DON'T KNOW. . . . .(GO TO E8) . . . . . . d REFUSED. . . . .(GO TO E8) . . . . r	EMPLOYER . . . . 01 SELF-EMPLOYED. . . .(GO TO E7) . . . . . 02 BOTH--EMPLOYER AND SELF-EMPLOYED . . . . 03 DON'T KNOW. . . . .(GO TO E8) . . . . . . d REFUSED. . . . .(GO TO E8) . . . . r
E5. How much did (you/he/she) earn before taxes and other deductions from all jobs (excluding self-employment) in [LAST MONTH]? Please include tips, overtime pay, and commissions.	$ |___|,|___|___|___| → **GO TO E6** (0050-6000) DON'T KNOW . . . . d REFUSED . . . . r	$ |___|,|___|___|___| → **GO TO E6** (0050-6000) DON'T KNOW . . . . d REFUSED . . . . r
E5a. Would you say the amount (you/he/she) earned in [LAST MONTH] was less than $1,000, or $1,000 or more?	LESS THAN $1,000. . .(GO TO E5c) . . . . 01 $1,000 OR MORE . . . . 02 DON'T KNOW . . . .(GO TO E6) . . . . . . d REFUSED . . . .(GO TO E6) . . . . r	LESS THAN $1,000. . .(GO TO E5c) . . . . 01 $1,000 OR MORE . . . . 02 DON'T KNOW . . . .(GO TO E6) . . . . . . d REFUSED . . . .(GO TO E6) . . . . r
E5b. Would you say it was . . .	$1,000 to under $1,500, ... 01 $1,500 to under $2,000, ... 02 $2,000 to under $2,500, or . . . . 03 $2,500 or more? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r |**GO TO E6**|	$1,000 to under $1,500, ... 01 $1,500 to under $2,000, ... 02 $2,000 to under $2,500, or . . . . 03 $2,500 or more? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r |**GO TO E6**|
E5c. Would you say it was . . .	less than $250, ... 01 $250 to under $500, ... 02 $500 to under $750, or . . . . 03 $750 to under $1,000? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r	less than $250, ... 01 $250 to under $500, ... 02 $500 to under $750, or . . . . 03 $750 to under $1,000? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r
E6. **INTERVIEWER: CHECK E4, IS CODE 03 CIRCLED FOR "BOTH EMPLOYER AND SELF-EMPLOYMENT"?**	YES. . . . . . .(GO TO E7) . . . . 01 NO. . . . .(GO TO E8) 00	YES. . . . . . .(GO TO E7) . . . . 01 NO. . . . .(GO TO E9) 00

		COLUMN 1	COLUMN 2
E7.	How much did (you/he/she) earn from (your/his/her) self-employment in [LAST MONTH] after subtracting all business expenses?	$ I___I___I,I___I___I___I → **GO TO E8** (0000-6000) DON'T KNOW . . . . d REFUSED . . . . r	$ I___I___I,I___I___I___I → **GO TO E9** (0000-6000) DON'T KNOW . . . . d REFUSED . . . . r
E7a.	Would you say the amount (you/he/she) earned in [LAST MONTH] was less than $1,000, or $1,000 or more?	LESS THAN $1,000. . .(GO TO E7c) . . . . 01 $1,000 OR MORE . . . . 02 DON'T KNOW . . . .(GO TO E8) . . . . . . d REFUSED . . . .(GO TO E8) . . . . . . r	LESS THAN $1,000. . .(GO TO E7c) . . . . 01 $1,000 OR MORE . . . . 02 DON'T KNOW . . . .(GO TO E9) . . . . . . d REFUSED . . . .(GO TO E9) . . . . r
E7b.	Would you say it was . . .	$1,000 to under $1,500, ... 01 $1,500 to under $2,000, ... 02 $2,000 to under $2,500, or . . . . 03 $2,500 or more? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r **GO TO E8**	$1,000 to under $1,500, ... 01 $1,500 to under $2,000, ... 02 $2,000 to under $2,500, or . . . . 03 $2,500 or more? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r **GO TO E9**
E7c.	Would you say it was . . .	less than $250, ... 01 $250 to under $500, ... 02 $500 to under $750, or . . . . 03 $750 to under $1,000? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r	less than $250, ... 01 $250 to under $500, ... 02 $500 to under $750, or . . . . 03 $750 to under $1,000? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r
E8.	**INTERVIEWER: IS THERE A PARTNER LISTED IN COLUMN 2?**	YES. . . . .(GO TO E3, COLUMN 2) . . . . . 01 NO. . . . . . .(GO TO E9) 00	**GO TO E9**

E9. | **INTERVIEWER: CHECK C22 AND C23. ARE THERE ANY OTHER HOUSEHOLD MEMBERS EXCLUDING SM's SPOUSE/ PARTNER WHO ARE AGES 14 YEARS OR OLDER?**

YES 01

NO . . . . 00 → **GO TO F1**

E10. I'd like you to think about the other people living in your household who are 14 years or older (aside from [PARTNER's NAME]). That would be [INSERT NAME(S) FROM C19]. How much money did (this person/these people) earn altogether from all jobs and self-employment in [LAST MONTH]. Your best estimate is fine.

PROBE: I can help you add it up if you want to think out loud.

(00001-99,999)

$ |___|___|,|___|___|___| → **GO TO F1**

ZERO/NO ONE ELSE WORKING . . . . 00 → **GO TO F1**

DON'T KNOW . . . . d

REFUSED . . . . r

E11. Would you say the amount they earned in [LAST MONTH] was less than $1,000, or $1,000 or more?

LESS THAN $1,000 . . . . 01 → **GO TO E13**

$1,000 OR MORE 02

DON'T KNOW . . . . d ⎤

REFUSED . . . . r ⎦ **GO TO F1**

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E12.   Would you say it was . . .

$1,000 to under $1,500, ... 01

$1,500 to under $2,000, ... 02

$2,000 to under $2,500, or 03

$2,500 or more? 04   ➤ **GO TO F1**

DON'T KNOW . . . . d

REFUSED . . . . r

E13.   Would you say it was . . .

less than $250, ... 01

$250 to under $500, ... 02

$500 to under $750, or 03

$750 to under $1,000? 04

DON'T KNOW . . . . d

REFUSED . . . . r

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F. UNEARNED INCOME

A.	B.
F1. Next I'd like to ask you some questions about sources of income and support. In [LAST MONTH], did you or [INSERT NAMES OF ALL PEOPLE LISTED IN H.H. GRID AT C19], receive any of the following types of government assistance or income . . . **ASK F1a-F11 DOWN GRID <u>FIRST</u>. THEN FOR EACH "YES," ASK QUESTIONS IN COLUMN B.**	INTERVIEWER: "CHILDREN" INCLUDES THOSE LIVING WITH THE SM WHO HE/SHE HAS RESPONSIBILITY FOR. AMOUNT RECEIVED LAST MONTH

F1a. <u>TANF</u>, or temporary assistance for needy families, or welfare for families with children?
 	
PROBE: TANF used to be called AFDC.
 	
     YES   01
     NO 00
     DON'T KNOW . . . . d
     REFUSED . . . . r
	PROBE: Your best estimate is fine.
	
	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from TANF?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r
	
	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from TANF?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r

F2. <u>Food Stamps</u>?
 	
PROBE: In [LAST MONTH]?
 	
     YES   01
     NO 00
     DON'T KNOW . . . . d
     REFUSED . . . . r
	PROBE: Your best estimate is fine.
	
	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Food Stamps?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r
	
	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Food Stamps?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                          REFUSED . . . . r

F3. <u>Supplemental Security Income (SSI) or Disability insurance</u>?
 	
PROBE: In [LAST MONTH]?
 	
     YES   01
     NO 00
     DON'T KNOW . . . . d
     REFUSED . . . . r
	PROBE: Your best estimate is fine.
	
	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Supplemental Security Income (SSI) or Disability insurance?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r
	
	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Supplemental Security Income (SSI) or Disability insurance?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r

F4. <u>Social Security Retirement or Survivors Benefits</u>?
 	
PROBE: In [LAST MONTH]?
 	
     YES   01
     NO 00
     DON'T KNOW . . . . d
     REFUSED . . . . r
 	
CONTINUE DOWN GRID ON NEXT PAGE
	PROBE: Your best estimate is fine.
	
	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Social Security Retirement or Survivors Benefits?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r
	
	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Social Security Retirement or Survivors Benefits?
	
	(0000-2500)
	$ |___|,|___|___|___| DON'T KNOW . . . . d
	                                        REFUSED . . . . r

A.	B.
REREAD QUESTION IF NECESSARY.	

In [LAST MONTH], did you or [INSERT NAMES OF ALL PEOPLE LISTED IN H.H. GRID AT C19], receive any of the following types of government assistance or income . . .

READ DOWN GRID UNDERLINE FIRST. THEN FOR EACH "YES," ASK QUESTIONS IN COLUMN B.

<div align="center">AMOUNT RECEIVED
LAST MONTH</div>

F5. <u>Unemployment Insurance benefits</u>?

    PROBE: In [LAST MONTH]?

        YES   01

        NO 00

        DON'T KNOW . . . . d

        REFUSED . . . . r

PROBE: Your best estimate is fine.

How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Unemployment Insurance benefits?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Unemployment Insurance benefits?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

---

F6. <u>General Relief or General Assistance</u>?

    PROBE: In [LAST MONTH]?

        YES   01

        NO 00

        DON'T KNOW . . . . d

        REFUSED . . . . r

PROBE: Your best estimate is fine.

How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from General Relief or General Assistance?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from General Relief or General Assistance?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

---

F7. <u>Foster care or adoption assistance</u>?

    PROBE: In [LAST MONTH]?

        YES   01

        NO 00

        DON'T KNOW . . . . d

        REFUSED . . . . r

PROBE: Your best estimate is fine.

How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from foster care or adoption assistance?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from foster care or adoption assistance?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

---

F8. <u>Any other type(s) of government assistance</u> such as Worker's Compensation or veteran's benefits? (SPECIFY)

    _____

    _____

        YES   01

        NO 00

        DON'T KNOW . . . . d

        REFUSED . . . . r

CONTINUE DOWN GRID ON NEXT PAGE

PROBE: Your best estimate is fine.

How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from any other type(s) of government assistance?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from any other type(s) of government assistance?

(0000-2500)
$ |___|,|___|___|___| DON'T KNOW . . . . d
                              REFUSED . . . . r

<div align="center">37</div>

A.	B.
REREAD QUESTION IF NECESSARY In [LAST MONTH], did you or [INSERT NAMES OF ALL PEOPLE LISTED IN H.H. GRID AT C19], receive any of the following types of government assistance or income . . . **READ DOWN GRID <u>FIRST</u>. THEN FOR EACH "YES," ASK QUESTIONS IN COLUMN B.**	AMOUNT RECEIVED LAST MONTH

F9. <u>Child support</u> not including any child support payments you may have received from the state?
 	
 PROBE: In [LAST MONTH]?
 	
 YES   01
 NO 00
 DON'T KNOW . . . . d
 REFUSED . . . . r
	PROBE: Your best estimate is fine.
	
	 How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from child support?
	
	 (0000-2500)
	 $ |___|,|___|___|___| DON'T KNOW . . . . d
	                        REFUSED . . . . r
	
	 How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from child support?
	
	 (0000-2500)
	 $ |___|,|___|___|___| DON'T KNOW . . . . d
	                        REFUSED . . . . r

F10. <u>Gifts or loans</u> from someone outside your household?
 	
 PROBE: In [LAST MONTH]?
 	
 YES   01
 NO 00
 DON'T KNOW . . . . d
 REFUSED . . . . r
	PROBE: Your best estimate is fine.
	
	 How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from gifts or loans from someone outside your household?
	
	 (0000-2500)
	 $ |___|,|___|___|___| DON'T KNOW . . . . d
	                        REFUSED . . . . r
	
	 How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from gifts or loans from someone outside your household?
	
	 (0000-2500)
	 $ |___|,|___|___|___| DON'T KNOW . . . . d
	                        REFUSED . . . . r

F11. <u>Any other income</u> such as rent from roomers or boarders, alimony, interest, private pension benefits, lottery winnings, other kinds of pension benefits or any other sources? (SPECIFY)
 	
 _____
 	
 _____
 	
 YES   01
 NO 00
 DON'T KNOW . . . . d
 REFUSED . . . . r
	PROBE: Your best estimate is fine.
	
	 How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from any other income?
	
	 (0000-2500)
	 $ |___|,|___|___|___| DON'T KNOW . . . . d
	                        REFUSED . . . . r
	
	 How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from any other income?
	
	 (0000-2500)
	 $ |___|,|___|___|___| DON'T KNOW . . . . d
	                        REFUSED . . . . r

F12.

INTERVIEWER: IS ANY ITEM CODED "YES" FOR F1 THROUGH F11?

YES 01

NO . . . . 00 → **GO TO G1**

F13. Now, I'd like to know about the amount of income from each source that was received by you, your (spouse/partner), and your (children living with you) and also the amount received by all other members of your household. First, [ASK COLUMN B ABOVE FOR EACH "YES" IN COLUMN A].

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G. TOTAL HOUSEHOLD INCOME

G1.   Now, I'd like you to think about your household's **total income** since
        [ENROLLMENT DATE] from all sources including income from welfare, other
        public assistance, food stamps, child support, money from your child(ren)'s
        other parent, earnings from regular jobs, and earnings from odd jobs, side jobs,
        under-the-table jobs, and other activities and sources. What was the total
        income of all members of your household--including yourself--and from all
        sources before taxes and deductions since [ENROLLMENT DATE]?

        PROBE: Your best estimate is fine.

                        (00050-99999)
                        $ |___|___|,|___|___|___| → **GO TO G5**

                        DON'T KNOW . . . . d

                        REFUSED . . . . r

G2.   Since [ENROLLMENT DATE], would you say your household income was less
        than $20,000, or $20,000 or more?

                        LESS THAN $20,000 . . . . 01 → **GO TO G4**

                        $20,000 OR MORE 02

                        DON'T KNOW . . . . d
                                                                            GO TO G5
                        REFUSED . . . . r

G3.   Would you say it was . . .

                        $20,000 to under $25,000, ... 01

                        $25,000 to under $30,000, ... 02

                        $30,000 to under $35,000, or 03

                        $35,000 or more? 04   **GO TO G5**

                        DON'T KNOW . . . . d

                        REFUSED . . . . r

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G4.   Would you say it was . . .

                    less than $5,000, ... 01
                    $5,000 to under $10,000, ... 02
                    $10,000 to under $15,000, or 03
                    $15,000 to under $20,000? 04
                    DON'T KNOW . . . . d
                    REFUSED . . . . r

G5.   Have you heard of the Earned Income Credit or E.I.C.? This is a credit which
        some families may be eligible to claim on their state or federal income tax
        returns.

        PROBE: This could be state or federal Earned Income Credit.

                    YES 01
                    NO 00
                    DON'T KNOW . . . . d   **GO TO H1**
                    REFUSED . . . . r

G6.   Since [ENROLLMENT DATE], did you receive an Earned Income Credit either
        in your paycheck or when you filed your most recent state or federal tax return?

        PROBE: This could be state or federal Earned Income Credit.

                    YES 01
                    NO 00
                    DON'T KNOW . . . . d
                    REFUSED . . . . r

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H. EMPLOYMENT HISTORY FOR THE PAST YEAR

H1.   The next questions are about your work experience since [ENROLLMENT DATE]. By that we mean any part-time or full-time jobs as well as self-employment or your own business. Also include jobs where you were paid and jobs you did on a volunteer basis or as an internship without pay.

Are you currently working at a job?

IF ANSWER IS DK, RE-READ THE QUESTION.

YES 01
NO . . . . 00 → **GO TO H4b**
DON'T KNOW . . . . d → **GO TO H4b AFTER 2ND DK**
REFUSED . . . . r → **GO TO H4b**

H2.   How many different jobs do you currently have including paid and unpaid work?

PROBE: This information will be kept strictly confidential and your name will not be associated with any of your answers.

(01-15)
|___|___| NUMBER OF JOBS

DON'T KNOW . . . . d ⎤
                                                  ⎬→ **GO TO H4a**
REFUSED . . . . r ⎦

H3. | **INTERVIEWER: CHECK H2. IS THE ANSWER TO H2 . . .**
        |
        | ONE 01
        | MORE THAN ONE . . . . 00 → **GO TO H4a**

H4.   Where are you currently working?

PROBE: We ask this because we have a few questions to ask about your current job, such as the date you started and how many hours you usually work a week, and it helps to have the name of your employer to refer to.

IF SM STILL HESITANT, READ: If you prefer, you may give me the initials of your employer.

INTERVIEWER: GO TO H5, RECORD EMPLOYER/BUSINESS NAME FOR THIS JOB IN COLUMN 1 AS JOB 1. THEN GO TO H5a.
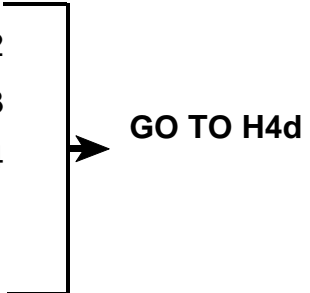
H4a.   At which of your jobs do you work the most hours? **NOTE: THIS ESTABLISHES A PRIMARY CURRENT JOB (JOB 1) IF THERE IS MORE THAN ONE JOB.**

PROBE: We ask this because we have a few questions to ask about your current jobs, such as the date you started and how many hours you usually work a week, and it helps to have the name of your employers to refer to.

IF SM STILL HESITANT, READ: If you prefer, you may give me the initials of your employer.

INTERVIEWER: **GO TO H5, RECORD EMPLOYER/BUSINESS NAME FOR THIS JOB IN COLUMN 1 AS JOB 1.** **THEN GO TO H5a.**

H4b.   Have you been doing anything to find work during the last 4 weeks?

YES 01

NO 00

RETIRED 02

DISABLED 03   **GO TO H4d**

UNABLE 04

DON'T KNOW . . . . d

REFUSED . . . . r

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H4c.   What are all of the things you have done to find work during the last
4 weeks?

PROBE: Anything else?

CIRCLE ALL
THAT APPLY

CONTACTED EMPLOYER 01
CONTACTED PUBLIC EMPLOYMENT AGENCY
PROGRAMS/COURSES 02
CONTACTED PRIVATE EMPLOYMENT AGENCY 03
CONTACTED FRIENDS OR RELATIVES 04
CONTACTED SCHOOL/UNIVERSITY
EMPLOYMENT CENTER 05
SENT OUT RESUMES/FILLED OUT APPLICATIONS 06
CHECKED UNION/PROFESSIONAL REGISTERS 07
PLACED OR ANSWERED ADS 08
LOOKED AT ADS DIRECTLY/INTERVIEW 09
ATTENDED JOB TRAINING 10
NOTHING 11
OTHER (SPECIFY) 12

_____

INTERNET 13
JOB FAIRS 14
DON'T KNOW . . . . d
REFUSED . . . . r

H4d.   Now, think about any jobs where you were paid, including self employment,
and any jobs you did on a volunteer basis or as an internship without pay.
Have you worked at any jobs that have lasted 2 weeks or longer since
[ENROLLMENT DATE]?

YES . . . . 01 → **GO TO H4e**
NO . . . . 00 → **GO TO J1**
DON'T KNOW . . . . d → **GO TO H4e**
REFUSED . . . . r → **GO TO J1**

H4e.   Please tell me where you worked most recently, including self-employment
and unpaid volunteer jobs or internships since [ENROLLMENT DATE].

PROBE: Where did you work most recently since [ENROLLMENT DATE]?

INTERVIEWER: GO TO H5, RECORD EMPLOYER/BUSINESS NAME FOR THIS JOB IN COLUMN 1 AS JOB 1. THEN GO TO H5a.

