NATIONAL SURVEY OF SSI CHILDREN AND FAMILIES (NSCF)

Survey Instruments (English)
February 2012

Directions for Reading a CATI/CAPI on Paper

The NSCF survey was designed to be administered via CATI, Computer-Assisted Telephone Interviewing, or CAPI, Computer-Assisted Personal Interview. With CATI/CAPIs, the interview takes place either over the phone or in-person with the interviewer reading questions and possible responses off of a computer screen and then entering data from the respondent directly into the computer.

It is important to note that these paper versions have certain markings and directions that were written into programming code to make the interviews as streamlined and straightforward as possible for each respondent. A short explanation of some of the items you will encounter should help you read the instruments much in the same way that the CATI/CAPI interviewer did.

KEY FOR READING THE ITEMS:

( )   Parentheses signal that the contents within them were tailored to the respondents. For example, (NAME) indicates that the sample member's name was automatically filled in for the interviewer. Occasionally, the wording displayed is based on a respondent's previous answer. Again, in these instances, the computer program automatically displayed the appropriate text for the interviewer.

ALL CAPS/ *italics*   Text that appears in all capital letters or in italics was not read aloud by the interviewer. If a series of response codes are listed in all caps, the interviewer did not read those response codes but instead marked those that applied based on the respondent's answers.

PROBE   This code designates additional information that could have been read to respondents if they were unclear about what the question was asking. These were clarifying statements that were used at the interviewer's discretion.

Arrows   Arrows are used to provide instruction about the next survey item to be administered to a respondent based on his/her response. Reading these skips accurately is necessary to understand which respondents were asked which questions. Not every respondent was asked all of the questions in the survey. The skips denoted were automatically executed by the computer in the CATI/CAPI.

       Example:

       In the example below, respondents who answered "Yes" continued to the next immediate item. Respondents who answered "No" or "Don't know" or who refused to answer skipped the next item and proceeded directly to K8.

       YES...01
       NO 00
       DON'T KNOW ....d   *Go to K8*
       REFUSED...r

PART A. INTRODUCTION AND SCREENER

All
A1.   CHECK PRE-LOADED AGE: Is NAME'S age…

              18 or older .... 01→ *Continue*
              <18 .... 02→ *Go to A3*

All (18+)
A2.   INTERVIEWER ENTER: Who/Where are you calling?

              (NAME'S) LAST KNOWN ADDRESS .... 01→ *Continue*
              PARENT/GUARDIAN OF (NAME) .... 02→ *Continue*
              (NAME) HIM/HERSELF .... 03→ *Go to A57*
              KNOWN PROXY FOR (NAME) .... 04→ *Go to A57a*

IN
A3.   Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration.   May I please speak to a parent or guardian of (FIRST AND LAST NAME)?

       ALTERNATE LANGAUGE FOR CALL IN: Please confirm that I am speaking with a parent or guardian of (FIRSTAND LAST NAME).

              CONTINUE, SPEAKING WITH PARENT OR
              GUARDIAN .... 01→ *Go to A8*

              LANGUAGE BARRIER..................................... 04→ LANG
              NO SUCH PERSON AT THIS NUMBER........... 07→ THAN
              SUPERVISOR REVIEW REQUIRED 08
              (NAME) REPORTED DECEASED .... 09→ *Go to A14*
              HUNG UP DURING INTRODUCTION   .... H → *End Interview*
              CALLBACK C
              REFUSED .... R

IN
A4.   Your family should have received a letter explaining that we are calling for an important study on the health of (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE 17+). When would be a good time to call back to reach a parent or guardian of (NAME)?

       PROBE: When is (HE/SHE) usually at home?

       Go to callback screen. End interview.

IN
A5.   Do you know where I might reach a parent or guardian of (NAME), (FILL IF AGE = 18+, "OR (NAME) HIMSELF/HERSELF")?

> YES...01
> NO..00→ *Go to A6a*
> DON'T KNOW ....d→ *Go to A6a*
> REFUSED ....r→ *Go to A6a*

IN
A6.   What are the name, address, and telephone number of (NAME's) parent or guardian (FILL IF AGE = 18+, "or (NAME) (HIMSELF/HERSELF)")?

NAME:_____

STREET ADDRESS:

_____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                    AREA CODE

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

INTERVIEWER, MARK ONE: IS THIS PERSON…

> (NAME) 01
> (NAME'S) PARENT OR GUARDIAN 02
> OTHER (SPECIFY)...03
> _____

END INTERVIEW, SEND A6 TO DIAL SCREEN, START A2 =02

IN
A6a.   Do you know anyone else who might know how to reach a parent or guardian of (NAME), (FILL IF AGE = 18+, "OR (NAME) (HIMSELF/HERSELF)")?

> YES...01
> NO..00→ *End Interview*
> DON'T KNOW ....d→ *End Interview*
> REFUSED ....r→ *End Interview*

IN
A6b. What are the name, address, and telephone number of this person?

NAME:_____

STREET ADDRESS:

_____

CITY/STATE: _____ ZIP CODE: _____

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

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

IN
A6c. How is this person related to (NAME), if at all?

GRANDPARENT... 07
BROTHER/SISTER (NATURAL/STEP)
OF (NAME) 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
HOUSEMATE/ROOMMATE/FRIEND 13
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION)............................... 15
NOT RELATED (SPECIFY IN QUESTION)...... 16
DON'T KNOW .... d
REFUSED .... r

END INTERVIEW, SEND A6b AND A6c TO LOCATING

CP, YP
A7. *(When respondent comes to phone)* Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration. *Continue to A8.*

A8. You may have received a letter explaining that we are conducting a study about the health of (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE 17+). The study includes (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE 17+) who are receiving Supplemental Security Income, or SSI, and (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE 17+) whose families once applied for or received SSI on their behalf. We're calling to follow up about (FIRST AND LAST NAME's) health and your family's well-being. Does (NAME) still live at this address or is (NAME) living somewhere else?

YES, (NAME) STILL LIVES HERE.................... 01→ *Go to A29*

NO, (NAME) LIVES SOMEWHERE ELSE........ 00→ *IF AGE <18 Go to A9; ELSE A10*

(NAME) DIED.. 02→ *Go to A14*

DON'T KNOW... d→ *IF AGE <18 Go to A9; ELSE A10*

REFUSED... r→ *IF AGE <18 Go to A9; ELSE A10*

A9. Where does (NAME) live? Would that be with…

Read list, code only one answer

A relative .... 01 → *Go to A15*

A family friend .... 03 → *Go to A15*

In a residential facility (PROBE: Such as an assisted living facility, center for independent living, personal care home, or halfway house) .. 04 → *Go to A21*

In a Medicaid institution.................................... 05 → *Continue*

At school .... 06 → *Go to A21*

In a foster home .... 07 → *Go to A15*

(NAME) IS IN JAIL/PRISON/JUVENILE CORRECTION FACILITY .... 09→ *Set RTYPE=01; Go to Part N*

(NAME) IS DECEASED .... 10→ *Go to A14*

(NAME) RAN AWAY/LEFT HOME................... 11→ *Go to A11*

Somewhere else (SPECIFY)........................ 12→ *Go to A15*

_____

DON'T KNOW... d→ *Go to A11*

REFUSED... r→ *End Interview*

CP (age <18)

A9a. Just to confirm, does Medicaid pay for half or more of the cost of (NAME'S) stay at this place?

                     YES..01→ *End Interview*
                     NO...00→ *Go to A21*
                     DON'T KNOW ....d → *End Interview*
                     REFUSED ....r → *End Interview*

YP (age 18+)

A10. Where does (NAME) live? Would that be in…

        Read list, code only one answer

                     With a relative, not including
                     (his/her) spouse or own children .... 01→ *Go to A18*
                     (HIS/HER) own home (PROBE: Either alone
                     or with friends, roommates, or (HIS/HER)
                     own family) ....02→ *Go to A16*
                     A residential facility (PROBE: Such as an
                     assisted living facility, center for independent
                     living, personal care home, or halfway house) ..04→ *Go to A25*
                     In a Medicaid institution....................................05→ *Continue*
                     At school ....06→ *Go to A29*
                     A nursing or convalescent home.......................08→ *Go to A25*
                     (NAME) IS IN JAIL/PRISON/JUVENILE
                     CORRECTION FACILITY ....09→ *Go to A34*
                     (NAME) IS DECEASED ....10→ *Go to A14*
                     (NAME) RAN AWAY/LEFT HOME..................11→ *Go to A11*
                     Somewhere else (SPECIFY).........................12→ *Go to A18*
        _____
                     DON'T KNOW..d→ *Go to A11*
                     REFUSED ....r→ *End Interview*

YP (age 18+)

A10a. Just to confirm, does Medicaid pay for half or more of the cost of (NAME'S) stay at this place?

                     YES..01→ *End Interview*
                     NO...00→ *Go to A25*
                     DON'T KNOW ....d → *End Interview*
                     REFUSED ....r → *End Interview*

CP, YP
A11. In what month and year did (NAME) last live with you?

|___|___| MONTH |___|___|___|___| YEAR (1970-2001)

(NAME) NEVER LIVED WITH RESPONDENT 99→ *Go to A12a*
DON'T KNOW ....d→ *Go to A13*
REFUSED ....r→ *Go to A13*

CP, YP
A12. CHECK: Is time in A11 more than 12 months ago?

YES...01→ *Continue*
NO...00→ *Go to A13*

CP, YP
A12a. Do you know anyone who might know how to reach (NAME) or the place where (HE/SHE) is living?

YES...01
NO...00→ *End Interview*
DON'T KNOW ....d→ *End Interview*
REFUSED ....d→ *End Interview*

CP,YP
A12b. What are the name, address, and telephone number of this person?

NAME:_____
STREET ADDRESS:

_____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                    AREA CODE

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

A12c. How is this person related to (NAME), if at all?

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                (NAME) HIMSELF/HERSELF ........................... 01
                MOTHER (BIOLOGICAL OR ADOPTIVE) ........ 02
                FATHER (BIOLOGICAL OR ADOPTIVE) ......... 03
                STEP-PARENT OF (NAME) ........................... 04
                FOSTER PARENT OF (NAME) ...................... 05
                GRANDPARENT ............................................. 07
                BROTHER/SISTER (NATURAL/STEP)
                OF (NAME) .................................................... 08
                AUNT/UNCLE OF (NAME) ............................ 09
                (NAME'S) SPOUSE ...................................... 10
                HOUSEMATE/ROOMMATE/FRIEND ............. 13
                OTHER RELATIVE OF (NAME)
                (SPECIFY IN QUESTION) .............................. 15
                NOT RELATED (SPECIFY IN QUESTION) ...... 16
                DON'T KNOW ................................................ d
                REFUSED ...................................................... r
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END INTERVIEW, SEND A11, A12b, and A12c TO LOCATING

CP, YP
A13. Even though you don't know (NAME'S) whereabouts, I'd like to continue the interview with you anyway. The questions are easy. They ask about (NAME'S) health and your family's day-to-day living. If you don't know the answer to a question, please just say so.

