

Section 5 - TOPICAL MODULES

Part A - WORK SCHEDULE

CHECK ITEM T1

Is "Worked" (code 170) marked on the ISS?

8000

- 1 Yes
2 No - SKIP to Check Item T2, page 56

ASK OR VERIFY -
1a. Did . . . work at all last month?

8001

- 1 Yes
2 No - SKIP to Check Item T2, page 56

STATEMENT C

These next few questions ask about . . . 's work schedule during a typical week last month.

1b. How many employers did . . . work for during a typical week?

8002

- 1 1
2 2
3 3 +

(Count self-employed as one employer.)

If two or more employers, ask items 1c-1i for the first job, then repeat for the second job.

JOB 1

JOB 2

c. How many hours per day did . . . work that week?

8004

. Hours

8006

. Hours

d. How many days did . . . work during that week?

8008

Days

8010

Days

e. Which days of the week were these?

Mark (X) all that apply.

8012

1 Monday through Friday

8014

1 Monday through Friday

8016

2 Sunday

8018

2 Sunday

8020

3 Monday

8022

3 Monday

8024

4 Tuesday

8026

4 Tuesday

8028

5 Wednesday

8030

5 Wednesday

8032

6 Thursday

8034

6 Thursday

8036

7 Friday

8038

7 Friday

8040

8 Saturday

8042

8 Saturday

8044

x5 All seven days

8046

x5 All seven days

f. During that week, at what time of day did . . . begin work most days?

8048

: { 1 a.m.
2 p.m.
(Time)

8050

: { 1 a.m.
2 p.m.
(Time)

8054

g. At what time of day did . . . end work most days?

8056

: { 1 a.m.
2 p.m.
(Time)

8058

: { 1 a.m.
2 p.m.
(Time)

8062

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – WORK SCHEDULE (Continued)

	JOB 1	JOB 2
<p>1h. Which of the following best describes . . . 's work schedule at this job? (SHOW FLASHCARD KK) Mark (X) only one.</p>	<p align="center">8064</p> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify <u> </u></p> <p>_____</p> <p>_____</p>	<p align="center">8066</p> <p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify <u> </u></p> <p>_____</p> <p>_____</p>
<p>i. What is the MAIN reason . . . works (Read shift description marked in item 1h)? Mark (X) only one.</p>	<p align="center">8068</p> <p align="center">VOLUNTARY REASONS</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p align="center">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>	<p align="center">8070</p> <p align="center">VOLUNTARY REASONS</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p align="center">INVOLUNTARY REASONS</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirement of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>
<p>CHECK ITEM T1.1 Refer to item 1b. Is there another job to ask about? (Is box 2 or 3 marked?)</p>	<p align="center">8072</p> <p>1 <input type="checkbox"/> Yes – ASK items 1c through 1i for next job</p> <p>2 <input type="checkbox"/> No – Go to Check Item T2, page 56</p>	<p align="center">Go to Check Item T2, page 56</p>

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE

**CHECK
ITEM T2**

Refer to cc items 27 and 24.

Is . . . the designated parent or guardian of children under 6 years of age who live in this household?

8100

- 1 Yes
2 No – *SKIP to Check Item T12, page 61*

**CHECK
ITEM T3**

Is "Worked" (code 170) marked on the ISS?

8105

- 1 Yes – *SKIP to Check Item T6*
2 No

**CHECK
ITEM T4**

Refer to item 30a, page 13.

Was . . . enrolled in school during the reference period?

8106

- 1 Yes
2 No – *SKIP to Check Item T5*

1a. About how many hours per week did . . . usually spend in school last month?

8107

Hours

OR

- x1 Hours varied
x2 DK
x3 Not enrolled last month

} *SKIP to Check Item T6*

**CHECK
ITEM T5**

Refer to item 2a, page 2.

Did . . . spend any time looking for work or on layoff from a job during the reference period?

8108

- 1 Yes
2 No – *SKIP to Check Item T12, page 61*

1b. About how many hours per week did . . . usually spend looking for a job last month?

8109

Hours

OR

- x1 Hours varied
x2 DK
x3 Did not look for a job last month – *SKIP to Check Item T12, page 61*

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK ITEM T6	Refer to cc items 18, 19, 24, and 27	YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST	
		Person No.	Age	Person No.	Age	Person No.	Age
Beginning with the youngest child enter person numbers, ages, and names of children under 6, who are household members, for whom the person is a parent or guardian.		8114	<input type="text"/>	8116	<input type="text"/>	8118	<input type="text"/>
		Name	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>

Ask 2a–3f for the youngest child and then ask 2a–3f for the second and third youngest.

<p>Now we have some questions about how the children in this household were cared for while . . . was working (in school/looking for a job).</p> <p>2a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was in school/was looking for a job)?</p> <p>Mark the arrangement in which the child spent the most hours in a typical week last month.</p> <p>Mark (X) only one box.</p>	<p>8120</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten or elementary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p>14 <input type="checkbox"/> . . . did not work, go to school, or look for job last month</p> <p>SKIP to Check Item T7</p> <p>SKIP to next child or Ck. Item T12, Pg. 61</p> <p>SKIP to T12 page 61</p>	<p>8122</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten or elementary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p>SKIP to next child or Ck. Item T12, Pg. 61</p>	<p>8124</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten or elementary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p>SKIP to Ck. Item T12, Pg. 61</p>
	<p>b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?</p>	<p>8126</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>	<p>8128</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>

<p>CHECK ITEM T7</p> <p>Is box 3–8 marked in item 2a?</p>	<p>8132</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 2f, page 58</p>	<p>8134</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 2f, page 58</p>	<p>8136</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 2f, page 58</p>
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<p>2c. Was any money payment usually made for this arrangement?</p>	<p>8138</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 2f, page 58</p>	<p>8140</p> <p>1 <input type="checkbox"/> Yes – SKIP to 2d</p> <p>2 <input type="checkbox"/> No – SKIP to 2f, page 58</p>	<p>8142</p> <p>1 <input type="checkbox"/> Yes – SKIP to 2d</p> <p>2 <input type="checkbox"/> No – SKIP to 2f, page 58</p>
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<p>CHECK ITEM T8</p> <p>Are there 2 or more children listed in Check Item T6?</p>	<p>8144</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 2e</p>		
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<p>2d. Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover another one of your children?</p>	<p>8146</p> <p>1 <input type="checkbox"/> Payment for youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>	<p>8148</p> <p>1 <input type="checkbox"/> Payment for second youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>	<p>8150</p> <p>1 <input type="checkbox"/> Payment for third youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>
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<p>e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)</p>	<p>8152</p> <p>\$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8154</p> <p>\$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p>	<p>8156</p> <p>\$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p> <p>x3 <input type="checkbox"/> Second youngest</p>
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Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
2f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job) last month?	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
g. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11
3a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school/was looking for a job)? <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i> <i>Mark (X) only one box.</i>	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten or elementary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten or elementary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten or elementary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) <i>SKIP to Check Item T9</i>
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3–8 marked in item 3a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
3c. Was any money payment usually made for this arrangement?	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f	8190 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to 3f	8192 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to 3f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3e		
3d. Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover another one of your children?	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8202 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK	8204 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job)?	8208 <input type="text"/> <input type="text"/> Hours <i>SKIP to next child or Check Item T11</i>	8210 <input type="text"/> <input type="text"/> Hours <i>SKIP to next child or Check Item T11</i>	8212 <input type="text"/> <input type="text"/> Hours <i>Go to Check Item T11</i>

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

**CHECK
ITEM T11**

Refer to cc items 27 and 24.

8322

- 1 Yes
2 No – *SKIP to 4b*

Is . . . the designated parent or guardian of 4 or more children under 6 years of age who live in this household?

4a. Considering all of . . . 's children under 6 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month?

(Exclude the cost of school tuition for kindergarten or elementary school.)

8324

\$. 00 Per week

- x2 All costs already recorded for the three youngest children

b. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for any of your children under age 6 at that time, even for less than a day, because your usual child care provider was not available?

(Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider, even for part of the day.)

8326

- 1 Yes
2 No – *SKIP to Check Item T12, page 61*

c. When these changes in arrangements for your children under age 6 occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting), even for part of the day?

8328

- 1 Yes, respondent lost time
2 Yes, spouse lost time
3 Both, respondent and spouse lost time
4 No
x1 DK

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS

CHECK ITEM T12

Refer to cc items 24 and 25.

Is . . . the parent of children under 21 years of age who live in this household?

8400

- 1 Yes
2 No – SKIP to part D, page 77

1a. Does . . . have any children of . . . 's own in this household under 21 years of age who have a parent living elsewhere?

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8401

- 1 Yes
2 No – SKIP to part D, page 77

b. How many of . . . 's own children living here have a parent living elsewhere?

(Do not include adoptive or biological parents who would be living at home except for military or other job related absences.)

8402

Children

c. Which of . . . 's children are those?

(Record person number and name of children in column A, below.)
(List children by age, youngest first.)

A		B	C	D
Children under 21 with parent living elsewhere		NO SUPPORT agreement	MOST RECENT agreement	ALL OTHER agreements
Person No.	Name			
8403 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8404 1 <input type="checkbox"/> Yes	8405 1 <input type="checkbox"/> Yes	8406 1 <input type="checkbox"/> Yes
8407 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8408 1 <input type="checkbox"/> Yes	8409 1 <input type="checkbox"/> Yes	8410 1 <input type="checkbox"/> Yes
8411 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8412 1 <input type="checkbox"/> Yes	8413 1 <input type="checkbox"/> Yes	8414 1 <input type="checkbox"/> Yes
8415 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8416 1 <input type="checkbox"/> Yes	8417 1 <input type="checkbox"/> Yes	8418 1 <input type="checkbox"/> Yes
8419 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8420 1 <input type="checkbox"/> Yes	8421 1 <input type="checkbox"/> Yes	8422 1 <input type="checkbox"/> Yes
8423 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8424 1 <input type="checkbox"/> Yes	8425 1 <input type="checkbox"/> Yes	8426 1 <input type="checkbox"/> Yes
8427 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8428 1 <input type="checkbox"/> Yes	8429 1 <input type="checkbox"/> Yes	8430 1 <input type="checkbox"/> Yes
8431 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8432 1 <input type="checkbox"/> Yes	8433 1 <input type="checkbox"/> Yes	8434 1 <input type="checkbox"/> Yes

1d. These next few questions concern child support.

Child support payments can be specified in written or verbal child support agreements.

Have child support payments ever been agreed to or awarded for (this child/ANY OF these children).

8435

- 1 Yes
2 No – For each child listed in column A, mark the "Yes" box in column B and SKIP to 5a, page 71

CHECK ITEM T13

Refer to column A above.

Is only one person number entered?

8436

- 1 Yes – Mark the "Yes" box in column C for this child and SKIP to 2a.
2 No

1e. How many children are covered by a child support agreement?

8437

Children

f. Are . . . 's children that we have just listed covered by different child support agreements? By that, we mean separate agreements involving different absent parents.

8438

- 1 Yes
2 No – SKIP to 1j

g. How many different child support agreements cover these children?

8439

Number of agreements

h. Which of these children are covered by the MOST RECENT AGREEMENT?

(Refer to the children listed in column A)
(For each child mentioned, mark the "Yes" box in column C of the roster.)

i. Which of these children are covered by any OTHER child support agreements, either written or verbal?

(Refer to the children listed in column A. For each child mentioned, mark the "Yes" box in column D of the roster.)
(Please note that a child cannot have more than one "Yes" box marked.)
(SKIP to Check Item T14, page 62)

j. Which (child/children) (is/are) covered by the agreement?

(Refer to the children listed in column A)
(For each child mentioned, mark the "Yes" box in column C of the roster.)

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

<p>3j. How regularly are child support payments received? Are they received – (Read responses)</p>	<p>8499 1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> None of the time</p>
<p>k. Under the terms of the (agreement/understanding) with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?</p>	<p>8500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3m</i> x1 <input type="checkbox"/> DK</p>
<p>l. Would you say the amount of back payments due . . . is – (Read responses)</p>	<p>8501 1 <input type="checkbox"/> Less than \$500 2 <input type="checkbox"/> Between \$500 and \$5,000 3 <input type="checkbox"/> More than \$5,000 x1 <input type="checkbox"/> DK</p>
<p>m. What kinds of provisions for health care costs were agreed to? <i>Mark (X) all that apply.</i></p>	<p>8502 1 <input type="checkbox"/> Non-custodial parent to provide health insurance</p> <p>8503 2 <input type="checkbox"/> Custodial parent to provide health insurance</p> <p>8504 3 <input type="checkbox"/> Non-custodial parent to pay actual medical costs directly</p> <p>8505 4 <input type="checkbox"/> Child support payments to include cash medical support</p> <p>8506 5 <input type="checkbox"/> None</p> <p>8507 6 <input type="checkbox"/> Other – <i>Specify</i> _____ _____</p>
<p>n. What child custody arrangements does the (agreement/understanding) specify?</p>	<p>8508 1 <input type="checkbox"/> Child(ren) live with mother 2 <input type="checkbox"/> Child(ren) live with father 3 <input type="checkbox"/> Child(ren) live with mother and with father 4 <input type="checkbox"/> None 5 <input type="checkbox"/> Other – <i>Specify</i> _____ _____</p>
<p>o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?</p>	<p>8509 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T16 <i>Refer to the roster, column C.</i> Is more than one child marked "Yes"?</p>	<p>8510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3q</i></p>
<p>3p. Did all the children visit the other parent about the same number of days in the last 12 months?</p>	<p>8511 1 <input type="checkbox"/> Yes – <i>ASK 3q for all children</i> 2 <input type="checkbox"/> No – <i>ASK 3q for oldest child</i></p>
<p>q. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?</p>	<p>8512 <input type="text"/> <input type="text"/> Days</p> <p>8513 <input type="text"/> <input type="text"/> Weeks</p> <p>8514 <input type="text"/> <input type="text"/> Months</p> <p>8515 x3 <input type="checkbox"/> None</p> <p>8516 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T16a <i>Refer to cc item 28.</i> Is . . . male/female?</p>	<p>8517 1 <input type="checkbox"/> Male – <i>SKIP to 3s, page 70</i> 2 <input type="checkbox"/> Female</p>
<p>CHECK ITEM T16b <i>Refer to cc item 26a.</i> What is . . . 's Marital Status?</p>	<p>8518 1 <input type="checkbox"/> Never Married – <i>GO to Check Item T16c, page 66</i> 2 <input type="checkbox"/> All others – <i>SKIP to Check Item T16e, page 68</i></p>
<p>NOTES</p>	