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		CURRENT OR MOST RECENT JOB	01		SECOND JOB	02	
H5.	**RECORD EMPLOYER NAME(S) <u>ACROSS</u> THE TOP OF THE GRID <u>FIRST</u>. THEN ASK H6-H26 <u>DOWN</u> FOR EACH JOB.** **IF EMPLOYER IS AN INDIVIDUAL, RECORD FIRST NAME, AND LAST INITIAL ONLY.**	_____ _____	_____ _____
H5a.	Where else have you worked since [ENROLLMENT DATE]? Please include any unpaid jobs and self-employment (and any other current jobs). **PROBE:** Where did you work before [LAST JOB]? **PROBE:** Where else? **RECORD EMPLOYER(S) NAME IN H5.**		
H6.	When did you <u>start</u> working for [EMPLOYER]? **IF SELF-EMPLOYED:** When did you start that business? **PROBE:** Your best estimate is fine. **IF DK DAY, PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **START DATE CAN BE BEFORE ENROLLMENT DATE.**	(01-12) (01-31) (1970 -) START: |__|__| |__|__| |_|_|_|_| 　　　　MONTH　DAY　　YEAR DON'T KNOW . . . . d REFUSED . . . . r	(01-12) (01-31) (1970 -) START: |__|__| |__|__| |_|_|_|_| 　　　　MONTH　DAY　　YEAR DON'T KNOW . . . . d REFUSED . . . . r
H6a.	When did you stop working for [EMPLOYER]? **IF SELF-EMPLOYED:** When did you stop doing that business? **IF STILL WORKING AT JOB, CIRCLE "n."** **IF DK DAY, PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **STOP DATE MUST COME AFTER ENROLLMENT DATE.**	(01-12) (01-31) ( ) STOP: |__|__| |__|__| |_|_|_|_| 　　　MONTH　DAY　　YEAR STILL AT JOB . . . . n DON'T KNOW . . . . d REFUSED . . . . r	(01-12) (01-31) ( ) STOP: |__|__| |__|__| |_|_|_|_| 　　　MONTH　DAY　　YEAR STILL AT JOB . . . . n DON'T KNOW . . . . d REFUSED . . . . r
H6b.	The next questions are about your job at [EMPLOYER]. (Are/Were) you self-employed there? **PROBE:** Did you work for yourself in your own business?	YES. . . . . . .(GO TO H7) . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES. . . . . . .(GO TO H7) . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H6c.	(Are/Were) you paid for your work or (is/was) it an unpaid or volunteer position?	PAID . . . . 01 UNPAID/VOLUNTEER . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	PAID . . . . 01 UNPAID/VOLUNTEER . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05	

_____   _____   _____

_____   _____   _____

START: |__|__| |__|__| |__|__|__|__|
(01-12) (01-31) (1970 -)
MONTH   DAY   YEAR

DON'T KNOW . . . . d

REFUSED . . . . r

START: |__|__| |__|__| |__|__|__|__|
(01-12) (01-31) (1970 -)
MONTH   DAY   YEAR

DON'T KNOW . . . . d

REFUSED . . . . r

START: |__|__| |__|__| |__|__|__|__|
(01-12) (01-31) (1970 -)
MONTH   DAY   YEAR

DON'T KNOW . . . . d

REFUSED . . . . r

STOP: |__|__| |__|__| |__|__|__|__|
(01-12) (01-31) ( )
MONTH   DAY   YEAR

STILL AT JOB . . . . n

DON'T KNOW . . . . d

REFUSED . . . . r

STOP: |__|__| |__|__| |__|__|__|__|
(01-12) (01-31) ( )
MONTH   DAY   YEAR

STILL AT JOB . . . . n

DON'T KNOW . . . . d

REFUSED . . . . r

STOP: |__|__| |__|__| |__|__|__|__|
(01-12) (01-31) ( )
MONTH   DAY   YEAR

STILL AT JOB . . . . n

DON'T KNOW . . . . d

REFUSED . . . . r

YES. . . . . . .(GO TO H7) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

YES. . . . . . .(GO TO H7) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

YES. . . . . . .(GO TO H7) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

PAID 01
UNPAID/VOLUNTEER 02
DON'T KNOW . . . . d
REFUSED . . . . r

PAID 01
UNPAID/VOLUNTEER 02
DON'T KNOW . . . . d
REFUSED . . . . r

PAID 01
UNPAID/VOLUNTEER 02
DON'T KNOW . . . . d
REFUSED . . . . r

		SIXTH JOB	06		SEVENTH JOB	07	

		SIXTH JOB |06|	**SEVENTH JOB |07|**
H5.	**RECORD EMPLOYER NAME(S) ACROSS THE TOP OF THE GRID FIRST. THEN ASK H6-H26 DOWN FOR EACH JOB.** **IF EMPLOYER IS AN INDIVIDUAL, RECORD FIRST NAME, AND LAST INITIAL ONLY.**	_____ _____	_____ _____
H5a.	Where else have you worked since [ENROLLMENT DATE]? Please include any unpaid jobs and self-employment (and any other current jobs). **PROBE:** Where did you work before [LAST JOB]? **PROBE:** Where else? **RECORD EMPLOYER(S) NAME IN H5.**		
H6.	When did you <u>start</u> working for [EMPLOYER]? **IF SELF-EMPLOYED:** When did you start that business? **PROBE:** Your best estimate is fine. **IF DK DAY, PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **START DATE CAN BE BEFORE ENROLLMENT DATE.**	(01-12) (01-31) (1970 -) START: |__|__| |__|__| |_|_|_|_| MONTH DAY YEAR DON'T KNOW . . . . d REFUSED . . . . r	(01-12) (01-31) (1970 -) START: |__|__| |__|__| |_|_|_|_| MONTH DAY YEAR DON'T KNOW . . . . d REFUSED . . . . r
H6a.	When did you stop working for [EMPLOYER]? **IF SELF-EMPLOYED:** When did you stop doing that business? **IF STILL WORKING AT JOB, CIRCLE "n."** **IF DK DAY, PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **STOP DATE MUST COME AFTER ENROLLMENT DATE.**	(01-12) (01-31) ( ) STOP: |__|__| |__|__| |_|_|_|_| MONTH DAY YEAR STILL AT JOB . . . . n DON'T KNOW . . . . d REFUSED . . . . r	(01-12) (01-31) ( ) STOP: |__|__| |__|__| |_|_|_|_| MONTH DAY YEAR STILL AT JOB . . . . n DON'T KNOW . . . . d REFUSED . . . . r
H6b.	The next questions are about your job at [EMPLOYER]. (Are/Were) you self-employed there? **PROBE:** Did you work for yourself in your own business?	YES. . . . .(GO TO H7) . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES. . . . .(GO TO H7) . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H6c.	(Are/Were) you paid for your work or (is/was) it an unpaid or volunteer position?	PAID . . . . 01 UNPAID/VOLUNTEER . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	PAID . . . . 01 UNPAID/VOLUNTEER . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r

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EIGHTH JOB	08		NINTH JOB	09		TENTH JOB	10	

_____   _____   _____
_____   _____   _____

START: (01-12) |__|__| MONTH (01-31) |__|__| DAY (1970 -) |__|__|__|__| YEAR

DON'T KNOW . . . . d

REFUSED . . . . r

START: (01-12) |__|__| MONTH (01-31) |__|__| DAY (1970 -) |__|__|__|__| YEAR

DON'T KNOW . . . . d

REFUSED . . . . r

START: (01-12) |__|__| MONTH (01-31) |__|__| DAY (1970 -) |__|__|__|__| YEAR

DON'T KNOW . . . . d

REFUSED . . . . r

STOP: (01-12) |__|__| MONTH (01-31) |__|__| DAY ( ) |__|__|__|__| YEAR

STILL AT JOB . . . . n

DON'T KNOW . . . . d

REFUSED . . . . r

STOP: (01-12) |__|__| MONTH (01-31) |__|__| DAY ( ) |__|__|__|__| YEAR

STILL AT JOB . . . . n

DON'T KNOW . . . . d

REFUSED . . . . r

STOP: (01-12) |__|__| MONTH (01-31) |__|__| DAY ( ) |__|__|__|__| YEAR

STILL AT JOB . . . . n

DON'T KNOW . . . . d

REFUSED . . . . r

YES. . . . . . .(GO TO H7) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

YES. . . . . . .(GO TO H7) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

YES. . . . . . .(GO TO H7) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

PAID 01
UNPAID/VOLUNTEER 02
DON'T KNOW . . . . d
REFUSED . . . . r

PAID 01
UNPAID/VOLUNTEER 02
DON'T KNOW . . . . d
REFUSED . . . . r

PAID 01
UNPAID/VOLUNTEER 02
DON'T KNOW . . . . d
REFUSED . . . . r

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		CURRENT OR MOST RECENT **JOB | 01 |**	**SECOND** **JOB | 02 |**
H7.	How many hours (do/did) you usually work in an average week? **PROBE:** Your best estimate is fine.	(01-98) |___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK . . . . . 99 DON'T KNOW . . . . d REFUSED . . . . r	(01-98) |___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK . . . . . 99 DON'T KNOW . . . . d REFUSED . . . . r
H7a.	**INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?**		YES . . . . 01 NO. . . . .(GO TO H10) 00
H8.	What kind of company (is/was) [EMPLOYER]? What do (they/you) make, sell, or do? **IF SELF-EMPLOYED:** What kind of company (is/was) it? What (do/did) you make, sell, or do? **PROBE FOR TYPE OF PRODUCT OR SERVICE.**	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r
H9.	What (do/did) you do there? **PROBE:** What is your job title? **PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES <u>AND</u> JOB TITLE.**	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r
H10.	**INTERVIEWER: CHECK H6b. IS "YES," SELF-EMPLOYED JOB, CIRCLED?**	YES, SELF-EMPLOYED. . . .(GO TO H11) . . . . 01 NOT SELF-EMPLOYED 00	YES, SELF-EMPLOYED. . . .(GO TO H11) . . . . 01 NOT SELF-EMPLOYED 00
H10a.	**INTERVIEWER: CHECK H6c. IS CODE 02, "UNPAID/VOLUNTEER JOB", CIRCLED?**	YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H14) . . . . 01 NO 00	YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H13o) . . . 01 NO 02
H10b.	What (is/was) your current hourly rate of pay, before taxes and deductions (just before you left that job)? **WATCH THE DECIMAL POINT.**	(01.00-40.00) PER HOUR . . . . $ |___|___|•|___|___| **GO TO H11b** DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d REFUSED. . . . .(GO TO H13) . . . . r	(01.00-40.00) PER HOUR . . . . $ |___|___|•|___|___| **GO TO H11b** DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d REFUSED. . . . .(GO TO H13) . . . . r

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05	
(01-98)			(01-98)			(01-98)		
|___|___| HOURS PER WEEK			|___|___| HOURS PER WEEK			|___|___| HOURS PER WEEK		
99 OR MORE HOURS PER WEEK 99			99 OR MORE HOURS PER WEEK 99			99 OR MORE HOURS PER WEEK 99		
DON'T KNOW . . . . d			DON'T KNOW . . . . d			DON'T KNOW . . . . d		
REFUSED . . . . r			REFUSED . . . . r			REFUSED . . . . r		
YES 01			YES 01			YES 01		
NO. . . . .(GO TO H10) 00			NO. . . . .(GO TO H10) 00			NO. . . . .(GO TO H10) 00		
|___|___|___|			|___|___|___|			|___|___|___|		
DON'T KNOW . . . . d			DON'T KNOW . . . . d			DON'T KNOW . . . . d		
REFUSED . . . . r			REFUSED . . . . r			REFUSED . . . . r		
|___|___|___|			|___|___|___|			|___|___|___|		
DON'T KNOW . . . . d			DON'T KNOW . . . . d			DON'T KNOW . . . . d		
REFUSED . . . . r			REFUSED . . . . r			REFUSED . . . . r		
YES, SELF-EMPLOYED. . . .(GO TO H11) 01			YES, SELF-EMPLOYED. . . .(GO TO H11) 01			YES, SELF-EMPLOYED. . . .(GO TO H11) 01		
NOT SELF-EMPLOYED 00			NOT SELF-EMPLOYED 00			NOT SELF-EMPLOYED 00		
YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H13o) . . . 01			YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H13o) . . . 01			YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H13o) . . . 01		
NO 00			NO 02			NO 00		
(01.00-40.00)			(01.00-40.00)			(01.00-40.00)		
PER HOUR . . . . $ |___|___|.|___|___|			PER HOUR . . . . $ |___|___|.|___|___|			PER HOUR . . . . $ |___|___|.|___|___|		
GO TO H11b			**GO TO H11b**			**GO TO H11b**		
DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d			DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d			DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d		
REFUSED. . . . .(GO TO H13) . . . . r			REFUSED. . . . .(GO TO H13) . . . . r			REFUSED. . . . .(GO TO H13) . . . . r		

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		SIXTH JOB	06		SEVENTH JOB	07	
H7.	How many hours (do/did) you usually work in an average week? **PROBE:** Your best estimate is fine.	(01-98) |___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK . . . . . 99 DON'T KNOW . . . . d REFUSED . . . . r	(01-98) |___|___| HOURS PER WEEK 99 OR MORE HOURS PER WEEK . . . . . 99 DON'T KNOW . . . . d REFUSED . . . . r
H7a.	**INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?**	YES . . . . 01 NO. . . . .(GO TO H10) 00	YES . . . . 01 NO. . . . .(GO TO H10) 00
H8.	What kind of company (is/was) [EMPLOYER]? What do (they/you) make, sell, or do? **IF SELF-EMPLOYED:** What kind of company (is/was) it? What (do/did) you make, sell, or do? **PROBE FOR TYPE OF PRODUCT OR SERVICE.**	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r
H9.	What (do/did) you do there? **PROBE:** What is your job title? **PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES <u>AND</u> JOB TITLE.**	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r	_____ _____ _____ |___|___|___| DON'T KNOW . . . . d REFUSED . . . . r
H10.	**INTERVIEWER: CHECK H6b. IS "YES", SELF-EMPLOYED JOB, CIRCLED?**	YES, SELF-EMPLOYED. . . .(GO TO H11) . . . . 01 NOT SELF-EMPLOYED 00	YES, SELF-EMPLOYED. . . .(GO TO H11) . . . . 01 NOT SELF-EMPLOYED 00
H10a.	**INTERVIEWER: CHECK H6c. IS CODE 02, "UNPAID/VOLUNTEER JOB", CIRCLED?**	YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H13o) . . . 01 NO 00	YES, UNPAID/ VOLUNTEER. . . . . . .(GO TO H13o) . . . 01 NO 00
H10b.	What (is/was) your current hourly rate of pay, before taxes and deductions (just before you left that job)? **WATCH THE DECIMAL POINT.**	(01.00-40.00) PER HOUR . . . . $ |___|___|.|___|___| **GO TO H11b** DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d REFUSED. . . . .(GO TO H13) . . . . r	(01.00-40.00) PER HOUR . . . . $ |___|___|.|___|___| **GO TO H11b** DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d REFUSED. . . . .(GO TO H13) . . . . r

EIGHTH JOB	08		NINTH JOB	09		TENTH JOB	10	
(01-98)	(01-98)	(01-98)
|___|___| HOURS PER WEEK	|___|___| HOURS PER WEEK	|___|___| HOURS PER WEEK
99 OR MORE HOURS PER WEEK 99	99 OR MORE HOURS PER WEEK 99	99 OR MORE HOURS PER WEEK 99
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO. . . . .(GO TO H10) 00	NO. . . . .(GO TO H10) 00	NO. . . . .(GO TO H10) 00
|___|___|___|	|___|___|___|	|___|___|___|
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
|___|___|___|	|___|___|___|	|___|___|___|
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES, SELF-EMPLOYED. . . .(GO TO H11) 01	YES, SELF-EMPLOYED. . . .(GO TO H11) 01	YES, SELF-EMPLOYED. . . .(GO TO H11) 01
NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00
YES, UNPAID/ VOLUNTEER. . . . .(GO TO H13o) . . . 01	YES, UNPAID/ VOLUNTEER. . . . .(GO TO H13o) . . . 01	YES, UNPAID/ VOLUNTEER. . . . .(GO TO H13o) . . . 01
NO 00	NO 00	NO 00
(01.00-40.00)	(01.00-40.00)	(01.00-40.00)
PER HOUR . . . . $ |___|___|.|___|___|	PER HOUR . . . . $ |___|___|.|___|___|	PER HOUR . . . . $ |___|___|.|___|___|
GO TO H11b	**GO TO H11b**	**GO TO H11b**
DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d	DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d	DOES NOT KNOW OR NOT PAID BY HOUR . . . .(GO TO H11) . . . d
REFUSED. . . . .(GO TO H13) . . . . r	REFUSED. . . . .(GO TO H13) . . . . r	REFUSED. . . . .(GO TO H13) . . . . r

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	CURRENT OR MOST RECENT JOB	01		SECOND JOB	02	

H11. How much (are/were) your <u>weekly or monthly earnings</u>, before taxes and other deductions (just before you left that job)? Please include any tips, bonuses, or commissions.

CIRCLE PAY PERIOD CODE.

ACCEPT MOST CONVENIENT TIME PERIOD.

PROBE: Your best estimate is fine.

PROBE, IF PER JOB/PIECE/UNIT: How much did you earn in a typical day?

CURRENT OR MOST RECENT JOB | 01 |

$ |___|___| , |___|___|___|

PER WEEK (00025-02000) 02
ONCE EVERY TWO WEEKS (00050-04000) 03
TWICE A MONTH (00050-04000) 04
PER MONTH (00200-08000) 05
PER YEAR (02000-60000) 06
DON'T KNOW . . . . d
REFUSED . . . . r

GO TO H12

PER DAY (00020-00120) 01

SECOND JOB | 02 |

$ |___|___| , |___|___|___|

PER WEEK (00025-02000) 02
ONCE EVERY TWO WEEKS (00050-04000) 03
TWICE A MONTH (00050-04000) 04
PER MONTH (00200-08000) 05
PER YEAR (02000-60000) 06
DON'T KNOW . . . . d
REFUSED . . . . r

GO TO H12

PER DAY (00020-00120) 01

H11a. How many hours (do/did) you work in a day?

(01-24)
|___|___|•|___| HOURS PER DAY

DON'T KNOW . . . . d
REFUSED . . . . r

GO TO H12

(01-24)
|___|___|•|___| HOURS PER DAY

DON'T KNOW . . . . d
REFUSED . . . . r

GO TO H12

H11b. In addition (do/did) you get tips, bonuses, or commissions?

YES 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

YES 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

H12. **INTERVIEWER: CHECK H6b. IS "YES," SELF-EMPLOYED JOB, CIRCLED?**

YES, SELF-EMPLOYED. (GO TO H14) . . 01

NOT SELF-EMPLOYED 00

YES, SELF-EMPLOYED. (GO TO H21) . . 01

NOT SELF-EMPLOYED 00

H13. (Are/Were) the following benefits <u>available</u> to you on this job. First . . .

READ CATEGORIES.

CIRCLE YES, NO, OR DK FOR <u>EACH</u>.

<u>YES</u> <u>NO</u> <u>DK</u> <u>R</u>
A. Paid sick leave? . . . . 01 00 d r
B. Paid vacation? . . . . 01 00 d r
C. Paid holidays? . . . . 01 00 d r
D. A retirement or pension plan? . . . . 01 00 d r

<u>YES</u> <u>NO</u> <u>DK</u> <u>R</u>
A. Paid sick leave? . . . . 01 00 d r
B. Paid vacation? . . . . 01 00 d r
C. Paid holidays? . . . . 01 00 d r
D. A retirement or pension plan? . . . . 01 00 d r

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H13a. (Is/Was) there health insurance coverage available to you at your job at [EMPLOYER]?

PROBE FOR CURRENT JOB: Available now.

PROBE FOR PREVIOUS JOBS: Available at any time.

YES 01

NO. . . . .(GO TO H13d) 00

DON'T KNOW . . . .(GO TO H13d) . . . . d

REFUSED . . . .(GO TO H13d) . . . . r

YES 01

NO. . . . .(GO TO H13d) 00

DON'T KNOW . . . .(GO TO H13d) . . . . d

REFUSED . . . .(GO TO H13d) . . . . r

H13b. (Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this health insurance?

ALL OF THE COST 01
PART OF THE COST 02
NONE OF THE COST 03
DON'T KNOW . . . . d
REFUSED . . . . r

ALL OF THE COST 01
PART OF THE COST 02
NONE OF THE COST 03
DON'T KNOW . . . . d
REFUSED . . . . r

H13c. (Are/Were) you actually participating in the health insurance plan?

YES 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

GO TO H13g

YES 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

GO TO H13g

H13d. (Does/Did) [EMPLOYER] offer health insurance to workers doing the same general kind of work as you?

YES. . . . .(GO TO H13f) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

YES. . . . .(GO TO H13f) 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

H13e. (Does/Did) [EMPLOYER] offer health insurance to some other employees?