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                CONTINUE INTERVIEW ................................. 01→ Go to A29
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CP, YP
A14. I am very sorry to hear that (HE/SHE) passed away. I am calling about a study we are conducting for the Social Security Administration. A letter explaining why we are calling was recently sent to you. When did (NAME) pass away?

```
        |___|___| / |___|___| / |___|___|___|___|
        MONTH     DAY         YEAR

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

Thank you. Please accept my condolences. *End Interview.*

CP
A15.   What are the name and address of the person with whom (NAME) is living?

PERSON NAME:_____

STREET ADDRESS:_____

CITY/STATE: _____ ZIP CODE: _____

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

            DON'T KNOW .... d → *End Interview*
            REFUSED .... r → *End Interview*

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┌─────────────────────┐
│      GO TO A20       │
└─────────────────────┘
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CP, YP
A16.   CHECK AGE: Is NAME'S age…

            <18 .... 01→ *Go to A29*
            18+ .... 02→ *Continue*

YP
A17.   Is (NAME) living with (HIS/HER) spouse or children, living with friends or roommates, or living alone?

            LIVING WITH OWN SPOUSE/CHILDREN 01
            LIVING WITH FRIENDS/ROOMMATES 02
            LIVING ALONE 03
            DON'T KNOW .... d
            REFUSED .... r

YP
A18.   We'd like to contact (NAME) there. What is the address and telephone number of the place where (NAME) is living?

STREET ADDRESS:

_____

CITY/STATE: _____ ZIP CODE: _____

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

            DON'T KNOW .... d → *End Interview*
            REFUSED .... r → *End Interview*

YP
A19. Is there a person there we should speak to about (NAME), or should we ask for (NAME) (HIMSELF/HERSELF)?

YES (SPECIFY PERSON) 01

_____

NO, SPEAK TO (NAME) .... 00→ *Go to A24*
DON'T KNOW .... d
REFUSED .... r

<superscript>YP</superscript>
A20. How is this person related to (NAME), if at all?

MOTHER (BIOLOGICAL OR ADOPTIVE) .... 02→ *Set RTYPE=01*

FATHER (BIOLOGICAL OR ADOPTIVE) .... 03→ *Set RTYPE=01*

STEP-PARENT OF (NAME) .... 04→ *Set RTYPE=01*

FOSTER PARENT OF (NAME) .... 05→ *Set RTYPE=01*

GRANDPARENT .... 07→ *Set RTYPE=03*

BROTHER/SISTER (NATURAL/STEP)
OF (NAME) .... 08→ *Set RTYPE=03*

AUNT/UNCLE OF (NAME) .... 09→ *Set RTYPE=03*

(NAME'S) SPOUSE .... 10→ *Set RTYPE=03*

OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) .... 15→ *Set RTYPE=03*

NOT RELATED
(SPECIFY IN QUESTION) .... 16→ *Set RTYPE=03*

DON'T KNOW .... d→ *Set RTYPE=03*
REFUSED .... r→ *Set RTYPE=03*

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IF AGE=18+ GO TO A24;
ELSE CONTINUE
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English Version   A-9

CP
A21. How long has (NAME) been living there?

|___|___| MONTHS *OR* |___|___| YEARS (0-99)

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

CP
A22. CHECK: Is (NAME) living in a residential facility, Medicaid institution or school, i.e., is   A9 = 04, 05, or 06?

YES.. 01→ *Go to A29*
NO.. 00→ *Continue*

CP (not living in residential facility or school)
A23.   CHECK: Is time in A21 greater than 12 months or 1 year?

YES.. 01→ *Continue*
NO.. 00→ *Go to A29*

CP,YP
A24.   Thank you for your time. We'll try to (FILL "CONTACT THAT PERSON" IF AGE <18; "CONTACT (NAME) AT THAT ADDRESS" IF AGE = 18+). Those are all the questions I have.

> **END INTERVIEW, SEND A9, A15, A20, AND A21 TO DIAL SCREEN, IF A24=2,3,4,5 SET A2=02; IF A24= 7,8,9,10,15,16, d, r, SET A2=04**

CP, YP
A25.   CHECK AGE: Is NAME'S age…

<18.. 01→ *Go to A29*
18+.. 02→ *Continue*

YP
A26.   We'd like to contact (NAME) there. What are the address and telephone number of the place where (NAME) is living?

PLACE NAME_____
STREET ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                                        AREA CODE

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

YP
A27. Is there a person there we should speak to about (NAME), or should we ask for (NAME) (HIMSELF/HERSELF?)

YES (SPECIFY PERSON)⌐↓ 01

_____
NO, SPEAK TO (NAME) 00
DON'T KNOW .... d
REFUSED .... r

YP
A28. Thank you for your time. We'll try to contact that place. Those are all the questions I have.

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┌─────────────────────────────────────────────────────┐
│   END INTERVIEW, SEND A9 or A10, A26 AND A27 TO DIAL  │
│   SCREEN; IF A27= 00, START A2 = 03; IF A27=01, START A2=04   │
└─────────────────────────────────────────────────────┘
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CP, YP
A29. Let me begin with some information about this study. Your participation is voluntary and will not affect any SSI benefits that (NAME) may receive now or may apply for in the future. The answers you provide are strictly confidential and will be used for research purposes only.

In appreciation of your time, we'll send you a (FILL "A CHECK FOR $10.00" IF INCENTIVE TYPE =1; FILL "A $10.00 DEBIT CARD" IF INCENTIVE TYPE=2; FILL "A $10.00 PHONE CARD" IF INCENTIVE TYPE=3) once we finish the interview. I would like to begin the interview now. The questions are easy. They ask about (NAME'S) health and your family's day-to-day living.

READ IF NECESSARY: We estimate this interview will take about 60 minutes to complete.

BEGIN INTERVIEW .... 01→ *Go to A33*
NOT A GOOD TIME (SCHEDULE
CALLBACK) .... 02→ *Go to A32a*
DID NOT RECEIVE OR DOES NOT
RECALL LETTER .... 03→ *Continue*

CP, YP
A30. The letter explained that you were selected from a list of families who have either received SSI benefits for one of their children, or applied for benefits sometime in the past. The letter explained that we would be calling to interview you. I would like to begin the interview now.

BEGIN INTERVIEW ....01→ *Go to A33*
NOT A GOOD TIME (SCHEDULE
CALLBACK) ....02→ *Go to A32a*
WANTS ANOTHER LETTER ....03→ *Continue*

CP, YP
A31. To what address would you like the letter sent?

STREET ADDRESS:_____
CITY:_____STATE:_____ZIP:_____

DON'T KNOW ....d→ *Go to A33*
REFUSED ....r→ *Go to A33*

CP, YP
A32. You will receive the letter in a few days. I could read it to you now. May we begin?

YES...01→*Read letter, then go to A33*
NO..00→ *Continue*

INTERVIEWER- IF NO READ: We will call you back I about a week so you have a chance to receive the letter. Thank you for your time.

A32a. When would be a good time to callback?

Go to callback screen. End interview.

CP, YP
A33. First, I would like to verify some information about (NAME). Is (NAME) male or female?

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

CP, YP
A34.   What is (NAME'S) date of birth?

|___|___| / |___|___| / |__|__|__|__| (1970-2001)
   MONTH   DAY   YEAR

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

CP, YP
A35.   CHECK: Does date of birth in A34 match pre-loaded date of birth (2 OF 3 MATCH)?

YES.. 00 → Go to A39a
ONE DIDN'T MATCH .... 01 → *Go to A36*
TWO DIDN'T MATCH .... 02→ *Go to A36*
THREE DIDN'T MATCH .... 03 → *Go to A36*

CP, YP
A36.   (FILL "HAVE YOU OR ANYBODY IN YOUR FAMILY APPLIED" IF RTYPE=01,02;
"HAS NAME OR ANYBODY IN NAME'S FAMILY" IF RTYPE=03) applied for
Supplemental Security Income or SSI benefits for (FILL "NAME" IF RTYPE=01,03,
"YOU" IF RTYPE=02) anytime between 1978 and 2001?

YES.. 01 → *Go to A39a*
NO.. 00 → *Go to A38*
DON'T KNOW .... d → *Go to A38*
REFUSED .... r → *Go to A38*

CP, YP
A37.   DELETED

CP, YP
A38.   There is a problem with our records and I'm not sure we've reached the right person.
I need to speak with my supervisor.   Someone will call you back shortly. Thank you.

End interview, record problem.

CP, YP
A39a. In what city and state is (NAME) now living?

CITY_____STATE_____

DON'T KNOW .... d→ *Continue*
REFUSED .... r→ *Continue*

English Version   A-13

CP, YP

A39a1. CHECK: Is (NAME) living outside the contiguous 48 states (i.e., in Alaska, Hawaii, or

YES...01→ *End Interview*
NO..00→ *IF A9=09 or A10=09*
Go to Section N; else
continue

CP, YP

A39b. Has (NAME) been living with you since (HE/SHE) was born, or has (NAME) also lived with other people or in other places?

LIVED WITH RESPONDENT SINCE BIRTH ....01→ *Go to A41*
LIVED WITH OTHER PEOPLE/PLACES..........02
DON'T KNOW...d
REFUSED...r

CP, YP

A40.   In what year did (NAME) come to live with you most recently?

|___|___|___|___| YEAR (1970-2001)
DON'T KNOW...d
REFUSED...r

CP, YP

A41.   Next, I'd like to ask you some questions about the people who live in your household at the present time. This includes both children and adults and may include individuals who are not related to you. How many people altogether live in this household, including yourself?

PROBE: This includes everyone who usually lives there, even those who may be temporarily away on business, vacation, in a hospital, or away at school.

|___|___| HOUSEHOLD MEMBERS (2-20)→ *Go to A42*

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

CP, YP

A41a. This is a very important piece of information….

|___|___| HOUSEHOLD MEMBERS (2-20)

DON'T KNOW ....d→ *Go to A42*
REFUSED ....r→ *End Interview*

CP, YP

A42. For each individual, please tell me their first name, gender, age, and their relationship to (NAME). I already know about (NAME). Let's begin with you… Please do not include (NAME) in the list.

PROBE: I need this information in order to know what questions to ask you later in the interview. Because households are different, not all the questions may apply to you.

INTERVIEWER: DO NOT INCLUDE (NAME) IN THE LIST.

A. What is (HIS/HER/ YOUR) first name?	B. *Confirm or ask:* Is that person male or female?	C. What is (HIS/HER/ YOUR) age?	D. What is (HIS/HER/YOUR) relationship to NAME? *Use Relationship Code List*
1._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|
2._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|
3._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|
4._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|

A. What is (HIS/HER/ YOUR) first name?	B. *Confirm or ask:* Is that person male or female?	C. What is (HIS/HER/ YOUR) age?	D. What is (HIS/HER/ YOUR) relationship to NAME? *Use Relationship Code List*
5._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|
6._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|
7._____	Male .... 01 Female .... 02 DK .... d RF .... r	|__|__| YEARS OLD	|__|__|

PROGRAMMER NOTE: Create space for 14 household members.

GO TO A43

Relationship Codes
    02 MOTHER (BIOLOGICAL OR ADOPTIVE)
    03 FATHER (BIOLOGICAL OR ADOPTIVE)
    04 STEP-PARENT OF (NAME)
    05 FOSTER PARENT OF (NAME)
    06 UNMARRIED PARTNER OF PARENT
    07 GRANDPARENT
    08 BROTHER/SISTER OF (NAME)
    09 AUNT/UNCLE OF (NAME)
    10 (NAME'S) SPOUSE
    11 (NAME'S) CHILD
    12 FOSTER CHILD LIVING WITH FAMILY
    13 HOUSEMATE/ROOMMATE/FRIEND
    14 ROOMER/BOARDER
    15 OTHER RELATIVE OF (NAME) (SPECIFY IN QUESTION)
    16 OTHER NOT RELATED (SPECIFY IN QUESTION)

INTERVIEWER INSTRUCTION: IF RESPONDENT ANSWERS "MOTHER" OR "FATHER" FOLLOW-UP WITH: "(ARE YOU/IS THIS PERSON) THE BIOLOGICAL, STEP, ADOPTIVE, OR FOSTER (MOTHER/FATHER) OF (NAME)?"

I would like to take a minute and make sure I recorded the information about the people in your household correctly.

INTERVIEWER: CONFIRM INFORMATION IN HOUSEHOLD GRID.

CP, YP

A43.   CHECK: Is (NAME) living with a foster parent, i.e., is A42D_1 – A42D_14=05?

> YES... 01 → *Continue*
> NO, <18.. 02 → *Go to Part B*
> NO.. 03 → *Go to A50*

CP, YP (in foster care)

A44.   You mentioned that (NAME) is in foster care in your home. How long has (NAME) lived with you?

PROBE IF MORE THAN ONE TIME: How much time in total has (NAME) lived with you?

> NOT IN FOSTER CARE .... 97→ *If Age <18 go to Part B; else go to A50*
>
> DON'T KNOW .... d
> REFUSED .... r

NUMBER

|___|___| (01-94)

95 + ...95
SINCE BIRTH.........96→ *Go to A47*
DON'T KNOW ....d
REFUSED ....r

TIME PERIOD
DAYS   01
WEEKS 02
MONTHS 03
YEARS 04
DON'T KNOW ....d
REFUSED ....r

A45. And before (NAME) lived here, where did (HE/SHE) live?

Do not read list, code one answer

GROUP HOME, FAMILY CARE HOME,
PERSONAL CARE HOME, FOSTER CARE
HOME 01
FOSTER FAMILY.. 02
SPECIAL SCHOOL FOR DISABLED
CHILDREN... 03
REGULAR SCHOOL..................................... 04
WITH ONE OR BOTH NATURAL PARENTS ... 05
WITH OTHER RELATIVE 06
OTHER (SPECIFY) 07
_____
DON'T KNOW .... d
REFUSED .... r

A46. Altogether, how many different times has (NAME) been placed since (HE/SHE) first lived away from (HIS/HER) natural parents?

|__|__| TIMES PLACED (0-20)

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

A47. As far as you know, did (NAME's) parents **originally** place (HIM/HER) voluntarily or was (HE/SHE) originally placed through a court order?

VOLUNTARILY .... 01→ *Continue*
COURT ORDER .... 02→ *Go to A49*
DON'T KNOW .... d→*If Age <18, go to Part B, else A50*
REFUSED .... r→ *If Age <18, go to Part B, else A50*

