

Section 5 – TOPICAL MODULES

Part A – WORK DISABILITY HISTORY

CHECK ITEM T1

Refer to cc item 24.
What is . . . 's age?

8300

- 1 15 years old – *SKIP to Statement D, page 56*
 2 16 to 67 years old
 3 68 years old or older – *SKIP to Statement D, page 56*

STATEMENT C

Now I want to talk about any health or physical condition . . . may have that affected . . . 's ability to work.

CHECK ITEM T2

Is "Disabled" (code 171) marked on the ISS for . . . ?

8302

- 1 Yes – *SKIP to 1a*
 2 No

CHECK ITEM T3

Refer to cc item 47.
Is "Disabled" (code 171) marked on the control card for . . . ?

8304

- 1 Yes
 2 No – *SKIP to 1b*

1a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?

8306

- 1 Yes – *SKIP to 1c*
 2 No – *SKIP to Statement D, page 56*

b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?

8308

- 1 Yes – *Mark "171" on ISS*
 2 No – *SKIP to Statement D, page 56*

c. When did . . . become limited in the kind or amount of work that . . . could do at a job?

8310

Month x1 DK

8312

Year x1 DK

OR

8314

- x3 Person was limited before person became of working age – *SKIP to 2a*
 x5 Person became limited after retiring – *SKIP to Statement D, page 56*

d. Was . . . employed at the time . . . 's work limitation began?

8316

- 1 Yes – *SKIP to 2a*
 2 No

e. When was the last time . . . worked before . . . 's work limitation began?

8318

Month x1 DK

8320

Year x1 DK

OR

8322

- x3 Had never been employed before work limitation began

ASK OR VERIFY –
(SHOW FLASHCARD EE)

2a. What health condition is the main reason for . . . 's work limitation?

8324

Code Name of health condition

ASK OR VERIFY –

b. Was this condition caused by an accident or injury?

8326

- 1 Yes
 2 No – *SKIP to Check Item T4*

c. Where did the accident or injury take place – was it (Read categories) –

Mark (X) only one.

8328

- 1 **On the job?**
 2 **During service in the Armed Forces?**
 3 **In the home?**
 4 **Somewhere else?**

TOPICAL MODULES

CHECK ITEM T4

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

8330

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

3a. Does . . . 's health or condition prevent . . . from working at a job or business?

8332

- 1 Yes
 2 No – *SKIP to 4a*

b. When did . . . become unable to work at a job?

8334

Month x1 DK

8336

Year x1 DK

OR

8338

- x3 Has never been able to work at a job – *SKIP to Statement D, page 56*

} *SKIP to Statement D, page 56*

Section 5 – TOPICAL MODULES (Continued)

Part A – WORK DISABILITY HISTORY (Continued)

**CHECK
ITEM T5**

Refer to item 8a, page 4.

Did . . . usually work 35 or more hours per week during the reference period?

8340

- 1 Yes – *SKIP to 4b*
- 2 No

4a. Is . . . now able to work at a full-time job or is . . . only able to work part time?

8342

- 1 Full-time
- 2 Part-time
- 3 Not able to work – *SKIP to Statement D, page 56*

b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?

8344

- 1 Regularly
- 2 Only occasionally or irregularly
- 3 Not able to work – *SKIP to Statement D, page 56*

c. Is . . . now able to do the same kind of work . . . did before . . .’s work limitation began?

8346

- 1 Yes, able to do same kind of work
- 2 No, not able to do same kind of work
- 3 Did not work before limitation began

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – EDUCATION AND TRAINING HISTORY

STATEMENT D

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T6

Refer to cc items 31b and 31c.
Has . . . completed the 12th grade?