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

NEVER MARRIED WOMEN WITH VERBAL AGREEMENT

CHECK ITEM T16c	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	<p><i>Record person number, age, and name of every child marked "Yes" in column C, page 61.</i></p> <p><i>(Record youngest to oldest)</i></p>	<p>8519 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8527 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8520 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8528 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>
<p>3r.1 One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.</p> <p><i>(Ask 3r.2–3r.6 for the first child recorded in Check Item T16c before moving on to next child recorded in Check Item T16c)</i></p>			
<p>3r.2 Was (Child's name) father ever legally identified by a court ruling?</p>	<p>8535 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8537 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>3r.3 Was (Child's name) father ever legally identified by a blood test or other genetic test?</p>	<p>8543 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8544 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8545 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>3r.4 Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</p>	<p>8551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>3r.5 Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?</p>	<p>8559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>3r.6 Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?</p>	<p>8567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T16d</p> <p>Are there any more children recorded in Check Item T16c?</p>	<p>8575 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70</p>	<p>8576 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70</p>	<p>8577 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70</p>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8522 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8530 <input type="text"/> <input type="text"/> Age Name _____	8523 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8531 <input type="text"/> <input type="text"/> Age Name _____	8524 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8532 <input type="text"/> <input type="text"/> Age Name _____	8525 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8533 <input type="text"/> <input type="text"/> Age Name _____	8526 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8534 <input type="text"/> <input type="text"/> Age Name _____
8538 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8539 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8540 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8541 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8542 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8546 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8547 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8548 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8566 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8578 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8579 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8580 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8581 1 <input type="checkbox"/> Yes – ASK 3r.2–3r.6 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	SKIP to 3s, page 70

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

CURRENTLY MARRIED, OR ONCE MARRIED WOMEN WITH VERBAL AGREEMENT

CHECK ITEM T16e	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	<p><i>Record person number, age, and name of every child marked "Yes" in column C, page 61.</i></p> <p><i>(Record youngest to oldest)</i></p>	<p>8583 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8591 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8584 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8592 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>
3r.7 One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.			
3r.8 Was . . . ever married to (Child's name) father?	8599 1 <input type="checkbox"/> Yes – SKIP to 3s, page 70 2 <input type="checkbox"/> No		
3r.9 Was (Child's name) father ever legally identified by a court ruling?	8600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8601 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.10 Was (Child's name) father ever legally identified by a blood test or other genetic test?	8608 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8609 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.11 Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8617 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.12 Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3r.13 Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<p>CHECK ITEM T16f</p> <p>Are there any more children recorded in Check Item T16e?</p>	8640 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8641 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8642 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8586 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8594 <input type="text"/> <input type="text"/> Age Name _____	8587 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8595 <input type="text"/> <input type="text"/> Age Name _____	8588 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8596 <input type="text"/> <input type="text"/> Age Name _____	8589 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8597 <input type="text"/> <input type="text"/> Age Name _____	8590 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8598 <input type="text"/> <input type="text"/> Age Name _____
8603 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8605 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8606 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8607 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8611 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8614 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8643 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8644 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8645 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	8646 1 <input type="checkbox"/> Yes – ASK 3r.9–3r.13 for next child 2 <input type="checkbox"/> No – SKIP to 3s, page 70	SKIP to 3s, page 70

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

3s. Why was this (agreement/understanding) never put in writing?

Mark (X) all that apply.

- | | |
|------|---|
| 8648 | 1 <input type="checkbox"/> Legal paternity not established |
| 8649 | 2 <input type="checkbox"/> Unable to locate parent |
| 8650 | 3 <input type="checkbox"/> Other parent unable to pay |
| 8651 | 4 <input type="checkbox"/> Final agreement pending |
| 8652 | 5 <input type="checkbox"/> Accepted property settlement in lieu of child support |
| 8653 | 6 <input type="checkbox"/> Do not want a legal child support award |
| 8654 | 7 <input type="checkbox"/> Did not pursue award |
| 8655 | 8 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> |

t. Where does the other parent (for this agreement/understanding) now live?

- | | |
|------|---|
| 8656 | 1 <input type="checkbox"/> Same county / city |
| | 2 <input type="checkbox"/> Same State (different county / city) |
| | 3 <input type="checkbox"/> Different State |
| | 4 <input type="checkbox"/> Other parent now deceased – <i>SKIP to Check item T17</i> |
| | 5 <input type="checkbox"/> Other – <i>Specify</i> <input checked="" type="checkbox"/> |
| | 6 <input type="checkbox"/> Unknown – <i>SKIP to Check Item T17</i> |

u. Do you and the other parent still live in the same State(s) where the initial child support (agreement/understanding) was reached?

- | | |
|------|--|
| 8658 | 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T17</i> |
| | 2 <input type="checkbox"/> No |

v. Who moved?

- | | |
|------|---|
| 8660 | 1 <input type="checkbox"/> Respondent |
| | 2 <input type="checkbox"/> Other parent |
| | 3 <input type="checkbox"/> Both respondent and other parent |

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

**CHECK
ITEM T17**

Refer to the roster, column D.
Were any other of . . . 's own children covered by another agreement?

- 8662 1 Yes
 2 No – *SKIP to 5a*

4a. Now I would like to ask a few questions about the other child support agreement(s) you had for your children ("Yes" marked in column D, page 61).

What is the total amount that . . . was supposed to have received in child support payments under this (these) agreement(s), during the last 12 months?

- 8664 \$. 00 Per week
8666 \$. 00 Biweekly
8668 \$. 00 Per month
8670 \$. 00 Per year
8672 X1 DK
 X3 None

b. What is the total amount that . . . actually received in child support payments under this (these) agreement(s), during the last 12 months?

- 8674 \$. 00
X3 None
X1 DK

5a. This next question refers to all of . . . 's children.

For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?

- 8676 1 Yes
 2 No – *SKIP to Check Item T18, page 72*

b. In what year did . . . LAST ASK for help?

- 8678 1 9
X1 DK

c. What type of help did . . . ask for (Last contact)?
Mark (X) all that apply.

- 8680 1 Locate the other parent
8682 2 Establish paternity
8684 3 Establish support obligation
8686 4 Establish medical support
8688 5 Enforce support order
8690 6 Modify an order
8692 7 Other – *Specify* ↴

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

d. Did . . . receive any help from the agency <i>(Last contact)?</i>	8694	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item T18</i>
e. What kind of help did . . . receive <i>(Last contact)?</i> <i>Mark (X) all that apply.</i>	8696	<input type="checkbox"/> Locate the other parent
	8698	<input type="checkbox"/> Establish paternity
	8700	<input type="checkbox"/> Establish support obligation
	8702	<input type="checkbox"/> Establish medical support
	8704	<input type="checkbox"/> Enforce support order
	8706	<input type="checkbox"/> Modify an order
	8708	<input type="checkbox"/> Other – <i>Specify</i> _____
CHECK ITEM T18	8710	Are any children listed in column A, page 61 of the roster marked "Yes" in column B (Children with NO support agreement)? <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 12, page 76</i>
CHECK ITEM T19	8712	Refer to cc item 28. What is . . . 's sex? <input type="checkbox"/> Male – <i>SKIP to Check Item T27, page 76</i> <input type="checkbox"/> Female
CHECK ITEM T20	8714	Refer to cc item 26a. What is . . . 's Marital Status? <input type="checkbox"/> Never Married <input type="checkbox"/> All others – <i>SKIP to Check Item T22, page 74</i>

NEVER MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
CHECK ITEM T21a <i>Record person number, age, and name of every child marked "Yes" in column B, page 61.</i> <i>(Record youngest to oldest)</i>	8715 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8723 <input type="text"/> <input type="text"/> Age Name _____	8716 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8724 <input type="text"/> <input type="text"/> Age Name _____	8717 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8725 <input type="text"/> <input type="text"/> Age Name _____
6. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. <i>(Ask 6a–6e for the first child recorded in Check Item T21a before moving on to the next child recorded in Check Item T21a)</i>			
6a. Was (Child's name) father ever legally identified by a court ruling?	8731 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8732 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8733 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6b. Was (Child's name) father ever legally identified by a blood test or other genetic test?	8739 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8740 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8741 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6c. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?	8747 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8748 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8749 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6d. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?	8755 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8756 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8757 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
6e. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?	8763 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8764 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8765 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T21b Are there any more children recorded in Check Item T21a?	8771 <input type="checkbox"/> Yes – <i>ASK 6a–6e for next child</i> <input type="checkbox"/> No – <i>SKIP to 9a, page 76</i>	8772 <input type="checkbox"/> Yes – <i>ASK 6a–6e for next child</i> <input type="checkbox"/> No – <i>SKIP to 9a, page 76</i>	8773 <input type="checkbox"/> Yes – <i>ASK 6a–6e for next child</i> <input type="checkbox"/> No – <i>SKIP to 9a, page 76</i>

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)



FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8718 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8726 <input type="text"/> <input type="text"/> Age Name _____	8719 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8727 <input type="text"/> <input type="text"/> Age Name _____	8720 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8728 <input type="text"/> <input type="text"/> Age Name _____	8721 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8729 <input type="text"/> <input type="text"/> Age Name _____	8722 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8730 <input type="text"/> <input type="text"/> Age Name _____
8734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8735 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8736 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8737 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8738 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8743 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8744 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8745 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8746 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8750 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8751 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8752 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8753 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8754 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8758 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8759 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8761 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8762 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8766 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8767 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8768 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8769 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8770 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8774 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	8775 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	8776 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	8777 1 <input type="checkbox"/> Yes – ASK 6a–6e for next child 2 <input type="checkbox"/> No – SKIP to 9a, page 76	SKIP to 9a, page 76

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

CURRENTLY MARRIED OR ONCE MARRIED WOMEN WITH NO CHILD SUPPORT AGREEMENT

CHECK ITEM T22	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p>Record person number, age, and name of every child marked "Yes" in column B, page 61.</p> <p>Record youngest to oldest)</p>	<p>8779 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8787 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8780 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8788 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>8781 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>8789 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>
<p>7. One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.</p>			
<p>7a. Was . . . ever married to (Child's name) father?</p>	<p>8795 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 7c for this child</p>	<p>8796 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child</p> <p>2 <input type="checkbox"/> No – SKIP to 7c for this child</p>	<p>8797 1 <input type="checkbox"/> Yes – If last child SKIP to Check Item T25 for this child If not last child ask 7a for next child</p> <p>2 <input type="checkbox"/> No – SKIP to 7c for child</p>
<p>CHECK ITEM T23</p> <p>Are there any more children recorded in Check Item T22?</p>	<p>8803 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to page 76 and ASK 9a–9c for this child</p>		
<p>7b. Do (Read names of all children recorded in Check Item T22) all have the same father?</p>	<p>8804 1 <input type="checkbox"/> Yes – SKIP to 9a, page 76 and ask 9a–9c for youngest child listed in Check Item T22</p> <p>2 <input type="checkbox"/> No – GO to 7a for the next child</p>		
<p>7c. Was (Child's name) father ever legally identified by a court ruling?</p>	<p>8805 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8806 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8807 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7d. Was (Child's name) father ever legally identified by a blood test or other genetic test?</p>	<p>8813 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8814 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8815 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7e. Did (his/her) father ever write his OWN signature on the application for (Child's name) birth certificate?</p>	<p>8821 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8822 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8823 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7f. Other than the application for a birth certificate, did (Child's name) father ever sign a statement that legally specifies that he is (Child's name) father?</p>	<p>8829 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8830 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8831 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>7g. Did (Child's name) father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as (Child's name) father?</p>	<p>8837 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8838 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8839 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T24</p> <p>Are there any more children recorded in Check Item T22?</p>	<p>8845 1 <input type="checkbox"/> Yes – GO to 7a for next child</p> <p>2 <input type="checkbox"/> No – SKIP to 9a, page 76</p>	<p>8846 1 <input type="checkbox"/> Yes – GO to 7a for next child</p> <p>2 <input type="checkbox"/> No</p>	<p>8847 1 <input type="checkbox"/> Yes – GO to 7a for next child</p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T25</p> <p>Is there an answer marked, in item 7b?</p>		<p>8853 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76</p> <p>2 <input type="checkbox"/> No – SKIP to 8a, page 76</p>	<p>8854 1 <input type="checkbox"/> Yes – SKIP to Check Item T26, page 76</p> <p>2 <input type="checkbox"/> No – SKIP to 8a, page 76</p>