A48.   As far as you know, what was the main reason for this original placement by the parents?

Do not read list, code one answer

PARENT COULDN'T AFFORD CARE
FOR (NAME)..01
PARENT DID NOT WANT (NAME)..................02
PARENT FELT INCAPABLE OF CARING
FOR (NAME)..03
PARENT ILL OR DISABLED, UNABLE TO
CARE FOR (NAME)...04
OTHER (SPECIFY)⌐↓.......................................05

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

IF AGE <18 GO TO PART B

A49.   As far as you know, what was the main reason for this original placement?

Do not read list, code one answer

(NAME) NEGLECTED 01
(NAME) ABUSED...02
PARENT JUDGED INCAPABLE OF CARING
FOR NAME 03
PARENT ILL OR DISABLED, UNABLE TO
CARE FOR NAME 04
NO ONE AVAILABLE TO CARE FOR
NAME...05
OTHER (SPECIFY)⌐↓ 06

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

**IF AGE <18 GO TO PART B;
ELSE CONTINUE**

YP
A50. CHECK: Is (NAME) living with his/her own spouse or children in this household, i.e., is A42D_1 – A42D_14=10,11?

YES .... 01→ *Go to A52*
NO.. 00→ *Go to Part B*

YP
A51. DELETED

YP
A52. According to our study procedures, I need to continue the interview with (NAME) himself/herself. Is (NAME) available now?

YES .... 01→ *Go to A55,*
set RTYPE=02

NO.. 00→ *Continue set*
RTYPE=02

(NAME) PHYSICALLY OR MENTALLY
UNABLE TO RESPOND ON THE
TELEPHONE .... 03→ *Go to A54,*

DON'T KNOW .... d→ *Continue*
set RTYPE=02
REFUSED .... r→ *Continue*

YP
A53. When would be a good time to call back to reach (NAME)?

PROBE: When is (HE/SHE) usually at home?

Go to callback screen. End interview.

YP
A54. In that case, our study procedures say that I should continue the interview with you.

CONTINUE INTERVIEW .... 01→ *Go to Part B*

If A10=01 or 06, Set RTYPE=0; else set RTYPE=03;
go to Part B

A55.	WHEN (NAME) COMES TO THE PHONE: Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration. We're conducting a study about the health of young people who are receiving Supplemental Security Income, or SSI, or whose families once applied for or received SSI on their behalf. I'd like to ask you a few questions about how you're doing. Is now a good time to conduct the interview?

    YES...01→ *Go to A56*
    NO...00→ *Continue*
    DON'T KNOW ....d→ *Continue*
    REFUSED ....r→ *Continue*

A55a.	When would be a good time to call back?

    PROBE: When are you usually at home?

    Go to callback screen.   End interview.

+-----------------------------+
| **GO TO PART B** |
+-----------------------------+

+--+
| **LIVING INDEPENDENTLY MODULE FOR CASES AGE 18+ WHO:** |
| |
| 1. **ARE NOT LIVING WITH PARENTS/GUARDIANS** |
| 2. **ARE LIVING WITH PARENTS/GUARDIANS BUT WITH OWN SPOUSE OR** |
| **CHILDREN** |
| 3. **HAVE A KNOWN PROXY RESPONDENT** |
+--+

A56.	Let me begin with some information about this study. The questions I'll be asking are about your health and how you get along day-to-day. Your participation in this study is voluntary and will not affect any SSI benefits that you receive now or may apply for in the future. The answers you provide are strictly confidential and will be used for research purposes only. In appreciation of your time, we'll send you a (FILL "A CHECK FOR $10.00" IF INCENTIVE TYPE=1; FILL "A $10.00 DEBIT CARD" IF INCENTIVE TYPE=2; FILL "A $10.00 PHONE CARD" IF INCENTIVE TYPE=3) once we finish the interview. I would like to begin the interview now.

    READ IF NECESSARY: We estimate this interview will take about 60 minutes to complete.

+-----------------------------+
| **GO TO PART B** |
+-----------------------------+

A57.   Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration.   May I please speak to (NAME)?

SPEAKING TO (NAME) ....01→ *Go to A77*
(NAME) COMES TO PHONE............................02→ *Go to A77*
PERSON WANTS MORE INFORMATION ....03→ *Go to A63*
(NAME) PHYSICALLY OR MENTALLY UNABLE
TO RESPOND ON THE TELEPHONE ....05→ *Go to A64*
(NAME) HAS A SPEECH OR
HEARING PROBLEM ....06→ *Go to A73*
(NAME) DECEASED...07→ *Go to A62*
(NAME) DOESN'T LIVE HERE ....08→ *Go to A59*
(NAME) DOES NOT SPEAK
ENGLISH OR SPANISH ....09→ *Go to A64*
SUPERVISOR REVIEW REQUIRED...............s→ *Go to supervisor review*
(NAME) UNAVAILABLE....................................c→ *Go to callback screen*
REFUSED ....r→ *End Interview*

A57a. Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration.   May I please speak to (FILL PROXY NAME IF AVAILABLE; ELSE FILL "SOMEONE WHO IS KNOWLEDGEABLE ABOUT (NAME'S) DAY TO DAY LIVING")?

SPEAKING TO PROXY ....01→ *Go to A77a*
PROXY COMES TO PHONE............................02→ *Go to A77a*
PROXY DECEASED...07→ *Go to A62*
PROXY DOESN'T LIVE HERE ....08→ *Go to A59*
PROXY DOES NOT SPEAK
ENGLISH OR SPANISH ....09→ *Go to A64*
PROXY UNAVAILABLE ....c→ *End Interview*
SUPERVISOR REVIEW REQUIRED...............s→ *Go to supervisor review*
REFUSED ....r→ *End Interview*

A58.   When is a good time to call back to reach (FILL "NAME" IF A2=03; "(INSERT PROXY NAME)" IF A2=04; ELSE "THIS PERSON")?

Go to callback screen. End interview.

English Version   A-22

IN
A59. Do you know where I might reach (FILL "NAME" IF A2=03; "(INSERT PROXY NAME)" IF A2=04; ELSE "THIS PERSON")?

> YES.. 01
> NO.. 00→ *End Interview*
> DON'T KNOW .... d→ *End Interview*
> REFUSED .... d→ *End Interview*

IN
A60. What is (FILL "NAME'S" IF A2=03; "(INSERT PROXY NAME'S)" IF A2=04; ELSE "THIS PERSON")?) address and telephone number?

STREET ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
                              AREA CODE

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

INTERVIEWER MARK ONE: IS THIS INFORMATION FOR …

> (NAME) 01
> PROXY FOR (NAME) .... r

IN
A60a. CHECK: Is A2 = 04, that is, are you speaking with a proxy respondent?

> YES.. 01→ *Go to A61a*
> NO.. 00→ *Continue*

IN
A61. Is this (NAME'S) parent's or guardian's address, or somewhere else?

> PARENT'S/GUARDIAN'S ADDRESS 01
> SOMEWHERE ELSE (SPECIFY) 02
>
> _____
> DON'T KNOW .... d
> REFUSED .... r

IN
A61a. Thank you, we'll try to contact (HIM/HER) there.

END INTERVIEW, SEND A60 AND A61 TO DIAL SCREEN, START A2=03 IF NAME, A2=04 IF PROXY

IN
A62. I am very sorry to hear that (HE/SHE) passed away. I am calling about a study we are conducting for the Social Security Administration. A letter explaining why we are calling was recently sent to (FILL "NAME" IF A2=03; "(INSERT PROXY NAME)" IF A2=04). When did (HE/SHE) pass away?

|___|___| / |___|___| / |___|___|___|___|

MONTH   DAY   YEAR

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

    Please accept my condolences.

IN
A63. I am calling about an interview we would like to conduct with (NAME) concerning the health of young adults. The study includes young people who are receiving SSI benefits, and young people whose families once applied for or received SSI on their behalf.   Would (HE/SHE) be able to answer questions (HIMSELF/HERSELF) or would someone need to answer on (HIS/HER) behalf?

(NAME) COULD RESPOND ....01→ *Continue*
(NAME) COULD NOT RESPOND.....................02→ *Go to A64*
DON'T KNOW ....d→ *Continue*
REFUSED ....r→ *Continue*

IN
A63a. May I please speak with (NAME)?

YES...01→ *Go to A77*
NO...00→ *Go to A66*
DON'T KNOW ....d→ *Go to A66*
REFUSED ....r→ *Go to A66*

IN
A64. I need to speak to someone who is knowledgeable about (NAME's) health and day-to-day living. Is there someone there I can speak with who would be able to answer these questions? This is for a study the Social Security Administration is conducting to follow up with young adults who are either receiving SSI benefits or whose parents or guardians once applied for SSI benefits on their behalf.

SPEAKING TO PROXY ....01→ *Go to A71*
PROXY NOT AVAILABLE, NOT A GOOD
TIME ....02→ *Continue*
PROXY LIVES AT DIFFERENT ADDRESS .....03→ *Go to A67*
NO PROXY AVAILABLE.................................04→ *End Interview*
DON'T KNOW ....d→ *End Interview*
REFUSED ....r→ *End Interview*

IN
A65. DELETED

IN
A66. When would be a good time to call back to reach (HIM/HER)?

Go to callback screen, end interview

IN
A67. We'd like to contact (HIM/HER). May I please have (HIS/HER) name, address and telephone number?

NAME: _____
STREET ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____
TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|
AREA CODE

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

IN
A68. DELETED

IN
A69. DELETED

A70.   How is (HE/SHE) related to (NAME), if at all?

> MOTHER (BIOLOGICAL OR ADOPTIVE)................... 02
> FATHER (BIOLOGICAL OR ADOPTIVE)................... 03
> STEP-PARENT OF (NAME)...................................... 04
> FOSTER PARENT OF (NAME)................................. 05
> GRANDPARENT 07
> BROTHER/SISTER (NATURAL/STEP) OF (NAME) ... 08
> AUNT/UNCLE OF (NAME) 09
> (NAME'S) SPOUSE 10
> OTHER RELATIVE OF (NAME)
> (SPECIFY IN QUESTION)... 15
> NOT RELATED (SPECIFY IN QUESTION)................. 16

**END INTERVIEW, SEND A67, A70 TO DIAL SCREEN,
START A2 = 04**

A71.   Can you tell me why (NAME) needs you to help (HIM/HER) complete this interview?

> TOO ILL 01
> NOT COGNITIVELY/MENTALLY ABLE 02
> LANGUAGE PROBLEM..................................... 03
> HEARING PROBLEM (CAN'T BE RESOLVED
> WITH AMPLIFIER PHONE OR TTY) 04
> OTHER (SPECIFY)⌐↓ 05
>
> _____
> DON'T KNOW .... d
> REFUSED .... r

A72. Is now a good time to conduct the interview?

> YES.. 01→ *Go to A77i*
> NO.. 00→ *Go to A77h*

A73.   I can get on a phone that will amplify my voice or (NAME's) voice, or we could use a
       TTY service. Would either of these help (NAME) complete the interview?

> YES, AMPLIFIER PHONE .... 01→ *Go to A74*
> YES, TTY .... 02→ *Go to A76*
> NO... 00→ *Continue*
> DON'T KNOW .... d→ *Continue*
> REFUSED .... r→ *Continue*

IN
A73a. In that case, I'll continue the interview with you. → *Go to A78*

IN
A74. Is (NAME) available now?

> YES...01→ *Go to A75*
> NO...00→ *Go to A77f*
> DON'T KNOW ....d→ *Go to A77f*
> REFUSED ....r→ *Go to A77f*

IN
A75. Please hold while I get the amplifier phone.

> (NAME) comes to phone ....00→ *Go to A77*

IN
A76. Is (NAME) available now?

> YES...01→ *Go to A76a*
> NO...00→ *Go to A77f*
> DON'T KNOW ....d→ *Go to A77f*
> REFUSED ....r→ *Go to A77f*

A76a. INTERVIEWER: IF (NAME) IS AVAILABLE, ARRANGE CALL WITH TTY OPERATOR, THEN START WITH A77.

YA
A77. (WHEN NAME COMES TO PHONE: Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration.) We're conducting a study about the health of young people who are receiving Supplemental Security Income, or SSI, or whose families once applied for or received SSI on their behalf. I'd like to ask you a few questions about how you're doing. Is now a good time to conduct the interview?

> YES...01→ *Set RTYPE=02;*
> *Go to A80*
> NO...00→ *Go to A77h*
> DON'T KNOW ....d→ *Go to A80*
> REFUSED ....r→ *End Interview*

A77a. Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration. We're conducting a study about the health of young people who are receiving Supplemental Security Income, or SSI. I'd like to ask you a few questions about a person in our study, (INSERT FIRST AND LAST NAME). Would you be able to answer questions on (HIS/HER) behalf?

> YES..01→ *Continue*
> NO..00→ *Go to A77h*
> DON'T KNOW ....d→ *Continue*
> REFUSED..r→ *End Interview*

A77b. Just to confirm, does (NAME) need you to answer for (HIM/HER), or would (NAME) be able to answer questions (HIMSELF/HERSELF)?

> (NAME) CAN ANSWER...................................01→ *Go to A77d*
> (NAME) NEEDS PROXY ....02→ *Continue*
> DON'T KNOW..d→ *Continue*
> REFUSED..r→ *Continue*

A77c. Can you tell me why (NAME) needs you to help (HIM/HER) complete this interview?

> TOO ILL 01
> NOT COGNITIVELY/MENTALLY ABLE 02
> LANGUAGE PROBLEM....................................03
> HEARING PROBLEM (CAN'T BE RESOLVED
> WITH AMPLIFIER PHONE OR TTY)................04
> OTHER (SPECIFY)↴ 05
>
> _____
> DON'T KNOW..d
> REFUSED..r

> **GOTO A77i**

A77d. In that case, I'd like to speak to (NAME). Is (HE/SHE) available now?

> YES..01→ *Set RTYPE=02;*
>
> NO..00→ *Go to A77f*
> DON'T KNOW..d→ *Go to A77e*
> REFUSED..r→ *Go to A77e*

YX
A77e. May I please speak with (NAME)?

YES .... 01→ *Set RTYPE=02;*
Go to A77g

NO .... 00→ *Go to A77f*
DON'T KNOW .... d→ *Go to A77f*
REFUSED .... r→ *Go to A77f*

YX
A77f. When would be a good time to call back to reach (HIM/HER)?

Set RTYPE=02. Go to callback screen. End interview

YA
A77g. (WHEN NAME COMES TO PHONE: Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration.) We're conducting a study about the health of young people who are receiving Supplemental Security Income, or SSI, or whose families once applied for or received SSI on their behalf. I'd like to ask you a few questions about how you're doing. Is now a good time to conduct the interview?

YES .... 01→ *Go to A80*
NO .... 00→ *Go to A77h*
DON'T KNOW .... d→ *Go to A77h*
REFUSED .... r→ *Go to A77h*

YX
A77h. When would be a good time to call back?

Go to callback screen. End interview

A77i. How are you related to (NAME), if at all?

        MOTHER (BIOLOGICAL OR ADOPTIVE)...................02→ *Set RTYPE=01*