YES 01
NO. . . . .(GO TO H13h) 00
DON'T KNOW . . . .(GO TO H13h) . . . . d
REFUSED . . . .(GO TO H13h) . . . . r

YES 01
NO. . . . .(GO TO H13h) 00
DON'T KNOW . . . .(GO TO H13h) . . . . d
REFUSED . . . .(GO TO H13h) . . . . r

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05	

THIRD JOB | 03 |	FOURTH JOB | 04 |	FIFTH JOB | 05 |
$ |___|___| , |___|___|___|	$ |___|___| , |___|___|___|	$ |___|___| , |___|___|___|
PER WEEK (00025-02000) 02	PER WEEK (00025-02000) 02	PER WEEK (00025-02000) 02
ONCE EVERY TWO WEEKS (00050-04000) 03	ONCE EVERY TWO WEEKS (00050-04000) 03	ONCE EVERY TWO WEEKS (00050-04000) 03
TWICE A MONTH (00050-04000) 04	TWICE A MONTH (00050-04000) 04	TWICE A MONTH (00050-04000) 04
PER MONTH (00200-08000) 05	PER MONTH (00200-08000) 05	PER MONTH (00200-08000) 05
PER YEAR (02000-60000) 06	PER YEAR (02000-60000) 06	PER YEAR (02000-60000) 06
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
GO TO H12	**GO TO H12**	**GO TO H12**
PER DAY (00020-00120). 01	PER DAY (00020-00120). 01	PER DAY (00020-00120). 01
(01-24) |___|___|●|___| HOURS PER DAY	(01-24) |___|___|●|___| HOURS PER DAY	(01-24) |___|___|●|___| HOURS PER DAY
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
GO TO H12	**GO TO H12**	**GO TO H12**
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES, SELF-EMPLOYED. .(GO TO H21) . . 01	YES, SELF-EMPLOYED. .(GO TO H21) . . 01	YES, SELF-EMPLOYED. .(GO TO H21) . . 01
NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00

YES NO DK R
A. Paid sick leave? . . . . 01 00 d r
B. Paid vacation? . . . . 01 00 d r
C. Paid holidays? . . . . 01 00 d r
D. A retirement or
   pension plan? . . . . 01 00 d r
	YES NO DK R
	A. Paid sick leave? . . . . 01 00 d r
	B. Paid vacation? . . . . 01 00 d r
	C. Paid holidays? . . . . 01 00 d r
	D. A retirement or
	   pension plan? . . . . 01 00 d r
		YES NO DK R
		A. Paid sick leave? . . . . 01 00 d r
		B. Paid vacation? . . . . 01 00 d r
		C. Paid holidays? . . . . 01 00 d r
		D. A retirement or
		   pension plan? . . . . 01 00 d r

YES 01	YES 01	YES 01
NO. . . . .(GO TO H13d) 00	NO. . . . .(GO TO H13d) 00	NO. . . . .(GO TO H13d) 00
DON'T KNOW . . . .(GO TO H13d) . . . . d	DON'T KNOW . . . .(GO TO H13d) . . . . d	DON'T KNOW . . . .(GO TO H13d) . . . . d
REFUSED . . . . . .(GO TO H13d) . . . . r	REFUSED . . . . . .(GO TO H13d) . . . . r	REFUSED . . . . . .(GO TO H13d) . . . . r
ALL OF THE COST 01	ALL OF THE COST 01	ALL OF THE COST 01
PART OF THE COST 02	PART OF THE COST 02	PART OF THE COST 02
NONE OF THE COST 03	NONE OF THE COST 03	NONE OF THE COST 03
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
GO TO H13g	**GO TO H13g**	**GO TO H13g**
YES. . . . .(GO TO H13f) 01	YES. . . . .(GO TO H13f) 01	YES. . . . .(GO TO H13f) 01
NO 00	NO 00	NO 00
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO. . . . .(GO TO H13h) 00	NO. . . . .(GO TO H13h) 00	NO. . . . .(GO TO H13h) 00
DON'T KNOW . . . .(GO TO H13h) . . . . d	DON'T KNOW . . . .(GO TO H13h) . . . . d	DON'T KNOW . . . .(GO TO H13h) . . . . d
REFUSED . . . . . .(GO TO H13h) . . . . r	REFUSED . . . . . .(GO TO H13h) . . . . r	REFUSED . . . . . .(GO TO H13h) . . . . r

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	SIXTH JOB	06		SEVENTH JOB	07	
H11. How much (are/were) your <u>weekly or monthly earnings</u>, before taxes and other deductions (just before you left that job)? Please include any tips, bonuses, or commissions. **CIRCLE PAY PERIOD CODE.** **ACCEPT MOST CONVENIENT TIME PERIOD.** **PROBE:** Your best estimate is fine. **PROBE, IF PER JOB/PIECE/UNIT:** How much did you earn in a typical day?	$ |___|___| , |___|___|___| PER WEEK (00025-02000) . . . . 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) . . . . 04 PER MONTH (00200-08000) . . . . 05 PER YEAR (02000-60000) . . . . 06 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12** PER DAY (00020-00120). 01	$ |___|___| , |___|___|___| PER WEEK (00025-02000) . . . . 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) . . . . 04 PER MONTH (00200-08000) . . . . 05 PER YEAR (02000-60000) . . . . 06 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12** PER DAY (00020-00120). 01
H11a. How many hours (do/did) you work in a day?	(01-24) |___|___|•|___| HOURS PER DAY DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12**	(01-24) |___|___|•|___| HOURS PER DAY DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12**
H11b. In addition (do/did) you get tips, bonuses, or commissions?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H12. **INTERVIEWER: CHECK H6b. IS "YES," SELF-EMPLOYED JOB, CIRCLED?**	YES, SELF-EMPLOYED. .(GO TO H21) . . 01 NOT SELF-EMPLOYED 00	YES, SELF-EMPLOYED. .(GO TO H21) . . 01 NOT SELF-EMPLOYED 00

H13. (Are/Were) the following benefits <u>available</u> to you on this job. First . . .
 	
READ CATEGORIES.
 	
CIRCLE YES, NO, OR DK FOR <u>EACH</u>.
	<u>YES</u> <u>NO</u> <u>DK</u> <u>R</u>
	A. Paid sick leave? . . . . 01 00 d r
	B. Paid vacation? . . . . 01 00 d r
	C. Paid holidays? . . . . 01 00 d r
	D. A retirement or
	    pension plan? . . . . 01 00 d r
		<u>YES</u> <u>NO</u> <u>DK</u> <u>R</u>
		A. Paid sick leave? . . . . 01 00 d r
		B. Paid vacation? . . . . 01 00 d r
		C. Paid holidays? . . . . 01 00 d r
		D. A retirement or
		    pension plan? . . . . 01 00 d r

H13a. (Is/Was) there health insurance coverage available to you at your job at [EMPLOYER]? **PROBE FOR CURRENT JOB:** Available now. **PROBE FOR PREVIOUS JOBS:** Available at any time.	YES . . . . 01 NO. . . . .(GO TO H13d) . . . . . . 00 DON'T KNOW . . . .(GO TO H13d) . . . . d REFUSED . . . .(GO TO H13d) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13d) . . . . . . 00 DON'T KNOW . . . .(GO TO H13d) . . . . d REFUSED . . . .(GO TO H13d) . . . . r
H13b. (Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this health insurance?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13c. (Are/Were) you actually participating in the health insurance plan?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13g**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13g**
H13d. (Does/Did) [EMPLOYER] offer health insurance to workers doing the same general kind of work as you?	YES. . . . .(GO TO H13f) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES. . . . .(GO TO H13f) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13e. (Does/Did) [EMPLOYER] offer health insurance to some other employees?	YES . . . . 01 NO. . . . .(GO TO H13h) . . . . . . 00 DON'T KNOW . . . .(GO TO H13h) . . . . d REFUSED . . . .(GO TO H13h) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13h) . . . . . . 00 DON'T KNOW . . . .(GO TO H13h) . . . . d REFUSED . . . .(GO TO H13h) . . . . r

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EIGHTH JOB	08		NINTH JOB	09		TENTH JOB	10	

EIGHTH JOB | 08 |	NINTH JOB | 09 |	TENTH JOB | 10 |
$ |__|__| , |__|__|__|	$ |__|__| , |__|__|__|	$ |__|__| , |__|__|__|
PER WEEK (00025-02000) . . . . 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) . . . . 04 PER MONTH (00200-08000) . . . . 05 PER YEAR (02000-60000) . . . . 06 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12** PER DAY (00020-00120). 01	PER WEEK (00025-02000) . . . . 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) . . . . 04 PER MONTH (00200-08000) . . . . 05 PER YEAR (02000-60000) . . . . 06 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12** PER DAY (00020-00120). 01	PER WEEK (00025-02000) . . . . 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) . . . . 04 PER MONTH (00200-08000) . . . . 05 PER YEAR (02000-60000) . . . . 06 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12** PER DAY (00020-00120). 01
(01-24) |__|__|•|__| HOURS PER DAY DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12**	(01-24) |__|__|•|__| HOURS PER DAY DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12**	(01-24) |__|__|•|__| HOURS PER DAY DON'T KNOW . . . . d REFUSED . . . . r **GO TO H12**
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES, SELF-EMPLOYED. .(GO TO H21) . . 01 NOT SELF-EMPLOYED 00	YES, SELF-EMPLOYED. .(GO TO H21) . . 01 NOT SELF-EMPLOYED 00	YES, SELF-EMPLOYED. .(GO TO H21) . . 01 NOT SELF-EMPLOYED 00

YES NO DK R
 A. Paid sick leave? . . . . 01 00 d r
 B. Paid vacation? . . . . 01 00 d r
 C. Paid holidays? . . . . 01 00 d r
 D. A retirement or
    pension plan? . . . . 01 00 d r
	YES NO DK R
	 A. Paid sick leave? . . . . 01 00 d r
	 B. Paid vacation? . . . . 01 00 d r
	 C. Paid holidays? . . . . 01 00 d r
	 D. A retirement or
	    pension plan? . . . . 01 00 d r
		YES NO DK R
		 A. Paid sick leave? . . . . 01 00 d r
		 B. Paid vacation? . . . . 01 00 d r
		 C. Paid holidays? . . . . 01 00 d r
		 D. A retirement or
		    pension plan? . . . . 01 00 d r

YES . . . . 01 NO. . . . .(GO TO H13d) . . . . . . 00 DON'T KNOW . . . .(GO TO H13d) . . . . d REFUSED . . . . . .(GO TO H13d) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13d) . . . . . . 00 DON'T KNOW . . . .(GO TO H13d) . . . . d REFUSED . . . . . .(GO TO H13d) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13d) . . . . . . 00 DON'T KNOW . . . .(GO TO H13d) . . . . d REFUSED . . . . . .(GO TO H13d) . . . . r
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13g**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13g**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13g**
YES. . . . .(GO TO H13f) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES. . . . .(GO TO H13f) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES. . . . .(GO TO H13f) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO. . . . .(GO TO H13h) . . . . . . 00 DON'T KNOW . . . .(GO TO H13h) . . . . d REFUSED . . . . . .(GO TO H13h) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13h) . . . . . . 00 DON'T KNOW . . . .(GO TO H13h) . . . . d REFUSED . . . . . .(GO TO H13h) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13h) . . . . . . 00 DON'T KNOW . . . .(GO TO H13h) . . . . d REFUSED . . . . . .(GO TO H13h) . . . . r

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		CURRENT OR MOST RECENT JOB | 01 |	**SECOND JOB | 02 |**
H13f.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the health insurance it offers?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13g.	(Does/Did) the health insurance offered by [EMPLOYER] also cover other family members?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13h.	(Is/Was) there dental insurance coverage available to you at your job at [EMPLOYER]? **PROBE FOR CURRENT JOB:** Available now. **PROBE FOR PREVIOUS JOBS:** Available at any time.	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . . . .(GO TO H13k) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . . . .(GO TO H13k) . . . . r
H13i.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this dental insurance?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13j.	(Are/Were) you actually participating in the dental insurance plan?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**
H13k.	(Does/Did) [EMPLOYER] offer dental insurance to workers doing the same general kind of work as you?	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13l.	(Does/Did) [EMPLOYER] offer dental insurance to some other employees?	YES . . . . 01 NO . . . .(GO TO H14) . . . . 00 DON'T KNOW. . . .(GO TO H14) . . . . d REFUSED. . . . . .(GO TO H14) . . . . r	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . .(GO TO H13o) . . . . r
H13m.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the dental insurance it offers?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13n.	(Does/Did) the dental insurance offered by [EMPLOYER] also cover other family members?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **CONTINUE**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13o.	**INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?**		YES . . . . 01 NO . . . .(GO TO H18) 00

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05	

THIRD JOB | 03 |	FOURTH JOB | 04 |	FIFTH JOB | 05 |
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . .(GO TO H13k) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . .(GO TO H13k) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . .(GO TO H13k) . . . . r
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**
YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . . .(GO TO H13o) . . . . r	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . . .(GO TO H13o) . . . . r	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . . .(GO TO H13o) . . . . r
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . .(GO TO H18) 00	YES . . . . 01 NO . . . .(GO TO H18) 00	YES . . . . 01 NO . . . .(GO TO H18) 00

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		SIXTH JOB | 06 |	SEVENTH JOB | 07 |
H13f.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the health insurance it offers?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13g.	(Does/Did) the health insurance offered by [EMPLOYER] also cover other family members?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13h.	(Is/Was) there dental insurance coverage available to you at your job at [EMPLOYER]? **PROBE FOR CURRENT JOB:** Available now. **PROBE FOR PREVIOUS JOBS:** Available at any time.	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . . . .(GO TO H13k) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . . . .(GO TO H13k) . . . . r
H13i.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this dental insurance?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13j.	(Are/Were) you actually participating in the dental insurance plan?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**
H13k.	(Does/Did) [EMPLOYER] offer dental insurance to workers doing the same general kind of work as you?	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13l.	(Does/Did) [EMPLOYER] offer dental insurance to some other employees?	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . .(GO TO H13o) . . . . r	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . .(GO TO H13o) . . . . r
H13m.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the dental insurance it offers?	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
H13n.	(Does/Did) the dental insurance offered by [EMPLOYER] also cover other family members?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H13o.	**INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?**	YES . . . . 01 NO . . . .(GO TO H18) 00	YES . . . . 01 NO . . . .(GO TO H18) 00

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EIGHTH JOB | 08 |	NINTH JOB | 09 |	TENTH JOB | 10 |
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . .(GO TO H13k) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . .(GO TO H13k) . . . . r	YES . . . . 01 NO. . . . .(GO TO H13k) . . . . . . 00 DON'T KNOW . . . .(GO TO H13k) . . . . d REFUSED . . . .(GO TO H13k) . . . . r
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H13n**
YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . .(GO TO H13m) . . . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . . .(GO TO H13o) . . . . r	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . . .(GO TO H13o) . . . . r	YES . . . . 01 NO . . . .(GO TO H13o) . . . . 00 DON'T KNOW. . . .(GO TO H13o) . . . . d REFUSED. . . . . . .(GO TO H13o) . . . . r
ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r	ALL OF THE COST . . . . 01 PART OF THE COST . . . . 02 NONE OF THE COST . . . . 03 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
YES . . . . 01 NO . . . .(GO TO H18) 00	YES . . . . 01 NO . . . .(GO TO H18) 00	YES . . . . 01 NO . . . .(GO TO H18) 00

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	CURRENT OR MOST RECENT JOB	01		SECOND JOB	02	
H14. How (do/did) you usually travel to this job? **IF SM SAYS "CAR," PROBE:** Do you drive yourself, carpool, or get a ride from someone? **IF MODE DIFFERED OVER TIME, PROBE:** What (have/did) you use(d) most recently?	**IF A SINGLE COMMUTE UTILIZED SEVERAL MODES, CIRCLE ALL THAT APPLY.** DRIVE SELF . . . . 01 CAR POOL . . . . 02 GET A RIDE FROM FAMILY/FRIEND . . . 03 PUBLIC TRANSPORTATION . . . . 04 WELFARE OFFICE PROVIDES RIDE . . . 05 EMPLOYER PROVIDES RIDE . . . . 06 TAXI . . . . 07 NO TRAVEL, WORKS AT HOME. . . . . . .(GO TO H17b) . . . . 08 WALKS . . . . 09 OTHER (SPECIFY) . . . . 10 **BIKE . . . . 11** DON'T KNOW . . . . d REFUSED . . . . r	**IF A SINGLE COMMUTE UTILIZED SEVERAL MODES, CIRCLE ALL THAT APPLY.** DRIVE SELF . . . . 01 CAR POOL . . . . 02 GET A RIDE FROM FAMILY/FRIEND . . . 03 PUBLIC TRANSPORTATION . . . . 04 WELFARE OFFICE PROVIDES RIDE . . . 05 EMPLOYER PROVIDES RIDE . . . . 06 TAXI . . . . 07 NO TRAVEL, WORKS AT HOME. . . . . . .(GO TO H17b) . . . . 08 WALKS . . . . 09 OTHER (SPECIFY) . . . . 10 **BIKE . . . . 11** DON'T KNOW . . . . d REFUSED . . . . r
H15. (Not counting gas you buy) How much (does/did) a one way trip cost you to get to work each day? Include things like bus and train fare, tolls, parking, and any other costs. **INTERVIEWER: USE INTRO PHRASE IF "DRIVE SELF" IS CODED IN H14.** **PROBE:** Just one way, not round trip. **WATCH THE DECIMAL POINT.**	$ |__|__| . |__|__| NOTHING . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	$ |__|__| . |__|__| NOTHING . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H16. How long (does/did) it usually take you to get to work? **PROBE:** Just one way, not round trip. **IF LENGTH OF TRAVEL TIME VARIES, PROBE:** What (is/was) it on an average day?	|__| |__|__| HOURS MINUTES (0-3) (00-59) DON'T KNOW . . . . d REFUSED . . . . r	|__| |__|__| HOURS MINUTES (0-3) (00-59) DON'T KNOW . . . . d REFUSED . . . . r
H16a. **INTERVIEWER: CHECK H6b. IS YES "SELF-EMPLOYED JOB" CIRCLED?**	YES. . . . . (GO TO H21) . . . . 01 NO 00	YES. . . . . (GO TO H21) . . . . 01 NO 00
H17. (Do/Did) you receive any assistance from [EMPLOYER] or from an agency to help you get to this job?	YES . . . . 01 NO . . . .(GO TO H17b) . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . .(GO TO H17b) . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H17a. What assistance (do/did) you receive?	CIRCLE ALL THAT APPLY DISCOUNTED/FREE TAXI RIDE . . . . 01 DISCOUNTED/FREE VAN/ SHUTTLE SERVICE . . . . 02 DISCOUNTED/FREE TRANSIT PASSES/TICKETS/TOKENS . . . . 03 CASH OR CHECK . . . . 04 OTHER (SPECIFY) . . . . 05 **EMPLOYER DRIVES . . . . 06** DON'T KNOW . . . . d REFUSED . . . . r	CIRCLE ALL THAT APPLY DISCOUNTED/FREE TAXI RIDE . . . . 01 DISCOUNTED/FREE VAN/ SHUTTLE SERVICE . . . . 02 DISCOUNTED/FREE TRANSIT PASSES/TICKETS/TOKENS . . . . 03 CASH OR CHECK . . . . 04 OTHER (SPECIFY) . . . . 05 **EMPLOYER DRIVES . . . . 06** DON'T KNOW . . . . d REFUSED . . . . r
H17b. (Do/Did) you receive any financial assistance (from [EMPLOYER] or) from an agency for . . . **PROBE:** (Are/Were) you reimbursed for the cost in your paycheck? **CIRCLE YES OR NO FOR EACH, A-D.** **DO NOT USE EMPLOYER FILL IF SELF EMPLOYED.**	YES NO D R A. Purchasing uniforms or clothing? . . . . 01 00 d r B. Cleaning your uniforms or your clothing? . . . . 01 00 d r C. Purchasing tools or equipment? . . . . 01 00 d r D. Getting licenses? . . . . 01 00 d r	YES NO D R A. Purchasing uniforms or clothing? . . . . 01 00 d r B. Cleaning your uniforms or your clothing? . . . . 01 00 d r C. Purchasing tools or equipment? . . . . 01 00 d r D. Getting licenses? . . . . 01 00 d r
H17c. **INTERVIEWER: CHECK H6b. IS YES "SELF-EMPLOYED JOB" CIRCLED?**	YES. . . . . (GO TO H21) . . . . 01 NO 00	YES. . . . . (GO TO H21) . . . . 01 NO 00