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST	EIGHTH YOUNGEST
8782 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8790 <input type="text"/> <input type="text"/> Age Name _____	8783 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8791 <input type="text"/> <input type="text"/> Age Name _____	8784 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8792 <input type="text"/> <input type="text"/> Age Name _____	8785 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8793 <input type="text"/> <input type="text"/> Age Name _____	8786 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 8794 <input type="text"/> <input type="text"/> Age Name _____
8798 1 <input type="checkbox"/> Yes – <i>If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</i> 2 <input type="checkbox"/> No – <i>SKIP to 7c for this child.</i>	8799 1 <input type="checkbox"/> Yes – <i>If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</i> 2 <input type="checkbox"/> No – <i>SKIP to 7c for this child.</i>	8800 1 <input type="checkbox"/> Yes – <i>If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</i> 2 <input type="checkbox"/> No – <i>SKIP to 7c for this child.</i>	8801 1 <input type="checkbox"/> Yes – <i>If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</i> 2 <input type="checkbox"/> No – <i>SKIP to 7c for this child.</i>	8802 1 <input type="checkbox"/> Yes – <i>If last child SKIP to Check Item T25 for this child. If not last child ask 7a for next child.</i> 2 <input type="checkbox"/> No – <i>SKIP to 7c for child.</i>
8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8809 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8811 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8817 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8819 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8825 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8826 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8827 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8833 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8834 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8835 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8842 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8844 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
8848 1 <input type="checkbox"/> Yes – <i>GO to 7a for next child.</i> 2 <input type="checkbox"/> No	8849 1 <input type="checkbox"/> Yes – <i>GO to 7a for next child.</i> 2 <input type="checkbox"/> No	8850 1 <input type="checkbox"/> Yes – <i>GO to 7a for next child.</i> 2 <input type="checkbox"/> No	8851 1 <input type="checkbox"/> Yes – <i>GO to 7a for next child.</i> 2 <input type="checkbox"/> No	<i>GO to Check Item T25</i>
8855 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T26, page 76.</i> 2 <input type="checkbox"/> No – <i>SKIP to 8a, page 76.</i>	8856 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T26, page 76.</i> 2 <input type="checkbox"/> No – <i>SKIP to 8a, page 76.</i>	8857 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T26, page 76.</i> 2 <input type="checkbox"/> No – <i>SKIP to 8a, page 76.</i>	8858 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T26, page 76.</i> 2 <input type="checkbox"/> No – <i>SKIP to 8a, page 76.</i>	8859 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T26, page 76.</i> 2 <input type="checkbox"/> No – <i>SKIP to 8a, page 76.</i>

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

8a. Do (Read names of all children recorded in Check Item T21a or Check Item T22) all have the same father?	8862	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																				
CHECK ITEM T26 Do all of the children have the same father? (Item 7b, page 74 = "Yes" or Item 8a, above = "Yes")	8864	1 <input type="checkbox"/> Yes – ASK 9a–9c for first child recorded in Check Item T21a or Check Item T22 2 <input type="checkbox"/> No – ASK 9a–9c for first and last child recorded in Check Item T21a or Check Item T22																				
CHECK ITEM T27 Does more than one child have column B, page 61 marked "Yes"?	8866	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – ASK 9a–9c for child marked "Yes" in column B, page 61																				
8b. Do (Read names of all children marked "Yes" in column B, page 61) all have the same mother?	8868	1 <input type="checkbox"/> Yes – ASK 9a–9c for youngest child marked "Yes" in column B, page 61 2 <input type="checkbox"/> No – ASK 9a–9c for youngest and oldest child marked "Yes" in column B, page 61																				
9a. Why were child support payments not agreed to or awarded for . . . 's (youngest) (oldest) child without an award? <i>Record person number of child Mark (X) all that apply.</i>	8869	<table border="0" style="width:100%;"> <tr> <td style="width:50%; text-align: center;">YOUNGEST CHILD</td> <td style="width:50%; text-align: center;">OLDEST CHILD</td> </tr> <tr> <td style="padding: 5px;"><input type="text"/> <input type="text"/> <input type="text"/> Person number</td> <td style="padding: 5px;"><input type="text"/> <input type="text"/> <input type="text"/> Person number</td> </tr> <tr> <td style="padding: 5px;">8871 1 <input type="checkbox"/> Legal paternity not established</td> <td style="padding: 5px;">8872 1 <input type="checkbox"/> Legal paternity not established</td> </tr> <tr> <td style="padding: 5px;">8873 2 <input type="checkbox"/> Unable to locate parent</td> <td style="padding: 5px;">8874 2 <input type="checkbox"/> Unable to locate parent</td> </tr> <tr> <td style="padding: 5px;">8875 3 <input type="checkbox"/> Other parent unable to pay</td> <td style="padding: 5px;">8876 3 <input type="checkbox"/> Other parent unable to pay</td> </tr> <tr> <td style="padding: 5px;">8877 4 <input type="checkbox"/> Final agreement pending</td> <td style="padding: 5px;">8878 4 <input type="checkbox"/> Final agreement pending</td> </tr> <tr> <td style="padding: 5px;">8879 5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support</td> <td style="padding: 5px;">8880 5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support</td> </tr> <tr> <td style="padding: 5px;">8881 6 <input type="checkbox"/> Do not want child support</td> <td style="padding: 5px;">8882 6 <input type="checkbox"/> Do not want child support</td> </tr> <tr> <td style="padding: 5px;">8883 7 <input type="checkbox"/> Did not pursue award</td> <td style="padding: 5px;">8884 7 <input type="checkbox"/> Did not pursue award</td> </tr> <tr> <td style="padding: 5px;">8885 8 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/></td> <td style="padding: 5px;">8886 8 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/></td> </tr> </table>	YOUNGEST CHILD	OLDEST CHILD	<input type="text"/> <input type="text"/> <input type="text"/> Person number	<input type="text"/> <input type="text"/> <input type="text"/> Person number	8871 1 <input type="checkbox"/> Legal paternity not established	8872 1 <input type="checkbox"/> Legal paternity not established	8873 2 <input type="checkbox"/> Unable to locate parent	8874 2 <input type="checkbox"/> Unable to locate parent	8875 3 <input type="checkbox"/> Other parent unable to pay	8876 3 <input type="checkbox"/> Other parent unable to pay	8877 4 <input type="checkbox"/> Final agreement pending	8878 4 <input type="checkbox"/> Final agreement pending	8879 5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support	8880 5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support	8881 6 <input type="checkbox"/> Do not want child support	8882 6 <input type="checkbox"/> Do not want child support	8883 7 <input type="checkbox"/> Did not pursue award	8884 7 <input type="checkbox"/> Did not pursue award	8885 8 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/>	8886 8 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/>
YOUNGEST CHILD	OLDEST CHILD																					
<input type="text"/> <input type="text"/> <input type="text"/> Person number	<input type="text"/> <input type="text"/> <input type="text"/> Person number																					
8871 1 <input type="checkbox"/> Legal paternity not established	8872 1 <input type="checkbox"/> Legal paternity not established																					
8873 2 <input type="checkbox"/> Unable to locate parent	8874 2 <input type="checkbox"/> Unable to locate parent																					
8875 3 <input type="checkbox"/> Other parent unable to pay	8876 3 <input type="checkbox"/> Other parent unable to pay																					
8877 4 <input type="checkbox"/> Final agreement pending	8878 4 <input type="checkbox"/> Final agreement pending																					
8879 5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support	8880 5 <input type="checkbox"/> Accepted property or cash settlement in lieu of child support																					
8881 6 <input type="checkbox"/> Do not want child support	8882 6 <input type="checkbox"/> Do not want child support																					
8883 7 <input type="checkbox"/> Did not pursue award	8884 7 <input type="checkbox"/> Did not pursue award																					
8885 8 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/>	8886 8 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/>																					
b. Where does the other parent for this (youngest) (oldest) child now live?	8887	1 <input type="checkbox"/> Same county / city																				
	8889	2 <input type="checkbox"/> Same State (different county / city)																				
	8891	3 <input type="checkbox"/> Different State																				
	8893	4 <input type="checkbox"/> Other parent deceased – SKIP to 10																				
	8895	5 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/>																				
	8888	1 <input type="checkbox"/> Same county / city																				
	8890	2 <input type="checkbox"/> Same State (different county / city)																				
	8892	3 <input type="checkbox"/> Different State																				
	8894	4 <input type="checkbox"/> Other parent deceased – SKIP to 10																				
	8896	5 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/>																				
	8887	x1 <input type="checkbox"/> Unknown																				
	8888	x1 <input type="checkbox"/> Unknown																				
c. What is the total amount of time the (youngest) (oldest) child spent visiting the other parent in the last 12 months?	8897	<input type="text"/> <input type="text"/> <input type="text"/> Days																				
	8900	<input type="text"/> <input type="text"/> Weeks																				
	8902	<input type="text"/> <input type="text"/> Months																				
	8904	x3 <input type="checkbox"/> None																				
	8906	x1 <input type="checkbox"/> DK																				
	8898	<input type="text"/> <input type="text"/> <input type="text"/> Days																				
	8901	<input type="text"/> <input type="text"/> Weeks																				
	8903	<input type="text"/> <input type="text"/> Months																				
	8905	x3 <input type="checkbox"/> None																				
	8907	x1 <input type="checkbox"/> DK																				
10. Were any payments received from the other parent(s) in the last 12 months for any of . . . 's children without a child support agreement?	8908	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12																				
11. What is the total amount that . . . received from the other parent(s) in the past 12 months?	8909	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 OR x1 <input type="checkbox"/> DK																				
12. Were any non-cash items or services for child support received for any of . . . 's children?	8910	1 <input type="checkbox"/> Yes – Specify _____ 2 <input type="checkbox"/> No																				

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of . . .’s child or children who live outside the household, under 21 years of age?

9002 1 Yes
 2 No
 x1 DK } *SKIP to Part E, page 79*

(Do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member)

2a. Did . . . make regular payments, lump-sum payments, or both?

9004 1 Regular
 2 Lump-sum
 3 Both

b. For how many children did . . . make support payments?

9006 Children
 x1 DK

c. How many of these children were under age 18?

9007 Children
 x1 DK

d. Were any of these payments the result of a court order or some other kind of agreement?

9008 1 Yes
 2 No – *SKIP to 4d, page 78*

3a. These next few questions relate to the most recent child support agreement for . . .’s children. How many children are covered by that agreement?

9010 Children
 x1 DK

b. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?

9012 1 Voluntary written agreement ratified by the court
 2 Court-ordered agreement
 3 Other type of written agreement – *Specify* _____
 4 Non-written agreement

c. In what year was this agreement FIRST reached?

9014 **1** **9**
 x1 DK

d. Has the dollar amount originally agreed to ever been changed?

9016 1 Yes
 2 No
 x1 DK } *SKIP to 3g*

e. In what year was the amount last changed?

9018 **1** **9**
 x1 DK

f. Was this change made or agreed to by a court or child support agency?

9019 1 Yes
 2 No

g. Is . . . still supposed to pay child support?

9020 1 Yes
 2 No

h. How much did . . . pay in child support under this agreement during the past 12 months?

9022 \$. **00**
 x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

3i. Are these payments made – (Read responses.)

9024

- 1 Through employment related wage withholding?
- 2 Directly to the other parent?
- 3 Directly to the court?
- 4 Directly to a child support agency?
- 5 Other – Specify

x1 DK

j. What kinds of provisions for health care costs were included in the child support agreement?

Mark (X) all that apply.

9026

1 Non-custodial parent to provide health insurance

9028

2 Custodial parent to provide health insurance

9030

3 Non-custodial parent to pay medical costs directly

9032

4 Child support payments to include cash medical support

9034

5 Other – Specify

9036

x3 None

4a. (Other than the most recent support agreement discussed above), were any of . . . 's other children outside of this household under age 21 covered by any other child support agreement?

9038

- 1 Yes
- 2 No – SKIP to 4c

b. How much did . . . pay in child support for this/these agreement(s) during the past 12 months?

9040

\$. 00

x1 DK

c. Were any child support payments made without a child support agreement for . . . 's children under age 21 during the past 12 months?

9042

- 1 Yes
- 2 No – SKIP to Part E

d. How much did . . . pay for child support under this arrangement during the past 12 months?

9044

\$. 00

x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS

<p>1. These next few questions are about . . . 's health. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>9100</p>	<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p><i>Mark by observation if apparent.</i></p>		
<p>2. Does . . . use any of the following aids to get around?</p> <p>a. A cane, crutches, or a walker</p> <p>b. A wheelchair</p>	<p>9102</p> <p>9104</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T28 Is "Yes" marked in 2a or 2b above?</p>	<p>9106</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i></p>
<p>3. Has . . . used (Aid mentioned in 2a or 2b above) for six months or longer?</p>	<p>9108</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4a. Does . . . have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?</p>	<p>9110</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 5a</i></p>
<p>b. Is . . . able to see the words and letters in ordinary newsprint at all?</p>	<p>9112</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. Does . . . have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if . . . usually wears one)?</p>	<p>9114</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 6a</i></p>
<p>b. Is . . . able to hear what is said in a normal conversation at all?</p>	<p>9116</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6a. Because of a health condition or problem, does . . . have any difficulty having his/her speech understood?</p>	<p>9118</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 7a</i></p>
<p>b. Is . . . able to have his/her speech understood at all?</p>	<p>9120</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>7a. Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</p>	<p>9122</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 8a</i></p>
<p>b. Is . . . able to lift and carry this much weight at all?</p>	<p>9124</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8a. Does . . . have any difficulty climbing a flight of stairs without resting?</p>	<p>9126</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 9a</i></p>
<p>b. Is . . . able to climb a flight of stairs without resting at all?</p>	<p>9128</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9a. Does . . . have any difficulty walking a quarter of a mile – about 3 city blocks?</p>	<p>9130</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 10a</i></p>
<p>b. Is . . . able to walk a quarter of a mile at all?</p>	<p>9132</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>10a. Does . . . have any difficulty using the telephone?</p>	<p>9134</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – <i>SKIP to 11a, page 80</i></p>
<p>b. Is . . . able to use the telephone at all?</p>	<p>9136</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.

11b. Does . . . need the help of another person with (Name of activity)?

Mark "Yes" if person sometimes needs help or usually needs help.

FIELD REPRESENTATIVE
INSTRUCTION

▶ Repeat lead-in as necessary.

(1) Getting around INSIDE the home?	9138 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9139 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?	9140 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9141 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Getting in and out of bed or a chair?	9142 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9143 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Taking a bath or shower?	9144 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9145 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Dressing?	9146 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9147 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Walking?	9148 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9149 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Eating?	9150 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9151 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Using the toilet, including getting to the toilet?	9152 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9153 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Keeping track of money and bills?	9154 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9155 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Preparing meals?	9156 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9157 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Doing light housework, such as washing dishes or sweeping a floor?	9158 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9159 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(12) Taking the right amount of prescribed medicine at the right time?	9160 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	9161 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T29	Is "Yes" marked in item 11b for any of the activities listed above?	9162 1 <input type="checkbox"/> Yes – Go to 12a 2 <input type="checkbox"/> No – SKIP to Check Item T30

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

12a. You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?

Anyone else?