        FATHER (BIOLOGICAL OR ADOPTIVE)....................03→ *Set RTYPE=01*
        STEP-PARENT OF (NAME).......................................04→ *Set RTYPE=01*
        FOSTER PARENT OF (NAME)..................................05→ *Set RTYPE=01*
        UNMARRIED PARTNER OF PARENT.......................06→ *Set RTYPE=01*
        GRANDPARENT ....07→ *Set RTYPE=01*
        BROTHER/SISTER OF (NAME).................................08→ *Set RTYPE=03*
        AUNT/UNCLE OF (NAME) ....09→ *Set RTYPE=01*
        (NAME'S) SPOUSE ....10→ *Set RTYPE=03*
        HOUSEMATE/ROOMMATE/FRIEND ....13→ *Set RTYPE=03*
        ROOMER/BOARDER ....14→ *Set RTYPE=03*
        OTHER RELATIVE OF (NAME)
        (SPECIFY IN QUESTION)..15 → *Set RTYPE=03*
        NOT RELATED (SPECIFY IN QUESTION)................16→ *Set RTYPE=03*

A78. DELETED

A79. DELETED

A80. Let me begin with some information about this study. The questions I'll be asking are about (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health and how (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) gets along day-to-day. Your participation in this study is voluntary and will not affect any SSI benefits that (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE = 02) receive now or may apply for in the future. The answers you provide are strictly confidential and will be used for research purposes only.

In appreciation of your time, we'll send you a (FILL "A CHECK FOR $10.00" IF INCENTIVE TYPE=1; FILL "A $10.00 DEBIT CARD" IF INCENTIVE TYPE=2; FILL "A $10.00 PHONE CARD" IF INCENTIVE TYPE=3) once we finish the interview. I would like to begin the interview now.

READ IF NECESSARY: We estimate this interview will take about 50 minutes to complete. → *Continue*

YA, YX, YP

A81. First, I would like to verify some information about (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE = 02). (FILL "IS NAME" IF RTYPE = 03; "ARE YOU" IF RTYPE = 02) male or female?

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

YA, YX , YP

A82. What is (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE = 02) date of birth?

> |___|___| / |__|__| / 19|__|__| (1970-2001)
> MONTH   DAY   YEAR

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

YA, YX, YP

A83. CHECK: Does date of birth in A82 match the pre-loaded date of birth? (2 OF 3 MATCH)

> YES... 00 → Go to A39a
> ONE DIDN'T MATCH .... 01 → *Go to A36*
> TWO DIDN'T MATCH .... 02 → *Go to A36*
> THREE DIDN'T MATCH .... 03 → *Go to A36*

YA, YX, YP

A84. (FILL "HAVE YOU OR ANYBODY IN YOUR FAMILY APPLIED" IF RTYPE=01,02; "HAS NAME OR ANYBODY IN NAME'S FAMILY" IF RTYPE=03) applied for Supplemental Security Income or SSI benefits for (FILL "NAME" IF RTYPE=01,03, "YOU" IF RTYPE=02) anytime between 1978 and 2001?

> YES... 01 → *Go to A87a*
> NO.. 00 → *Go to A86*
> DON'T KNOW .... d→ *Go to A86*
> REFUSED .... r→ *Go to A86*

YA, YX , YP

A85. DELETED

YA, YX , YP

A86.　There is a problem with our records and I'm not sure we've reached the right person. I need to speak with my supervisor.   Someone will call you back shortly. Thank you.

End interview, record problem

YA, YX , YP

A87a. In what city and state is (NAME) now living?

CITY_____ STATE_____

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

YA,YX, YP

A87a1.　CHECK: Is (NAME) living outside the contiguous 48 states (i.e., in Alaska, Hawaii, or a U.S. trust territory)?

YES .... 01→ *End Interview*
NO.. 00→ *Continue*
DON'T KNOW .... d→ *Continue*
REFUSED .... r→ *Continue*

A87b. And just to confirm, which of the following best describes (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) current living situation? (FILL "IS NAME" IF RTYPE=01,03; "ARE YOU" IF RTYPE=02) living …

Read list, code only one answer

With a relative (If 18+, PROBE: Not including (FILL "HIS/HER"=IF RTYPE=01,03; "YOUR" IF RTYPE=02") spouse or own children) ....01→ *Go to A90*

(FILL "HIS/HER"=IF RTYPE=01,03; "YOUR" IF RTYPE=02) own home (PROBE: Either alone or with friends, roommates, or (FILL "HIS/HER" IF RTYPE=01,03;"YOUR" IF RTYPE=02) own family)................................02→ *IF RTYPE =01 change to RTYPE=03; go to A89*

A residential facility (PROBE: Such as an assisted living facility, center for independent living, personal care home, or halfway house)...04→ *IF RTYPE =01 change to RTYPE =03; go to Part B*

A Medicaid institution ....05→*IF RTYPE =01 change to RTYPE=03; Continue*

At school ....06→ *IF RTYPE=01; go to A90; if RTYPE=02 or 03 go to A88*

A nursing or convalescent home.......................08→ *IF RTYPE=01 change to RTYPE=03; go to Part B*

(NAME) IS IN JAIL/PRISON/JUVENILE CORRECTION FACILITY ....09→*IF RTYPE=2 go to A88; else go to Part N*

Somewhere else (SPECIFY)........................12→*IF RTYPE=01change to RTYPE=03; go to Part B*
_____

DON'T KNOW..d→ *IF RTYPE=01 change to RTYPE=03; go to Part B*

REFUSED...r→ *IF RTYPE=01 change to RTYPE=03; go to Part B*

A87c. Just to confirm, does Medicaid pay for half or more of the cost of (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) stay at this place?

YES	01→	*Go to A87d*
NO	00→	*Go to Part B*
DON'T KNOW	d→	*Go to A87d*
REFUSED	r→	*Go to A87d*

A87d. Thank you for explaining the situation to me. We are not interviewing individuals in Medicaid institutions. Thank you for your time. Goodbye.

A88. According to our interviewing procedures, I need to speak with one of (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) parents or legal guardians. What are the name, address, and telephone number of (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) parent or guardian?

NAME:_____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

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

DON'T KNOW	d
REFUSED	r

END INTERVIEW, SEND A88 TO DIAL SCREEN, START A2=02

A89. (FILL "ARE YOU" IF RTYPE=02; "IS NAME" IF RTYPE=03) living with (FILL "YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) own spouse or children, living with friends or roommates, living alone, or something else?

LIVING WITH OWN SPOUSE/CHILDREN	01→	*Continue*
LIVING WITH FRIENDS/ROOMMATES	02→	*Set A90=01; Fill SM info in A91; Set RTYPE=02; Go to Part B*
LIVING ALONE	03→	*Set A90=01; Fill SM info in A91; Set RTYPE=02; Go to Part B*
OTHER (SPECIFY)⤷	04→	*Continue*
_____		
DON'T KNOW	d→	*Continue*
REFUSED	r→	*Continue*

YA, YX (living in own home or with another relative)

A90. Next, I'd like to ask you some questions about the people who live in (FILL "NAME'S" IF RTYPE=03; "YOUR" IF RTYPE=02) household at the present time. This includes both children and adults and may include individuals who are not related to (FILL "NAME" IF RTYPE=03; "YOU" IF RTYPE=02). How many people altogether live in (FILL "NAME'S" IF RTYPE=03; "YOUR" IF RTYPE=02) household, including (FILL "NAME" IF RTYPE=03; "YOURSELF" IF RTYPE=02)?

PROBE: This includes everyone who usually lives there, even those who may be temporarily away on business, vacation, in a hospital, or away at school.

|___|___| HOUSEHOLD MEMBERS→ *Go to A91* (2-20)

DON'T KNOW ....d→ *Go to A90a*
REFUSED ....r→ *Go to A90a*

YA, YX

A90a. This is a very important piece of information….

|___|___| HOUSEHOLD MEMBERS (2-20)

DON'T KNOW ....d→ *Go to A91*
REFUSED ....r→ *End Interview*

YA, YX (living in own home or with another relative)

A91. For each individual, please tell me their first name, gender, age, and their relationship to (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03). Don't include (FILL "YOURSELF" IF RTYPE=02; "NAME" IF RTYPE=03) because I already know this information. Let's begin with the youngest person…

PROBE: I need this information in order to know what questions to ask you later in the interview. Because households are different, not all the questions may apply to (FILL "NAME" IF RTYPE=01,03; FILL "YOU" IF RTYPE=02).

PROBE: Please do not include yourself in the list.

INTERVIEWER: DO NOT INCLUDE (NAME) IN THE LIST.

A. What is (HIS/HER/YOUR) first name? *Record youngest to oldest*	B. *Confirm or ask:* Is that person male or female?	B. What is (HIS/HER/YOUR) age?	D. What is (HIS/HER/YOUR) relationship to NAME? *Use Relationship Code List*
1._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|
2._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|
3._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|
4._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|
5._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|
6._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|
7._____	Male .... 01 Female .... 02 DK.............. d RF .... r	|__|__| YEARS OLD	|__|__|

PROGRAMMER NOTE: Create space for 14 household members.

Relationship Codes

    02 MOTHER (BIOLOGICAL OR ADOPTIVE)
    03 FATHER (BIOLOGICAL OR ADOPTIVE)
    04 STEP-PARENT OF (NAME)
    05 FOSTER PARENT OF (NAME)
    06 UNMARRIED PARTNER OF PARENT
    07 GRANDPARENT
    08 BROTHER/SISTER OF (NAME)
    09 AUNT/UNCLE OF (NAME)
    10 (NAME'S) SPOUSE
    11 (NAME'S) CHILD
    12 FOSTER CHILD LIVING WITH FAMILY
    13 HOUSEMATE/ROOMMATE/FRIEND
    14 ROOMER/BOARDER
    15 OTHER RELATIVE OF (NAME) (SPECIFY IN QUESTION)
    16 OTHER NOT RELATED (SPECIFY IN QUESTION)

INTERVIEWER INSTRUCTION: IF RESPONDENT ANSWERS "MOTHER" OR "FATHER" FOLLOW-UP WITH: "(ARE YOU/IS THIS PERSON) THE BIOLOGICAL, STEP, ADOPTIVE, OR FOSTER (MOTHER/FATHER) OF (NAME)?"

CHECK: IS THE NUMBER OF HOUSEHOLD MEMBERS REPORTED IN A91 EQUAL TO THE NUMBER LISTED IN A90 MINUS ONE. IF NOT, REVIEW WITH RESPONDENT.

YA, YX (living in own home or with another relative)
A92. I would like to take a minute and make sure I recorded the information about the people in your household correctly.

    INTERVIEWER: CONFIRM INFORMATION IN HOUSEHOLD GRID.

A92b. CHECK: Does RTYPE=03?

        YES .... 01→ *Go to Part B*
        NO .... 00→ *Continue*

YA (living in own home or with another relative)
A93. CHECK: Is (NAME) living with his/her parent(s), that is, is A91D_1 – A91D_14 = 02, 03, 04?
        YES .... 01→ *Continue*
        NO .... 00→ *Go to Part B*

YA (living with parents)

A94. CHECK: Is (NAME) living with his/her own spouse or children in this household, that is, is A91D_1 – A91D_14 =10, 11?

                              YES...01→ *Change RTYPE to 2, Go to Part B*
                              NO..00→ *Change RTYPE to 1, Continue*

IN (living with parents and without own spouse or children)

A95. According to our study procedures, I need to continue the interview with your parent or guardian. Is she or he available now?

                              YES...01→ *Go to A97*
                              NO..00→ *Continue*
                              DON'T KNOW ....d→ *Continue*
                              REFUSED ....r→ *Continue*

IN (living with parents and without own spouse or children)

A96. When would be a good time to call back to reach (HIM/HER)?

        PROBE: When is (HE/SHE) usually at home?

         Go to callback screen. End interview.

YP (living with parents and without own spouse or children)

A97. (WHEN PARENT/GUARDIAN COMES TO THE PHONE)Hello, my name is _____ and I'm calling from Mathematica Policy Research on behalf of the Social Security Administration. We're conducting a study of young people who are receiving Supplemental Security Income, or SSI, or whose families once applied for or received SSI on their behalf. We're calling to follow up about (NAME'S) health and your family's well-being. Is now a good time to conduct the interview?

                              YES...01→ *Go to A98*
                              NO..00→ *Continue*
                              DON'T KNOW ....d→ *Go to A98*
                              REFUSED ....r→ *End Interview*

YP (living with parents and without own spouse or children)

A97a. When would be a good time to call back?

        PROBE: When are you usually at home?

         Go to callback screen.   End interview.

A98. Let me begin with some information about this study. The questions I'll be asking are about (NAME'S) health and how (HE/SHE) gets along day-to-day. Your participation in this study is voluntary and will not affect any SSI benefits that (NAME) receives now or may apply for in the future. The answers you provide are strictly confidential and will be used for research purposes only. In appreciation of your time, we'll send you a (FILL " A CHECK FOR $10.00" IF INCENTIVE TYPE=1; FILL " A $10.00 DEBIT CARD" IF INCENTIVE TYPE=2; FILL "A $10.00 PHONE CARD" IF INCENTIVE TYPE=3) once we finish the interview. I would like to begin the interview now.

READ IF NECESSARY: We estimate this interview will take about 50 minutes to complete.

PROGRAMMER: CHANGE RTYPE TO 01 THEN GO TO PART B

ONE LAST CHECK

INTERVIEWER: WE HAVE THE RESPONDENT AS….

DISPLAY RTYPE (FILL "PARENT/GUARDIAN" IF RTYPE=01; FILL" YOUNG ADULT-HIMSELF/HERSELF" IF RTYPE=02; FILL" PROXY"IF RTYPE=03")

IS THAT CORRECT?

THIS IS CORRECT .... 01→ *Continue*
THIS IS WRONG .... 00→ *Go back and review answers*

PART B. DISABILITY STATUS AND FUNCTIONAL LIMITATIONS

CP,YP, YA, YX

B1.   INTERVIEWER ENTER: With whom are you speaking?