8400

- 1 No, has not completed 12th grade
2 Yes, has completed 12th grade – *SKIP to Item 3a*

1. When did . . . last attend elementary or high school?

8402

Month x1 DK

8404

1 9 Year x1 DK

8406

- 1 Currently attending – *SKIP to Check Item T10 page 59*
2 Never attended

2. Has . . . received a high school diploma?
(Include GED's.)

8408

- 1 Yes
2 No – *SKIP to Check Item T9*

3a. When did . . . receive a high school diploma?

8410

Month x1 DK

8412

1 9 Year x1 DK

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

8414

- 1 Public
2 Private, church-related
3 Private, not church-related
4 Did not attend high school
x1 DK

CHECK ITEM T7

Refer to cc item 31b.
Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)

8416

- 1 Yes
2 No – *SKIP to Check Item T9*

4a. When did . . . first attend college, a university, or a technical, business, or vocational school beyond high school?

8418

Month x1 DK

8420

1 9 Year x1 DK

b. What is the highest degree beyond a high school diploma that . . . has earned?

8422

- 1 PhD or equivalent
2 Professional degree such as Dentistry, Medicine, Law, or Theology
3 Master's degree
4 Bachelor's degree
5 Associate degree
6 Vocational, technical, or business certificate or diploma
7 Has not earned a degree } *SKIP to 4f*
x1 DK

c. When did . . . receive that degree?

8424

Month x1 DK

8426

1 9 Year x1 DK

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

8428

Code Field of study
x1 DK

CHECK ITEM T8

Refer to item 4b above.
Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

8430

- 1 Yes
2 No – *SKIP to Check Item T9*

4e. When did . . . receive his/her Bachelor's degree?

8432

Month x1 DK

8434

1 9 Year x1 DK

} *SKIP to Check Item T9*

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

8436

Code Field of study
x1 DK

g. When was the last time that . . . was a student at a college or university?

8438

Month x1 DK

8440

1 9 Year x1 DK

OR

8442

- 1 Is still a student

Section 5 – TOPICAL MODULES (Continued)

Part B – EDUCATION AND TRAINING HISTORY (Continued)

**CHECK
ITEM T9**

Refer to cc item 24.

Is . . . 65 years of age or older?

8444

- 1 Yes – SKIP to Check Item T10, page 59
2 No

5a. Has . . . ever received training designed to help find a job, improve job skills or learn a new job?

8446

- 1 Yes
2 No
x1 DK } SKIP to Check Item T10, page 59

b. Was any of this training sponsored by any of the following programs (Read categories)?

Mark (X) all that apply.

8448

1 Job Training Partnership Act (JTPA) or Comprehensive Employment Training Act (CETA)

8450

2 Job Opportunities and Basic Skills (JOBS) or Work Incentive Program (WIN)

8452

3 Food Stamps Work Program

8454

4 Other program sponsored by the Welfare Program or AFDC

8456

5 Veterans' Training Programs

8458

6 No

c. What type of training program is (was) this?

Mark (X) all that apply.

8460

1 Classroom training – job skills

8462

2 Classroom training – basic education

8464

3 On-the-job training

8466

4 Job search assistance

8468

5 Work experience

8470

6 Other

d. Where did . . . receive this training?

Mark (X) all that apply.

8472

1 Apprenticeship program

8474

2 Business, commercial, or vocational school

8476

3 Junior or community college

8478

4 Program completed at a 4 year college or graduate school

8480

5 High school vocational program

8482

6 Training program at work

8484

7 Military (exclude basic training)

8486

8 Correspondence course

8488

9 Training or experience received on previous job

8490

10 Sheltered workshop

8492

11 Vocational rehabilitation centers

8494

12 Other

e. Does . . . use this training on . . .'s (most recent) job?

8496

- 1 Yes
2 No

f. When did . . . start this (most recent) training?

(If more than one training occurred, ask about the most recent one.)

8498

Month x1 DK

8500

1 9 Year x1 DK

g. For how many weeks did . . . attend this (most recent) training program?

8502

Weeks

8504

- x3 Currently attending
x4 Less than 1 week
x1 DK

h. Who paid for this (most recent) program?