FIRST HELPER	SECOND HELPER
<p>RELATIVE</p> <p>9176 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help – <i>SKIP to 13a</i></p>	<p>RELATIVE</p> <p>9178 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative</p>

ASK OR VERIFY –

b. Is (Person mentioned above) a household member?

FIRST HELPER	SECOND HELPER
<p>9180 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>9183 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>9185 2 <input type="checkbox"/> No</p>	<p>9182 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>9184 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>9186 2 <input type="checkbox"/> No</p>

c. For how long has . . . needed the help of another person?

9187 1 Less than 6 months
 2 6 to 11 months
 3 1 to 2 years
 4 3 to 5 years
 5 More than 5 years

ASK OR VERIFY –

d. During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?

9188 1 Yes
 2 No } *SKIP to 13a*
 x1 DK }

e. How much was paid for such help in (Read last month)?

9189 \$. 00

x1 DK

CHECK ITEM T30

Is "Has difficulty" marked in items 4a, 5a, 6a, 7a, 8a, 9a, 10a, or 11a for any activity?

9190 1 Yes
 2 No – *SKIP to 15, page 82*

(SHOW FLASHCARD AA)

13a. I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?

9192 First condition

9194 Second condition

9196 Third condition

b. Are any of these conditions the result of a motor vehicle accident?

9197 1 Yes
 2 No

CHECK ITEM T31

Are two or more conditions entered in item 13a?

9198 1 Yes
 2 No – *SKIP to 15, page 82*

14. Which of the conditions do you consider to be the main reason for . . . 's difficulty?

9200 Main condition

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY – ADULTS (Continued)

15. Does . . . have –		
a. A learning disability such as dyslexia?	9202	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Mental retardation?	9204	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. A developmental disability such as autism or cerebral palsy?	9206	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Alzheimer’s disease, senility, or dementia?	9208	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Any other mental or emotional conditions?	9210	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T32	<i>Refer to cc item 24.</i> What is . . . age?	9212 1 <input type="checkbox"/> 15 years old – <i>SKIP to Check Item T41, page 86</i> 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – <i>SKIP to 18a</i>
CHECK ITEM T33	<i>Refer to cc item 47.</i> Is "Disabled" (code 171) marked on the Control Card for . . . ?	9214 1 <input type="checkbox"/> Yes – <i>SKIP to 16</i> 2 <input type="checkbox"/> No
CHECK ITEM T34	<i>Refer to item 18a on page 7.</i> What is marked in item 18a, page 7?	9216 1 <input type="checkbox"/> Item 18a is blank – <i>SKIP to 17a</i> 2 <input type="checkbox"/> "Yes" 3 <input type="checkbox"/> "No" <i>SKIP to 18a</i>
16. We have recorded that . . .’s health or condition limits the kind or amount of work . . . can do. Is that correct?	9218	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T35</i> 2 <input type="checkbox"/> No – <i>SKIP to 18a</i>
17a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	9220	1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to 18a</i>
CHECK ITEM T35	Is "Worked" (code 170) marked on the ISS?	9222 1 <input type="checkbox"/> Yes – <i>SKIP to 18a</i> 2 <input type="checkbox"/> No
17b. Does . . .’s health or condition prevent . . . from working at a job or business?	9224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do around the house?	9226	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T36</i>
b. Does . . .’s health or condition completely prevent . . . from doing work around the house?	9228	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T36	Is "Yes" marked in 16, 17a, or 18a?	9230 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part F</i>
<i>(SHOW FLASHCARD AA)</i> 19. I have marked that . . . is limited in working at a job or around the house – Which condition or conditions on this card are the cause of this limitation? Any other condition?	9232	<input type="checkbox"/> <input type="checkbox"/> First condition
	9234	<input type="checkbox"/> <input type="checkbox"/> Second condition
	9236	<input type="checkbox"/> <input type="checkbox"/> Third condition
CHECK ITEM T37	Are two or more conditions entered in item 19?	9238 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part F</i>
20. Which of the conditions do you consider the main reason for the limitation?	9240	<input type="checkbox"/> <input type="checkbox"/> Main condition
21. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?	9242	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Part F</i>

Section 5 – TOPICAL MODULES (Continued)

Part F – UTILIZATION OF HEALTH CARE SERVICES – ADULTS

<p>1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</p>	<p>9300 <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 3</i></p>
<p>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</p>	<p>9302 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. What was the reason for . . .'s last hospital stay? <i>Mark (X) all that apply.</i></p>	<p>9304 <input type="checkbox"/> Child birth 9306 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) 9308 <input type="checkbox"/> Other medical 9310 <input type="checkbox"/> Mental or emotional problem or disorder 9312 <input type="checkbox"/> Drug or alcohol abuse problem or disorder</p>
<p>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</p>	<p>9314 <input type="checkbox"/> Yes, military <input type="checkbox"/> Yes, VA <input type="checkbox"/> Yes, both military and VA <input type="checkbox"/> No</p>
<p>2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?</p>	<p>9316 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. How many nights in all did . . . spend in a hospital of any type during the past 12 months?</p>	<p>9318 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>c. How many of these nights were in the past 4 months?</p>	<p>9320 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p>9322 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.) <i>(Do not count occurrences where the contact was not concerning a health problem of . . . 's)</i></p>	<p>9324 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i></p>
<p>b. How many of these visits or calls were in the past 4 months?</p>	<p>9326 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>5a. During the past 12 months, how many visits did . . . make to a dentist? <i>Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.</i></p>	<p>9327 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 6a, page 84</i></p>
<p>b. How many of these visits were in the past 4 months?</p>	<p>9328 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>

Section 5 – TOPICAL MODULES (Continued)

Part F – UTILIZATION OF HEALTH CARE SERVICES – ADULTS (Continued)

<p>6a. Is there one particular person or place that . . . usually goes to when . . . is sick or needs advice about his/her health?</p>	<p align="center">9329</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T38</i></p>
<p>b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i></p>	<p align="center">9330</p> <p>1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> ↴ _____</p>
<p>CHECK ITEM T38 <i>Refer to item 27a, page 10</i> Was . . . covered by a health insurance plan at any time during the past 4 months?</p>	<p align="center">9332</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T40</i></p>
<p>CHECK ITEM T39 <i>Refer to item 27b, page 10</i> Was . . . covered by a health insurance plan during the entire 4 month period?</p>	<p align="center">9333</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T41, page 86</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T40 Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?</p>	<p align="center">9334</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8</i></p>
<p>7. Was . . . covered by Medicare/Medicaid during the entire 4 month period?</p>	<p align="center">9335</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T41, page 86</i> 2 <input type="checkbox"/> No</p>
<p>8. I have recorded that . . . was not covered by a health insurance plan, Medicare, or Medicaid at some time during the past 4 months. Is that correct?</p>	<p align="center">9336</p> <p>1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect – covered by some other plan – <i>SKIP to Check Item T41, page 86</i></p>
<p><i>(SHOW FLASHCARD JJ)</i> 9. Which answer on this card best describes why . . . was not covered by health insurance at some time during the past 4 months? <i>Mark (X) only one.</i></p>	<p align="center">9338</p> <p>1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Employer does not offer health insurance 3 <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age 4 <input type="checkbox"/> Too expensive; can't afford health insurance 5 <input type="checkbox"/> Don't believe in health insurance 6 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance 7 <input type="checkbox"/> Able to go to VA or military hospital for medical care 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other – <i>Specify</i> ↴ _____</p>

Continue with Check Item T41, page 86

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9405 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9412 <input type="text"/> <input type="text"/> Age Name _____	9406 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9413 <input type="text"/> <input type="text"/> Age Name _____	9407 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9414 <input type="text"/> <input type="text"/> Age Name _____	9408 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9415 <input type="text"/> <input type="text"/> Age Name _____

9419 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9421 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9426 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next child, or Check Item T44</i>	9427 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next child, or Check Item T44</i>	9428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next child, or Check Item T44</i>	9429 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next child, or Check Item T44</i>
9433 1 <input type="checkbox"/> Yes } <i>GO to next child, or</i> 2 <input type="checkbox"/> No } <i>Check Item T44</i>	9434 1 <input type="checkbox"/> Yes } <i>GO to next child, or</i> 2 <input type="checkbox"/> No } <i>Check Item T44</i>	9435 1 <input type="checkbox"/> Yes } <i>GO to next child, or</i> 2 <input type="checkbox"/> No } <i>Check Item T44</i>	9436 1 <input type="checkbox"/> Yes } <i>GO to next child, or</i> 2 <input type="checkbox"/> No } <i>Check Item T44</i>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

CHECK ITEM T45	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
		9437 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9444 <input type="text"/> <input type="text"/> Age Name _____	9438 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9445 <input type="text"/> <input type="text"/> Age Name _____	9439 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9446 <input type="text"/> <input type="text"/> Age Name _____
<p>I now have some questions about your children aged 6 to 14 living here, that is (Read names from Check Item T45) (Ask Items 4 through 14 for each child, before proceeding to the next child)</p>				
4. Does (Child's name) have:				
a. A learning disability such as dyslexia?	9451 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9452 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9453 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. Mental retardation?	9458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9459 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
c. A developmental disability such as autism or cerebral palsy?	9465 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9466 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9467 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
d. Any other developmental condition for which he/she has received therapy or diagnostic services?	9472 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9473 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9474 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
5. Because of a physical, learning, or mental condition, does (Child's name) have any limitations in his/her ability to do regular school work?	9479 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9481 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
6a. Has (Child's name) ever received any special education services?	9486 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7	9487 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7	9488 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7	
b. Is (Child's name) currently receiving any special education services?	9493 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9494 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9495 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
7. Does (Child's name) use any of the following aids to get around?				
a. A cane, crutches, or a walker?	9500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9501 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9502 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
b. A wheelchair?	9507 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9508 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9509 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM T46				
Is "Yes" marked in 7a or 7b above?	9514 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90	9515 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90	9516 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 90	
8. Has (Child's name) used (aid checked in 7a or 7b above) for six months or longer?	9521 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9523 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9440 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9447 <input type="text"/> <input type="text"/> Age Name _____	9441 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9448 <input type="text"/> <input type="text"/> Age Name _____	9442 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9449 <input type="text"/> <input type="text"/> Age Name _____	9443 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9450 <input type="text"/> <input type="text"/> Age Name _____
9454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9455 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9457 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9461 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9463 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9468 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9469 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9470 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9471 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9475 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9477 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9478 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9482 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9483 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9484 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9485 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9489 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i>	9490 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i>	9491 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i>	9492 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i>
9496 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9497 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9498 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9499 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9503 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9504 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9505 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9506 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9510 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9511 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9513 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9517 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 90</i>	9518 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 90</i>	9519 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 90</i>	9520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 90</i>
9524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9525 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9526 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9527 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 88 and 89. →	9528 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9529 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9530 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9a. Does (Child's name) have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if he/she usually wears them?	9535 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	9536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a	9537 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10a
b. Is (Child's name) able to see the words and letters in ordinary newsprint at all?	9542 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9543 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9544 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
10a. Does (Child's name) have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if he/she usually wears one)?	9549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	9550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	9551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
b. Is (Child's name) able to hear what is said in a normal conversation at all?	9556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
11. Does (Child's name) have a long lasting condition that limits his/her ability to walk, run, or use stairs?	9563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
12. Because of a physical or mental condition, does (Child's name) have any difficulty doing any of the following by himself/herself? (Exclude the affects of temporary conditions)			
a. Getting around INSIDE the home?	9570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	9571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c	9572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c
b. Does (Child's name) need the help of another person with getting around inside the home?	9577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Getting in and out of bed or a chair?	9584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	9585 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e	9586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12e
d. Does (Child's name) need the help of another person with getting in and out of bed or a chair?	9591 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9592 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9593 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Taking a bath or shower?	9598 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	9599 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92	9600 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g, page 92

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9531 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9532 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9533 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9534 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9538 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i>	9539 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i>	9540 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i>	9541 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i>
9545 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9546 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9547 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9548 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11</i>	9553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11</i>	9554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11</i>	9555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11</i>
9559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9566 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12c</i>	9574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12c</i>	9575 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12c</i>	9576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12c</i>
9580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9582 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9583 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9587 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12e</i>	9588 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12e</i>	9589 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12e</i>	9590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12e</i>
9594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9595 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9596 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9597 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9601 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12g, page 92</i>	9602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12g, page 92</i>	9603 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12g, page 92</i>	9604 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12g, page 92</i>

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 88 and 89. →	9605 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9606 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9607 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
f. Does (Child's name) need the help of another person with taking a bath or shower?	9612 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9613 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9614 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Dressing?	9619 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	9620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i	9621 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12i
h. Does (Child's name) need the help of another person with dressing?	9626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9627 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Eating?	9633 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	9634 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k	9635 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12k
j. Does (Child's name) need the help of another person with eating?	9640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9641 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9642 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. Using the toilet, including getting to the toilet?	9647 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	9648 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47	9649 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T47
l. Does (Child's name) need the help of another person with using or getting to the toilet?	9654 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9655 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T47 Is "Yes" (has difficulty) marked in 9a, 10a, 11, 12a, 12c, 12e, 12g, 12i, or 12k?	9661 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	9662 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child	9663 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to item 4, page 88, for next child, or Check Item T48 if last child
(SHOW FLASHCARD BB) 13. I have recorded that (Child's name) has difficulties with certain activities. Which condition or conditions on this card cause this difficulty? Any other?	9668 <input type="text"/> <input type="text"/> First condition 9675 <input type="text"/> <input type="text"/> Second condition 9682 <input type="text"/> <input type="text"/> Third condition	9669 <input type="text"/> <input type="text"/> First condition 9676 <input type="text"/> <input type="text"/> Second condition 9683 <input type="text"/> <input type="text"/> Third condition	9670 <input type="text"/> <input type="text"/> First condition 9677 <input type="text"/> <input type="text"/> Second condition 9684 <input type="text"/> <input type="text"/> Third condition
14. Are any of these conditions the result of a motor vehicle accident?	9689 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child	9691 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } GO to item 4, page 88, for next child or Check Item T48 if last child
CHECK ITEM T48 Is . . . the designated parent or guardian of children under the age of 6 who live in this household?	Refer to cc items 24 and 27.	9696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T51, page 96	