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05

THIRD JOB | 03 |	**FOURTH JOB | 04 |**	**FIFTH JOB | 05 |**
IF A SINGLE COMMUTE UTILIZED SEVERAL MODES, CIRCLE ALL THAT APPLY.	IF A SINGLE COMMUTE UTILIZED SEVERAL MODES, CIRCLE ALL THAT APPLY.	IF A SINGLE COMMUTE UTILIZED SEVERAL MODES, CIRCLE ALL THAT APPLY.
DRIVE SELF . . . . 01 CAR POOL . . . . 02 GET A RIDE FROM FAMILY/FRIEND . . . 03 PUBLIC TRANSPORTATION . . . . 04 WELFARE OFFICE PROVIDES RIDE . . . 05 EMPLOYER PROVIDES RIDE . . . . 06 TAXI . . . . 07 NO TRAVEL, WORKS AT HOME. . . . . . .(GO TO H17b) . . . . . . 08 WALKS . . . . 09 OTHER (SPECIFY) 10	DRIVE SELF . . . . 01 CAR POOL . . . . 02 GET A RIDE FROM FAMILY/FRIEND . . . 03 PUBLIC TRANSPORTATION . . . . 04 WELFARE OFFICE PROVIDES RIDE . . . 05 EMPLOYER PROVIDES RIDE . . . . 06 TAXI . . . . 07 NO TRAVEL, WORKS AT HOME. . . . . . .(GO TO H17b) . . . . . . 08 WALKS . . . . 09 OTHER (SPECIFY) 10	DRIVE SELF . . . . 01 CAR POOL . . . . 02 GET A RIDE FROM FAMILY/FRIEND . . . 03 PUBLIC TRANSPORTATION . . . . 04 WELFARE OFFICE PROVIDES RIDE . . . 05 EMPLOYER PROVIDES RIDE . . . . 06 TAXI . . . . 07 NO TRAVEL, WORKS AT HOME. . . . . . .(GO TO H17b) . . . . . . 08 WALKS . . . . 09 OTHER (SPECIFY) 10
BIKE . . . . 11 DON'T KNOW . . . . d REFUSED . . . . r	**BIKE . . . . 11** DON'T KNOW . . . . d REFUSED . . . . r	**BIKE . . . . 11** DON'T KNOW . . . . d REFUSED . . . . r
$ |___|___| . |___|___| NOTHING . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	$ |___|___| . |___|___| NOTHING . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	$ |___|___| . |___|___| NOTHING . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
|___| |___|___| HOURS MINUTES (0-3) (00-59) DON'T KNOW . . . . d REFUSED . . . . r	|___| |___|___| HOURS MINUTES (0-3) (00-59) DON'T KNOW . . . . d REFUSED . . . . r	|___| |___|___| HOURS MINUTES (0-3) (00-59) DON'T KNOW . . . . d REFUSED . . . . r
YES. . . . . (GO TO H21) . . . . 01 NO 00	YES. . . . . (GO TO H21) . . . . 01 NO 00	YES. . . . . (GO TO H21) . . . . 01 NO 00
YES . . . . 01 NO . . . .(GO TO H17b) . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . .(GO TO H17b) . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . .(GO TO H17b) . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
CIRCLE ALL THAT APPLY DISCOUNTED/FREE TAXI RIDE . . . . 01 DISCOUNTED/FREE VAN/ SHUTTLE SERVICE . . . . 02 DISCOUNTED/FREE TRANSIT PASSES/TICKETS/TOKENS . . . . 03 CASH OR CHECK . . . . 04 OTHER (SPECIFY) 05	CIRCLE ALL THAT APPLY DISCOUNTED/FREE TAXI RIDE . . . . 01 DISCOUNTED/FREE VAN/ SHUTTLE SERVICE . . . . 02 DISCOUNTED/FREE TRANSIT PASSES/TICKETS/TOKENS . . . . 03 CASH OR CHECK . . . . 04 OTHER (SPECIFY) 05	CIRCLE ALL THAT APPLY DISCOUNTED/FREE TAXI RIDE . . . . 01 DISCOUNTED/FREE VAN/ SHUTTLE SERVICE . . . . 02 DISCOUNTED/FREE TRANSIT PASSES/TICKETS/TOKENS . . . . 03 CASH OR CHECK . . . . 04 OTHER (SPECIFY) 05
EMPLOYER DRIVES . . . . 06 DON'T KNOW . . . . d REFUSED . . . . r	**EMPLOYER DRIVES . . . . 06** DON'T KNOW . . . . d REFUSED . . . . r	**EMPLOYER DRIVES . . . . 06** DON'T KNOW . . . . d REFUSED . . . . r
YES NO D R A. Purchasing uniforms or clothing? . . . . 01 00 d r B. Cleaning your uniforms or your clothing? . . . . 01 00 d r C. Purchasing tools or equipment? . . . . 01 00 d r D. Getting licenses? . . . . 01 00 d r	YES NO D R A. Purchasing uniforms or clothing? . . . . 01 00 d r B. Cleaning your uniforms or your clothing? . . . . 01 00 d r C. Purchasing tools or equipment? . . . . 01 00 d r D. Getting licenses? . . . . 01 00 d r	YES NO D R A. Purchasing uniforms or clothing? . . . . 01 00 d r B. Cleaning your uniforms or your clothing? . . . . 01 00 d r C. Purchasing tools or equipment? . . . . 01 00 d r D. Getting licenses? . . . . 01 00 d r
YES. . . . . (GO TO H21) . . . . 01 NO 00	YES. . . . . (GO TO H21) . . . . 01 NO 00	YES. . . . . (GO TO H21) . . . . 01 NO 00

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		CURRENT OR MOST RECENT JOB | 01 |	SECOND JOB | 02 |
H18.	(Have/Did) you attend(ed) any employer-sponsored training, like workshops or short courses while at this job?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H19.	How did you first hear about this job at [EMPLOYER]?	CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 JOB FAIR . . . . 08 WELFARE OFFICE . . . . 09 WTW PROGRAM (INCLUDES TWC, EARN) . . . . 10 DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r	CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 JOB FAIR . . . . 08 WELFARE OFFICE . . . . 09 WTW PROGRAM (INCLUDES TWC, EARN) . . . . 10 DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r
H20.	Did someone there help you get in touch with [EMPLOYER] when you were looking for the job?	YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r
H21.	**INTERVIEWER: CHECK H6a. IS CODE "n," STILL AT THIS JOB, CIRCLED?**	YES . . . . (GO TO H26) . . . . 01 NO 00	YES . . . . (GO TO H26) . . . . 01 NO 00
H21a.	**INTERVIEWER: CHECK H6b. IS THIS A "SELF-EMPLOYED JOB" CIRCLED?**	YES . . . . (GO TO H25) . . . . 01 NO 00	YES . . . . (GO TO H25) . . . . 01 NO 00
H22.	Why did you stop working at [EMPLOYER]? Did you quit, were you laid off or fired, or did the period you were set to work there just end? **PROBE:** What reason were you given by your employer?	QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 DON'T KNOW. . . . .(GO TO H26) . . . . d REFUSED. . . . .(GO TO H26) . . . . . r	QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 DON'T KNOW. . . . .(GO TO H26) . . . . d REFUSED. . . . .(GO TO H26) . . . . . r

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05	

THIRD JOB | 03 |	FOURTH JOB | 04 |	FIFTH JOB | 05 |
YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 JOB FAIR . . . . **08** WELFARE OFFICE . . . . **09** WTW PROGRAM (INCLUDES TWC, EARN) . . . . **10** DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r	CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 JOB FAIR . . . . **08** WELFARE OFFICE . . . . **09** WTW PROGRAM (INCLUDES TWC, EARN) . . . . **10** DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r	CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 JOB FAIR . . . . **08** WELFARE OFFICE . . . . **09** WTW PROGRAM (INCLUDES TWC, EARN) . . . . **10** DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r
YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r
YES . . . . (GO TO H26) . . . . 01 NO 00	YES . . . . (GO TO H26) . . . . 01 NO 00	YES . . . . (GO TO H26) . . . . 01 NO 00
YES . . . . (GO TO H25) . . . . 01 NO 00	YES . . . . (GO TO H25) . . . . 01 NO 00	YES . . . . (GO TO H25) . . . . 01 NO 00
QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 DON'T KNOW. . . . . . .(GO TO H26) . . . . . d REFUSED. . . . .(GO TO H26) . . . . . . r	QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 DON'T KNOW. . . . . . .(GO TO H26) . . . . . d REFUSED. . . . .(GO TO H26) . . . . . . r	QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 DON'T KNOW. . . . . . .(GO TO H26) . . . . . d REFUSED. . . . .(GO TO H26) . . . . . . r

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		SIXTH JOB | 06 |	SEVENTH JOB | 07 |
H18.	(Have/Did) you attend(ed) any employer-sponsored training, like workshops or short courses while at this job?	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW . . . . d REFUSED . . . . r
H19.	How did you first hear about this job at [EMPLOYER]?	CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 _____ **JOB FAIR** . . . . **08** **WELFARE OFFICE** . . . . **09** **WTW PROGRAM (INCLUDES** **TWC, EARN)** . . . . **10** DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r	CIRCLE ONLY ONE STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE . . . . 01 PRIVATE EMPLOYMENT AGENCY . . . . . 02 PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03 THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) . . . . 04 THROUGH A UNION. . (GO TO H21) . . . . 05 GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) . . . . 06 OTHER (SPECIFY) . . . (GO TO H21) . . . . 07 _____ **JOB FAIR** . . . . **08** **WELFARE OFFICE** . . . . **09** **WTW PROGRAM (INCLUDES** **TWC, EARN)** . . . . **10** DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d REFUSED . . . .(GO TO H21) . . . . . r
H20.	Did someone there help you get in touch with [EMPLOYER] when you were looking for the job?	YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r	YES . . . . 01 NO . . . . 00 DON'T KNOW/DON'T REMEMBER . . . . . . d REFUSED . . . . r
H21.	**INTERVIEWER: CHECK H6a. IS CODE "n," STILL AT THIS JOB, CIRCLED?**	YES . . . . (GO TO H26) . . . . 01 NO 00	YES . . . . (GO TO H26) . . . . 01 NO 00
H21a.	**INTERVIEWER: CHECK H6b. IS THIS A "SELF-EMPLOYED JOB" CIRCLED?**	YES . . . . (GO TO H25) . . . . 01 NO 00	YES . . . . (GO TO H25) . . . . 01 NO 00
H22.	Why did you stop working at [EMPLOYER]? Did you quit, were you laid off or fired, or did the period you were set to work there just end?	QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 _____ DON'T KNOW. . . . .(GO TO H26) . . . . d REFUSED. . . . .(GO TO H26) . . . . . r	QUIT . . . . 01 LAID OFF. . . . .(GO TO H24) . . . . 02 FIRED. . . . .(GO TO H24) . . . . 03 WORK PERIOD ENDED. . . . .(GO TO H26) . . . . 04 OTHER (SPECIFY). . . .(GO TO H26) . . . . 05 _____ DON'T KNOW. . . . .(GO TO H26) . . . . d REFUSED. . . . .(GO TO H26) . . . . . r

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EIGHTH JOB | 08 |	NINTH JOB | 09 |	TENTH JOB | 10 |
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
CIRCLE <u>ONLY ONE</u>	CIRCLE <u>ONLY ONE</u>	CIRCLE <u>ONLY ONE</u>
STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE 01	STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE 01	STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE 01
PRIVATE EMPLOYMENT AGENCY 02	PRIVATE EMPLOYMENT AGENCY 02	PRIVATE EMPLOYMENT AGENCY 02
PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03	PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03	PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER). . . . .(GO TO H21) . . . 03
THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) 04	THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) 04	THROUGH FRIENDS OR RELATIVES . . . . . .(GO TO H21) 04
THROUGH A UNION. . (GO TO H21) 05	THROUGH A UNION. . (GO TO H21) 05	THROUGH A UNION. . (GO TO H21) 05
GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) 06	GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) 06	GOING DIRECTLY TO EMPLOYERS. . . . . (GO TO H21) 06
OTHER (SPECIFY) . . . (GO TO H21) 07	OTHER (SPECIFY) . . . (GO TO H21) 07	OTHER (SPECIFY) . . . (GO TO H21) 07
JOB FAIR **08**	**JOB FAIR** **08**	**JOB FAIR** **08**
WELFARE OFFICE **09**	**WELFARE OFFICE** **09**	**WELFARE OFFICE** **09**
WTW PROGRAM (INCLUDES TWC, EARN) **10**	**WTW PROGRAM (INCLUDES TWC, EARN)** **10**	**WTW PROGRAM (INCLUDES TWC, EARN)** **10**
DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d	DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d	DON'T KNOW/DON'T REMEMBER . . . .(GO TO H21) . . . . d
REFUSED . . . .(GO TO H21) . . . . . r	REFUSED . . . .(GO TO H21) . . . . . r	REFUSED . . . .(GO TO H21) . . . . . r
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW/DON'T REMEMBER . . . . . . d	DON'T KNOW/DON'T REMEMBER . . . . . . d	DON'T KNOW/DON'T REMEMBER . . . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES . . . . (GO TO H26) 01	YES . . . . (GO TO H26) 01	YES . . . . (GO TO H26) 01
NO 00	NO 00	NO 00
YES . . . . (GO TO H25) 01	YES . . . . (GO TO H25) 01	YES . . . . (GO TO H25) 01
NO 00	NO 00	NO 00
QUIT 01	QUIT 01	QUIT 01
LAID OFF. . . . .(GO TO H24) . . . 02	LAID OFF. . . . .(GO TO H24) . . . 02	LAID OFF. . . . .(GO TO H24) . . . 02
FIRED. . . . .(GO TO H24) 03	FIRED. . . . .(GO TO H24) 03	FIRED. . . . .(GO TO H24) 03
WORK PERIOD ENDED. . . . .(GO TO H26) 04	WORK PERIOD ENDED. . . . .(GO TO H26) 04	WORK PERIOD ENDED. . . . .(GO TO H26) 04
OTHER (SPECIFY). . . .(GO TO H26) 05	OTHER (SPECIFY). . . .(GO TO H26) 05	OTHER (SPECIFY). . . .(GO TO H26) 05
DON'T KNOW. . . . . . .(GO TO H26) . . . . . d	DON'T KNOW. . . . . . .(GO TO H26) . . . . . d	DON'T KNOW. . . . . . .(GO TO H26) . . . . . d
REFUSED. . . . .(GO TO H26) . . . . . r	REFUSED. . . . .(GO TO H26) . . . . . r	REFUSED. . . . .(GO TO H26) . . . . . r

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	CURRENT OR MOST RECENT JOB | 01 |	SECOND JOB | 02 |
H23. What were the reasons you quit working at that job? **PROBE:** Why did you quit? **PROBE:** What else? **CIRCLE ALL THAT APPLY**	CIRCLE ALL THAT APPLY A. MATERNITY LEAVE/PREGNANCY . . 01 B. CHILD'S HEALTH PROBLEM . . . . 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . . . 03 D. OTHER PROBLEMS WITH CHILDREN . . . . 04 E. TRANSPORTATION PROBLEM . . . . . 05 F. TOOK ANOTHER JOB . . . . 06 G. ENROLLED IN SCHOOL/TRAINING . 07 H. PROBLEMS WITH CO-WORKERS . . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS . . . . 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS . . . . 10 K. SM'S HEALTH PROBLEM . . . . 11 L. SM WANTED TO STAY HOME WITH CHILDREN . . . . 12 M. ARRESTED OR HAD OTHER LEGAL PROBLEMS . . . . 13 N. PROBLEMS WITH BOSS . . . . 14 O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE . . . . 15 P. SALARY/BENEFITS NOT GOOD ENOUGH . . . . 16 Q. DISLIKE RULES . . . . 17 R. SUBSTANCE ABUSE . . . . 18 S. ISSUES WITH IMMIGRATION STATUS . . . . 19 T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY . . . . 20 U. NO LONGER NEEDED INCOME . . . . 21 V. MOVED . . . . 22 W. RETIRED . . . . 23 X. OTHER (SPECIFY) . . . . 24 |___|___| Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS . . . . 25 DON'T KNOW . . . . d REFUSED . . . . r	CIRCLE ALL THAT APPLY A. MATERNITY LEAVE/PREGNANCY . . 01 B. CHILD'S HEALTH PROBLEM . . . . 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . . . 03 D. OTHER PROBLEMS WITH CHILDREN . . . . 04 E. TRANSPORTATION PROBLEM . . . . . 05 F. TOOK ANOTHER JOB . . . . 06 G. ENROLLED IN SCHOOL/TRAINING . 07 H. PROBLEMS WITH CO-WORKERS . . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS . . . . 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS . . . . 10 K. SM'S HEALTH PROBLEM . . . . 11 L. SM WANTED TO STAY HOME WITH CHILDREN . . . . 12 M. ARRESTED OR HAD OTHER LEGAL PROBLEMS . . . . 13 N. PROBLEMS WITH BOSS . . . . 14 O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE . . . . 15 P. SALARY/BENEFITS NOT GOOD ENOUGH . . . . 16 Q. DISLIKE RULES . . . . 17 R. SUBSTANCE ABUSE . . . . 18 S. ISSUES WITH IMMIGRATION STATUS . . . . 19 T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY . . . . 20 U. NO LONGER NEEDED INCOME . . . . 21 V. MOVED . . . . 22 W. RETIRED . . . . 23 X. OTHER (SPECIFY) . . . . 24 |___|___| Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS . . . . 25 DON'T KNOW . . . . d REFUSED . . . . r
H23a. **INTERVIEWER: CHECK H23. IS CODE 06, "TOOK ANOTHER JOB" CIRCLED?**	YES . . . . 01 NO. . . . .(GO TO H26) 00	YES . . . . 01 NO. . . . .(GO TO H26) 00
H23b. Was the new job you took better in any ways than the one you quit?	YES . . . . 01 NO . . . . (GO TO H26) . . . . 00 DON'T KNOW. . . . (GO TO H26) . . . . d REFUSED . . . .(GO TO H26) . . . . r	YES . . . . 01 NO . . . . (GO TO H26) . . . . 00 DON'T KNOW. . . . (GO TO H26) . . . . d REFUSED . . . .(GO TO H26) . . . . r
H23c. How was it better?	CIRCLE ALL THAT APPLY PAY . . . . 01 BENEFITS . . . . 02 HOURS . . . . 03 LOCATION . . . . 04 TYPE OF WORK . . . . 05 WORKING CONDITIONS . . . . 06 OTHER (SPECIFY) . . . . 07 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**	CIRCLE ALL THAT APPLY PAY . . . . 01 BENEFITS . . . . 02 HOURS . . . . 03 LOCATION . . . . 04 TYPE OF WORK . . . . 05 WORKING CONDITIONS . . . . 06 OTHER (SPECIFY) . . . . 07 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**

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THIRD JOB |_03_|	FOURTH JOB |_04_|	FIFTH JOB |_05_|
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
A. MATERNITY LEAVE/PREGNANCY .. 01	A. MATERNITY LEAVE/PREGNANCY .. 01	A. MATERNITY LEAVE/PREGNANCY .. 01
B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04
E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
G. ENROLLED IN SCHOOL/TRAINING . 07	G. ENROLLED IN SCHOOL/TRAINING . 07	G. ENROLLED IN SCHOOL/TRAINING . 07
H. PROBLEMS WITH CO-WORKERS .. 08	H. PROBLEMS WITH CO-WORKERS .. 08	H. PROBLEMS WITH CO-WORKERS .. 08
I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10
K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12
M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13
N. PROBLEMS WITH BOSS 14	N. PROBLEMS WITH BOSS 14	N. PROBLEMS WITH BOSS 14
O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15
P. SALARY/BENEFITS NOT GOOD ENOUGH 16	P. SALARY/BENEFITS NOT GOOD ENOUGH 16	P. SALARY/BENEFITS NOT GOOD ENOUGH 16
Q. DISLIKE RULES 17	Q. DISLIKE RULES 17	Q. DISLIKE RULES 17
R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20
U. NO LONGER NEEDED INCOME 21	U. NO LONGER NEEDED INCOME 21	U. NO LONGER NEEDED INCOME 21
V. MOVED 22	V. MOVED 22	V. MOVED 22
W. RETIRED 23	W. RETIRED 23	W. RETIRED 23
X. OTHER (SPECIFY) 24	X. OTHER (SPECIFY) 24	X. OTHER (SPECIFY) 24
_____ |__|__|	_____ |__|__|	_____ |__|__|
Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED .... r	REFUSED .... r	REFUSED .... r
YES 01	YES 01	YES 01
NO. ....(GO TO H26) 00	NO. ....(GO TO H26) 00	NO. ....(GO TO H26) 00
YES 01	YES 01	YES 01
NO .... (GO TO H26) 00	NO .... (GO TO H26) 00	NO .... (GO TO H26) 00
DON'T KNOW.... (GO TO H26) .... d	DON'T KNOW.... (GO TO H26) .... d	DON'T KNOW.... (GO TO H26) .... d
REFUSED ....(GO TO H26) .... r	REFUSED ....(GO TO H26) .... r	REFUSED ....(GO TO H26) .... r
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
PAY 01	PAY 01	PAY 01
BENEFITS 02	BENEFITS 02	BENEFITS 02
HOURS 03	HOURS 03	HOURS 03
LOCATION 04	LOCATION 04	LOCATION 04
TYPE OF WORK 05	TYPE OF WORK 05	TYPE OF WORK 05
WORKING CONDITIONS 06	WORKING CONDITIONS 06	WORKING CONDITIONS 06
OTHER (SPECIFY) 07	OTHER (SPECIFY) 07	OTHER (SPECIFY) 07
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED .... r	REFUSED .... r	REFUSED .... r
GO TO H26	**GO TO H26**	**GO TO H26**