Mark (X) all that apply.

8506

1 Self or family

8508

2 Employer

8510

3 Federal, State, or local government

8512

4 Someone else

GO to Check Item T10, page 59

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – MARITAL HISTORY

CHECK ITEM T10

Refer to cc item 26a.

What is . . . 's current marital status?

8600

- 1 Married, spouse present
- 2 Married, spouse absent
- 3 Widowed
- 4 Divorced
- 5 Separated
- 6 Never married – *SKIP to Statement F, page 61*

STATEMENT E

Now I have a few questions about . . . 's marital history.

1. How many times has . . . been married?

8602

- 1 1 – *SKIP to Check Item T14, page 60*
- 2 2
- 3 3
- 4 4 +

2a. In what month and year did . . . get married for the first time?

8604

Month x1 DK

8606

1 9 Year x1 DK

b. Did . . . 's first marriage end in widowhood or in divorce?

8608

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8610

Month x1 DK

8612

1 9 Year x1 DK

CHECK ITEM T11

Refer to item 2b above.

Is "Widowhood" marked in item 2b?

8614

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

2d. In what month and year did . . . actually stop living with . . . 's spouse?

8616

Month x1 DK

8618

1 9 Year x1 DK

CHECK ITEM T12

Refer to item 1 above.

How many times has . . . been married?

8620

- 1 2 – *SKIP to Check Item T14, page 60*
- 2 3 +

3a. In what month and year did . . . get married for the second time?

8622

Month x1 DK

8624

1 9 Year x1 DK

b. Did . . . 's second marriage end in widowhood or in divorce?

8626

- 1 Widowhood
- 2 Divorce

c. In what month and year was . . . (widowed/divorced)?

8628

Month x1 DK

8630

1 9 Year x1 DK

CHECK ITEM T13

Refer to item 3b above.

Is "Widowhood" marked?

8632

- 1 Yes – *SKIP to Check Item T14, page 60*
- 2 No

3d. In what month and year did . . . actually stop living with . . . 's second spouse?

8634

Month x1 DK

8636

1 9 Year x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – MARITAL HISTORY (Continued)

| | | | |
|-----------------------|---|-------------|---|
| CHECK ITEM T14 | Has a Wave 2 interview been obtained for . . . 's spouse? | 8638 | 1 <input type="checkbox"/> Yes – <i>SKIP to Statement F</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household |
|-----------------------|---|-------------|---|

| | | | |
|--|--|-------------|---|
| 4a. In what month and year did . . . get married (most recently)? | | 8640 | [][] Month x1 <input type="checkbox"/> DK 8642 [1] [9] [][] Year x1 <input type="checkbox"/> DK |
|--|--|-------------|---|

| | | | |
|-----------------------|--|-------------|--|
| CHECK ITEM T15 | Refer to Check Item T10. What is . . . 's current marital status? | 8644 | 1 <input type="checkbox"/> Married, spouse present } <i>SKIP to Statement F</i> 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated – <i>SKIP to item 4c</i> |
|-----------------------|--|-------------|--|

| | | | |
|---|--|-------------|---|
| 4b. In what month and year was . . . (widowed/divorced)? | | 8646 | [][] Month x1 <input type="checkbox"/> DK 8648 [1] [9] [][] Year x1 <input type="checkbox"/> DK |
|---|--|-------------|---|

| | | | |
|-----------------------|--|-------------|--|
| CHECK ITEM T16 | Refer to Check Item T15. Is "Widowed" marked? | 8650 | 1 <input type="checkbox"/> Yes – <i>SKIP to Statement F</i> 2 <input type="checkbox"/> No |
|-----------------------|--|-------------|--|

| | | | |
|--|--|-------------|---|
| 4c. When did . . . actually stop living with . . . 's (most recent) spouse? | | 8652 | [][] Month x1 <input type="checkbox"/> DK 8654 [1] [9] [][] Year x1 <input type="checkbox"/> DK |
|--|--|-------------|---|