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9608 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9609 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9610 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9611 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9615 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9617 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12i</i>	9623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12i</i>	9624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12i</i>	9625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12i</i>
9629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9630 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9636 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12k</i>	9637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12k</i>	9638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12k</i>	9639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12k</i>
9643 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9644 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9645 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9646 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9650 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T47</i>	9651 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T47</i>	9652 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T47</i>	9653 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T47</i>
9657 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9658 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9659 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9664 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>GO to item 4, page 88, for next child, or Check Item T48 if last child</i>	9665 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>GO to item 4, page 88, for next child, or Check Item T48 if last child</i>	9666 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>GO to item 4, page 88, for next child, or Check Item T48 if last child</i>	9667 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T48</i>
9671 <input type="text"/> <input type="text"/> First condition	9672 <input type="text"/> <input type="text"/> First condition	9673 <input type="text"/> <input type="text"/> First condition	9674 <input type="text"/> <input type="text"/> First condition
9678 <input type="text"/> <input type="text"/> Second condition	9679 <input type="text"/> <input type="text"/> Second condition	9680 <input type="text"/> <input type="text"/> Second condition	9681 <input type="text"/> <input type="text"/> Second condition
9685 <input type="text"/> <input type="text"/> Third condition	9686 <input type="text"/> <input type="text"/> Third condition	9687 <input type="text"/> <input type="text"/> Third condition	9688 <input type="text"/> <input type="text"/> Third condition
9692 1 <input type="checkbox"/> Yes } <i>GO to item 4, page 88, for next child or Check Item T48 if last child</i> 2 <input type="checkbox"/> No }	9693 1 <input type="checkbox"/> Yes } <i>GO to item 4, page 88, for next child or Check Item T48 if last child</i> 2 <input type="checkbox"/> No }	9694 1 <input type="checkbox"/> Yes } <i>GO to item 4, page 88, for next child or Check Item T48 if last child</i> 2 <input type="checkbox"/> No }	9695 1 <input type="checkbox"/> Yes } <i>GO to Check Item T48</i> 2 <input type="checkbox"/> No }

Section 5 – TOPICAL MODULES (Continued)

Part G – FUNCTIONAL LIMITATIONS AND DISABILITY – CHILDREN (Continued)

CHECK ITEM T49	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
		<p>Beginning with the youngest child under age 6, enter the person numbers, ages, and names of children under age 6 who are household members, for whom . . . is the designated parent or guardian.</p>	<p>9697 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>9704 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>9698 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>9705 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>

I now have some questions about your children under age 6 living here, that is (Read names from Check Item T49) (Ask items 15 through 16 for each child, before proceeding to the next child)

15. Does (Child's name) have a developmental condition for which he/she has received therapy or diagnostic services?	9711 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9712 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9713 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	CHECK ITEM T50	9718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96	9719 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – GO to next child, or Check Item T51, page 96
Is (Child's name) 3 years of age or older?	9725 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9726 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	9727 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN

CHECK ITEM T51

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children under the age of 15 who live in this household?

9800

- 1 Yes
2 No – SKIP to Part I, page 101

CHECK ITEM T52

Refer to cc items 18, 19, 24 and 27.

Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom . . . is the designated parent or guardian.

YOUNGEST

SECOND YOUNGEST

THIRD YOUNGEST

9801

Person No.

9802

Person No.

9803

Person No.

9808

Age

9809

Age

9810

Age

Name

Name

Name

Ask items 1a through 5b for each child, starting with the youngest, before proceeding with the next child

1a. During the past 12 months, was (Child's name) a patient in a hospital overnight or longer?

9815

- 1 Yes
2 No – SKIP to 2

9816

- 1 Yes
2 No – SKIP to 2

9817

- 1 Yes
2 No – SKIP to 2

b. How many different times did (Child's name) stay in a hospital overnight or longer during the past 12 months?

9822

Times
x1 DK

9823

Times
x1 DK

9824

Times
x1 DK

c. What was the reason for (Child's name) last hospital stay?

Mark (X) all that apply.

9829

- 1 Surgery or operation (include bone setting or getting stitches)
2 Other medical
3 Mental or emotional problem or disorder
4 Drug or alcohol abuse problem or disorder
5 Child birth

9830

- 1 Surgery or operation (include bone setting or getting stitches)
2 Other medical
3 Mental or emotional problem or disorder
4 Drug or alcohol abuse problem or disorder
5 Child birth

9831

- 1 Surgery or operation (include bone setting or getting stitches)
2 Other medical
3 Mental or emotional problem or disorder
4 Drug or alcohol abuse problem or disorder
5 Child birth

d. How many nights in all did (Child's name) spend in a hospital of any type during the past 12 months?

9836

Nights
x1 DK

9837

Nights
x1 DK

9838

Nights
x1 DK

e. How many of these nights were in the past 4 months?

9843

- x5 All nights
OR
 Nights
OR
x1 DK
x3 None

9844

- x5 All nights
OR
 Nights
OR
x1 DK
x3 None

9845

- x5 All nights
OR
 Nights
OR
x1 DK
x3 None

2. During the past 4 months, about how many days did illness or injury keep (Child's name) in bed more than half of the day? (Include days while an overnight patient in a hospital.)

9850

- x5 All days
OR
 Days
OR
x1 DK
x3 None

9851

- x5 All days
OR
 Days
OR
x1 DK
x3 None

9852

- x5 All days
OR
 Days
OR
x1 DK
x3 None

Section 5 – TOPICAL MODULES (Continued)

Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9804 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9811 <input type="text"/> <input type="text"/> Age Name _____	9805 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9812 <input type="text"/> <input type="text"/> Age Name _____	9806 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9813 <input type="text"/> <input type="text"/> Age Name _____	9807 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 9814 <input type="text"/> <input type="text"/> Age Name _____

9818 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	9819 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	9820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	9821 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2
---	---	---	---

9825 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	9826 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	9827 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK	9828 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
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9832 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	9833 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	9834 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth	9835 1 <input type="checkbox"/> Surgery or operation (include bone setting or getting stitches) 2 <input type="checkbox"/> Other medical 3 <input type="checkbox"/> Mental or emotional problem or disorder 4 <input type="checkbox"/> Drug or alcohol abuse problem or disorder 5 <input type="checkbox"/> Child birth
--	--	--	--

9839 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9840 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9841 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK	9842 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
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9846 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9847 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9848 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9849 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
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9853 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9854 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9855 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9856 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
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Section 5 – TOPICAL MODULES (Continued)

Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 96 and 97.	9857 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9858 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9859 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
3a. During the past 12 months, how many times did (Child's name) see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	9864 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – SKIP to 4a	9865 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – SKIP to 4a	9866 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – SKIP to 4a
b. How many of these visits or calls were in the past 4 months?	9871 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9872 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9873 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
4a. During the past 12 months, how many visits did (Child's name) make to a dentist? (Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.)	9878 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – SKIP to 5a	9879 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – SKIP to 5a	9880 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – SKIP to 5a
b. How many of these visits were in the past 4 months?	9885 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9886 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9887 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
5a. Is there one particular person or place that (Child's name) usually goes to when (Child's name) is sick or needs advice about his/her health?	9892 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T53	9893 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T53	9894 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T53
b. To what kind of place does (Child's name) usually go? <i>Mark (X) only one.</i>	9899 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other –Specify ↘ _____	9900 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other –Specify ↘ _____	9901 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other –Specify ↘ _____
CHECK ITEM T53 Are there any more children listed in Check Item T52?	9906 1 <input type="checkbox"/> Yes – Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No – SKIP to Check Item T54, page 100	9907 1 <input type="checkbox"/> Yes – Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No – SKIP to Check Item T54, page 100	9908 1 <input type="checkbox"/> Yes – Ask items 1a through 5b for the next child 2 <input type="checkbox"/> No – SKIP to Check Item T54, page 100

Section 5 – TOPICAL MODULES (Continued)

Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
9860 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9861 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9862 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	9863 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
9867 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>	9868 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>	9869 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>	9870 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 4a</i>
9874 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9875 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9876 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9877 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
9881 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>	9882 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>	9883 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>	9884 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None – <i>SKIP to 5a</i>
9888 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9889 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9890 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None	9891 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
9895 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>	9896 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>	9897 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>	9898 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T53</i>
9902 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____	9903 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____	9904 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____	9905 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other – <i>Specify</i> ↘ _____
9909 1 <input type="checkbox"/> Yes – <i>Ask items 1a through 5b for the next child</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T54, page 100</i>	9910 1 <input type="checkbox"/> Yes – <i>Ask items 1a through 5b for the next child</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T54, page 100</i>	9911 1 <input type="checkbox"/> Yes – <i>Ask items 1a through 5b for the next child</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item T54, page 100</i>	<i>GO to Check Item T54, page 100</i>

Section 5 – TOPICAL MODULES (Continued)

Part H – UTILIZATION OF HEALTH CARE SERVICES – CHILDREN (Continued)

**CHECK
ITEM T54**

Refer to item 27k, page 11.

9913

- 1 Yes
- 2 No – *SKIP to 7*

Were all of . . . 's children under age 15 covered by a health insurance plan?

6. Were all of . . . 's children under age 15 covered by a health insurance plan for the entire 4 month period.

9914

- 1 Yes – *SKIP to Part I*
- 2 No

7. Were all of . . . 's children under age 15 covered by Medicaid for the entire 4 month period?

9915

- 1 Yes *SKIP to Part I*
- 2 No

8. ASK OR VERIFY —

I have recorded that some or all of . . . 's children under the age of 15 were not covered by a health insurance plan or Medicaid at some time during the 4 month period. Is that correct?

9916

- 1 Correct
- 2 Incorrect – covered by some other plan – *SKIP to Part I*

(SHOW FLASHCARD JJ)

9. Which answer on this card best describes why some or all of . . . 's children under the age of 15 were not covered by health insurance at some time during the past 4 months?

Mark (X) only one.

9917

- 1 Job layoff, job loss, or any reasons related to unemployment
- 2 Employer does not offer health insurance
- 3 Can't obtain health insurance because of poor health, illness, or age
- 4 Too expensive; can't afford health insurance
- 5 Don't believe in health insurance
- 6 Have been healthy; not much sickness in the family; haven't needed health insurance
- 7 Able to go to VA or military hospital for medical care
- 8 Covered by some other health plan
- 9 Other –*Specify*

GO to Part I

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING

**CHECK
ITEM T57**

Refer to cc items 24 and 27.

7000

- 1 Yes
- 2 No – *SKIP to Check Item T77, page 122*

Is . . . the designated parent or guardian of children under the age of 18 who live in this household?

Now we have a few questions about your child(ren)’s activities.

**CHECK
ITEM T58**

Refer to cc items 24 and 27.

7001

- 1 Yes
- 2 No – *SKIP to Check Item T68, page 108*

Is . . . the designated parent or guardian of children under the age of 6 who live in this household?