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H23. What were the reasons you quit working at that job? **PROBE:** Why did you quit? **PROBE:** What else? **CIRCLE ALL THAT APPLY**	SIXTH JOB | 06 | CIRCLE ALL THAT APPLY	SEVENTH JOB | 07 | CIRCLE ALL THAT APPLY
	A. MATERNITY LEAVE/PREGNANCY . . 01 B. CHILD'S HEALTH PROBLEM . . . . 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . . . 03 D. OTHER PROBLEMS WITH CHILDREN . . . . 04 E. TRANSPORTATION PROBLEM . . . . . 05 F. TOOK ANOTHER JOB . . . . 06 G. ENROLLED IN SCHOOL/TRAINING . 07 H. PROBLEMS WITH CO-WORKERS . . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS . . . . 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS . . . . 10 K. SM'S HEALTH PROBLEM . . . . 11 L. SM WANTED TO STAY HOME WITH CHILDREN . . . . 12 M. ARRESTED OR HAD OTHER LEGAL PROBLEMS . . . . 13 N. PROBLEMS WITH BOSS . . . . 14 O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE . . . . 15 P. SALARY/BENEFITS NOT GOOD ENOUGH . . . . 16 Q. DISLIKE RULES . . . . 17 R. SUBSTANCE ABUSE . . . . 18 S. ISSUES WITH IMMIGRATION STATUS . . . . 19 T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY . . . . 20 U. NO LONGER NEEDED INCOME . . . . 21 V. MOVED . . . . 22 W. RETIRED . . . . 23 X. OTHER (SPECIFY) . . . . 24 _____ _____ |___|___| Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS . . . . 25 DON'T KNOW . . . . d REFUSED . . . . r	A. MATERNITY LEAVE/PREGNANCY . . 01 B. CHILD'S HEALTH PROBLEM . . . . 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . . . 03 D. OTHER PROBLEMS WITH CHILDREN . . . . 04 E. TRANSPORTATION PROBLEM . . . . . 05 F. TOOK ANOTHER JOB . . . . 06 G. ENROLLED IN SCHOOL/TRAINING . 07 H. PROBLEMS WITH CO-WORKERS . . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS . . . . 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS . . . . 10 K. SM'S HEALTH PROBLEM . . . . 11 L. SM WANTED TO STAY HOME WITH CHILDREN . . . . 12 M. ARRESTED OR HAD OTHER LEGAL PROBLEMS . . . . 13 N. PROBLEMS WITH BOSS . . . . 14 O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE . . . . 15 P. SALARY/BENEFITS NOT GOOD ENOUGH . . . . 16 Q. DISLIKE RULES . . . . 17 R. SUBSTANCE ABUSE . . . . 18 S. ISSUES WITH IMMIGRATION STATUS . . . . 19 T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY . . . . 20 U. NO LONGER NEEDED INCOME . . . . 21 V. MOVED . . . . 22 W. RETIRED . . . . 23 X. OTHER (SPECIFY) . . . . 24 _____ _____ |___|___| Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS . . . . 25 DON'T KNOW . . . . d REFUSED . . . . r
H23a. **INTERVIEWER: CHECK H23. IS CODE 06, "TOOK ANOTHER JOB" CIRCLED?**	YES . . . . 01 NO. . . . .(GO TO H26) 00	YES . . . . 01 NO. . . . .(GO TO H26) 00
H23b. Was the new job you took better in any ways than the one you quit?	YES . . . . 01 NO . . . . (GO TO H26) . . . . 00 DON'T KNOW. . . . (GO TO H26) . . . . d REFUSED . . . .(GO TO H26) . . . . r	YES . . . . 01 NO . . . . (GO TO H26) . . . . 00 DON'T KNOW. . . . (GO TO H26) . . . . d REFUSED . . . .(GO TO H26) . . . . r
H23c. How was it better?	CIRCLE ALL THAT APPLY PAY . . . . 01 BENEFITS . . . . 02 HOURS . . . . 03 LOCATION . . . . 04 TYPE OF WORK . . . . 05 WORKING CONDITIONS . . . . 06 OTHER (SPECIFY) . . . . 07 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**	CIRCLE ALL THAT APPLY PAY . . . . 01 BENEFITS . . . . 02 HOURS . . . . 03 LOCATION . . . . 04 TYPE OF WORK . . . . 05 WORKING CONDITIONS . . . . 06 OTHER (SPECIFY) . . . . 07 DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**

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EIGHTH JOB	08		NINTH JOB	09		TENTH JOB	10	
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01
B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04
E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
G. ENROLLED IN SCHOOL/TRAINING . 07	G. ENROLLED IN SCHOOL/TRAINING . 07	G. ENROLLED IN SCHOOL/TRAINING . 07
H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08
I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10
K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12
M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13
N. PROBLEMS WITH BOSS 14	N. PROBLEMS WITH BOSS 14	N. PROBLEMS WITH BOSS 14
O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15
P. SALARY/BENEFITS NOT GOOD ENOUGH 16	P. SALARY/BENEFITS NOT GOOD ENOUGH 16	P. SALARY/BENEFITS NOT GOOD ENOUGH 16
Q. DISLIKE RULES 17	Q. DISLIKE RULES 17	Q. DISLIKE RULES 17
R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20
U. NO LONGER NEEDED INCOME 21	U. NO LONGER NEEDED INCOME 21	U. NO LONGER NEEDED INCOME 21
V. MOVED 22	V. MOVED 22	V. MOVED 22
W. RETIRED 23	W. RETIRED 23	W. RETIRED 23
X. OTHER (SPECIFY) 24	X. OTHER (SPECIFY) 24	X. OTHER (SPECIFY) 24
_____	_____	_____
|___|___|	|___|___|	|___|___|
Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES 01	YES 01	YES 01
NO. . . . .(GO TO H26) 00	NO. . . . .(GO TO H26) 00	NO. . . . .(GO TO H26) 00
YES 01	YES 01	YES 01
NO . . . . (GO TO H26) 00	NO . . . . (GO TO H26) 00	NO . . . . (GO TO H26) 00
DON'T KNOW. . . . (GO TO H26) . . . . d	DON'T KNOW. . . . (GO TO H26) . . . . d	DON'T KNOW. . . . (GO TO H26) . . . . d
REFUSED . . . .(GO TO H26) . . . . r	REFUSED . . . .(GO TO H26) . . . . r	REFUSED . . . .(GO TO H26) . . . . r
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
PAY 01	PAY 01	PAY 01
BENEFITS 02	BENEFITS 02	BENEFITS 02
HOURS 03	HOURS 03	HOURS 03
LOCATION 04	LOCATION 04	LOCATION 04
TYPE OF WORK 05	TYPE OF WORK 05	TYPE OF WORK 05
WORKING CONDITIONS 06	WORKING CONDITIONS 06	WORKING CONDITIONS 06
OTHER (SPECIFY) 07	OTHER (SPECIFY) 07	OTHER (SPECIFY) 07
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
GO TO H26	**GO TO H26**	**GO TO H26**

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	CURRENT OR MOST RECENT JOB | 01 |	SECOND JOB | 02 |
H24. What were the reasons you were (fired/laidoff) from that job? What reasons were you given by your employer? **PROBE:** What else? **CIRCLE ALL THAT APPLY**	CIRCLE ALL <u>THAT APPLY</u> A. PROBLEMS MISSING WORK . . . . . . 01 B. COULD NOT PERFORM JOB . . . . . . 02 C. PROBLEMS WITH CO-WORKERS . . 03 D. PROBLEMS WITH BOSS . . . . 04 E. COMPANY CLOSED/ PLANT CLOSED . . . . 05 F. POSITION WAS ELIMINATED . . . . . . 06 G. NOT ENOUGH WORK AT COMPANY . . . . 07 H. ARRESTED OR INCARCERED . . . 08 I. OTHER (SPECIFY) . . . . 09 _____ _____ |__|__| **J. CRIMINAL ACTIVITIES . . . . 10** **K. ATTITUDE PROBLEMS . . . . 11** DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**	CIRCLE ALL <u>THAT APPLY</u> A. PROBLEMS MISSING WORK . . . . . . 01 B. COULD NOT PERFORM JOB . . . . . . 02 C. PROBLEMS WITH CO-WORKERS . . 03 D. PROBLEMS WITH BOSS . . . . 04 E. COMPANY CLOSED/ PLANT CLOSED . . . . 05 F. POSITION WAS ELIMINATED . . . . . . 06 G. NOT ENOUGH WORK AT COMPANY . . . . 07 H. ARRESTED OR INCARCERED . . . 08 I. OTHER (SPECIFY) . . . . 09 _____ _____ |__|__| **J. CRIMINAL ACTIVITIES . . . . 10** **K. ATTITUDE PROBLEMS . . . . 11** DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**

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THIRD JOB | 03 |	FOURTH JOB | 04 |	FIFTH JOB | 05 |
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
A. PROBLEMS MISSING WORK 01	A. PROBLEMS MISSING WORK 01	A. PROBLEMS MISSING WORK 01
B. COULD NOT PERFORM JOB 02	B. COULD NOT PERFORM JOB 02	B. COULD NOT PERFORM JOB 02
C. PROBLEMS WITH CO-WORKERS .. 03	C. PROBLEMS WITH CO-WORKERS .. 03	C. PROBLEMS WITH CO-WORKERS .. 03
D. PROBLEMS WITH BOSS 04	D. PROBLEMS WITH BOSS 04	D. PROBLEMS WITH BOSS 04
E. COMPANY CLOSED/ PLANT CLOSED 05	E. COMPANY CLOSED/ PLANT CLOSED 05	E. COMPANY CLOSED/ PLANT CLOSED 05
F. POSITION WAS ELIMINATED 06	F. POSITION WAS ELIMINATED 06	F. POSITION WAS ELIMINATED 06
G. NOT ENOUGH WORK AT COMPANY 07	G. NOT ENOUGH WORK AT COMPANY 07	G. NOT ENOUGH WORK AT COMPANY 07
H. ARRESTED OR INCARCERATED ... 08	H. ARRESTED OR INCARCERATED ... 08	H. ARRESTED OR INCARCERATED ... 08
I. OTHER (SPECIFY) 09	I. OTHER (SPECIFY) 09	I. OTHER (SPECIFY) 09
|___|___|	|___|___|	|___|___|
J. CRIMINAL ACTIVITIES 10	**J. CRIMINAL ACTIVITIES** 10	**J. CRIMINAL ACTIVITIES** 10
K. ATTITUDE PROBLEMS 11	**K. ATTITUDE PROBLEMS** 11	**K. ATTITUDE PROBLEMS** 11
DON'T KNOW .... d	DON'T KNOW .... d	DON'T KNOW .... d
REFUSED .... r	REFUSED .... r	REFUSED .... r
GO TO H26	**GO TO H26**	**GO TO H26**

	SIXTH JOB | 06 |	SEVENTH JOB | 07 |
H24. What were the reasons you were (fired/laidoff) from that job? What reasons were you given by your employer? **PROBE:** What else? **CIRCLE ALL THAT APPLY**	CIRCLE ALL THAT APPLY A. PROBLEMS MISSING WORK . . . . . . 01 B. COULD NOT PERFORM JOB . . . . . . 02 C. PROBLEMS WITH CO-WORKERS . . 03 D. PROBLEMS WITH BOSS . . . . 04 E. COMPANY CLOSED/ PLANT CLOSED . . . . 05 F. POSITION WAS ELIMINATED . . . . . . 06 G. NOT ENOUGH WORK AT COMPANY . . . . 07 H. ARRESTED OR INCARCERATED . . . 08 I. OTHER (SPECIFY) . . . . 09 _____ _____ |___|___| **J. CRIMINAL ACTIVITIES** . . . . **10** **K. ATTITUDE PROBLEMS** . . . . **11** DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**	CIRCLE ALL THAT APPLY A. PROBLEMS MISSING WORK . . . . . . 01 B. COULD NOT PERFORM JOB . . . . . . 02 C. PROBLEMS WITH CO-WORKERS . . 03 D. PROBLEMS WITH BOSS . . . . 04 E. COMPANY CLOSED/ PLANT CLOSED . . . . 05 F. POSITION WAS ELIMINATED . . . . . . 06 G. NOT ENOUGH WORK AT COMPANY . . . . 07 H. ARRESTED OR INCARCERATED . . . 08 I. OTHER (SPECIFY) . . . . 09 _____ _____ |___|___| **J. CRIMINAL ACTIVITIES** . . . . **10** **K. ATTITUDE PROBLEMS** . . . . **11** DON'T KNOW . . . . d REFUSED . . . . r **GO TO H26**

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EIGHTH JOB | 08 |	NINTH JOB | 09 |	TENTH JOB | 10 |
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
A. PROBLEMS MISSING WORK 01	A. PROBLEMS MISSING WORK 01	A. PROBLEMS MISSING WORK 01
B. COULD NOT PERFORM JOB 02	B. COULD NOT PERFORM JOB 02	B. COULD NOT PERFORM JOB 02
C. PROBLEMS WITH CO-WORKERS . . 03	C. PROBLEMS WITH CO-WORKERS . . 03	C. PROBLEMS WITH CO-WORKERS . . 03
D. PROBLEMS WITH BOSS 04	D. PROBLEMS WITH BOSS 04	D. PROBLEMS WITH BOSS 04
E. COMPANY CLOSED/ PLANT CLOSED 05	E. COMPANY CLOSED/ PLANT CLOSED 05	E. COMPANY CLOSED/ PLANT CLOSED 05
F. POSITION WAS ELIMINATED 06	F. POSITION WAS ELIMINATED 06	F. POSITION WAS ELIMINATED 06
G. NOT ENOUGH WORK AT COMPANY 07	G. NOT ENOUGH WORK AT COMPANY 07	G. NOT ENOUGH WORK AT COMPANY 07
H. ARRESTED OR INCARCERATED . . . 08	H. ARRESTED OR INCARCERATED . . . 08	H. ARRESTED OR INCARCERATED . . . 08
I. OTHER (SPECIFY) 09	I. OTHER (SPECIFY) 09	I. OTHER (SPECIFY) 09
_____ _____ |___|___|	_____ _____ |___|___|	_____ _____ |___|___|
J. CRIMINAL ACTIVITIES **10**	**J. CRIMINAL ACTIVITIES** **10**	**J. CRIMINAL ACTIVITIES** **10**
K. ATTITUDE PROBLEMS **11**	**K. ATTITUDE PROBLEMS** **11**	**K. ATTITUDE PROBLEMS** **11**
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
GO TO H26	**GO TO H26**	**GO TO H26**

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	CURRENT OR MOST RECENT JOB	01		SECOND JOB	02	

H25. Why did you stop doing that business?

PROBE: Why else?

CIRCLE ALL THAT APPLY.

CURRENT OR MOST RECENT JOB	01	 CIRCLE ALL THAT APPLY	SECOND JOB	02	 CIRCLE ALL THAT APPLY
A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01
B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04
E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
G. ENROLLED IN SCHOOL/ TRAINING 07	G. ENROLLED IN SCHOOL/ TRAINING 07
H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08
I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10
K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12
M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13
N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14
O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15
P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16
Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17
R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20
U. OTHER (SPECIFY) 21	U. OTHER (SPECIFY) 21
  |___|___|	 |___|___|
DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r

H26. **INTERVIEWER: CHECK H5. IS THERE ANOTHER JOB TO BE ASKED ABOUT?**

CURRENT OR MOST RECENT JOB	01		SECOND JOB	02	
YES. . . . . . .(GO TO H5b, JOB 2) 01	YES. . . . . . .(GO TO H5b, JOB 3) 01
NO. . . . .(GO TO I1) 00	NO. . . . .(GO TO I1) 00

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THIRD JOB	03		FOURTH JOB	04		FIFTH JOB	05	

THIRD JOB | 03 |	FOURTH JOB | 04 |	FIFTH JOB | 05 |
CIRCLE ALL <u>THAT APPLY</u>	CIRCLE ALL <u>THAT APPLY</u>	CIRCLE ALL <u>THAT APPLY</u>
A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01
B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04
E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
G. ENROLLED IN SCHOOL/ TRAINING 07	G. ENROLLED IN SCHOOL/ TRAINING 07	G. ENROLLED IN SCHOOL/ TRAINING 07
H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08
I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10
K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12
M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13
N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14
O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15
P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16
Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17
R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20
U. OTHER (SPECIFY) 21	U. OTHER (SPECIFY) 21	U. OTHER (SPECIFY) 21
 _____ _____ |__|__|	 _____ _____ |__|__|	 _____ _____ |__|__|
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES. . . . . . .(GO TO H5b, JOB 4) 01	YES. . . . . . .(GO TO H5b, JOB 5) 01	YES. . . . . . .(GO TO H5b, JOB 6) 01
NO. . . . .(GO TO I1) 00	NO. . . . .(GO TO I1) 00	NO. . . . .(GO TO I1) 00

	SIXTH JOB	06		SEVENTH JOB	07	
H25. Why did you stop doing that business? **PROBE:** Why else? **CIRCLE ALL THAT APPLY.**	CIRCLE ALL THAT APPLY A. MATERNITY LEAVE/PREGNANCY . . 01 B. CHILD'S HEALTH PROBLEM . . . . 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . . . 03 D. OTHER PROBLEMS WITH CHILDREN . . . . 04 E. TRANSPORTATION PROBLEM . . . . . 05 F. TOOK ANOTHER JOB . . . . 06 G. ENROLLED IN SCHOOL/ TRAINING . . . . 07 H. PROBLEMS WITH CO-WORKERS . . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS . . . . 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS . . . . 10 K. SM'S HEALTH PROBLEM . . . . 11 L. SM WANTED TO STAY HOME WITH CHILDREN . . . . 12 M. ARRESTED OR HAD OTHER LEGAL PROBLEMS . . . . 13 N. NOT MAKING ENOUGH MONEY . . . . 14 O. NOT GETTING ENOUGH BUSINESS 15 P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16 Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS . . . . 17 R. SUBSTANCE ABUSE . . . . 18 S. ISSUES WITH IMMIGRATION STATUS . . . . 19 T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY . . . . 20 U. OTHER (SPECIFY) . . . . 21 _____ _____ |__|__| DON'T KNOW . . . . d REFUSED . . . . r	CIRCLE ALL THAT APPLY A. MATERNITY LEAVE/PREGNANCY . . 01 B. CHILD'S HEALTH PROBLEM . . . . 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . . . 03 D. OTHER PROBLEMS WITH CHILDREN . . . . 04 E. TRANSPORTATION PROBLEM . . . . . 05 F. TOOK ANOTHER JOB . . . . 06 G. ENROLLED IN SCHOOL/ TRAINING . . . . 07 H. PROBLEMS WITH CO-WORKERS . . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS . . . . 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS . . . . 10 K. SM'S HEALTH PROBLEM . . . . 11 L. SM WANTED TO STAY HOME WITH CHILDREN . . . . 12 M. ARRESTED OR HAD OTHER LEGAL PROBLEMS . . . . 13 N. NOT MAKING ENOUGH MONEY . . . . 14 O. NOT GETTING ENOUGH BUSINESS 15 P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16 Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS . . . . 17 R. SUBSTANCE ABUSE . . . . 18 S. ISSUES WITH IMMIGRATION STATUS . . . . 19 T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY . . . . 20 U. OTHER (SPECIFY) . . . . 21 _____ _____ |__|__| DON'T KNOW . . . . d REFUSED . . . . r
H26. INTERVIEWER: CHECK H5. IS THERE ANOTHER JOB TO BE ASKED ABOUT?	YES. . . . . . .(GO TO H5b, JOB 7) . . . . . . 01 NO. . . . .(GO TO I1) 00	YES. . . . . . .(GO TO H5b, JOB 8) . . . . . . 01 NO. . . . .(GO TO I1) 00

EIGHTH JOB	08		NINTH JOB	09		TENTH JOB	10	

EIGHTH JOB | 08 |	NINTH JOB | 09 |	TENTH JOB | 10 |
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01	A. MATERNITY LEAVE/PREGNANCY . . 01
B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04	D. OTHER PROBLEMS WITH CHILDREN 04
E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
G. ENROLLED IN SCHOOL/ TRAINING 07	G. ENROLLED IN SCHOOL/ TRAINING 07	G. ENROLLED IN SCHOOL/ TRAINING 07
H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08	H. PROBLEMS WITH CO-WORKERS . . 08
I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10
K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12	L. SM WANTED TO STAY HOME WITH CHILDREN 12
M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13
N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14
O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15
P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF . . 16
Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS 17
R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS 19
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY 20
U. OTHER (SPECIFY) 21	U. OTHER (SPECIFY) 21	U. OTHER (SPECIFY) 21
_____ _____ |___|___|	_____ _____ |___|___|	_____ _____ |___|___|
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
YES. . . . . . .(GO TO H5b, JOB 9) . . . . . . 01 NO. . . . .(GO TO I1) 00	YES. . . . . . .(GO TO H5b, JOB 10) . . . . . . 01 NO. . . . .(GO TO I1) 00	**GO TO I1**

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I. CHILD CARE ARRANGEMENTS

I1. | **INTERVIEWER:** CHECK C20, C22, AND C23. ARE THERE ANY CHILDREN IN THE HOUSEHOLD (C20=01, 02, OR 03) WHO ARE UNDER AGE 18 (C22 OR C23)?