GO to Statement F

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – MIGRATORY HISTORY

STATEMENT F

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--------------------------------|--|-------------|--|---|-------------------------|--|--|--------------------------------|-------------|--|--|--------------------------------|--|-------------|---|--------------------------------|--|-------------|--|--------------------------------|--|-------------|--|--------------------------------|--|
| <p>1. When did . . . move into this home/apartment/mobile home?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8700</td> <td style="width: 35%; border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> Month </td> <td style="width: 15%; text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td style="width: 35%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8702</td> <td style="border: 1px solid black; padding: 2px;"> 1 9 <input type="text"/> <input type="text"/> Year </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td colspan="4" style="padding: 2px;"> x4 <input type="checkbox"/> Always lived here – <i>SKIP to Check Item T18, page 62</i> </td> </tr> </table> | 8700 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | 8702 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | x4 <input type="checkbox"/> Always lived here – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | |
| 8700 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8702 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| x4 <input type="checkbox"/> Always lived here – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Before living here, where did . . . live? <i>(Refer to Flashcard GG for State or country code.)</i></p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8704</td> <td style="width: 35%; padding: 2px;"> 1 <input type="checkbox"/> Same State, same county 2 <input type="checkbox"/> Same State, different county <input type="checkbox"/> Different State – <i>Specify code</i> </td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8706</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK </td> <td></td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">} <i>SKIP to Item 6</i></td> </tr> <tr> <td></td> <td style="padding: 2px;"> <input type="checkbox"/> Different country – <i>Specify code</i> </td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8708</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK </td> <td></td> </tr> </table> | 8704 | 1 <input type="checkbox"/> Same State, same county 2 <input type="checkbox"/> Same State, different county <input type="checkbox"/> Different State – <i>Specify code</i> | | | 8706 | <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK | | } <i>SKIP to Item 6</i> | | <input type="checkbox"/> Different country – <i>Specify code</i> | | 8708 | <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | |
| 8704 | 1 <input type="checkbox"/> Same State, same county 2 <input type="checkbox"/> Same State, different county <input type="checkbox"/> Different State – <i>Specify code</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8706 | <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK | | } <i>SKIP to Item 6</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Different country – <i>Specify code</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8708 | <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. During what period of time did . . . live there?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8709</td> <td style="width: 35%; padding: 2px;"> x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T18, page 62</i> </td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td colspan="4" style="padding: 2px;">FROM</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8710</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> Month </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8712</td> <td style="border: 1px solid black; padding: 2px;"> 1 9 <input type="text"/> <input type="text"/> Year </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td colspan="4" style="padding: 2px;">TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8714</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> Month </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8716</td> <td style="border: 1px solid black; padding: 2px;"> 1 9 <input type="text"/> <input type="text"/> Year </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table> | 8709 | x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T18, page 62</i> | | | FROM | | | | 8710 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | 8712 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | TO | | | | 8714 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | 8716 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | |
| 8709 | x4 <input type="checkbox"/> Lived there since birth – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8710 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8712 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8714 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8716 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Has . . . ever lived in another State or foreign country?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8718</td> <td style="width: 35%; padding: 2px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 7</i> </td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> </table> | 8718 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 7</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8718 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to item 7</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. What State or foreign country was that? <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i></p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; padding: 2px;">Specify code</td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8720</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> _____ </td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table> | | Specify code | | | 8720 | <input type="text"/> <input type="text"/> _____ | | | | | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | |
| | Specify code | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8720 | <input type="text"/> <input type="text"/> _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. During what period of time did . . . live there?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">FROM</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8722</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> Month </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8724</td> <td style="border: 1px solid black; padding: 2px;"> 1 9 <input type="text"/> <input type="text"/> Year </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td colspan="4" style="padding: 2px;">TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8726</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> Month </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8728</td> <td style="border: 1px solid black; padding: 2px;"> 1 9 <input type="text"/> <input type="text"/> Year </td> <td style="text-align: right; padding: 2px;">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table> | FROM | | | | 8722 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | 8724 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | TO | | | | 8726 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | 8728 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | | | | |
| FROM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8722 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8724 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8726 | <input type="text"/> <input type="text"/> Month | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8728 | 1 9 <input type="text"/> <input type="text"/> Year | x1 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. In what State or foreign country was . . . born? <i>(Enter code from Flashcard GG.)</i></p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 35%; padding: 2px;">Specify code</td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">8730</td> <td style="border: 1px solid black; padding: 2px;"> <input type="text"/> <input type="text"/> _____ </td> <td></td> <td></td> </tr> </table> | | Specify code | | | 8730 | <input type="text"/> <input type="text"/> _____ | | | | | | | | | | | | | | | | | | | | | | |
| | Specify code | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8730 | <input type="text"/> <input type="text"/> _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CHECK ITEM T17 <i>Refer to item 7 above.</i> Does the code in item 7 equal a foreign country code of 62–92 or 99?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8732</td> <td style="width: 35%; padding: 2px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18, page 62</i> </td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> </table> | 8732 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8732 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>8. Is . . . a naturalized citizen of the United States?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8734</td> <td style="width: 35%; padding: 2px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents – <i>SKIP to Check Item T18, page 62</i> </td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> </table> | 8734 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8734 | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents – <i>SKIP to Check Item T18, page 62</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. When did . . . come to the United States to stay?</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; padding: 2px;">8736</td> <td style="width: 35%; border: 1px solid black; padding: 2px;"> 1 9 <input type="text"/> <input type="text"/> Year </td> <td style="width: 15%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right; padding: 2px;">x5 <input type="checkbox"/> Before 1901</td> <td></td> </tr> </table> | 8736 | 1 9 <input type="text"/> <input type="text"/> Year | | | | | x5 <input type="checkbox"/> Before 1901 | | | | | | | | | | | | | | | | | | | | | |
| 8736 | 1 9 <input type="text"/> <input type="text"/> Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | x5 <input type="checkbox"/> Before 1901 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FERTILITY HISTORY