Go to Check Item T59, page 102

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T59	Refer to cc items 18, 19, 24 and 27.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
		<p>Beginning with the youngest child under 6, enter the person numbers, ages, and names of children under 6 who are household members, for whom . . . is the designated parent or guardian.</p>	<p>7002 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>7009 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>	<p>7003 <input type="text"/> <input type="text"/> <input type="text"/> Person No.</p> <p>7010 <input type="text"/> <input type="text"/> Age</p> <p>Name _____</p>
<p>Complete all of items 1–13b for each child listed (starting with the youngest) before continuing with the next youngest child.</p>				
1. Would you say that (Child's name) health is excellent, very good, good, fair, or poor?		<p>7016 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>7017 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>	<p>7018 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
2. About how tall is (Child's name) without shoes?		<p>7023 <input type="text"/> Feet</p> <p>7030 <input type="text"/> <input type="text"/> Inches</p> <p>x1 <input type="checkbox"/> DK</p>	<p>7024 <input type="text"/> Feet</p> <p>7031 <input type="text"/> <input type="text"/> Inches</p> <p>x1 <input type="checkbox"/> DK</p>	<p>7025 <input type="text"/> Feet</p> <p>7032 <input type="text"/> <input type="text"/> Inches</p> <p>x1 <input type="checkbox"/> DK</p>
3. About how much does (Child's name) weigh without shoes?		<p>7037 <input type="text"/> <input type="text"/> Pounds</p> <p>x1 <input type="checkbox"/> DK</p>	<p>7038 <input type="text"/> <input type="text"/> Pounds</p> <p>x1 <input type="checkbox"/> DK</p>	<p>7039 <input type="text"/> <input type="text"/> Pounds</p> <p>x1 <input type="checkbox"/> DK</p>
CHECK ITEM T60	Refer to Check Item T59	<p>7044 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61</p>	<p>7045 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61</p>	<p>7046 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61</p>
Is (Child's name) age 5?				
4a. Is (Child's name) now enrolled in kindergarten?		<p>7051 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>	<p>7052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>	<p>7053 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>
b. For how many hours each week is (Child's name) enrolled in kindergarten?		<p>7058 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a</p>	<p>7059 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a</p>	<p>7060 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a</p>
c. Is (Child's name) now enrolled in first grade?		<p>7065 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>	<p>7066 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>	<p>7067 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>
CHECK ITEM T61	Refer to Check Item T59	<p>7072 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>	<p>7073 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>	<p>7074 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No</p>
Is (Child's name) under age 3.				
5a. Is (Child's name) now enrolled in Head Start?		<p>7079 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>	<p>7080 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>	<p>7081 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a</p>
b. For how many hours each week is (Child's name) enrolled in Head Start?		<p>7086 <input type="text"/> <input type="text"/> Number of hours</p>	<p>7087 <input type="text"/> <input type="text"/> Number of hours</p>	<p>7088 <input type="text"/> <input type="text"/> Number of hours</p>
6a. Is (Child's name) now enrolled in a day-care center or pre-school program?		<p>7093 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c</p>	<p>7094 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c</p>	<p>7095 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c</p>
b. For how many hours each week is (Child's name) enrolled in a day-care center or pre-school program?		<p>7100 <input type="text"/> <input type="text"/> Number of hours</p>	<p>7101 <input type="text"/> <input type="text"/> Number of hours</p>	<p>7102 <input type="text"/> <input type="text"/> Number of hours</p>
c. Is (Child's name) now enrolled in family day care, that is, in the home of a neighbor, friend, or relative on a regular basis? By "regular basis" we mean at least once a week.		<p>7107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>	<p>7108 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>	<p>7109 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7005 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7012 <input type="text"/> <input type="text"/> Age Name _____	7006 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7013 <input type="text"/> <input type="text"/> Age Name _____	7007 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7014 <input type="text"/> <input type="text"/> Age Name _____	7008 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7015 <input type="text"/> <input type="text"/> Age Name _____
7019 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7020 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7021 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor	7022 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
7026 <input type="text"/> Feet 7033 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7027 <input type="text"/> Feet 7034 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7028 <input type="text"/> Feet 7035 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK	7029 <input type="text"/> Feet 7036 <input type="text"/> <input type="text"/> Inches x1 <input type="checkbox"/> DK
7040 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7041 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7042 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK	7043 <input type="text"/> <input type="text"/> Pounds x1 <input type="checkbox"/> DK
7047 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7049 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61	7050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T61
7054 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7055 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c	7057 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c
7061 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7062 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7063 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a	7064 <input type="text"/> <input type="text"/> Number of hours – SKIP to 6a
7068 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7069 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7070 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7071 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
7075 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7076 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7077 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No	7078 1 <input type="checkbox"/> Yes – SKIP to 6a 2 <input type="checkbox"/> No
7082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7083 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7084 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a	7085 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6a
7089 <input type="text"/> <input type="text"/> Number of hours	7090 <input type="text"/> <input type="text"/> Number of hours	7091 <input type="text"/> <input type="text"/> Number of hours	7092 <input type="text"/> <input type="text"/> Number of hours
7096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7097 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7098 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c	7099 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 6c
7103 <input type="text"/> <input type="text"/> Number of hours	7104 <input type="text"/> <input type="text"/> Number of hours	7105 <input type="text"/> <input type="text"/> Number of hours	7106 <input type="text"/> <input type="text"/> Number of hours
7110 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7111 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7112 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a	7113 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 102 and 103.→	7114 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7115 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7116 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
6d. (Is/Are) (this/these) provider(s) related to the child?	7121 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7122 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7123 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
e. For how many hours each week is (Child's name) in family day care?	7128 <input type="text"/> <input type="text"/> Number of hours	7129 <input type="text"/> <input type="text"/> Number of hours	7130 <input type="text"/> <input type="text"/> Number of hours
7a. Is (Child's name) now being cared for by a babysitter or babysitters in the child's home on a regular basis? By "regular basis" we mean at least once a week (includes care by relatives other than parents).	7135 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7136 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7137 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62
b. (Is/Are) (this/these) person(s) related to the child?	7142 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7143 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7144 1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
c. For how many hours each week is (Child's name) cared for by a babysitter or babysitters?	7149 <input type="text"/> <input type="text"/> Number of hours	7150 <input type="text"/> <input type="text"/> Number of hours	7151 <input type="text"/> <input type="text"/> Number of hours
CHECK ITEM T62 Refer to 4a, page 102 Is "Yes" marked?	7156 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7157 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7158 1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No
CHECK ITEM T63 Refer to Check Item T59, page 102 Is (Child's name) age 5?	7163 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7165 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
8a. Has (Child's name) EVER attended kindergarten?	7170 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7171 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64
b. How old was (Child's name) in years and months when he/she first started kindergarten?	7177 <input type="text"/> Years } SKIP to Check Item T65 7184 <input type="text"/> <input type="text"/> Months }	7178 <input type="text"/> Years } SKIP to Check Item T65 7185 <input type="text"/> <input type="text"/> Months }	7179 <input type="text"/> Years } SKIP to Check Item T65 7186 <input type="text"/> <input type="text"/> Months }
CHECK ITEM T64 Refer to 4c, page 102 Is "Yes" marked?	7191 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7192 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7193 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
8c. How old was (Child's name) in years and months when he/she first started first grade?	7198 <input type="text"/> Years 7205 <input type="text"/> <input type="text"/> Months	7199 <input type="text"/> Years 7206 <input type="text"/> <input type="text"/> Months	7200 <input type="text"/> Years 7207 <input type="text"/> <input type="text"/> Months
CHECK ITEM T65 Refer to items 5a, 6a, 6c, and 7a. Is "Yes" marked for at least one of these items?	7212 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7213 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7214 1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No
8d. Other than members of (Child's name) immediate family, has (Child's name) ever been cared for regularly in any Head Start, day care, or pre-school programs or by any family day care providers or babysitters?	7219 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7221 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST		FIFTH YOUNGEST		SIXTH YOUNGEST		SEVENTH YOUNGEST	
7117	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7118	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7119	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7120	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7124	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7125	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7126	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7127	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
7131	<input type="text"/> <input type="text"/> Number of hours	7132	<input type="text"/> <input type="text"/> Number of hours	7133	<input type="text"/> <input type="text"/> Number of hours	7134	<input type="text"/> <input type="text"/> Number of hours
7138	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7139	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7140	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62	7141	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T62
7145	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7146	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7147	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both	7148	1 <input type="checkbox"/> Related 2 <input type="checkbox"/> Not related 3 <input type="checkbox"/> Both
7152	<input type="text"/> <input type="text"/> Number of hours	7153	<input type="text"/> <input type="text"/> Number of hours	7154	<input type="text"/> <input type="text"/> Number of hours	7155	<input type="text"/> <input type="text"/> Number of hours
7159	1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7160	1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7161	1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No	7162	1 <input type="checkbox"/> Yes – SKIP to Check Item T65 2 <input type="checkbox"/> No
7166	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7167	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7168	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7169	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
7173	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7174	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7175	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64	7176	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T64
7180	<input type="text"/> Years	7181	<input type="text"/> Years	7182	<input type="text"/> Years	7183	<input type="text"/> Years
7187	<input type="text"/> <input type="text"/> Months	7188	<input type="text"/> <input type="text"/> Months	7189	<input type="text"/> <input type="text"/> Months	7190	<input type="text"/> <input type="text"/> Months
7194	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7195	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7196	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65	7197	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T65
7201	<input type="text"/> Years	7202	<input type="text"/> Years	7203	<input type="text"/> Years	7204	<input type="text"/> Years
7208	<input type="text"/> <input type="text"/> Months	7209	<input type="text"/> <input type="text"/> Months	7210	<input type="text"/> <input type="text"/> Months	7211	<input type="text"/> <input type="text"/> Months
7215	1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7216	1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7217	1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No	7218	1 <input type="checkbox"/> Yes – SKIP to 8e, page 106 2 <input type="checkbox"/> No
7222	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7223	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106	7225	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9, page 106

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 102 and 103. →	7226 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7227 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7228 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
8e. Thinking back to when (Child's name) was FIRST cared for by someone other than you or an immediate family member on a regular basis, how old was (Child's name) when he/she was first cared for in any Head Start program, day care center, pre-school program, family day care, or babysitter arrangement, including care by a relative?	7233 <input type="text"/> Years 7240 <input type="text"/> <input type="text"/> Months	7234 <input type="text"/> Years 7241 <input type="text"/> <input type="text"/> Months	7235 <input type="text"/> Years 7242 <input type="text"/> <input type="text"/> Months
f. For how many hours each week was the child cared for in this manner?	7247 <input type="text"/> <input type="text"/> Number of hours	7248 <input type="text"/> <input type="text"/> Number of hours	7249 <input type="text"/> <input type="text"/> Number of hours
9. Has (Child's name) ever lived apart from you, for any reason, for a month or more?	7254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7255 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T66 Refer to Check Item T59, page 102 Is (Child's name) aged 1 through 5 years old?	7261 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7262 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11	7263 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11
10. How many times in the past week did you or any family member read stories to (Child's name)?	7268 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7269 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7270 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
11. How many times in the past month did you or any family member take (Child's name) on any kind of outing – out to the park, grocery store, church, playground, etc.?	7275 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7276 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7277 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
CHECK ITEM T67 Refer to Check Item T59, page 102 Is (Child's name) 3, 4, or 5 years old?	7282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7283 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108	7284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T68, page 108
12. Are there family rules for (Child's name) about what television programs (Child's name) can watch?	7289 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7290 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7291 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
13a. Are there family rules about how early or late (Child's name) may watch television?	7296 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7297 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7298 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Are there family rules about how many hours (Child's name) may watch television?	7303 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7304 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child	7305 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child

Section 5 - TOPICAL MODULES (Continued)

Part I - CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7229 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7230 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7231 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7232 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7236 <input type="text"/> Years 7243 <input type="text"/> <input type="text"/> Months	7237 <input type="text"/> Years 7244 <input type="text"/> <input type="text"/> Months	7238 <input type="text"/> Years 7245 <input type="text"/> <input type="text"/> Months	7239 <input type="text"/> Years 7246 <input type="text"/> <input type="text"/> Months
7250 <input type="text"/> <input type="text"/> Number of hours	7251 <input type="text"/> <input type="text"/> Number of hours	7252 <input type="text"/> <input type="text"/> Number of hours	7253 <input type="text"/> <input type="text"/> Number of hours
7257 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7259 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7264 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11</i>	7265 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11</i>	7266 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11</i>	7267 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 11</i>
7271 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7272 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7273 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7274 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
7278 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7279 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7280 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None	7281 <input type="text"/> <input type="text"/> Number of times x3 <input type="checkbox"/> None
7285 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T68, page 108</i>	7286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T68, page 108</i>	7287 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T68, page 108</i>	7288 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T68, page 108</i>
7292 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7293 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7294 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7295 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7299 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7300 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7301 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7302 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7306 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child</i>	7307 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child</i>	7308 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to item 1, page 102 for next child or Check Item T68, page 108 if this is the last child</i>	7309 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <i>GO to Check Item T68, page 108</i>

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T68	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children aged 6 to 11 years, who live in this household?	7310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T72, page 114</i>
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CHECK ITEM T69 Refer to cc items 18, 19, 24 and 27. <i>Beginning with the youngest child aged 6 to 11, enter the person numbers, ages, and names of children aged 6 to 11 years who are household members, for whom . . . is the designated parent or guardian.</i>	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST	
	7311 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7312 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	7313 <input type="text"/> <input type="text"/> <input type="text"/> Person No.	
	7318 <input type="text"/> <input type="text"/> Age	7319 <input type="text"/> <input type="text"/> Age	7320 <input type="text"/> <input type="text"/> Age	
	Name _____	Name _____	Name _____	

Complete all of items 14a–32 for each child listed before continuing with the next child.

14a. Other than members of (Child's name) immediate family, has (Child's name) ever been cared for regularly in any Head Start, day care or pre-school programs, or by any family day care providers or babysitters?	7325	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7327	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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b. Is (Child's name) now attending or enrolled in school?	7332	1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No	7333	1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No	7334	1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No
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15. Has (Child's name) ever attended or been enrolled in kindergarten or an elementary school?	7339	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>	7340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>	7341	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>
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16a. What is the highest grade or year (Child's name) has completed?	7346	1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7347	1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7348	1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed
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b. Did (Child's name) ever attend kindergarten?	7353	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>	7354	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>	7355	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>
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c. How old was (Child's name) in years and months when he/she first started kindergarten?	7360	Years <input type="text"/>	7361	Years <input type="text"/>	7362	Years <input type="text"/>
	7367	Months <input type="text"/> <input type="text"/>	7368	Months <input type="text"/> <input type="text"/>	7369	Months <input type="text"/> <input type="text"/>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7314 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7321 <input type="text"/> <input type="text"/> Age Name _____	7315 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7322 <input type="text"/> <input type="text"/> Age Name _____	7316 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7323 <input type="text"/> <input type="text"/> Age Name _____	7317 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7324 <input type="text"/> <input type="text"/> Age Name _____

7328 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7329 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7331 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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7335 1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No	7336 1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No	7337 1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No	7338 1 <input type="checkbox"/> Yes – <i>SKIP to 17, page 110</i> 2 <input type="checkbox"/> No
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7342 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>	7343 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>	7344 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>	7345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 27, page 112</i>
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7349 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7350 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7351 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed	7352 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 16c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher x3 <input type="checkbox"/> No grade completed
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7356 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>	7357 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>	7358 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>	7359 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T71, page 110</i>
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7363 <input type="text"/> Years 7370 <input type="text"/> <input type="text"/> Months	7464 <input type="text"/> Years 7371 <input type="text"/> <input type="text"/> Months	7365 <input type="text"/> Years 7372 <input type="text"/> <input type="text"/> Months	7366 <input type="text"/> Years 7373 <input type="text"/> <input type="text"/> Months
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NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 108 and 109. →	7374 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7375 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7376 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
CHECK ITEM T70 Refer to Item 16a, page 108 Is kindergarten marked?	7381 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7382 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7383 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22
17. What grade or year in school is (Child’s name) now attending?	7388 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7389 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7390 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher
18. Is (Child’s name) enrolled in public or private school?	7395 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7396 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7397 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20
19. Is (Child’s name) school the regularly assigned school, or a school you chose?	7402 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7403 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7404 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a
20. Is (Child’s name) school affiliated with a religion?	7409 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7411 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
21a. Did (Child’s name) ever attend kindergarten?	7416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7417 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7418 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c
b. How old was (Child’s name) in years and months when he/she first started kindergarten?	7423 <input type="text"/> Years } SKIP to 22 7430 <input type="text"/> <input type="text"/> Months	7424 <input type="text"/> Years } SKIP to 22 7431 <input type="text"/> <input type="text"/> Months	7425 <input type="text"/> Years } SKIP to 22 7432 <input type="text"/> <input type="text"/> Months
CHECK ITEM T71 Refer to 16a, page 108 Is box X3 – No grade completed marked?	7437 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7438 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7439 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No
21c. How old was (Child’s name) in years and months when he/she first started first grade?	7444 <input type="text"/> Years 7451 <input type="text"/> <input type="text"/> Months	7445 <input type="text"/> Years 7452 <input type="text"/> <input type="text"/> Months	7446 <input type="text"/> Years 7453 <input type="text"/> <input type="text"/> Months
22. Has (Child’s name) changed schools since entering the first grade? Please DO NOT count changes that occurred as a result of graduating to middle school or junior high school.	7458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref.	7459 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref.	7460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref.
23. How many times did (Child’s name) change schools?	7465 <input type="text"/> <input type="text"/> Number of times	7466 <input type="text"/> <input type="text"/> Number of times	7467 <input type="text"/> <input type="text"/> Number of times