```
(NAME'S) PARENT OR GUARDIAN ............... 01
(NAME) HIM/HER SELF ................................. 02
PROXY FOR (NAME) ...................................... 03
```

CP, YP, YA, YX

B1a.   CREATE VARIABLE "RTYPE"

```
(NAME'S) PARENT OR GUARDIAN ............... 01
(NAME) HIM/HER SELF ................................. 02→ Go to B3
PROXY FOR (NAME) ...................................... 03→ Go to B3
```

CP, YP, YA, YX

B2.   Just to confirm, are you living with a spouse or partner in this household? If yes, which one?

```
SPOUSE      .................................................. 01
PARTNER ...................................................... 02
NO SPOUSE OR PARTNER ........................... 00
DON'T KNOW ................................................ d
REFUSED     ................................................. r
```

CP, YP, YA, YX
1999 NHIS Family Core

B3.   Next I'm going to ask you about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) general health. Would you describe (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health as excellent, very good, good, fair, or poor?

```
EXCELLENT ................................................... 01
VERY GOOD ................................................. 02
GOOD ........................................................... 03
FAIR.............................................................. 04
POOR ........................................................... 05
DON'T KNOW ................................................ d
REFUSED ...................................................... r
```

B4.   These next questions are about any kind of health problems, concerns, or conditions that may affect (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) behavior, learning, growth, or physical development. Some of these problems may affect the kind or amount of services (FILL "NAME NEEDS" IF RTYPE=01, 03; "YOU NEED" IF RTYPE=02) (IF AGE <17 ADD: Some of these health problems may affect (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) abilities and activities at school or play).

(FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need or use **more** medical care, mental health, or educational services than is usual for most (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age?

PROBE: These questions refer to a **current** condition, not a condition in the past.

YES 01
NO .... 00 ⎤
DON'T KNOW .... d ⎥ ⟶ *Go to B7*
REFUSED .... r ⎦

B5.   Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) need for medical care, mental health or educational services because of any medical, behavioral, or other health condition?

YES 01
NO .... 00 ⎤
DON'T KNOW .... d ⎥ ⟶ *Go to B7*
REFUSED .... r ⎦

B6.   Is this a condition that has lasted or is expected to last 12 months or longer?

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

B7.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) currently
       need or use **medicine prescribed by a doctor**, other than vitamins?

       PROBE: Over-the-counter medication such as cold or headache medication is
       not included.

       INTERVIEWER: THESE QUESTIONS REFER ONLY TO A CURRENT
       CONDITION. THE RESPONDENT SHOULD ANSWER "YES" ONLY IF THE
       CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED.

              YES 01
              NO 00
              DON'T KNOW .... d   ⟶ *Go to B10*
              REFUSED .... r

B8.   Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) need for
       prescription medicine because of any medical, behavioral, or other health
       condition?

              YES 01
              NO 00
              DON'T KNOW .... d   ⟶ *Go to B10*
              REFUSED .... r

B9.   Is this a condition that has lasted or is expected to last 12 months or longer?

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

B10. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) **limited or prevented** in any way in (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) ability to do the things (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age can do?

PROBE: In other words, are there things (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) can't do as much or can't do at all that (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) the same age can?

```
YES ................................................................. 01
NO .................................................................. 00 ⌐
DON'T KNOW ................................................... d     ├─➤ Go to B13
REFUSED ......................................................... r ⌐
```

B11. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) limitation in abilities because of any medical, behavioral, or other health condition?

```
YES ................................................................. 01
NO .................................................................. 00 ⌐
DON'T KNOW ................................................... d     ├─➤ Go to B13
REFUSED ......................................................... r ⌐
```

B12. Is this a condition that has lasted or is expected to last 12 months or longer?

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

B13. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need or get **special therapy**, such as physical, occupational, or speech therapy?