YES . . . . 01 → | RECORD NAMES AND PERSON NUMBERS ACROSS GRID AT I3. CHECK ALL COLUMNS IN GRID, THEN COME BACK TO I1a.

NO . . . . 00 → **GO TO J1**

I1a. | **DOES SAMPLE MEMBER CURRENTLY HAVE A JOB, H6a = "n, STILL AT JOB"?**

YES 01

NO . . . . 00 → **ENTER EMPLOYER'S NAME FROM COLUMN 1/JOB 1 (H5) AT I2**

I1b. | **DOES SAMPLE MEMBER HAVE MORE THAN ONE CURRENT JOB (REVIEW ACROSS ENTIRE GRID AT H6a FOR "n, STILL AT JOB"?**

YES . . . . 01 → **ENTER THE CURRENT JOB WITH THE MOST WEEKLY HOURS WORKED (H7) AT I2.**

INTERVIEWER: **IF MULTIPLE CURRENT JOBS ARE WORKED EQUAL HOURS, ASK:** Between (INSERT JOBS) which of these jobs do you consider to be your main job? **ENTER AT I2.**

NO . . . . 00 → **ENTER THE CURRENT JOB AT I2**

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I2.	INTERVIEWER:	ENTER JOB NAME: _____
		THEN ASK I4-I8 DOWN FOR EACH CHILD.

		CHILD 1	**CHILD 2**	**CHILD 3**
I3.	**RECORD FIRST NAME(S) OF (CHILD/CHILDREN) AND PERSON/CHILD #.**	_____ FIRST NAME OF CHILD PERSON # FROM H.H. GRID |__|__|	_____ FIRST NAME OF CHILD PERSON # FROM H.H. GRID |__|__|	_____ FIRST NAME OF CHILD PERSON # FROM H.H. GRID |__|__|
I4.	**INTRO:** The next questions are about child care for [INSERT CHILDRENS' NAMES FROM I3] while you (are/were) working at [JOB 1]. Let's talk about (CHILD 1). *Other than time spent at school,* who (takes/took) care of [CHILD] for the most hours when you (are/were) at [JOB 1]? **PROBE IF SM STATES CHILD CARE CHANGED DURING THE TIME AT THE JOB:** Let's focus on the child care arrangements you (have had/had) during the last few weeks at [JOB 1].	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER . . . . 01 SM'S PARTNER . . . . 02 CHILD'S GRANDPARENT/ GREAT-GRANDPARENT . . . . 03 SIBLING OF CHILD . . . . 04 OTHER RELATIVE OF CHILD . . . . 05 NON-RELATIVE OF CHILD (NON-INSTITUTIONAL) . . . . . 06 DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. . . .(GO TO I5) . . . 07 SUMMER CAMP. . . . . . .(GO TO I5) . . . 08 HEAD START. .(GO TO I5) . . 09 LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES. . . (GO TO I5) . . . 10 EMPLOYER PROVIDED CHILD CARE. . (GO TO I5) . . . 11 SM CARED FOR CHILD AT WORK. . . . . (GO TO I5) . . 12 CHILD CARED FOR SELF . . . .(GO TO I5) . . . 13 NO CHILD CARE NEEDED. . . . . .(GO TO I8) . . 16 CHILD NOT LIVING WITH SM AT THAT TIME. . . .(GO TO I8) . . 14 OTHER (SPECIFY) . . . . 15 _____ |__|__| DON'T KNOW. .(GO TO I5) . . . d REFUSED. . . . . (GO TO I5) . . . r	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER . . . . 01 SM'S PARTNER . . . . 02 CHILD'S GRANDPARENT/ GREAT-GRANDPARENT . . . . 03 SIBLING OF CHILD . . . . 04 OTHER RELATIVE OF CHILD . . . . 05 NON-RELATIVE OF CHILD (NON-INSTITUTIONAL) . . . . . 06 DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. . . .(GO TO I5) . . . 07 SUMMER CAMP. . . . . . .(GO TO I5) . . . 08 HEAD START. .(GO TO I5) . . 09 LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES. . . (GO TO I5) . . . 10 EMPLOYER PROVIDED CHILD CARE. . (GO TO I5) . . . 11 SM CARED FOR CHILD AT WORK. . . . . (GO TO I5) . . 12 CHILD CARED FOR SELF . . . .(GO TO I5) . . . 13 NO CHILD CARE NEEDED. . . . . .(GO TO I8) . . 16 CHILD NOT LIVING WITH SM AT THAT TIME. . . .(GO TO I8) . . 14 OTHER (SPECIFY) . . . . 15 _____ |__|__| DON'T KNOW. .(GO TO I5) . . . d REFUSED. . . . . (GO TO I5) . . . r	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER . . . . 01 SM'S PARTNER . . . . 02 CHILD'S GRANDPARENT/ GREAT-GRANDPARENT . . . . 03 SIBLING OF CHILD . . . . 04 OTHER RELATIVE OF CHILD . . . . 05 NON-RELATIVE OF CHILD (NON-INSTITUTIONAL) . . . . . 06 DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. . . .(GO TO I5) . . . 07 SUMMER CAMP. . . . . . .(GO TO I5) . . . 08 HEAD START. .(GO TO I5) . . 09 LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES. . . (GO TO I5) . . . 10 EMPLOYER PROVIDED CHILD CARE. . (GO TO I5) . . . 11 SM CARED FOR CHILD AT WORK. . . . . (GO TO I5) . . 12 CHILD CARED FOR SELF . . . .(GO TO I5) . . . 13 NO CHILD CARE NEEDED. . . . . .(GO TO I8) . . 16 CHILD NOT LIVING WITH SM AT THAT TIME. . . .(GO TO I8) . . 14 OTHER (SPECIFY) . . . . 15 _____ |__|__| DON'T KNOW. .(GO TO I5) . . . d REFUSED. . . . . (GO TO I5) . . . r

*CATI WILL SUPPRESS THIS PHRASE FOR CHILDREN AGE 4 YEARS OR LESS.

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CHILD 4	CHILD 5	CHILD 6
_____ FIRST NAME OF CHILD	_____ FIRST NAME OF CHILD	_____ FIRST NAME OF CHILD
PERSON # FROM HH GRID |___|___|	PERSON # FROM HH GRID |___|___|	PERSON # FROM HH GRID |___|___|

	CIRCLE ONLY ONE		CIRCLE ONLY ONE		CIRCLE ONLY ONE
CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER	01	CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER	01	CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER	01
SM'S PARTNER	02	SM'S PARTNER	02	SM'S PARTNER	02
CHILD'S GRANDPARENT/ GREAT-GRANDPARENT	03	CHILD'S GRANDPARENT/ GREAT-GRANDPARENT	03	CHILD'S GRANDPARENT/ GREAT-GRANDPARENT	03
SIBLING OF CHILD	04	SIBLING OF CHILD	04	SIBLING OF CHILD	04
OTHER RELATIVE OF CHILD	05	OTHER RELATIVE OF CHILD	05	OTHER RELATIVE OF CHILD	05
NON-RELATIVE OF CHILD (NON-INSTITUTIONAL)	06	NON-RELATIVE OF CHILD (NON-INSTITUTIONAL)	06	NON-RELATIVE OF CHILD (NON-INSTITUTIONAL)	06
DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. . . .(GO TO I5)	07	DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. . . .(GO TO I5)	07	DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. . .(GO TO I5)	07
SUMMER CAMP. . . . . . .(GO TO I5)	08	SUMMER CAMP. . . . . . .(GO TO I5)	08	SUMMER CAMP. . . . . . .(GO TO I5)	08
HEAD START. .(GO TO I5)	09	HEAD START. .(GO TO I5)	09	HEAD START. .(GO TO I5)	09
LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES. . . (GO TO I5)	10	LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES. . . (GO TO I5)	10	LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES. . . (GO TO I5)	10
EMPLOYER PROVIDED CHILD CARE. . (GO TO I5)	11	EMPLOYER PROVIDED CHILD CARE. . (GO TO I5)	11	EMPLOYER PROVIDED CHILD CARE. . (GO TO I5)	11
SM CARED FOR CHILD AT WORK. . . . . (GO TO I5)	12	SM CARED FOR CHILD AT WORK. . . . . (GO TO I5)	12	SM CARED FOR CHILD AT WORK. . . . . (GO TO I5)	12
CHILD CARED FOR SELF . . . .(GO TO I5)	13	CHILD CARED FOR SELF . . . .(GO TO I5)	13	CHILD CARED FOR SELF . . . .(GO TO I5)	13
NO CHILD CARE NEEDED. . . . . (GO TO I8)	16	NO CHILD CARE NEEDED. . . . . (GO TO I8)	16	NO CHILD CARE NEEDED. . . . . (GO TO I8)	16
CHILD NOT LIVING WITH SM AT THAT TIME. . . .(GO TO I8)	14	CHILD NOT LIVING WITH SM AT THAT TIME. . . .(GO TO I8)	14	CHILD NOT LIVING WITH SM AT THAT TIME. . . .(GO TO I8)	14
OTHER (SPECIFY)	15	OTHER (SPECIFY)	15	OTHER (SPECIFY)	15
_____ _____ |___|___|		_____ _____ |___|___|		_____ _____ |___|___|	
DON'T KNOW. .(GO TO I5)	d	DON'T KNOW. .(GO TO I5)	d	DON'T KNOW. .(GO TO I5)	d
REFUSED. . . . . (GO TO I5)	r	REFUSED. . . . . (GO TO I5)	r	REFUSED. . . . . (GO TO I5)	r

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		CHILD 1	CHILD 2	CHILD 3
I4a.	Was that mostly in your home or someplace else?	SM's HOME . . . . 01 SOMEPLACE ELSE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	SM's HOME . . . . 01 SOMEPLACE ELSE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r	SM's HOME . . . . 01 SOMEPLACE ELSE . . . . 02 DON'T KNOW . . . . d REFUSED . . . . r
I4b.	**INTERVIEWER: CHECK I4. WHICH OF THE FOLLOWING CODES ARE CIRCLED FOR THIS CHILD . . .**	CODE (I4) _____ SIBLING . . . . 04 OTHER RELATIVE . . . . 05 NON-RELATIVE (NON-INSTITUTIONAL) . . . . . 06 NONE OF THE ABOVE. . .(GO TO I5) . . . 99	CODE (I4) _____ SIBLING . . . . 04 OTHER RELATIVE . . . . 05 NON-RELATIVE (NON-INSTITUTIONAL) . . . . . 06 NONE OF THE ABOVE. . .(GO TO I5) . . . 99	CODE (I4) _____ SIBLING . . . . 04 OTHER RELATIVE . . . . 05 NON-RELATIVE (NON-INSTITUTIONAL) . . . . . 06 NONE OF THE ABOVE. . .(GO TO I5) . . . 99
I4c.	How old (is that person/ was that person at the time)? Would you say . . .	under 14 years old, ... 01 15 to 18 years old, ... 02 19 to 21 years old, or . . . . . . 03 over age 21? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r	under 14 years old, ... 01 15 to 18 years old, ... 02 19 to 21 years old, or . . . . . . 03 over age 21? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r	under 14 years old, ... 01 15 to 18 years old, ... 02 19 to 21 years old, or . . . . . . 03 over age 21? . . . . 04 DON'T KNOW . . . . d REFUSED . . . . r
I5.	Now, thinking about **all** of the ways that anyone (cares/cared) for [CHILD] while you (are/were) at [JOB 1], about how many hours per week of child care (do/did) you have for (him/her)? **PROBE IF SM STATES CHILD CARE CHANGED DURING THE TIME AT THE JOB:** Let's focus on the child care arrangements you (have had/had) during the last few weeks at [JOB 1].	(000-100) |___|___|___| HOURS PER WEEK DON'T KNOW . . . . d REFUSED . . . . r	(000-100) |___|___|___| HOURS PER WEEK DON'T KNOW . . . . d REFUSED . . . . r	(000-100) |___|___|___| HOURS PER WEEK DON'T KNOW . . . . d REFUSED . . . . r

CHILD 4	CHILD 5	CHILD 6
SM's HOME 01	SM's HOME 01	SM's HOME 01
SOMEPLACE ELSE 02	SOMEPLACE ELSE 02	SOMEPLACE ELSE 02
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
CODE (I4) ____	CODE (I4) ____	CODE (I4) ____
SIBLING 04	SIBLING 04	SIBLING 04
OTHER RELATIVE 05	OTHER RELATIVE 05	OTHER RELATIVE 05
NON-RELATIVE (NON-INSTITUTIONAL) 06	NON-RELATIVE (NON-INSTITUTIONAL) 06	NON-RELATIVE (NON-INSTITUTIONAL) 06
NONE OF THE ABOVE. . .(GO TO I5) 99	NONE OF THE ABOVE. . .(GO TO I5) 99	NONE OF THE ABOVE. . .(GO TO I5) 99
under 14 years old, ... 01	under 14 years old, ... 01	under 14 years old, ... 01
15 to 18 years old, ... 02	15 to 18 years old, ... 02	15 to 18 years old, ... 02
19 to 21 years old, or 03	19 to 21 years old, or 03	19 to 21 years old, or 03
over age 21? 04	over age 21? 04	over age 21? 04
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r
(000-100) |___|___|___| HOURS PER WEEK	(000-100) |___|___|___| HOURS PER WEEK	(000-100) |___|___|___| HOURS PER WEEK
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r

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	CHILD 1	CHILD 2	CHILD 3
I6. Including whatever (is/was) paid by you or by someone else in your household, how much (does/did) child care usually cost you per week? Do not include any amount you pay but get reimbursed for later. **PROBE:** Do not include the value of any noncash payments. **PROBE IF SM STATES CHILD CARE ARRANGEMENTS OR COSTS CHANGED DURING THE TIME AT THE JOB:** Let's focus on the child care costs during the last few weeks at [JOB 1].	(001-998) $ |__|__|__| PAY PER WEEK NOTHING . . . . 000 DON'T KNOW . . . . d REFUSED . . . . r	(001-998) $ |__|__|__| PAY PER WEEK AMOUNT INCLUDED IN A PREVIOUS CHILD. . . . . . .(GO TO I8) . . . p NOTHING . . . . 000 DON'T KNOW . . . . d REFUSED . . . . r	(001-998) $ |__|__|__| PAY PER WEEK AMOUNT INCLUDED IN A PREVIOUS CHILD. . . . . . .(GO TO I8) . . . p NOTHING . . . . 000 DON'T KNOW . . . . d REFUSED . . . . r
I7. At any time while you (have been/were) working at [JOB 1] (have/did) any of the following (paid/pay) for any of the child care costs for [CHILD]. First . . . **CIRCLE YES OR NO FOR EACH (A-C).**	YES NO A. Welfare or social services, including any special checks or vouchers for child care? . . . . 01 00 B. Your employer at [JOB 1], including any child care subsidies? . . . . 01 00 C. A friend or relative outside your household? . . . . 01 00 DON'T KNOW . . . . d REFUSED . . . . r	YES NO A. Welfare or social services, including any special checks or vouchers for child care? . . . . 01 00 B. Your employer at [JOB 1], including any child care subsidies? . . . . 01 00 C. A friend or relative outside your household? . . . . 01 00 DON'T KNOW . . . . d REFUSED . . . . r	YES NO A. Welfare or social services, including any special checks or vouchers for child care? . . . . 01 00 B. Your employer at [JOB 1], including any child care subsidies? . . . . 01 00 C. A friend or relative outside your household? . . . . 01 00 DON'T KNOW . . . . d REFUSED . . . . r
I8. **INTERVIEWER: CHECK I3. IS THERE ANOTHER CHILD TO ASK ABOUT?**	YES. . . . .(GO TO I4, CHILD 2) . . . . . . 01 NO. . . . . .(GO TO J1) 00	YES. . . . .(GO TO I4, CHILD 3) . . . . . . 01 NO. . . . . .(GO TO J1) 00	YES. . . . .(GO TO I4, CHILD 4) . . . . . . 01 NO. . . . . .(GO TO J1) 00

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CHILD 4	CHILD 5	CHILD 6
(001-998)	(001-998)	(001-998)
$ |__|__|__| PAY PER WEEK	$ |__|__|__| PAY PER WEEK	$ |__|__|__| PAY PER WEEK
AMOUNT INCLUDED IN A PREVIOUS CHILD. . . . . . .(GO TO I8) . . . . p	AMOUNT INCLUDED IN A PREVIOUS CHILD. . . . . . .(GO TO I8) . . . . p	AMOUNT INCLUDED IN A PREVIOUS CHILD. . . . . . .(GO TO I8) . . . . p
NOTHING 000	NOTHING 000	NOTHING 000
DON'T KNOW . . . . d	DON'T KNOW . . . . d	DON'T KNOW . . . . d
REFUSED . . . . r	REFUSED . . . . r	REFUSED . . . . r

	YES	NO		YES	NO		YES	NO
A. Welfare or social services, including any special checks or vouchers for child care?	01	00	A. Welfare or social services, including any special checks or vouchers for child care?	01	00	A. Welfare or social services, including any special checks or vouchers for child care?	01	00
B. Your employer at [JOB 1], including any child care subsidies?	01	00	B. Your employer at [JOB 1], including any child care subsidies?	01	00	B. Your employer at [JOB 1], including any child care subsidies?	01	00
C. A friend or relative outside your household?	01	00	C. A friend or relative outside your household?	01	00	C. A friend or relative outside your household?	01	00
DON'T KNOW . . . . d			DON'T KNOW . . . . d			DON'T KNOW . . . . d		
REFUSED . . . . r			REFUSED . . . . r			REFUSED . . . . r		

YES. . . . .(GO TO I4, CHILD 5) . . . . 01 NO. . . . . .(GO TO J1) 00	YES. . . . .(GO TO I4, CHILD 6) . . . . 01 NO. . . . . .(GO TO J1) 00	**GO TO J1**

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J. BARRIERS TO EMPLOYMENT

J1. **INTERVIEWER: CHECK C1. IS CODE 08, "SAMPLE MEMBER CURRENTLY INCARCERATED," CIRCLED?**

YES . . . . 01 → **GO TO K1**

NO 00

J2. **INTERVIEWER: CHECK H6a, H6b, AND H6c. IS SAMPLE MEMBER CURRENTLY EMPLOYED (H6a=n) AT A PAID JOB (H6c=01) OR A SELF-EMPLOYED JOB (H6b=01). CHECK ALL JOBS IN GRID.**

YES . . . . 01 → **GO TO J6a**

NO 00

J3. Some people may not be able to get a paid job even if they want to work. Other people may have personal reasons for not working. Why are you currently not working for pay?

PROBE: Any other reasons?

		J3. CIRCLE **ALL** THAT APPLY	J5. CIRCLE ONLY **ONE**
A.	MATERNITY LEAVE/PREGNANCY	01	01
B.	CHILD'S HEALTH PROBLEM	02	02
C.	CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE . . .	03	03
D.	OTHER PROBLEMS WITH CHILDREN	04	04
E.	TRANSPORTATION PROBLEM	05	05
F.	IN SCHOOL/TRAINING	06	06
G.	WORK SCHEDULES NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	07	07
H.	SM's HEALTH PROBLEM/DISABILITY	08	08
I.	SM WANTED TO STAY HOME WITH CHILDREN	09	09
J.	ARRESTED OR HAD OTHER LEGAL PROBLEMS	10	10
K.	BENEFITS/SALARY NOT GOOD ENOUGH	11	11
L.	DISLIKE RULES AT WORK	12	12
M.	SM's SUBSTANCE ABUSE	13	13
N.	ISSUES WITH IMMIGRATION STATUS	14	14
O.	A RELATIVE'S MEDICAL PROBLEM OR DISABILITY	15	15
P.	LACK OF SKILLS/EDUCATION	16	16
Q.	POOR WORK HISTORY/LACKS EXPERIENCE	17	17
R.	DISCRIMINATION	18	18
S.	SM WANTS TO TAKE TIME OFF	19	19
T.	SM JUST MOVED--HASN'T FOUND JOB YET	20	20
U.	SM JUST FINISHED SCHOOL/MILITARY--HASN'T FOUND JOB YET	21	21
V.	SM JUST GOT LAID OFF/FIRED--HASN'T FOUND JOB YET	22	22
W.	SICK LEAVE/DISABILITY LEAVE	23	23
X.	SM DOES NOT WANT TO WORK	24	24
Y.	SM DOES NOT NEED THE MONEY	25	25
Z.	OTHER (SPECIFY)	26	26
AA.	**CAN'T FIND A JOB/STILL LOOKING FOR A JOB**	**27**	**27**
	DON'T KNOW	d	d
	REFUSED	r	r

J4. | **INTERVIEWER: CHECK J3. IS MORE THAN ONE ANSWER CODED IN J3?**

YES 01

NO . . . . 00 → **GO TO K1**

J5. Which of those is the most important reason why you are not currently working at a job for pay?
CIRCLE ONLY ONE CODE IN COLUMN J5, ABOVE.