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7377 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7378 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7379 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7380 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7384 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7385 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7386 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22	7387 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No – SKIP to 22
7391 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7392 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7393 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher	7394 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade or higher
7398 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7399 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7400 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20	7401 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – SKIP to 20
7405 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7406 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7407 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a	7408 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } SKIP to 21a
7412 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7413 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7414 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7415 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7419 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7421 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c	7422 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21c
7426 <input type="text"/> Years } SKIP to 22 7433 <input type="text"/> <input type="text"/> Months }	7427 <input type="text"/> Years } SKIP to 22 7434 <input type="text"/> <input type="text"/> Months }	7428 <input type="text"/> Years } SKIP to 22 7435 <input type="text"/> <input type="text"/> Months }	7429 <input type="text"/> Years } SKIP to 22 7436 <input type="text"/> <input type="text"/> Months }
7440 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7441 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7442 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No	7443 1 <input type="checkbox"/> Yes – SKIP to 27, page 112 2 <input type="checkbox"/> No
7447 <input type="text"/> Years 7454 <input type="text"/> <input type="text"/> Months	7448 <input type="text"/> Years 7455 <input type="text"/> <input type="text"/> Months	7449 <input type="text"/> Years 7456 <input type="text"/> <input type="text"/> Months	7450 <input type="text"/> Years 7457 <input type="text"/> <input type="text"/> Months
7461 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }	7462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }	7463 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }	7464 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 24, page 112 x2 <input type="checkbox"/> Ref. }
7468 <input type="text"/> <input type="text"/> Number of times	7469 <input type="text"/> <input type="text"/> Number of times	7470 <input type="text"/> <input type="text"/> Number of times	7471 <input type="text"/> <input type="text"/> Number of times

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 108 and 109. →	7472	7473	7474
	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	<input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
24. Has (Child's name) repeated any grades, or been held back for any reason?	7479 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 26	7480 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 26	7481 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 26
25. Which grade or grades did (Child's name) repeat? <i>Mark (X) all that apply.</i>	7486 1 <input type="checkbox"/> Kindergarten 7493 2 <input type="checkbox"/> First grade 7500 3 <input type="checkbox"/> Second grade 7507 4 <input type="checkbox"/> Third grade 7514 5 <input type="checkbox"/> Fourth grade 7521 6 <input type="checkbox"/> Fifth grade 7528 7 <input type="checkbox"/> Sixth grade 7535 8 <input type="checkbox"/> Seventh grade 7542 9 <input type="checkbox"/> Eighth grade or higher	7487 1 <input type="checkbox"/> Kindergarten 7494 2 <input type="checkbox"/> First grade 7501 3 <input type="checkbox"/> Second grade 7508 4 <input type="checkbox"/> Third grade 7515 5 <input type="checkbox"/> Fourth grade 7522 6 <input type="checkbox"/> Fifth grade 7529 7 <input type="checkbox"/> Sixth grade 7536 8 <input type="checkbox"/> Seventh grade 7543 9 <input type="checkbox"/> Eighth grade or higher	7488 1 <input type="checkbox"/> Kindergarten 7495 2 <input type="checkbox"/> First grade 7502 3 <input type="checkbox"/> Second grade 7509 4 <input type="checkbox"/> Third grade 7516 5 <input type="checkbox"/> Fourth grade 7523 6 <input type="checkbox"/> Fifth grade 7530 7 <input type="checkbox"/> Sixth grade 7537 8 <input type="checkbox"/> Seventh grade 7544 9 <input type="checkbox"/> Eighth grade or higher
26. Does (Child's name) go to a special class for gifted students, or do advanced work in any subjects?	7549 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7550 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7551 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
27. Is (Child's name) on a sports team either in or out of school?	7556 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7557 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7558 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
28. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?	7563 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7564 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7565 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
29. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Girls or Boys club?	7570 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7571 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7572 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
30. Are there family rules for (Child's name) about what television programs he/she can watch?	7577 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7578 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7579 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
31. Are there family rules about how early or late (Child's name) may watch television?	7584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7585 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
32. Are there family rules about how many hours (Child's name) may watch television?	7591 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child</i>	7592 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child</i>	7593 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child</i>

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7475 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7476 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7477 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7478 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7482 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 26</i>	7483 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 26</i>	7484 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 26</i>	7485 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 26</i>
7489 1 <input type="checkbox"/> Kindergarten 7496 2 <input type="checkbox"/> First grade 7503 3 <input type="checkbox"/> Second grade 7510 4 <input type="checkbox"/> Third grade 7517 5 <input type="checkbox"/> Fourth grade 7524 6 <input type="checkbox"/> Fifth grade 7531 7 <input type="checkbox"/> Sixth grade 7538 8 <input type="checkbox"/> Seventh grade 7545 9 <input type="checkbox"/> Eighth grade or higher	7490 1 <input type="checkbox"/> Kindergarten 7497 2 <input type="checkbox"/> First grade 7504 3 <input type="checkbox"/> Second grade 7511 4 <input type="checkbox"/> Third grade 7518 5 <input type="checkbox"/> Fourth grade 7525 6 <input type="checkbox"/> Fifth grade 7532 7 <input type="checkbox"/> Sixth grade 7539 8 <input type="checkbox"/> Seventh grade 7546 9 <input type="checkbox"/> Eighth grade or higher	7491 1 <input type="checkbox"/> Kindergarten 7498 2 <input type="checkbox"/> First grade 7505 3 <input type="checkbox"/> Second grade 7512 4 <input type="checkbox"/> Third grade 7519 5 <input type="checkbox"/> Fourth grade 7526 6 <input type="checkbox"/> Fifth grade 7533 7 <input type="checkbox"/> Sixth grade 7540 8 <input type="checkbox"/> Seventh grade 7547 9 <input type="checkbox"/> Eighth grade or higher	7492 1 <input type="checkbox"/> Kindergarten 7499 2 <input type="checkbox"/> First grade 7506 3 <input type="checkbox"/> Second grade 7513 4 <input type="checkbox"/> Third grade 7520 5 <input type="checkbox"/> Fourth grade 7527 6 <input type="checkbox"/> Fifth grade 7534 7 <input type="checkbox"/> Sixth grade 7541 8 <input type="checkbox"/> Seventh grade 7548 9 <input type="checkbox"/> Eighth grade or higher
7552 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7553 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7554 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7555 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7559 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7560 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7561 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7562 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7566 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7567 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7568 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7573 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7574 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7575 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7576 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7580 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7581 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7582 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7583 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7587 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7588 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7589 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. <i>GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child</i>	7595 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. <i>GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child</i>	7596 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. <i>GO to 14a, page 108 for next child, or Check Item T72, page 114 if this is the last child</i>	7597 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. <i>GO to Check Item T72, page 114</i>

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

CHECK ITEM T72

Refer to cc items 24 and 27.

7598

- 1 Yes
2 No – SKIP to Check Item T76, page 122

Is . . . the designated parent or guardian of children aged 12 to 17 who live in this household?

CHECK ITEM T73

Refer to cc items 18, 19, 24 and 27.

Beginning with the youngest child aged 12 to 17, enter the person numbers, ages, and names of children aged 12 to 17 years who are household members, for whom . . . is the designated parent or guardian.

YOUNGEST

SECOND YOUNGEST

THIRD YOUNGEST

7599

Person No.

7600

Person No.

7601

Person No.

7606

Age

7607

Age

7608

Age

Name

Name

Name

Complete all of items 33–54 for each child listed before continuing with the next child.

ASK OR VERIFY

33. Is (Child's name) currently attending or enrolled in school?

7613

- 1 Yes – SKIP to 36, page 116
2 No

7614

- 1 Yes – SKIP to 36, page 116
2 No

7615

- 1 Yes – SKIP to 36, page 116
2 No

34. Has (Child's name) ever attended or been enrolled in kindergarten or an elementary school?

7620

- 1 Yes
2 No – SKIP to 49, page 118

7621

- 1 Yes
2 No – SKIP to 49, page 118

7622

- 1 Yes
2 No – SKIP to 49, page 118

ASK OR VERIFY

35a. What is the highest grade or year (Child's name) has completed?

7627

- 1 Kindergarten – SKIP to 35c
2 First grade
3 Second grade
4 Third grade
5 Fourth grade
6 Fifth grade
7 Sixth grade
8 Seventh grade
9 Eighth grade
10 Ninth grade
11 Tenth grade
12 Eleventh grade
13 Twelfth grade
14 College – one year or more
x3 No grade completed

7628

- 1 Kindergarten – SKIP to 35c
2 First grade
3 Second grade
4 Third grade
5 Fourth grade
6 Fifth grade
7 Sixth grade
8 Seventh grade
9 Eighth grade
10 Ninth grade
11 Tenth grade
12 Eleventh grade
13 Twelfth grade
14 College – one year or more
x3 No grade completed

7629

- 1 Kindergarten – SKIP to 35c
2 First grade
3 Second grade
4 Third grade
5 Fourth grade
6 Fifth grade
7 Sixth grade
8 Seventh grade
9 Eighth grade
10 Ninth grade
11 Tenth grade
12 Eleventh grade
13 Twelfth grade
14 College – one year or more
x3 No grade completed

b. Did (Child's name) ever attend kindergarten?

7634

- 1 Yes
2 No – SKIP to Check Item T75, page 116

7635

- 1 Yes
2 No – SKIP to Check Item T75, page 116

7636

- 1 Yes
2 No – SKIP to Check Item T75, page 116

c. How old was (Child's name) in years and months when he/she first started kindergarten?

7641

Years

7642

Years

7643

Years

7648

Months

7649

Months

7650

Months

CHECK ITEM T74

Refer to 35a.

Is kindergarten marked?

7655

- 1 Yes – SKIP to 49, page 118
2 No – SKIP to 42, page 116

7656

- 1 Yes – SKIP to 49, page 118
2 No – SKIP to 42, page 116

7657

- 1 Yes – SKIP to 49, page 118
2 No – SKIP to 42, page 116

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7602 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7609 <input type="text"/> <input type="text"/> Age Name _____	7603 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7610 <input type="text"/> <input type="text"/> Age Name _____	7604 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7611 <input type="text"/> <input type="text"/> Age Name _____	7605 <input type="text"/> <input type="text"/> <input type="text"/> Person No. 7612 <input type="text"/> <input type="text"/> Age Name _____
7616 1 <input type="checkbox"/> Yes – <i>SKIP to 36, page 116</i> 2 <input type="checkbox"/> No	7617 1 <input type="checkbox"/> Yes – <i>SKIP to 36, page 116</i> 2 <input type="checkbox"/> No	7618 1 <input type="checkbox"/> Yes – <i>SKIP to 36, page 116</i> 2 <input type="checkbox"/> No	7619 1 <input type="checkbox"/> Yes – <i>SKIP to 36, page 116</i> 2 <input type="checkbox"/> No
7623 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 49, page 118</i>	7624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 49, page 118</i>	7625 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 49, page 118</i>	7626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 49, page 118</i>
7630 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 35c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7631 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 35c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7632 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 35c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed	7633 1 <input type="checkbox"/> Kindergarten – <i>SKIP to 35c</i> 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade 14 <input type="checkbox"/> College – one year or more x3 <input type="checkbox"/> No grade completed
7637 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T75, page 116</i>	7638 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T75, page 116</i>	7639 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T75, page 116</i>	7640 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T75, page 116</i>
7644 <input type="text"/> Years 7651 <input type="text"/> <input type="text"/> Months	7645 <input type="text"/> Years 7652 <input type="text"/> <input type="text"/> Months	7646 <input type="text"/> Years 7653 <input type="text"/> <input type="text"/> Months	7647 <input type="text"/> Years 7654 <input type="text"/> <input type="text"/> Months
7658 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No – <i>SKIP to 42, page 116</i>	7659 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No – <i>SKIP to 42, page 116</i>	7660 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No – <i>SKIP to 42, page 116</i>	7661 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No – <i>SKIP to 42, page 116</i>
NOTES			

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115. →	7662 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7663 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7664 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
<i>ASK OR VERIFY</i>			
36. What grade or year in school is (Child's name) attending?	7669 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7670 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7671 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more
37. Is (Child's name) enrolled in public or private school?	7676 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7677 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7678 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>
38. Is (Child's name) school the regularly assigned school, or a school you chose?	7683 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7684 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7685 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>
39. Is (Child's name) school affiliated with a religion?	7690 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7691 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7692 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
40. Did (Child's name) ever attend kindergarten?	7697 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7698 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7699 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>
41a. How old was (Child's name) in years and months when he/she first started kindergarten?	7704 <input type="text"/> Years } <i>SKIP to 42</i> 7711 <input type="text"/> <input type="text"/> Months }	7705 <input type="text"/> Years } <i>SKIP to 42</i> 7712 <input type="text"/> <input type="text"/> Months }	7706 <input type="text"/> Years } <i>SKIP to 42</i> 7713 <input type="text"/> <input type="text"/> Months }
CHECK ITEM T75 Refer to 35a Is box X3 – No grade completed marked?	7718 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7719 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7720 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No
41b. How old was (Child's name) in years and months when he/she first started first grade?	7725 <input type="text"/> Years 7732 <input type="text"/> <input type="text"/> Months	7726 <input type="text"/> Years 7733 <input type="text"/> <input type="text"/> Months	7727 <input type="text"/> Years 7734 <input type="text"/> <input type="text"/> Months
42. Has (Child's name) changed schools since entering the first grade? Please DO NOT count changes that occurred as a result of graduating to middle school, junior high or high school.	7739 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 44, page 118</i> x2 <input type="checkbox"/> Ref.	7740 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 44, page 118</i> x2 <input type="checkbox"/> Ref.	7741 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 44, page 118</i> x2 <input type="checkbox"/> Ref.
43. How many times did (Child's name) change schools?	7746 <input type="text"/> <input type="text"/> Number of times	7747 <input type="text"/> <input type="text"/> Number of times	7748 <input type="text"/> <input type="text"/> Number of times