```
YES ................................................................. 01
NO .................................................................. 00 ⌐
DON'T KNOW ................................................... d     ├─➤ Go to B16
REFUSED ......................................................... r ⌐
```

B14. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) need for special therapy because of **any** medical, behavioral, or other health condition?

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

> Go to B16

B15. Is this a condition that has lasted or is expected to last 12 months or longer?

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

B16. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need or get treatment or counseling for any kind of emotional, developmental, or behavioral problem?

PROBE: Treatment or counseling includes remedies, therapy or guidance a child or young person may receive for his/her health condition.

Emotional Problems such as depression or schizophrenia.
Developmental problems such as stunted growth.
Behavioral problems such as aggressive behavior or Attention Deficit Disorder, also known as A-D-D.

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

> Go to B18

B17. Has (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

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

B18. CHECK AGE: Is NAME's age…

> <17 .... 01→ *Continue*
> 17+ .... 02→ *Go to B20*

B19. FACCT SCREENER DECISION (modified): Is B4=1, or B7=1, or B10=1, or B13=1, or B16=1, that is, does (NAME) have a health condition?

> YES... 01→ *Go to B27*
> NO... 00→ *Go to B23*

B20. Does a medical, behavioral, or other health condition **now** prevent (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) from working at a job or business, or attending school?

> YES……………………………………………01→ *Go to B22*
> NO... 00
> DON'T KNOW .... d
> REFUSED .... r

B21. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) **limited** in the kind **or** amount of work or school (FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) can do because of a medical, behavioral, or other health condition?

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

B22.   FACT SCREENER DECISION (modified): Is B4=1, or B7=1, or B10=1, or B13=1, or B16=1, or B20=1, or B21=1, that is, does NAME have a health condition or is limited in work or school activities?

> YES .... 01→ *Go to B27*
> NO .... 00→ *Go to B24*

B23.   (FILL "IS NAME" IF RTYPE=01 OR 03; "ARE YOU" IF RTYPE=02) now limited **in any way** in any activities because of a medical, behavioral, or other health condition?

> YES .... 01→ *Go to B27*
> NO 00
> DON'T KNOW .... d
> REFUSED .... r

B24.   Thinking back to (INSERT YEAR OF APPLICATION) when (FILL "NAME'S" IF RTYPE=03; "YOUR" IF RTYPE=01, 02) family applied for Supplemental Security Income, or SSI, for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02), did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) have a medical, behavioral, or other health condition then?

> YES 01
> NO 00
> DON'T KNOW .... d ⎵→ *Go to B30*
> REFUSED .... r

B25.   What health condition or problem was that?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition?

PROBE 2: What causes this condition?

_____

B26. CHECK FACCT SCREENER(s): Is B19=01 or B22=01, that is, does NAME have a **current** health condition or problem?

<div align="center">

YES...01→ *Continue*
NO..02→ *Go to B30*

</div>

CP, YP, YA, YX (with health condition)
CSHCN

B27. The next questions are about any physical, mental, learning, or developmental conditions or problems that (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02). (FILL "IN THE PAST 12 MONTHS" IF AGE 1+; "SINCE BIRTH" IF AGE <1), how often has (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition or problem affected (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) ability to do things other (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE=17+) do? Would you say:

INTERVIEWER: IF THE CONDITION IS EPISODIC, FOR EXAMPLE, ASTHMA ATTACKS, RESPONDENTS SHOULD CONSIDER THE ENTIRE 12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE.

INTERVIEWER: READ LIST, CODE ONE ANSWER

Read list, Code one answer

<div align="center">

Never 01
Sometimes 02
Usually 03
Always...04
DON'T KNOW ....d
REFUSED ....r

</div>

CP, YP, YA, YX (with health condition)
CSHCN

B28. Does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition or problem affect (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) ability to do things a great deal, some, or very little?

<div align="center">

A GREAT DEAL 01
SOME 02
VERY LITTLE...03
DON'T KNOW ....d
REFUSED ....r

</div>

B29. Overall, how would you rank (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition(s) or problem(s). Please pick a number between zero and ten where zero is the mildest and ten is the most severe.

INTERVIEWER: IF NAME HAS MORE THAN ONE CONDITION, THEN THE RESPONDENT SHOULD RATE THE MOST SEVERE CONDITION RATHER THAN TRYING TO AVERAGE SEVERITY ACROSS ALL OF THE CONDITIONS.

|__|__| NUMBER BETWEEN ZERO AND TEN

NAME DOESN'T HAVE A HEALTH
CONDITION OR PROBLEM 11
DON'T KNOW .... d
REFUSED .... r

B30. Which of the following statements best describes (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health care needs?

Read list, code only one response

(FILL "NAME'S" IF RTYPE=01, 03; "YOUR"
IF RTYPE=02) health care needs change
all the time... 01
(FILL "NAME'S" IF RTYPE=01, 03; "YOUR"
IF RTYPE=02) health care needs change
only once in a while... 02
(FILL "NAME'S" IF RTYPE=01, 03; "YOUR"
IF RTYPE=02) health care needs are
usually stable 03
None of these... 04
DON'T KNOW .... d
REFUSED .... r

B31. CHECK AGE: Is NAME's age…

<17 .... 01→ *Continue*
17+ .... 02→ *Go to B33*

B32. (FILL "DOES NAME" IF RTYPE=01, 03) use any medical devices or supplies? These include things like a respirator, glucose monitor, a wheelchair, hearing aid, or feeding tube.

     PROBE: This includes canes and walkers.

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

B33. Which statement best describes (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) hearing (without a hearing aid): good, a little trouble, a lot of trouble, or deaf?

          GOOD 01
          A LITTLE TROUBLE 02
          A LOT OF TROUBLE 03
          DEAF 04
          DON'T KNOW.. d
          REFUSED.. r

B34. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have any trouble seeing? (IF AGE=2+ ADD) even when wearing glasses or contact lenses?

          YES... 01
          NO... 00
          DON'T KNOW.. d   → *Go to B36*
          REFUSED.. r

B35. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) blind or unable to see?

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

B36. CHECK FACCT SCREENER(s): Is B19=01 or B22=01, that is, does (NAME) have a health condition or problem?

YES .... 01→ *Continue*
NO .... 02→ *Go to B41*

CP, YP, YA, YX (with health condition)
1978 SSA Survey (modified)

B37. Considering everything you just told me about, what do you consider (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) main health condition or problem to be?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition?

PROBE 2: What causes this condition?

Record verbatim

_____

CP, YP, YA, YX (with health condition)
1999 NHIS Family Core

B38. How many years (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) had this health condition or problem?

NUMBER	TIME PERIOD
___|___| (01-94)	DAYS 01
95 + ... 95	WEEKS 02
SINCE BIRTH 96	MONTHS 03
DON'T KNOW .... d	YEARS 04
REFUSED .... r	DON'T KNOW .... d
REFUSED .... r

CP, YP, YA, YX (with health condition)
1978 SSA Survey

B39. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have any other health conditions or problems?

YES 01
NO .... 00 ⌐
DON'T KNOW .... d ⟩→ *Go to B41*
REFUSED .... r ⌐

B40. What are these?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) health condition?

PROBE 2: What causes this condition?

Record verbatim
_____

B41. CHECK AGE: Is NAME's age…

                     <17 .... 01→ *Go to B45*
                     17+ .... 02→ *Continue*

B42. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

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

B43. During the past 12 months, that is, since (FILL LAST MONTH, LAST YEAR), about how many days did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) miss work or school because of illness or injury?

                     |___|___|___| DAYS (1-365)

                     NONE 00
                     DON'T WORK/ATTEND SCHOOL .... n
                     DON'T KNOW .... d
                     REFUSED .... r

B44. During the past 12 months, about how many days did illness or injury keep (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) in bed more than half of the day?

PROBE: Include days while an overnight patient in a hospital. Also include days for mental or emotional problems.

|___|___|___| DAYS (1-365)

NONE... 00
DON'T KNOW .... d
REFUSED .... r

B45. CHECK AGE: Is (NAME'S) age …

5+ .... 01 → *Continue*
<5 .... 00 → *Go to B51*

B46. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?

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

→ *Go to B48*

B47.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need the help or supervision of other persons with ...

Code one for each

	YES	NO	DK	RF
A. Bathing or showering...........................	01	00	d	r
B. Dressing	01	00	d	r
C. Eating	01	00	d	r
D. Getting in or out of bed or chairs	01	00	d	r
E. (IF AGE=17+) Walking	01	00	d	r
F. (IF AGE=17+) Getting outside	01	00	d	r
G. Using the toilet, including getting to the toilet	01	00	d	r
H. Getting around inside the home............	01	00	d	r

B48.   CHECK AGE: Is NAME's age….

<17 .... 01→ *Go to B52*
17+ .... 02→ *Continue*

B49.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need the help of other persons in handling routine needs such as preparing meals, managing money, doing housework, or managing medications?

YES 01
NO... 00
DON'T KNOW .... d   → *Go to B51*
REFUSED .... r

B50.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need the help or supervision of other persons with...

Code one for each

		YES	NO	DK	RF
A.	Preparing meals	01	00	d	r
B.	Shopping for personal items or groceries	01	00	d	r
C.	Managing money.................................	01	00	d	r
D.	Using the telephone............................	01	00	d	r
E.	Doing heavy housework	01	00	d	r
F.	Doing light housework	01	00	d	r
G.	Going to places outside of walking distance	01	00	d	r
H.	Managing medications.........................	01	00	d	r

B51.   CHECK: Is A42D_1 – A42D_14 OR A91D_1 – A91D_14=02, 03, 04, 05, 07, 08, 09, 10, 11,15? That is, is (NAME) living with his/her parents, his/her brothers or sisters, other relatives, or with his/her own spouse or children?

YES.. 01→ *Continue*
NO... 00→ *Go to Part C*

B52.   Many families provide health care at home such as changing bandages, care of feeding or breathing equipment, transportation to appointments, and giving medication and therapies. Do any family members provide health care at home for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

YES... 01
NO... 00
DON'T KNOW .... d → *Go to B55*
REFUSED... r

CP, YP, YA, YX (living with family)
CSHCN
B53.   How many hours per week do family members spend providing this kind of health care for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

PROBE: By this kind of care we mean: changing bandages, taking care of medical equipment, giving medications, and things like that. Do not include routine care for a (FILL "CHILD" IF <17; FILL " YOUNG PERSON" IF 17+) of (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) age.

|__|__|__| HOURS PER WEEK (0-168)

CP, YP, YA, YX (living with family)
NHIS-D Child Followback (modified)
B54.   How are these family members related to (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

Do not read list, code all that apply

MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
GRANDPARENT... 07
BROTHER/SISTER OF (NAME)...................... 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION)................................ 15
DON'T KNOW .... d
REFUSED... r

CP, YP, YA, YX
NHIS-D Child Followback (modified)
B55.   Last week, how many hours, if any, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) receive health care where (FILL "NAME LIVES" IF RTYPE=01, 03; "YOU LIVE" IF RTYPE=02) from people **other than** family members?

|__|__|__| HOURS PER WEEK (1-168) → *If "00," go to Part C*

English Version   B-16

B56. Did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for any of this health care that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received last week? Do not count money that has been or will be reimbursed by insurance or any other source.

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

$\rightarrow$ *Go to Part C*

B57. About how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for the health care (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received last week? Again, don't count money that has been or will be reimbursed by insurance or any other source.

$\$\_\_\_\_.00$ AMOUNT PAID FOR LAST WEEK'S CARE (0-9,999)

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

CP, YP, YA, YX
C1.   These next questions are about health care, not counting treatment for mental health or substance abuse, or dental care. *Continue.*

CP, YP, YA, YX
C2.   CHECK AGE: Is NAME's age…

                    18+ .... 01→ *Continue*
                    <18 .... 00→ *Go to C5*

YP, YA, YX (age 18+)
NHIS-D Adult Followback
C3.   (FILL "DOES NAME" IF RTYPE=01, 03, "DO YOU" IF RTYPE=02) give (FILL "HIM/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) own consent for medical care, or does someone else do that for (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02)?

       PROBE: Who gives permission for (NAME's) medical treatment, for example, at a doctor's office or hospital?

                    (NAME) GIVES OWN CONSENT .... 01→ *Go to C5*
                    SOMEONE ELSE GIVES CONSENT .... 02→ *Continue*
                    IT VARIES .... 03→ *Go to C5*
                    DON'T KNOW .... d→ *Go to C5*
                    REFUSED .... r→ *Go to C5*

YP, YA, YX (age 18+)
NHIS-D Adult Followback
C4.   Who generally gives medical consent for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

                    PARENT/LEGAL GUARDIAN 01
                    OTHER FAMILY MEMBER 02
                    AGENCY OR SCHOOL STAFF MEMBER 03
                    OTHER (SPECIFY) 04
                    _____
                    DON'T KNOW .... d
                    REFUSED .... r

C5. During the past 12 months, how many times, if any, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) seen a doctor or other health professional about (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health at a doctor's office, a clinic, or some other place?

PROBE: Do not include times (FILL "NAME WAS" IF RTYPE=01, 03; "YOU WERE" IF RTYPE=02) hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls. Also, don't include visits for mental health or substance abuse treatment, or dental care.

PROBE: This includes visits for routine care as well as care for (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) special health condition.

|___|___|___| TIMES (0-100)

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

C6. During the past 12 months, how many different times, if any, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) stay overnight or longer in a hospital? Do not include an overnight stay in the emergency room.

|___|___|___| TIMES (0-100)

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

C7. During the past 12 months, how many times, if any, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) been to a hospital emergency room? This includes emergency room visits that resulted in a hospital admission.

|___|___|___| NUMBER OF TIMES (0-100)

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

C8.   During the past 12 months, how many times, if any, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) had surgery or other surgical procedures either as an inpatient or outpatient?

|___|___|___| NUMBER OF TIMES (0-100)

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

C9.   Thinking about all the **physical** health care (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received in the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for this care? Include all doctors visits, hospital stays, and prescription medicines.   Do not include money that will be reimbursed by insurance or any other source.

PROBE: Do not include money for mental health or substance abuse treatments. I'll ask about these later. Also, don't include money for dental care.

$_____.00 AMOUNT PAID (0-999,999)

NONE.. 00
DON'T KNOW .... d
REFUSED .... r

C10.   People often delay or do not get needed health care.