GO TO K1

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J6a.	INTERVIEWER:	RECORD "HOURS WORKING PER WEEK" FROM H7 FOR ALL PAID (H6c=01) AND SELF-EMPLOYED (H6b=01), CURRENT JOBS (H6a=n).

	Column 1
FOR **JOBS 01-05** IF **H6c**, "PAID JOB" = **01** OR H6b "SELF-EMPLOYED"=01, AND IF **H6a**, "STILL AT JOB"=n, THEN	. . . RECORD "**HOURS** WORKING PER WEEK" FROM **H7**
JOB 01 IF **H6c**, "PAID JOB"=**01**, OR H6b "SELF-EMPLOYED"=01, AND If **H6a**, "STILL AT JOB"=**n**, THEN →	|___|___| **JOB 1** HOURS
JOB 02 IF **H6c**, "PAID JOB"=**01**, OR H6b "SELF-EMPLOYED"=01, AND If **H6a**, "STILL AT JOB"=**n**, THEN →	|___|___| **JOB 2** HOURS
JOB 03 IF **H6c**, "PAID JOB"=**01**, OR H6b "SELF-EMPLOYED"=01, AND If **H6a**, "STILL AT JOB"=**n**, THEN →	|___|___| **JOB 3** HOURS
JOB 04 IF **H6c**, "PAID JOB"=**01**, OR H6b "SELF-EMPLOYED"=01, AND If **H6a**, "STILL AT JOB"=**n**, THEN →	|___|___| **JOB 4** HOURS
JOB 05 IF **H6c**, "PAID JOB"=**01**, OR H6b "SELF-EMPLOYED"=01, AND If **H6a**, "STILL AT JOB"=**n**, THEN →	|___|___| **JOB 5** HOURS

J6b.	INTERVIEWER:	ADD "HOURS WORKING PER WEEK" FROM J6a, COLUMN 1, JOBS 01-05 TOGETHER.

\|___\|___\| **TOTAL HOURS WORKING PER WEEK**

J6c.	INTERVIEWER:	DOES J6b, "TOTAL HOURS WORKING PER WEEK," EQUAL 20 HOURS OR MORE?

YES, 20 HOURS OR MORE . . . . 01 → **GO TO K1**

NO, LESS THAN 20 HOURS 00

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J7.   Some people may not be able to find a job where they can work 20 hours or more a week for pay. Other people may have personal reasons for working less than 20 hours a week. What would you say are the reasons you are working less than 20 hours per week?

        PROBE: We are not counting volunteer jobs or unpaid internships. Only paid jobs.

        PROBE: Any other reasons?

		J7. CIRCLE **ALL** THAT APPLY	**J9.** CIRCLE ONLY **ONE**
A.	MATERNITY LEAVE/PREGNANCY	01	01
B.	CHILD'S HEALTH PROBLEM	02	02
C.	CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE	03	03
D.	OTHER PROBLEMS WITH CHILDREN	04	04
E.	TRANSPORTATION PROBLEM	05	05
F.	IN SCHOOL/TRAINING	06	06
G.	WORK SCHEDULES NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	07	07
H.	SM's HEALTH PROBLEM/DISABILITY	08	08
I.	SM WANTED TO STAY HOME WITH CHILDREN MORE	09	09
J.	ARRESTED OR HAD OTHER LEGAL PROBLEMS	10	10
K.	SM's SUBSTANCE ABUSE	11	11
L.	ISSUES WITH IMMIGRATION STATUS	12	12
M.	A RELATIVE'S MEDICAL PROBLEMS OR DISABILITY	13	13
N.	CAN'T FIND A JOB WITH MORE HOURS	14	14
O.	SM DOES NOT WANT TO WORK MORE HOURS	15	15
P.	SM DOES NOT NEED MONEY	16	16
Q.	OTHER (SPECIFY) . . . . _____	17	17
	DON'T KNOW	d	d
	REFUSED	r	r

J8. | **INTERVIEWER: IS THERE MORE THAN ONE ANSWER CODED IN J7?**

        YES 01

        NO . . . . 00 → **GO TO K1**

J9.   Which of those is the most important reason why you are not working 20 hours or more a week? **CIRCLE ONLY ONE CODE IN COLUMN J9, ABOVE.**

GO TO K1

K. EDUCATION AND TRAINING

Now I'd like to ask about any education and training classes or programs you may have attended since [ENROLLMENT DATE]. This includes classes or programs a caseworker or counselor [**MILWAUKEE ONLY, INSERT:** parole or probation officer] may have referred you to, or any activities you might have found on your own or through your employer.

Since [ENROLLMENT DATE], have you attended or taken part in . . . **INTERVIEWER: READ DOWN GRID <u>FIRST</u>, THEN ASK a-d ACROSS FOR EACH "YES" RESPONSE.**		**a.** When did you start the [PROGRAM]?	**b.** When did you stop?	**c.** Did you receive a degree or certificate?	**d.** How many hours per week (do/did) you spend in classes or at the training site?
K1. G.E.D. or regular high school classes? **PROBE:** Since [ENROLLMENT DATE]. **IF DK DAY FOR "a" OR "b", PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **START DATE CAN BE BEFORE ENROLLMENT DATE, IF END DATE IS AFTER ENROLLMENT DATE.**	YES .. 01 NO ... 00 DK ..... d RF ...... r	|__|__| Month |__|__| Day |__|__|__|__| Year (1997 -) DON'T KNOW ... d REFUSED .. r	|__|__| |__|__| |__|__|__|__| → Month Day Year **GO TO c** HASN'T STOPPED PROGRAM. . .(**GO TO d**) .... n DON'T KNOW .... d REFUSED .... r	YES ..... 01 NO ...... 00 DON'T KNOW .... d REFUSED .. r	|__|__| NUMBER OF HOURS PER WEEK ATTENDED SPORADICALLY .. n DON'T KNOW ..... d REFUSED .... r
K2. Adult basic education classes? **PROBE:** Since [ENROLLMENT DATE]. **IF DK DAY FOR "a" OR "b", PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **START DATE CAN BE BEFORE ENROLLMENT DATE, IF END DATE IS AFTER ENROLLMENT DATE.**	YES .. 01 NO ... 00 DK ..... d RF ...... r	|__|__| Month |__|__| Day |__|__|__|__| Year (1997 -) DON'T KNOW ... d REFUSED .. r	|__|__| |__|__| |__|__|__|__| Month Day Year HASN'T STOPPED PROGRAM. . .(**GO TO d**) .... n DON'T KNOW .... d REFUSED .... r	→	|__|__| NUMBER OF HOURS PER WEEK ATTENDED SPORADICALLY .. n DON'T KNOW ..... d REFUSED .... r
K3. English as a second language classes? **PROBE:** Since [ENROLLMENT DATE]. **IF DK DAY FOR "a" OR "b", PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **START DATE CAN BE BEFORE ENROLLMENT DATE, IF END DATE IS AFTER ENROLLMENT DATE.**	YES .. 01 NO ... 00 DK ..... d RF ...... r	|__|__| Month |__|__| Day |__|__|__|__| Year (1997 -) DON'T KNOW ... d REFUSED .. r	|__|__| |__|__| |__|__|__|__| Month Day Year HASN'T STOPPED PROGRAM. . .(**GO TO d**) .... n DON'T KNOW .... d REFUSED .... r	→	|__|__| NUMBER OF HOURS PER WEEK ATTENDED SPORADICALLY .. n DON'T KNOW ..... d REFUSED .... r

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K4.   Since [ENROLLMENT DATE], have you attended or taken part in vocational or technical training, occupational skills training, or a college program?

                    YES 01

                    NO 00

                    DON'T KNOW . . . . d   → **GO TO L1**

                    REFUSED . . . . r

K5.   How many of these types of programs have you attended or taken part in since [ENROLLMENT DATE]?

                    (01-09)
                    |_0_|__| NUMBER OF PROGRAMS

90

		PROGRAM 1	PROGRAM 2	PROGRAM 3
K6.	(I would like to ask you about the three most recent programs you attended.) When did you start the (most recent/second most recent/third most recent) program you attended? **INTERVIEWER: USE INTRO PHRASE IF MORE THAN 3 PROGRAMS.** **IF DK DAY, PROBE:** Was it the beginning, middle, or end of the month? **IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.** **START DATE CAN BE BEFORE ENROLLMENT DATE, IF END DATE IS AFTER ENROLLMENT DATE.** **ASK K7-K10a DOWN FIRST FOR EACH PROGRAM.**	|__|__|/|__|__|/|__|__|__|__| Month Day Year (1996 -) DON'T KNOW . . . . d REFUSED . . . . r	|__|__|/|__|__|/|__|__|__|__| Month Day Year (1996 -) DON'T KNOW . . . . d REFUSED . . . . r	|__|__|/|__|__|/|__|__|__|__| Month Day Year (1996 -) DON'T KNOW . . . . d REFUSED . . . . r
K7.	When did you stop? **STOP DATE MUST BE AFTER ENROLLMENT DATE.**	|__|__|/|__|__|/|__|__|__|__| (1996 -) Month Day Year HASN'T STOPPED PROGRAM. . .(GO TO K9) . . . . n DON'T KNOW . . . . d REFUSED . . . . r	|__|__|/|__|__|/|__|__|__|__| (1996 -) Month Day Year HASN'T STOPPED PROGRAM. . .(GO TO K9) . . . . n DON'T KNOW . . . . d REFUSED . . . . r	|__|__|/|__|__|/|__|__|__|__| (1996 -) Month Day Year HASN'T STOPPED PROGRAM. . .(GO TO K9) . . . . n DON'T KNOW . . . . d REFUSED . . . . r
K8.	Did you receive a degree or certificate?	YES . . . . 01 NO. . . . .(GO TO K10) . . . . . . 00 DON'T KNOW. . (GO TO K10) . . . . . . d REFUSED. . . . .(GO TO K10) . . . . . . r	YES . . . . 01 NO. . . . .(GO TO K10) . . . . . . 00 DON'T KNOW. . (GO TO K10) . . . . . . d REFUSED. . . . .(GO TO K10) . . . . . . r	YES . . . . 01 NO. . . . .(GO TO K10) . . . . . . 00 DON'T KNOW. . (GO TO K10) . . . . . . d REFUSED. . . . .(GO TO K10) . . . . . . r
K9.	What type of degree or certificate (did you/ would you) receive upon completion of this program?	ASSOCIATE'S DEGREE (AA) . . . . 01 BACHELOR'S DEGREE OR EQUIVALENT (BA/BS) . . . . 02 GRADUATE DEGREE (MA, MD, Ph.D) . . . . 03 VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE (INCLUDE CNA) . . . . 04 NURSING (RN/LPN) . . . . 05 BUSINESS DEGREE/ CERTIFICATE . . . . 06 SECRETARIAL DEGREE/ CERTIFICATE . . . . 07 OTHER PROFESSIONAL DEGREE/CERTIFICATE . . . . 08 OTHER (SPECIFY) . . . . 09 NO DEGREE/CERTIFICATE GRANTED IN PROGRAM . . . . 10 DON'T KNOW . . . . d REFUSED . . . . r	ASSOCIATE'S DEGREE (AA) . . . . 01 BACHELOR'S DEGREE OR EQUIVALENT (BA/BS) . . . . 02 GRADUATE DEGREE (MA, MD, Ph.D) . . . . 03 VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE (INCLUDE CNA) . . . . 04 NURSING (RN/LPN) . . . . 05 BUSINESS DEGREE/ CERTIFICATE . . . . 06 SECRETARIAL DEGREE/ CERTIFICATE . . . . 07 OTHER PROFESSIONAL DEGREE/CERTIFICATE . . . . 08 OTHER (SPECIFY) . . . . 09 NO DEGREE/CERTIFICATE GRANTED IN PROGRAM . . . . 10 DON'T KNOW . . . . d REFUSED . . . . r	ASSOCIATE'S DEGREE (AA) . . . . 01 BACHELOR'S DEGREE OR EQUIVALENT (BA/BS) . . . . 02 GRADUATE DEGREE (MA, MD, Ph.D) . . . . 03 VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE (INCLUDE CNA) . . . . 04 NURSING (RN/LPN) . . . . 05 BUSINESS DEGREE/ CERTIFICATE . . . . 06 SECRETARIAL DEGREE/ CERTIFICATE . . . . 07 OTHER PROFESSIONAL DEGREE/CERTIFICATE . . . . 08 OTHER (SPECIFY) . . . . 09 NO DEGREE/CERTIFICATE GRANTED IN PROGRAM . . . . 10 DON'T KNOW . . . . d REFUSED . . . . r
K10.	How many hours per week (do/did) you spend in classes or at the training site?	(01-50) |__|__| NUMBER OF HOURS ATTENDED SPORADICALLY . . . . n DON'T KNOW . . . . d REFUSED . . . . r	(01-50) |__|__| NUMBER OF HOURS ATTENDED SPORADICALLY . . . . n DON'T KNOW . . . . d REFUSED . . . . r	(01-50) |__|__| NUMBER OF HOURS ATTENDED SPORADICALLY . . . . n DON'T KNOW . . . . d REFUSED . . . . r
K10a.	**INTERVIEWER: IS THERE ANOTHER PROGRAM TO ASK ABOUT?**	YES. . . . . (GO TO K6) . . . . 01 NO. . . . . . (GO TO L1) 00	YES. . . . . (GO TO K6) . . . . 01 NO. . . . . . (GO TO L1) 00	**GO TO L1**

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L. RECENT INCARCERATION

L1.   The next questions are about experiences you may have had with the justice system. Again, I want to reassure you that everything you tell me is completely confidential.

L1a. | **INTERVIEWER: CHECK C1. IS CODE 08, "SAMPLE MEMBER CURRENTLY INCARCERATED," CIRCLED?**

        YES 01

        NO . . . . 00 → **GO TO L3**

L2.   How long is your current sentence?

        |___|___|

        DAYS 01   (01-98)

        WEEKS 02   (01-52)

        MONTHS 03   (01-60)

        YEARS 04   (01-98)

        LIFE SENTENCE (WITH OR
        WITHOUT PAROLE) 99

        DON'T KNOW . . . . d

        REFUSED . . . . r

        GO TO L4

L3.   Since [ENROLLMENT DATE], have you ever spent time in a correctional institution, like a county jail, a state or federal prison, or under house arrest?

        YES 01

        NO 00

        DON'T KNOW . . . . d   **GO TO L5**

        REFUSED . . . . r

92

L4.   Altogether, how much time have you served since [ENROLLMENT DATE]?

|___|___|
DAYS 01 (01-98)
WEEKS 02 (01-52)
MONTHS 03 (01-24)
DON'T KNOW . . . . d
REFUSED . . . . r

L5.   Prior to [ENROLLMENT DATE], did you ever spend time in a correctional
       institution? Include county jails, state or federal prisons, or house arrest.

YES 01
NO 00
DON'T KNOW . . . . d   **GO TO L7**
REFUSED . . . . r

L6.   Altogether, how much time did you serve prior to [ENROLLMENT DATE]?

|___|___|
DAYS 01 (01-98)
WEEKS 02 (01-52)
MONTHS 03 (01-60)
YEARS 04 (01-30)
DON'T KNOW . . . . d
REFUSED . . . . r

L7. | **INTERVIEWER: CHECK L1. IS YES, "SAMPLE MEMBER CURRENTLY
     INCARCERATED," CIRCLED?**

     YES . . . . 01 → **GO TO M1**
     NO 00

L8.   Are you currently on probation or parole?

YES 01
NO 00
DON'T KNOW . . . . d
REFUSED . . . . r

M. MATERIAL HARDSHIP, SUPPORT NETWORKS AND FAMILY WELL-BEING

M1.   Now I have some questions about how things are going for you these days.

Please tell me if there has been a time since [ENROLLMENT DATE] when your household . . .

CIRCLE ONE FOR EACH

		YES	NO	DON'T KNOW	REFUSED
A.	Could not pay the full amount of the rent or mortgage that you were supposed to pay?	01	00	d	r
B.	Was evicted from your home or apartment?	01	00	d	r
C.	Could not pay the full amount of the gas, oil, or electricity bills?	01	00	d	r
D.	Had service turned off by the gas or electric company, or oil company would not deliver oil?	01	00	d	r
E.	Had service disconnected by the telephone company because payments were not made?	01	00	d	r

M2.   Since [ENROLLMENT DATE], has there been a time when you or anyone living in your household needed to see a dentist but couldn't go?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO M5**

REFUSED . . . . r

94

M3.   Who was that?

CIRCLE ALL THAT APPLY

YOU (SM) 01
CHILDREN UNDER 18 02
OTHER ADULTS 03
DON'T KNOW . . . . d
REFUSED . . . . r

M4.   What were the reasons (you/they) couldn't go?

CIRCLE ALL THAT APPLY

DIDN'T HAVE THE MONEY 01
DIDN'T HAVE INSURANCE 02
DIDN'T KNOW WHERE TO GO 03
COULDN'T TAKE TIME OFF
FROM WORK 04
TRANSPORTATION PROBLEMS 05
OTHER (SPECIFY) 06

_____

DON'T KNOW . . . . d
REFUSED . . . . r

M5.   Since [ENROLLMENT DATE], has there been a time when you or anyone
        living in your household needed to see a doctor or go to the hospital but
        couldn't go?

YES 01
NO 00
DON'T KNOW . . . . d   **GO TO M8**
REFUSED . . . . r

M6.   Who was that?

CIRCLE ALL THAT APPLY

YOU (SM) 01
CHILDREN UNDER 18 02
OTHER ADULTS 03
DON'T KNOW . . . . d
REFUSED . . . . r

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M7.   What were the reasons (you/they) couldn't go?

                                                    CIRCLE ALL THAT APPLY

            DIDN'T HAVE THE MONEY 01

            DIDN'T HAVE INSURANCE 02

            DIDN'T KNOW WHERE TO GO 03

            COULDN'T TAKE TIME OFF
            FROM WORK 04

            TRANSPORTATION PROBLEMS 05

            OTHER (SPECIFY) 06

            _____

            DON'T KNOW . . . . d

            REFUSED . . . . r

M8.   Since [ENROLLMENT DATE], did you or other adults in your household ever
        cut the size of your meals or skip meals because there wasn't enough money
        for food?

            YES 01

            NO 00

            DON'T KNOW . . . . d

            REFUSED . . . . r

M9.   The next few questions are about health insurance or health care coverage.
        Are you currently covered by either Medicaid, private health insurance, or any
        other kind of health care coverage?

            YES 01

            NO . . . . 00 **→ GO TO M11**

            NEVER HAD INSURANCE . . . . n **→ GO TO M12**

            DON'T KNOW . . . . d

            REFUSED . . . . r

96

M10.   Since [ENROLLMENT DATE], have you ever been without health care coverage?

        YES 01
        NO 00
        DON'T KNOW . . . . d   **GO TO M12**
        REFUSED . . . . r

M11.   Overall, how long (were you/have you been) without health care coverage since [ENROLLMENT DATE]?

        |___|___|

        DAYS 01   (01-98)
        WEEKS 02   (01-52)
        MONTHS 03   (01-24)

        ENTIRE TIME 99
        DON'T KNOW . . . . d
        REFUSED . . . . r

M12. | **INTERVIEWER: CHECK C20, C22, AND C23. DOES SM HAVE ANY CHILDREN LIVING IN HOUSEHOLD (C20=01, 02, OR 03) AGE 17 OR YOUNGER (C22 OR C23)? CHECK ALL COLUMNS IN GRID.** |
      | :--- |
      | YES . . . . 01 |
      | NO . . . . 00 ➞ **GO TO M15** |

M12a.   The next few questions are about [fill names of children in household under age 18].

(Is this/Are all of these) child(ren) currently covered by Medicaid, private health insurance, or any other kind of health care coverage?

YES 01

NO . . . . 00 → **GO TO M14**

DON'T KNOW . . . . d

REFUSED . . . . r

M13.   Since [ENROLLMENT DATE], (has this/have any of these) child(ren) ever been without health care coverage?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO M15**

REFUSED . . . . r

M14.   (Thinking about the child who has been without health care coverage the most,) How long overall has that child been uncovered since [ENROLLMENT DATE]?

|___|___|

DAYS 01   (01-98)

WEEKS 02   (01-52)

MONTHS 03   (01-24)

ENTIRE TIME 99

DON'T KNOW . . . . d

REFUSED . . . . r

PRIVATE/COMMUNITY SUPPORT NETWORKS

M15. Since [ENROLLMENT DATE], did you receive any of the following types of help from your parents, relatives, friends or neighbors . . .