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7665 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7666 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7667 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7668 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7672 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7673 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7674 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more	7675 1 <input type="checkbox"/> Fourth grade 2 <input type="checkbox"/> Fifth grade 3 <input type="checkbox"/> Sixth grade 4 <input type="checkbox"/> Seventh grade 5 <input type="checkbox"/> Eighth grade 6 <input type="checkbox"/> Ninth grade 7 <input type="checkbox"/> Tenth grade 8 <input type="checkbox"/> Eleventh grade 9 <input type="checkbox"/> Twelfth grade 10 <input type="checkbox"/> College – one year or more
7679 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7680 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7681 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>	7682 1 <input type="checkbox"/> Public 2 <input type="checkbox"/> Private – <i>SKIP to 39</i>
7686 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7687 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7688 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>	7689 1 <input type="checkbox"/> Assigned 2 <input type="checkbox"/> Chosen 3 <input type="checkbox"/> Assigned school is school of choice } <i>SKIP to 40</i>
7693 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7694 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7695 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	7696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
7700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7701 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7702 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>	7703 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 41b</i>
7707 <input type="text"/> Years } <i>SKIP to 42</i> 7714 <input type="text"/> <input type="text"/> Months }	7708 <input type="text"/> Years } <i>SKIP to 42</i> 7715 <input type="text"/> <input type="text"/> Months }	7709 <input type="text"/> Years } <i>SKIP to 42</i> 7716 <input type="text"/> <input type="text"/> Months }	7710 <input type="text"/> Years } <i>SKIP to 42</i> 7717 <input type="text"/> <input type="text"/> Months }
7721 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7722 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7723 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No	7724 1 <input type="checkbox"/> Yes – <i>SKIP to 49, page 118</i> 2 <input type="checkbox"/> No
7728 <input type="text"/> Years 7735 <input type="text"/> <input type="text"/> Months	7729 <input type="text"/> Years 7736 <input type="text"/> <input type="text"/> Months	7730 <input type="text"/> Years 7737 <input type="text"/> <input type="text"/> Months	7731 <input type="text"/> Years 7738 <input type="text"/> <input type="text"/> Months
7742 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>	7743 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>	7744 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>	7745 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } <i>SKIP to 44, page 118</i>
7749 <input type="text"/> <input type="text"/> Number of times	7750 <input type="text"/> <input type="text"/> Number of times	7751 <input type="text"/> <input type="text"/> Number of times	7752 <input type="text"/> <input type="text"/> Number of times

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115. →	7753 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7754 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7755 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
44. Has (Child's name) repeated any grades, or been held back for any reason?	7760 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 46</i> x2 <input type="checkbox"/> Ref. }	7761 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 46</i> x2 <input type="checkbox"/> Ref. }	7762 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 46</i> x2 <input type="checkbox"/> Ref. }
45. Which grade or grades did (Child's name) repeat? <i>Mark (X) all that apply.</i>	7767 1 <input type="checkbox"/> Kindergarten 7774 2 <input type="checkbox"/> First grade 7781 3 <input type="checkbox"/> Second grade 7788 4 <input type="checkbox"/> Third grade 7795 5 <input type="checkbox"/> Fourth grade 7802 6 <input type="checkbox"/> Fifth grade 7809 7 <input type="checkbox"/> Sixth grade 7816 8 <input type="checkbox"/> Seventh grade 7823 9 <input type="checkbox"/> Eighth grade 7830 10 <input type="checkbox"/> Ninth grade 7837 11 <input type="checkbox"/> Tenth grade 7844 12 <input type="checkbox"/> Eleventh grade 7851 13 <input type="checkbox"/> Twelfth grade	7768 1 <input type="checkbox"/> Kindergarten 7775 2 <input type="checkbox"/> First grade 7782 3 <input type="checkbox"/> Second grade 7789 4 <input type="checkbox"/> Third grade 7796 5 <input type="checkbox"/> Fourth grade 7803 6 <input type="checkbox"/> Fifth grade 7810 7 <input type="checkbox"/> Sixth grade 7817 8 <input type="checkbox"/> Seventh grade 7824 9 <input type="checkbox"/> Eighth grade 7831 10 <input type="checkbox"/> Ninth grade 7838 11 <input type="checkbox"/> Tenth grade 7845 12 <input type="checkbox"/> Eleventh grade 7852 13 <input type="checkbox"/> Twelfth grade	7769 1 <input type="checkbox"/> Kindergarten 7776 2 <input type="checkbox"/> First grade 7783 3 <input type="checkbox"/> Second grade 7790 4 <input type="checkbox"/> Third grade 7797 5 <input type="checkbox"/> Fourth grade 7804 6 <input type="checkbox"/> Fifth grade 7811 7 <input type="checkbox"/> Sixth grade 7818 8 <input type="checkbox"/> Seventh grade 7825 9 <input type="checkbox"/> Eighth grade 7832 10 <input type="checkbox"/> Ninth grade 7839 11 <input type="checkbox"/> Tenth grade 7846 12 <input type="checkbox"/> Eleventh grade 7853 13 <input type="checkbox"/> Twelfth grade
46. Has (Child's name) ever been suspended, excluded, or expelled from school?	7858 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 49</i> x2 <input type="checkbox"/> Ref. }	7859 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 49</i> x2 <input type="checkbox"/> Ref. }	7860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 49</i> x2 <input type="checkbox"/> Ref. }
47. How many times has this happened?	7865 <input type="text"/> <input type="text"/> Number of times	7866 <input type="text"/> <input type="text"/> Number of times	7867 <input type="text"/> <input type="text"/> Number of times
48. What grade was (Child's name) in when this happened? (The first time?)	7872 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7873 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7874 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade
49. Is (Child's name) on a sports team, either in or out of school?	7879 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7880 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7881 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
50. Does (Child's name) take lessons after school or on weekends in subjects like music, dance, language, or computers?	7886 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7887 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7888 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
51. Does (Child's name) participate in any clubs or organizations after school or on weekends, such as school newspaper, glee club, a religious group, or Scouts?	7893 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7894 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7895 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN'S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7756 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7757 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7758 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7759 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7763 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>	7764 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>	7765 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>	7766 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 46</i>
7770 1 <input type="checkbox"/> Kindergarten 7777 2 <input type="checkbox"/> First grade 7784 3 <input type="checkbox"/> Second grade 7791 4 <input type="checkbox"/> Third grade 7798 5 <input type="checkbox"/> Fourth grade 7805 6 <input type="checkbox"/> Fifth grade 7812 7 <input type="checkbox"/> Sixth grade 7819 8 <input type="checkbox"/> Seventh grade 7826 9 <input type="checkbox"/> Eighth grade 7833 10 <input type="checkbox"/> Ninth grade 7840 11 <input type="checkbox"/> Tenth grade 7847 12 <input type="checkbox"/> Eleventh grade 7854 13 <input type="checkbox"/> Twelfth grade	7771 1 <input type="checkbox"/> Kindergarten 7778 2 <input type="checkbox"/> First grade 7785 3 <input type="checkbox"/> Second grade 7792 4 <input type="checkbox"/> Third grade 7799 5 <input type="checkbox"/> Fourth grade 7806 6 <input type="checkbox"/> Fifth grade 7813 7 <input type="checkbox"/> Sixth grade 7820 8 <input type="checkbox"/> Seventh grade 7827 9 <input type="checkbox"/> Eighth grade 7834 10 <input type="checkbox"/> Ninth grade 7841 11 <input type="checkbox"/> Tenth grade 7848 12 <input type="checkbox"/> Eleventh grade 7855 13 <input type="checkbox"/> Twelfth grade	7772 1 <input type="checkbox"/> Kindergarten 7779 2 <input type="checkbox"/> First grade 7786 3 <input type="checkbox"/> Second grade 7793 4 <input type="checkbox"/> Third grade 7800 5 <input type="checkbox"/> Fourth grade 7807 6 <input type="checkbox"/> Fifth grade 7814 7 <input type="checkbox"/> Sixth grade 7821 8 <input type="checkbox"/> Seventh grade 7828 9 <input type="checkbox"/> Eighth grade 7835 10 <input type="checkbox"/> Ninth grade 7842 11 <input type="checkbox"/> Tenth grade 7849 12 <input type="checkbox"/> Eleventh grade 7856 13 <input type="checkbox"/> Twelfth grade	7773 1 <input type="checkbox"/> Kindergarten 7780 2 <input type="checkbox"/> First grade 7787 3 <input type="checkbox"/> Second grade 7794 4 <input type="checkbox"/> Third grade 7801 5 <input type="checkbox"/> Fourth grade 7808 6 <input type="checkbox"/> Fifth grade 7815 7 <input type="checkbox"/> Sixth grade 7822 8 <input type="checkbox"/> Seventh grade 7829 9 <input type="checkbox"/> Eighth grade 7836 10 <input type="checkbox"/> Ninth grade 7843 11 <input type="checkbox"/> Tenth grade 7850 12 <input type="checkbox"/> Eleventh grade 7857 13 <input type="checkbox"/> Twelfth grade
7861 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>	7862 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>	7863 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>	7864 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 49</i>
7868 <input type="text"/> <input type="text"/> Number of times	7869 <input type="text"/> <input type="text"/> Number of times	7870 <input type="text"/> <input type="text"/> Number of times	7871 <input type="text"/> <input type="text"/> Number of times
7875 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7876 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7877 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade	7878 1 <input type="checkbox"/> Kindergarten 2 <input type="checkbox"/> First grade 3 <input type="checkbox"/> Second grade 4 <input type="checkbox"/> Third grade 5 <input type="checkbox"/> Fourth grade 6 <input type="checkbox"/> Fifth grade 7 <input type="checkbox"/> Sixth grade 8 <input type="checkbox"/> Seventh grade 9 <input type="checkbox"/> Eighth grade 10 <input type="checkbox"/> Ninth grade 11 <input type="checkbox"/> Tenth grade 12 <input type="checkbox"/> Eleventh grade 13 <input type="checkbox"/> Twelfth grade
7882 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7883 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7884 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7885 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7889 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7891 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7892 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
7896 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7897 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7898 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	7899 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Transcribe person numbers and names from pages 114 and 115. →	7900 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7901 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7902 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
52. Are there family rules for (Child’s name) about what television programs he/she can watch?	7907 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7909 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
53. Are there family rules about how early or late (Child’s name) may watch television?	7914 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7915 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7916 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
54. Are there family rules about how many hours (Child’s name) may watch television?	7921 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</i>	7922 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</i>	7923 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</i>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING (Continued)

FOURTH YOUNGEST	FIFTH YOUNGEST	SIXTH YOUNGEST	SEVENTH YOUNGEST
7903 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7904 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7905 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____	7906 <input type="text"/> <input type="text"/> <input type="text"/> Person No. Name _____
7910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7911 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7912 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7913 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7917 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7918 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7919 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	7920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
7924 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</i>	7925 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</i>	7926 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO to 33, page 114 for next child or Check Item T76, page 122 if this is the last child</i>	7927 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <i>GO Check Item T76, page 122</i>

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – CHILDREN’S WELL-BEING

CHECK ITEM T76

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children under the age of 18 who live in this household?

7928

- 1 Yes
2 No – SKIP to Check Item T77

The next few questions are about your (neighborhood/community)

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

For the next few questions, we are going to use what we call a "how much" scale. It goes from zero to ten, where zero means "not at all" and ten means "the most". Here's an example of how it works. If I ask "How much do you like vanilla ice cream?", and you like it a lot but it isn't your favorite, you might say "7" or "8". If you don't like it very much, you might say "2" or "3". You can choose any number between zero and ten in answering these questions.

55. How much would you say that —

a. People in this (neighborhood/community) help each other out?

7929

b. We watch out for each other's children in this (neighborhood/community)?

7930

c. There are people I can count on in this (neighborhood/community)?

7931

d. There are people in this (neighborhood/community) who might be a bad influence on my child(ren)?

7932

e. If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.

7933

f. I keep my children inside my home as much as possible because of dangers in the (neighborhood/community)?

7934

g. There are safe places in the (neighborhood/community) for children to play outside?

7935

– SKIP TO 56

CHECK ITEM T77

Is this the reference person's questionnaire?

7936

- 1 Yes
2 No – SKIP to Check Item C1

The next few questions are about your (neighborhood/community).

(Use "community" if the respondent lives in a rural area)

(SHOW FLASHCARD LL)

For the next three questions, we are going to use what we call a "worst–best" scale. It goes from zero to ten, where zero means "the worst possible" and ten means "the best possible". Here's an example of how it works. If I ask "as ice cream flavors go, how do you like vanilla ice cream," and you like vanilla a lot but its not your favorite flavor, you might say "7" or "8". If vanilla is one of your least favorite ice cream flavors, you might say "2" or "3". You can choose any number between zero and ten in answering these questions.

56. On a scale of 0 to 10, where 0 is the worst and 10 is the best, how would you rate –

a. This (home/apartment) as a place to live?

7937

b. This (neighborhood/community)?

7938

c. The quality of education in local schools?

7939

(SHOW FLASHCARD MM)

57. Do you consider your (neighborhood/community) very safe from crime, fairly safe, fairly unsafe, or very unsafe?

7940

- 1 Very safe
2 Fairly safe
3 Fairly unsafe
4 Very unsafe
x1 DK

58. How about your home? Do you consider it very safe from crime, fairly safe, fairly unsafe, or very unsafe?

7941

- 1 Very safe
2 Fairly safe
3 Fairly unsafe
4 Very unsafe
x1 DK

GO to Check Item C1