(IF AGE=<18) In the past 12 months, have you delayed or gone without health care for (NAME)?

(IF AGE=18+) In the past 12 months, (FILL "HAS NAME" IF RTYPE=01, 03, "HAVE YOU" IF RTYPE=02) delayed or gone without health care for any reason?

YES... 01→ *Continue*
NO.. 00
DON'T KNOW .... d   → *Go to C12*
REFUSED .... r

C11.   There are many reasons people have trouble getting medical care.

(IF AGE=<18) Did you delay or not get health care for (NAME) because…
NOTE: IN C11_A – C11_F USE "YOU"

(IF AGE=18+) Did (FILL "NAME" IF RTYPE=01, 03, "YOU" IF RTYPE=02) delay or not get health care because…

Read list, code one for each

	YES	NO	DK	RF
A. The clinic or doctor's office wasn't open when (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) could get there	01	00	d	r
B. (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) didn't have transportation	01	00	d	r
C. (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE=02) didn't have money to pay the provider or didn't have insurance.................	01	00	d	r
D. The type of care (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE=02) needed was not available in (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) area	01	00	d	r
E. (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE=02) could not get approval from (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health plan or primary care doctor	01	00	d	r
F. Any other reason (SPECIFY)............................	01	00	d	r

_____

C12.   During the past 12 months, was there any time when (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) needed dental care, including check-ups, but didn't get it?

YES... 01→ *Continue*
NO.. 00 ┐
DON'T KNOW .... d ├→ *Go to C14*
REFUSED... r ┘

C13.   Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not get the dental care that (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=2) needed?

Read list, code all that apply

Cost too much/Couldn't afford it.................................. 01
Not covered/Approved by Health Plan........................ 02
No Dental Insurance 03
Transportation Problems.. 04
Other (SPECIFY) ¬... 05
_____
DON'T KNOW.. d
REFUSED... r

C14.   About how long has it been since (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

Read if necessary, code one answer

6 MONTHS OR LESS 01
MORE THAN 6 MONTHS, BUT NOT MORE
THAN 1 YEAR AGO.. 02
MORE THAN 1 YEAR, BUT NOT MORE
THAN 2 YEARS AGO 03
MORE THAN 2 YEARS, BUT NOT MORE
THAN 5 YEARS AGO 04
MORE THAN 5 YEARS AGO 05
NEVER... 00
DON'T KNOW .... d
REFUSED .... r

C15.   During the past 12 months, was there any time when (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) needed prescription medicines but didn't get them?

YES... 01→ *Continue*
NO... 00 ─
DON'T KNOW .... d   ├→ *Go to C17*
REFUSED .... r ─

C16. Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not get the prescription medicines that (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) needed?

Read list, code all that apply

Cost Too Much/Couldn't Afford It 01
No Insurance 02
Not Covered/Approved By HealthPlan 03
Doctor Wouldn't Prescribe 04
Transportation Problems 05
Other (SPECIFY) 06
_____
DON'T KNOW .... d
REFUSED .... r

C17. CHECK AGE: Is NAME's age…

3+ .... 01→ *Continue*
<3 .... 00→ *Go to Part D*

C18. Now I'd like to ask about any **mental health care** (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) may have received. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **stay overnight** in a hospital or other place to receive services for mental health or substance abuse?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r
→ *Go to C21*

C19. Was this for mental health, substance abuse or both?

Code one only

MENTAL HEALTH 01
SUBSTANCE ABUSE 02
BOTH 03
DON'T KNOW .... d
REFUSED .... r

English Version   C-6

C20. Altogether how many times (FILL "WAS NAME" IF RTYPE=01,03; "WERE YOU" IF RTYPE=02) hospitalized to receive treatment for (FILL "MENTAL HEALTH" IF C19=01; FILL "SUBSTANCE ABUSE" IF C19=02; FILL "MENTAL HEALTH AND SUBSTANCE ABUSE" IF C19=03, D, R) during the past 12 months?

|___|___|___| TIMES (0-100)

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

C21. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) receive any **outpatient** mental health or substance abuse services? This includes services from a psychiatrist, psychologist, psychiatric social worker, or other health professional. By outpatient, we mean that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) did not stay overnight in a hospital or other place.

PROBE: This includes treatment received from a general practitioner or any other health professional. Do not include treatment for smoking cessation.

YES .... 01→ *Go to C23*
NO 00
DON'T KNOW .... d
REFUSED .... r

C22. CHECK: Is C18=01, that is, did (NAME) receive **inpatient** mental health or substance abuse services?

YES .... 01→ *Go to C25*
NO .... 00→ *Go to Part D*

C23. Was this for mental health, substance abuse or both?

Code only one

MENTAL HEALTH 01
SUBSTANCE ABUSE 02
BOTH 03
DON'T KNOW .... d
REFUSED .... r

C24.   How many times did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) receive (FILL "MENTAL HEALTH" IF C23=01, "SUBSTANCE ABUSE" IF C23=02, "MENTAL HEALTH AND SUBSTANCE ABUSE" IF C23=03, D, R) **outpatient** services during the past 12 months?

|___|___|___| NUMBER OF TIMES (0-999)

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

C25.   About how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for the (FILL "MENTAL HEALTH" IF C23=01; "SUBSTANCE ABUSE" IF C23=02; "MENTAL HEALTH AND SUBSTANCE ABUSE" IF C23=3, D, R) treatment that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received in the past 12 months? Include both inpatient and outpatient care. Do not include money that will be reimbursed by insurance or any other source.

$_____.00 AMOUNT FAMILY PAID (0-999,999)
NONE.. 0
DON'T KNOW .... d
REFUSED .... r

CP, YP, YA, YX
CSHCN

D1.   The next questions are about all types of health insurance and health care coverage that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) may have. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by Medicaid, a health insurance program for persons with certain income levels and persons with disabilities?   In this state, the program is sometimes called (FILL STATE MEDICAID NAME).

PROBE: Medicaid is a medical assistance program. It serves low-income people of every age. Medical bills are paid from federal, state and local tax funds. Patients usually pay no part of the costs for covered medical expenses. It is run by state and local governments within federal guidelines.

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

D2.   DELETED

D3.   CHECK AGE: Is NAME's age…

<21 ....01→ *Continue*
21+ ....00→ *Go to D5*

CP, YP, YA, YX (If living in S–CHIP state and under 21 years old)
CSHCN

D4.   (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by the State Children's Health Insurance Program, or S-CHIP? (FILL IF S-CHIP NAME IS DIFFERENT THAN STATE MEDICAID NAME)   In this state, the program is sometimes called (FILL S-CHIP NAME).

PROBE: The State Children's Health Insurance Program (S-CHIP) expands health coverage to uninsured children whose families earn too much for Medicaid but too little to afford private health insurance.

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

D5.   (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by health insurance that is provided by an employer or union or obtained directly from an insurance company?

YES..01
NO..00 → *Go to D8*
DON'T KNOW..d → *Go to D8*
REFUSED..r → *Go to D8*

D6.   CHECK AGE: Is NAME'S age…

<17...01→ *Go to D8*
17+..00 → *Continue*

D7.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) get that insurance through a job of (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) own, (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) purchase it directly from an insurer, or (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) insured through someone else's policy, for example, (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) parents?

INSURED THROUGH OWN JOB/UNION......... 01
PURCHASE FROM INSURER.........................02
SOMEONE ELSE'S POLICY/PARENTS 03
OTHER (SPECIFY)↴...04

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

D8.   (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by military health care, TRICARE, CHAMPUS, OR CHAMP-V.A.?

PROBE: **TRICARE** is a managed care program for active duty and retired members of the uniformed services, their families and survivors. **CHAMPUS** is a program of medical care for dependents of active or retired military personnel. **CHAMP-V.A.** is medical insurance for dependents or survivors of disabled veterans.

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

D9.   Deleted

D10. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) enrolled in a Title 5 program? Title 5 programs are state level programs that usually provide maternal and child health services.

PROBE: Title 5 is a State-Level type of health coverage that a child may have. Children may get health care services, care coordination, medications, equipment, or supplies through the Title 5 program.

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

D11. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) covered by any other kind of health insurance or health care plan that pays for services obtained from hospitals, doctors, and other health professionals?

YES 01
NO .... 00 → *Go to D13*
DON'T KNOW .... d → *Go to D13*
REFUSED .... r → *Go to D13*

D12. What kind of health plan is it?

Do not read, code all that apply

MEDICAID/(FILL STATE NAME) 01
MEDICARE 02
S-CHIP/(FILL STATE NAME FOR S-CHIP) 03
TITLE V 04
MEDIGAP 05
CHAMPUS/CHAMP-VA, TRICARE,
VA, OTHER MILITARY 06
INDIAN HEALTH SERVICE 07
PRIVATE INSURANCE................................... 08
SINGLE SERVICE PLAN (DENTAL, VISION,
PRESCRIPTIONS, ETC.) 09
OTHER PLAN (SPECIFY) 10

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

D13. CHECK: Is D1=01, D4=01, D5=01, D8=01, D10=01, or D11=01, that is, does NAME have **any** health insurance coverage?

YES .... 01 → *Go to D17*
NO 00

D14. It appears that (FILL "NAME DOES" IF RTYPE=01,03; "YOU DO" IF RTYPE=02) not have any health insurance coverage to help pay for services from both hospitals and doctors, and other health professionals. Is that correct?

YES .... 01→ *Go to D19*
NO .... 00→ *Continue*
DON'T KNOW .... .d→ *Go to D19*
REFUSED .... .r→ *Go to D19*

D15. What kind of health coverage (FILL "DOES NAME" IF RTYPE=01,03; "DO YOU" IF RTYPE=02) have? Any other kind?

Do not read, code all that apply

MEDICAID/(FILL STATE NAME) 01
MEDICARE 02
S-CHIP/(FILL STATE NAME FOR S-CHIP) 03
TITLE 5 04
MEDIGAP 05
CHAMPUS/CHAMP-VA, TRICARE,
VA, OTHER MILITARY 06
INDIAN HEALTH SERVICE 07
PRIVATE INSURANCE 08
SINGLE SERVICE PLAN (DENTAL, VISION,
PRESCRIPTIONS, ETC.) 09
OTHER PLAN (SPECIFY) 10
_____
DON'T KNOW .... d
REFUSED .... r

D16. Is this coverage paid for **mainly** by the government, an employer or union, (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) family, or someone else?

GOVERNMENT 01
EMPLOYER/UNION 02
FAMILY…………………………………………..03
OTHER (SPECIFY) 04
_____
DON'T KNOW .... d
REFUSED .... r

D17. In the past 12 months, that is since (FILL THIS MONTH, LAST YEAR), was there any time when (FILL "NAME WAS" IF RTYPE=01, 03; "YOU WERE" IF RTYPE=02) not covered by **any** health insurance?

YES .... 01→ *Continue*
NO 00
DON'T KNOW .... .d
REFUSED .... .r
→ *Go to D21*

D18. In the past 12 months, about how many months (FILL "WAS NAME" IF RTYPE=01, 03; "WERE YOU" IF RTYPE=02) without coverage?

|__|__| MONTHS

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

GO TO D21

D19.   About how long has it been since (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) last had health coverage, if ever?

> 6 months or less...01→ *Continue*
> More than 6 months, but not more than
> 1 year ago ....02→ *Continue*
> More than 1 year, but not more than 3
> years ago ....03→ *Go to D21*
> More than 3 years ....04→ *Go to D21*
> Never ....05→ *Go to D23*
> DON'T KNOW... d→ *Go to D21*
> REFUSED……………………………………..r→ *Go to D21*

D20.   In the past 12 months, about how many months (FILL "WAS NAME" IF RTYPE=01, 03; "WERE YOU" IF RTYPE=02) without any health insurance or coverage?

> |__|__| MONTHS

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

D21.   (FILL "HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) ever tried to get (FILL "YOUR" IF RTYPE=01, 02; "HIS/HER" IF RTYPE=03) insurance or health plan to pay for something for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03) but they wouldn't pay?

> YES...01 → *Continue*
> NO...00 ─┐
> DON'T KNOW..d ├─→*Go to D23*
> REFUSED..r ─┘

D22. What wouldn't (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) insurance pay for?

Code all that apply

DIAGNOSTIC PROCEDURES OR TESTS....... 01
REFERRAL TO/CARE FROM A SPECIALIST.. 02
SURGERY 03
MEDICATIONS 04
EYE EXAM/GLASSES/CONTACT LENSES..... 05
SPECIAL EQUIPMENT.................................. 06
THERAPY SERVICES 07
OTHER (SPECIFY) 08

_____

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

D23. (FILL "HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) ever wanted private health insurance for (FILL "NAME" IF RTYPE=01; "YOURSELF" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03) and not been able to get it?

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

⟶ *Go to Part E*

D24. Why (FILL "WERE YOU" IF RYTPE=01, 02; "WAS NAME" IF RTYPE=03) unable to get private health insurance for (FILL "NAME" IF RTYPE=01; "YOURSELF" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03)?

Do not read list, code all that apply

BECAUSE OF PRE-EXISTING CONDITION.... 01
BECAUSE OF HEALTH RISKS 02
COULDN'T AFFORD IT 03
OTHER (SPECIFY) 04

_____

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

CP, YP, YA, YX
E1.   CHECK RTYPE: Is RTYPE….

NAME'S PARENT OR GUARDIAN................... 01
NAME HIM/HER SELF..................................... 02
PROXY FOR NAME... 03

CP, YP, YA, YX
E2.   CHECK AGE: Is NAME's age………..

<3 .... 01 → *Go to E1*
3 ≤ age <17 .... 02 → *Continue*
17 $^{+}$... 03 → *Go to E35*

CP (age ≥ 3 and <17)
ICHP
E3.   These next questions are about (NAME'S) education. Is (NAME) now enrolled in school? (IF NO, ASK FOLLOW-UP) Is (HE/SHE) on vacation from school?

PROBE: School includes pre-school, home-based schooling, and special education.

YES.. 01 → *Go to E7*
NO... 00
CHILD GRADUATED HIGH SCHOOL.............. 02 → *Go to E24*
DON'T KNOW .... d
REFUSED... r

CP (age ≥ 3 and <17), not in school)
ICHP
E4.   Why isn't (NAME) going to school?

NOT OLD ENOUGH YET .... 01→ *Go to E11*
ILLNESS/DISABILITY 02
RECEIVING HOME TEACHING BY
PARENTS OR OTHERS.................................. 03 → *Go to E11*
PERMANENTLY EXPELLED FROM
SCHOOL... 04
QUIT SCHOOL 05
GRADUATED HIGH SCHOOL......................... 06 → *Go to E24*
OTHER (SPECIFY)⌐ 07
                                          ↓
_____
DON'T KNOW .... d
REFUSED... r

E5.   Has (NAME) ever attended school?

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

→ *Go to E11*

E6.   What is the last grade of school, if any, that (NAME) completed?

|__|__| GRADE → *Go to E11*

14 .... NURSERY/PRESCHOOL/
              PRE-KINDERGARTEN
15 .... KINDERGARTEN
16 .... ABOVE 12th GRADE
17 .... SPECIAL EDUCATION
18 .... NOT ATTENDING
19 .... CHILD IS HOME SCHOOLED
 d .... DON'T KNOW
 r......... REFUSED

Go to E11

E7.   What grade in school is (NAME) attending?

Probe if summer vacation: What is the last grade (HE/SHE) completed in school?

|__|__| GRADE

14 .... HEAD START
15 .... NURSERY/PRESCHOOL/
              PRE-KINDERGARTEN
16 .... KINDERGARTEN
17 .... ABOVE 12th GRADE
18 .... SPECIAL EDUCATION
19 .... CHILD IS HOME SCHOOLED
 d .... DON'T KNOW
 r......... REFUSED

E8. During the past 12 months, that is, since (LAST MONTH, LAST YEAR), about how many days did (NAME) miss school because of illness or injury?

|___|___|___| DAYS MISSED (0-365)

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

E9. During the past 12 months, how many times has (NAME) skipped school, cut classes without your permission, or refused to go to school? Was it…

Read list, code only one

Never 01
Once 02
2 or more times 03
DON'T KNOW .... d
REFUSED .... r

E10. During the past 12 months, has (NAME) been suspended or expelled from school? This includes both in-school and out-of-school suspensions.

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

IF E7=18, GO TO E12.

E11.   These next questions are about special education. Special education is a program designed to meet the individual needs of children with special needs. It is paid for by the public school system and may take place at a school, at home, or at a hospital.

During the past 12 months, has (NAME) received any type of special education services or benefits? Do not include gifted or talented programs.