		CIRCLE ONE FOR EACH			
		YES	**NO**	**DON'T KNOW**	**REFUSED**
A.	Transportation or rides to places you needed to be?	01	00	d	r
B.	Use of a telephone when you didn't have your own?	01	00	d	r
C.	A place to stay when you didn't have your own place?	01	00	d	r
D.	Groceries or meals?	01	00	d	r
E.	Children's things such as clothes, toys, or diapers?	01	00	d	r
F.	Gifts or loans of money?	01	00	d	r

M16. Since [ENROLLMENT DATE], did you ever receive help from . . .

		CIRCLE ONE FOR EACH			
		YES	**NO**	**DON'T KNOW**	**REFUSED**
A.	A food pantry or soup kitchen?	01	00	d	r
B.	A crisis hotline or walk-in center?	01	00	d	r
C.	A thrift shop, Goodwill Industries, Salvation Army, or other groups like this?	01	00	d	r
D.	A church that helped with money, food, or other kinds of assistance?	01	00	d	r

N. CONTACT WITH FOCAL CHILD

CATI WILL RANDOMLY SELECT A FOCAL CHILD FROM THE ROSTER OF CHILDREN OUTSIDE OF THE HOUSEHOLD. THE FOCAL CHILD WILL BE SELECTED FROM SAMPLE MEMBER'S CHILDREN, LIVING OUTSIDE THE HOUSEHOLD, UNDER 18 YEARS OF AGE. PAPER/PENCIL QUESTIONNAIRES WILL USE A KISH TABLE FOR FOCAL CHILD SELECTION.

N1.

INTERVIEWER:	CHECK C27. HOW MANY CHILDREN ARE LIVING OUTSIDE THE HOUSEHOLD?
	ZERO CHILDREN . . . . 00 → **GO TO O1 (NO FOCAL CHILD)**
	ONLY ONE CHILD . . . . 01 → **GO TO INTRO 1**
	MORE THAN ONE CHILD . . . . 02 → **GO TO INTRO 2**

INTRO 1. Next, I'd like to continue asking you some questions specifically about your involvement with [INSERT FOCAL CHILD].

INTRO 2. To limit the amount of time involved with this interview, this next section will focus on only one of your children who is not living with you. The child who has been randomly selected is [INSERT SELECTED FOCAL CHILD].

N2.   Since [ENROLLMENT DATE], have you ever visited with [FOCAL CHILD]?

            YES 01
            NO 00
            DON'T KNOW . . . . d   **GO TO N5**
            REFUSED . . . . r

N3.   **NO N3 THIS VERSION.**

N4.   Including any times (he/she) might have come to see you, how often have you visited with [FOCAL CHILD] since [ENROLLMENT DATE]? Would you say . . .

            PROBE FOR INCARCERATED SM's: This would include times [FOCAL CHILD] came to see you.

            Almost every day, ... 01
            2-5 times per week, ... 02
            About once a week, ... 03
            1-3 times per month, ... 04
            Around 2-11 times since
            [ENROLLMENT DATE], or 05
            About one time since
            [ENROLLMENT DATE]? 06
            DON'T KNOW . . . . d
            REFUSED . . . . r

N5. | **INTERVIEWER: IS FOCAL CHILD 12 OR YOUNGER?**

YES 01

NO . . . . 00 → **GO TO N9**

N6. Since [ENROLLMENT DATE], have you ever taken care of, watched, or babysat [FOCAL CHILD]?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO N8**

REFUSED . . . . r

N7. How often have you done this for [FOCAL CHILD]?

PROBE: Your best estimate is fine.

READ CATEGORIES IF NECESSARY.

ALMOST EVERY DAY, ... 01

2-5 TIMES PER WEEK, ... 02

ABOUT ONCE A WEEK, ... 03

1-3 TIMES PER MONTH, ... 04

2-11 TIMES SINCE
[ENROLLMENT DATE], OR 05

ONCE SINCE [ENROLLMENT DATE]? . . 06

DON'T KNOW . . . . d

REFUSED . . . . r

N8. | **INTERVIEWER: IS FOCAL CHILD AGE 2 OR OVER?**

YES 01

NO . . . . 00 → **GO TO N13**

N9. Since [ENROLLMENT DATE], have you ever talked to [FOCAL CHILD] on the phone?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO N11**

REFUSED . . . . r

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N10.   How often did you talk to [FOCAL CHILD] on the phone?

PROBE: Your best estimate is fine.

READ CATEGORIES IF NECESSARY.

         ALMOST EVERY DAY, ... 01
         2-5 TIMES PER WEEK, ... 02
         ABOUT ONCE A WEEK, ... 03
         1-3 TIMES PER MONTH, ... 04
         2-11 TIMES SINCE
         [ENROLLMENT DATE], OR 05
         ONCE SINCE [ENROLLMENT DATE]? . . 06
         DON'T KNOW . . . . d
         REFUSED . . . . r

N11.   Since [ENROLLMENT DATE], have you ever sent [FOCAL CHILD] a letter or card?

         YES 01
         NO 00
         DON'T KNOW . . . . d   **GO TO N13**
         REFUSED . . . . r

N12.   How often did you ever send [FOCAL CHILD] a letter or card?

PROBE: Your best estimate is fine.

READ CATEGORIES IF NECESSARY.

         ALMOST EVERY DAY, ... 01
         2-5 TIMES PER WEEK, ... 02
         ABOUT ONCE A WEEK, ... 03
         1-3 TIMES PER MONTH, ... 04
         2-11 TIMES SINCE
         [ENROLLMENT DATE], OR 05
         ONCE SINCE [ENROLLMENT DATE]? . . 06
         DON'T KNOW . . . . d
         REFUSED . . . . r

N13.   Since [ENROLLMENT DATE], have you ever had [FOCAL CHILD] over to spend the night or cared for (him/her) overnight where (he/she) lives?

                    YES 01

                    NO 00

                    DON'T KNOW . . . . d   **GO TO N15**

                    REFUSED . . . . r

N14.   How often did you have [FOCAL CHILD] over to spend the night with you or cared for (him/her) overnight where (he/she) lives?

        PROBE: Your best estimate is fine.

        READ CATEGORIES IF NECESSARY.

                    ALMOST EVERY DAY, ... 01

                    2-5 TIMES PER WEEK, ... 02

                    ABOUT ONCE A WEEK, ... 03

                    1-3 TIMES PER MONTH, ... 04

                    2-11 TIMES SINCE
                    [ENROLLMENT DATE], OR 05

                    ONCE SINCE [ENROLLMENT DATE]? . . 06

                    DON'T KNOW . . . . d

                    REFUSED . . . . r

N15.   Thinking about the total amount of time you spent with [FOCAL CHILD] over the past few months, would you say you . . .

                                                    CIRCLE ONLY ONE

                    spend the right amount of time with
                    (him/her), ... 01 → **GO TO N18**

                    don't spend enough time with
                    (him/her), or 02

                    spend too much time with (him/her)? 03

                    DON'T KNOW . . . . d   **GO TO N18**

                    REFUSED . . . . r

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N16.   Why don't you spend as much time with [FOCAL CHILD] as you would like?

		N16. CIRCLE **ALL** THAT APPLY	N17. CIRCLE ONLY **ONE**
A.	TOO BUSY WITH FAMILY	01	01
B.	TOO BUSY WITH WORK	02	02
C.	IN JAIL/PRISON	03	03
D.	CANNOT AFFORD PRESENTS FOR [FOCAL CHILD] .	04	04
E.	COURT-ORDERED RESTRICTION	05	05
F.	[FOCAL CHILD'S] OTHER PARENT OBJECTS	06	06
G.	YOUR SPOUSE/PARTNER OBJECTS	07	07
H.	[FOCAL CHILD'S] MOTHER'S SPOUSE/ PARTNER OBJECTS	08	08
I.	[FOCAL CHILD] IS TOO FAR AWAY	09	09
J.	NOT SURE WHERE [FOCAL CHILD] IS LIVING	10	10
K.	IN A DRUG TREATMENT PROGRAM	11	11
L.	NOT COMFORTABLE SPENDING TIME WITH [FOCAL CHILD]	12	12
M.	SM IS DEPRESSED	13	13
N.	[FOCAL CHILD] DOES NOT WANT TO SEE SM	14	14
O.	[FOCAL CHILD] IS INCARCERATED/ INSTITUTIONALIZED	15	15
P.	TRANSPORTATION PROBLEMS	16	16
Q.	OTHER (PLEASE SPECIFY)	17	17
	_____		
	DON'T KNOW	d	d
	REFUSED	r	r

N16a. | **INTERVIEWER: CHECK N16. IS MORE THAN ONE REASON CIRCLED?**

YES 01

NO . . . . 00 **→ GO TO N18**

N17.   Which of those reasons is the <u>main</u> reason that you don't spend as much time with [FOCAL CHILD] as you would like? **CIRCLE ONLY ONE CODE IN COLUMN N17, ABOVE.**

N18.

> **INTERVIEWER: IS SAMPLE MEMBER MALE?**
>
> YES 01
>
> NO . . . . 00 → **GO TO N21**

N19. My next questions are about the legal arrangements you have concerning [FOCAL CHILD]. Did you sign [FOCAL CHILD]'s birth certificate?

YES . . . . 01 → **GO TO N21**

NO 00

DON'T KNOW . . . . d

REFUSED . . . . r

N20. Has your legal paternity been established? That is, did you sign any legal document that identifies you as the legal father of [FOCAL CHILD], or has a court ruled that you are the legal father?

YES 01

NO 00

DON'T KNOW . . . . d

REFUSED . . . . r

N20a. Is there a court order saying who has custody of [FOCAL CHILD]?

YES 01

NO 00

DON'T KNOW . . . . d   **GO TO N22**

REFUSED . . . . r

N21. Do you have joint custody with [FOCAL CHILD]'s (mother/father/guardian) or does (he/she) have sole custody of [FOCAL CHILD]?

JOINT CUSTODY 01

GUARDIAN/OTHER PARENT
HAS SOLE CUSTODY 02

SM HAS SOLE CUSTODY . . . . 03 → **GO TO O1**

DON'T KNOW . . . . d

REFUSED . . . . r

N22.   Is there a court order concerning your visitation rights for [FOCAL CHILD]?

        YES 01

        NO 00

        DON'T KNOW . . . . d   **GO TO O1**

        REFUSED . . . . r

N23a.   Does this court order guarantee your visitation rights for [FOCAL CHILD]?

        YES . . . . 01 → **GO TO O1**

        NO 00

        DON'T KNOW . . . . d

        REFUSED . . . . r

N23b.   Does this court order prevent you from seeing [FOCAL CHILD]?

        YES 01

        NO 00

        DON'T KNOW . . . . d

        REFUSED . . . . r

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O. BACKGROUND AND CONTACT INFORMATION*

Now I have a few questions about your background.

O1.   What is the highest grade of regular school you have completed?

PROBE IF GED: Prior to getting your GED, what was the highest grade of regular school you completed?

7th GRADE OR LESS	07
8th GRADE	08
9th GRADE	09
10th GRADE	10
11th GRADE	11
12th GRADE	12
ONE YEAR OF COLLEGE	13
TWO YEARS OF COLLEGE	14
THREE YEARS OF COLLEGE	15
FOUR YEAR COLLEGE DEGREE	16
SOME GRADUATE SCHOOL	17
ONE OR MORE GRADUATE DEGREES (MASTERS, PH.D., LAW, MD)	18
DON'T KNOW	d
REFUSED	r

O2.*   Do you consider yourself Latino or Hispanic?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

* CATI WILL ONLY DISPLAY QUESTIONS THAT ARE MISSING FROM THE BIF (MISSING ITEMS ALSO INCLUDE THOSE THAT WERE MARKED AS "DON'T KNOW" OR "REFUSED".) FOR PAPER/PENCIL QUESTIONNAIRES, ALL ITEMS WILL BE ASKED TO SIMPLIFY THE INTERVIEWING TASK.

O3.*   Do you consider yourself:

White, ... 01

American Indian or Alaskan Native, ... 02

Black or African American, ... 03

Native Hawaiian or Other
Pacific Islander, or 04

Asian? 05

OTHER (SPECIFY) 06

_____

DON'T KNOW . . . . d

REFUSED . . . . r

O4.   In what country were you born?

THE U.S. OR U.S. TERRITORY
(AMERICAN SAMOA, GUAM,
MARSHALL ISLANDS, NORTHERN
MARIANA ISLANDS, PUERTO RICO,
OR U.S. VIRGIN ISLANDS) 01

CANADA 02

CHINA 03

CUBA 04

DOMINICAN REPUBLIC 05

EL SALVADOR 06

GERMANY 07

INDIA 08

JAMAICA 09

KOREA 10

MEXICO 11

PHILIPPINES 12

RUSSIA 13

VIETNAM 14

OTHER COUNTRY (SPECIFY) 15

_____

DON'T KNOW . . . . d

REFUSED . . . . r

O5.*   What is your primary language?

        ENGLISH 01

        SPANISH 02

        FRENCH 03

        PORTUGUESE 04

        TAGALOG 05

        VIETNAMESE 06

        CAMBODIAN 07

        OTHER (SPECIFY) 08

        _____

        DON'T KNOW . . . . d

        REFUSED . . . . r

O6.*   Have you ever received TANF or AFDC welfare in your own name, for your own case?

        YES 01

        NO 00

        DON'T KNOW . . . . d   **GO TO O9**

        REFUSED . . . . r

O7.*   In what month and year did you first start receiving TANF or AFDC in your own name, for your own case?

        PROBE: Your best estimate is fine.

        (01-12)   (1970-)
        |___|___| / |___|___|___|___|
        MONTH   YEAR

        DON'T KNOW . . . . d

        REFUSED . . . . r

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O8.*   In total, about how long have you received TANF or AFDC in your own name?

   PROBE: Your best estimate is fine.

   READ CATEGORIES IF NECESSARY.

> 1 TO 6 MONTHS 01
>
> 7 TO 12 MONTHS 02
>
> 13 MONTHS TO 24 MONTHS
> (OVER 1 YEAR BUT LESS
> THAN 2 YEARS) 03
>
> 25 MONTHS TO 60 MONTHS
> (OVER 2 YEARS BUT LESS
> THAN 5 YEARS) 04
>
> MORE THAN 60 MONTHS
>
> (OVER 5 YEARS) 05
>
> DON'T KNOW . . . . d
>
> REFUSED . . . . r

O9.
INTERVIEWER: IS THERE A SOCIAL SECURITY NUMBER ON THE CONTACT SHEET FOR THIS SM?
YES . . . . 01 → **GO TO O11**
NO 00

O10.   What is your Social Security number?

   |___|___|___|-|___|___|-|___|___|___|___|

   DON'T KNOW/CAN'T REMEMBER . . . . d

   REFUSED . . . . r

> **GO TO P1**

O11.   So our records are correct, what is your Social Security number?

INTERVIEWER: DO NOT READ THE SOCIAL SECURITY NUMBER.

OUR RECORDS HAVE [INSERT SSN FROM CONTACT SHEET]?

YES, SSN IS CORRECT . . . . 01 ➜ **GO TO P1**

NO, NEED TO CHANGE SSN 00

DON'T KNOW . . . . d

REFUSED . . . . r

O12.   What is your correct Social Security number?

|___|___|___|-|___|___|-|___|___|___|___|

DON'T KNOW . . . . d

REFUSED . . . . r

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P. CONTACTING/LOCATION INFORMATION*

We are almost done. We will be sending you a check for $20.00 within the next four weeks, so we need to make sure we have your correct address and some information on other people who can help us find you if you move.[2] Plus, we would like to call you again in a year to find out how you are doing.

P1.   Can you spell your full name for me?

_____

First Name   Middle Initial   Last Name

P2.   Do you have any nicknames that people know you by?

PROBE: Any others?

1._____

2._____

3._____

P3.   What is your full address?

_____

Address   Apt. #

_____

City   State   ZIP Code

P4.   Are there any places where you typically hang-out or socialize?

PROBE: In case you move and we have trouble finding you in a year.

1._____
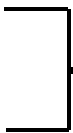
2._____

---

[2]When a case is designated a cell phone call-in, this line of text is modified to exclude any mention of money, since payment is given at time of interview.

Prepared by Mathematica Policy Research, Inc.

P5.   What is your home phone number?

(|___|___|___|) - |___|___|___|-|___|___|___|___|
   AREA CODE   NUMBER

DOES NOT HAVE A PHONE . . . . 01⌐

DON'T KNOW . . . . d   ➤ **GO TO P7**

REFUSED . . . . r⌐

P6.   Whose name is that phone listed in?

_____
First Name   Last Name

LISTED IN SAMPLE MEMBER'S
NAME 01

P7.   Is there (a/another) phone number where you can be reached?

(|___|___|___|) - |___|___|___|-|___|___|___|___|
   AREA CODE   NUMBER

NO OTHER PHONE . . . . 01⌐

DON'T KNOW . . . . d   ➤ **GO TO P9**

REFUSED . . . . r⌐
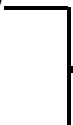
P8.   Who does this phone belong to?

_____
First Name   Last Name

_____
Relationship

P9.   Do you (also) have a beeper or pager number?

YES 01

NO . . . . 00⌐

DON'T KNOW . . . . d   ➤ **GO TO P11**

REFUSED . . . . d⌐

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P10.   What is that number?

(|___|___|___|) - |___|___|___|-|___|___|___|___|
    AREA CODE   NUMBER

Special Instructions:_____

_____

P11.   Please tell me the name, address and phone number of a relative or close
        friend who is likely to know how to contact you 12 months from now. We will
        only contact this person if we have trouble contacting you directly. Your
        grandmother or your mother would be the most helpful.

        What is their full name?

        _____
        First Name   Middle Initial   Last Name

        DON'T KNOW/REFUSED . . . . d/r ➔ **GO TO P16**

P12.   What is (his/her) relationship to you?

        _____

P13.   Does (he/she) have a nickname?

        _____

            NO NICKNAME 01
            DON'T KNOW . . . . d
            REFUSED . . . . r

P14.   What is (his/her) full address?

        _____
        Address   Apt. #

        _____
        City   State   ZIP Code

114

P15.   What is (his/her) home phone number?

(|___|___|___|) - |___|___|___|-|___|___|___|___|
   AREA CODE   NUMBER

DOES NOT HAVE A PHONE 01

DON'T KNOW . . . . d

REFUSED . . . . r

P16.   Could you tell me the name of another relative or close friend who will know
how to contact you in 12 months?

NO OTHER CONTACT PERSON 01

DON'T KNOW . . . . d   **GO TO P26**

REFUSED . . . . r

What is (his/her) full name?

_____
First Name   Middle Initial   Last Name

P17.   What is (his/her) relationship to you?

_____

P18.   Does (he/she) have a nickname?

_____

NO NICKNAME 01

DON'T KNOW . . . . d

REFUSED . . . . r

P19.   What is (his/her) full address?

_____
Address   Apt. #

_____
City   State   ZIP Code

115

P20.   What is (his/her) home phone number?

(|___|___|___|) - |___|___|___|-|___|___|___|___|
  AREA CODE   NUMBER

DOES NOT HAVE A PHONE 01

DON'T KNOW . . . . d

REFUSED . . . . r

P21.   Could you tell me one more name of a relative or close friend who will know
how to contact you in 12 months?

NO OTHER CONTACT PERSON . . . . . . 01 ➔ **GO TO P26**

DON'T KNOW . . . . d

REFUSED . . . . r

What is (his/her) full name?

_____
First Name   Middle Initial   Last Name

P22.   What is (his/her) relationship to you?

_____

P23.   Does (he/she) have a nickname?

_____

NO NICKNAME 01

DON'T KNOW . . . . d

REFUSED . . . . r

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P24.   What is (his/her) full address?

_____
Address   Apt. #

_____
City   State   ZIP Code

P25.   What is (his/her) home phone number?

(|___|___|___|) - |___|___|___|-|___|___|___|___|
   AREA CODE   NUMBER

DOES NOT HAVE A PHONE 01

DON'T KNOW . . . . d

REFUSED . . . . r

P26.   Thank you very much. Those are all the questions I have right now. Thank
        you again for the time you have spent on this important study.

        INTERVIEWER:

        1) WAS INTERVIEW INTERPRETED (WITH SUPERVISOR APPROVAL) . . .

                DUE TO LANGUAGE? 01

                DUE TO IMPAIRMENT? 02

P27.   Thank you very much. Those are all the questions I have right now. Thank
        you again for the time you have spent on this very important study.

        Please hand the phone back to the interviewer.[3]

        **INTERVIEWER: CONFIRM WITH FIELD INTERVIEWER THAT SM HAS
                       BEEN PAID.**

                YES, SM WAS PAID 01

                NO, SM NOT PAID 00

---

[3]At this point in a cell phone call-in, the phone interviewer confirms with field locator that sample member has been paid. If the SM cannot cash the check, the locator should say that SM was not paid. The system will automatically generate a new check.

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