CHECK ITEM T18

Refer to cc item 24 and 28.
What is . . . 's age and sex?

8750

- 1 Female – Read Statement G and then SKIP to item 2a
- 2 Male, 18 + years old
- 3 Male, 15–17 years old – SKIP to Check Item T26, page 64

STATEMENT G

Now I have a few questions about the number of children, if any, that have been born to . . .

1. How many children, IF ANY, is . . . the father of?

(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)

8752

Number

- x3 None
- x1 DK

SKIP to Check Item T26, page 64

2a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)

8754

Number

- x3 None – SKIP to Check Item T26, page 64

CHECK ITEM T19

Refer to cc item 24.
Is . . . 65 years of age or older?

8756

- 1 Yes – SKIP to Check Item T26, page 64
- 2 No

2b. Are all of . . . 's children currently living in this household?

8758

- 1 Yes
- 2 No – SKIP to Check Item T21

CHECK ITEM T20

Refer to cc item 24.

Verify the birth date of . . . 's first born and last child born (if more than one child ever born) and enter the person number of the child(ren).

Note: If only 1 child born, use the boxes for first child. Use the last child boxes only when there are 2 or more children.

8760

First child

Month

Year

Child's number

Last child

Month

Year

Child's number

SKIP to Check Item T26, Page 64

CHECK ITEM T21

Refer to item 2a.
How many children has . . . ever had?

8778

- 1 One child –SKIP to 4a
- 2 2 + children

3a. When was . . . 's last child born?

8780

Month

- x1 DK

8782

Year

- x1 DK

CHECK ITEM T22

Refer to item 3a.
Was . . . 's last child born on or after January 1, 1970?

8784

- 1 Yes
- 2 No – SKIP to 4a

ASK OR VERIFY –
3b. With whom does the child live now?

8786

- 1 Resides in this household – Go to Check Item T23

Resides elsewhere

- 2 In his/her own household

With relatives

- 3 With own father
- 4 With own grandparent(s)
- 5 With adoptive parent(s)
- 6 With other relative(s)

With nonrelatives

- 7 In foster care/foster family
- 8 In an institution (hospital)
- 9 In school
- 10 In correctional facility
- 11 Other
- 12 Deceased
- 13 DK

SKIP to 4a

CHECK ITEM T23

Write the person number of the last child.

8788

Person number of last child

Section 5 – TOPICAL MODULES (Continued)

Part E – FERTILITY HISTORY (Continued)

4a. When was . . . 's first child born?

8792

Month

x1 DK

8794

Year

x1 DK

**CHECK
ITEM T24**

Refer to item 4a.

Was . . . 's first child born on or after January 1, 1970?

8796

- 1 Yes
- 2 No – *SKIP to Check Item T26, page 64*

ASK OR VERIFY –

4b. With whom does the child live now?

8798

- 1 **Resides in this household – Go to Check Item T25**

Resides elsewhere

- 2 In his/her own household

With relatives

- 3 With own father
- 4 With own grandparent(s)
- 5 With adoptive parent(s)
- 6 With other relative(s)

With nonrelatives

- 7 In foster care/foster family
- 8 In an institution (hospital)
- 9 In school
- 10 In correctional facility
- 11 Other
- 12 Deceased
- 13 DK

SKIP to Check Item T26, page 64

**CHECK
ITEM T25**

Write the person number of the first child.

8800

Person number of first child

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T26

What is the composition of this household?

9266

- 1 One person HH
- 2 Two person HH consisting of husband and wife
- 3 Two person HH consisting of non-relatives
- 4 Other

} *SKIP to Check Item C1, page 67*

CHECK ITEM T27

Is this the Reference Person's questionnaire?

9268

- 1 Yes
- 2 No – *SKIP to Check Item C1, page 67*

Pretranscribe each person's name and person number into column heading a–n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

*Verify the roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) roster space and column.*

STATEMENT H

Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate. For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

| ASK OR VERIFY – 1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a–n)? | | Name | Name | Name | Name | Name | Name |
|--|--------------------|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | 9272 Person No. | a. 9274 Person No. | b. 9276 Person No. | c. 9278 Person No. | d. 9280 Person No. | e. 9282 Person No. |
| 9300 | Name Person No. | | | | | | |
| 9330 | Name Person No. | 9332 | | | | | |
| 9360 | Name Person No. | 9362 | 9364 | | | | |
| 9390 | Name Person No. | 9392 | 9394 | 9396 | | | |
| 9420 | Name Person No. | 9422 | 9424 | 9426 | 9428 | | |
| 9450 | Name Person No. | 9452 | 9454 | 9456 | 9458 | 9460 | |
| 9480 | Name Person No. | 9482 | 9484 | 9486 | 9488 | 9490 | 9492 |
| 9510 | Name Person No. | 9512 | 9514 | 9516 | 9518 | 9520 | 9522 |
| 9540 | Name Person No. | 9542 | 9544 | 9546 | 9548 | 9550 | 9552 |
| 9570 | Name Person No. | 9572 | 9574 | 9576 | 9578 | 9580 | 9582 |
| 9600 | Name Person No. | 9602 | 9604 | 9606 | 9608 | 9610 | 9612 |
| 9630 | Name Person No. | 9632 | 9634 | 9636 | 9638 | 9640 | 9642 |
| 9660 | Name Person No. | 9662 | 9664 | 9666 | 9668 | 9670 | 9672 |
| 9690 | Name Person No. | 9692 | 9694 | 9696 | 9698 | 9700 | 9702 |

GO to Check Item C1, page 67