```
YES ...................................................... 01
NO ...................................................... 00 → Go to E16
DON'T KNOW ...................................... d  → Go to E23
REFUSED ........................................... r  → Go to E23
```

E12.   During the past 12 months, where did (NAME) receive these special education services? Was it in a regular school, a special school for children with special needs, at home, at a hospital or institution, or at a provider's office?

Do not read list, Code all that apply

```
REGULAR SCHOOL ........................................ 01→ Continue
SPECIAL SCHOOL FOR CHILDREN WITH
SPECIAL NEEDS ............................................. 02→ Continue
HOME .............................................................. 03→ Go to E16
HOSPITAL OR INSTITUTION ........................... 04→ Go to E16
PROVIDER'S OFFICE ..................................... 05→ Go to E16
OTHER (SPECIFY) ......................................... 06→ Go to E16
_____
DON'T KNOW .................................................. d→ Go to E16
REFUSED ....................................................... r→ Go to E16
```

E13.   Was this a day school or a residential school?

PROBE: Did (NAME) spend the night or come home every day?

```
DAY SCHOOL ................................................. 01
RESIDENTIAL SCHOOL ................................. 02
DON'T KNOW ................................................. d
REFUSED ...................................................... r
```

CP (age ≥ 3 and <17, in special education)
E14.   CHECK: Is E12=01 (regular school)?

YES...01→ *Continue*
NO..00→ *Go to E16*

CP (age ≥ 3 and <17, in special education)
NHIS-D Child Followback (modified)
E15.   Did (NAME) receive these services in a regular classroom setting, a special room or resource room in the school, or in a separate class all day or part of the day?

Code all that apply

REGULAR CLASSROOM SETTING 01
SPECIAL ROOM/RESOURCE ROOM 02
SEPARATE CLASS 03
OTHER (SPECIFY) 04
_____
DON'T KNOW .... d
REFUSED .... r

CP (age ≥ 3 and <17)
NHIS-D (Child Followback)
E16.   During the past 12 months, have you tried to get any (additional) special education services for (NAME)?

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

→ *Go to E23*

CP (age ≥ 3 and <17)
Created
E17.   Are you now on a waiting list for these services?

YES...01
NO..00
ALREADY RECEIVED SERVICE 02
DON'T KNOW .... d
REFUSED .... r

Go to E23

E18.   Deleted

E19. Early intervention is a program designed to meet the individual needs of infants and very young children who have special needs. It is provided free and may include services at home, at a hospital, or somewhere else.

During the past 12 months, has (NAME) received any type of early intervention services?

YES 01
NO .... 00 → *Go to E21*
DON'T KNOW .... d → *Go to Part F*
REFUSED .... r → *Go to Part F*

E20. During the past 12 months, where did (NAME) receive these early intervention services?

Read list if necessary, code all that apply

In a home 01
In family daycare 02
In a regular nursery school or daycare center ... 03
In an outpatient services facility 04
In an early intervention classroom or center 05
In a hospital as an inpatient 06
In an early intervention provider's office 07
In a residential facility 08
Somewhere else (SPECIFY) ⌐↓ 09

_____

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

E21. During the past 12 months, have you tried to get any (FILL "ADDITIONAL" IF E19=01) early intervention services for (NAME)?

YES 01
NO .... 00 ⌐
DON'T KNOW .... d ├─→ *Go to Part F*
REFUSED .... r ⌐

CP (age < 3)
Created

E22.　Are you now on a waiting list for these services?

YES .... 01 ⌉
NO .... 00 |
ALREADY RECEIVED SERVICE .... 02 ├──→ *Go to Part F*
DON'T KNOW .... d |
REFUSED .... r ⌋

```
          Go to Part F
```

CP

E23.　CHECK: Is (NAME's) age …

14 + ... 01 → *Continue*
<14 .... 00 → *Go to E61*

CP (14<age<17)
Mary Wagner

E24.　These next questions are about job training or other help (NAME) might have received. Has (NAME) **ever** received any training in job skills, vocational education, career counseling, or help in finding a job?

YES 01
NO .... 00 ⌉
DON'T KNOW .... d ├──→ *Go to E29*
REFUSED .... r ⌋

CP (14<age<17)

E25.　Is (NAME) **now** receiving any training in job skills, vocational education, career counseling, or help in finding a job?

YES 01
NO 00
DON'T KNOW .... d → *Go to E29*
REFUSED .... r → *Go to E29*

E26. What kinds of training or help is (NAME) now receiving or has (HE/SHE) received in the past? Has (HE/SHE) received…

ALTERNATIVE WORDING IF E25=00, THAT IS CASES WHO ARE NOT NOW RECEIVING TRAINING OR HELP: What kinds of training or help did (NAME) receive?

Read list, code one answer for each

	YES	NO	DK	RF
A. Training in specific job skills, for example, car repair, food service, or training for another kind of job	01	00	d	r
B. Training to find out (his/her) work interests or abilities	01	00	d	r
C. Training in basic skills needed for work, like counting change, telling time, or using transportation to get to work	01	00	d	r
D. Career counseling, like help in figuring out jobs (NAME) might be suited to	01	00	d	r
E. Help in finding a job or learning to look for one	01	00	d	r
F. Other (SPECIFY)	01	00	d	r

E27. Who gave or is giving (NAME) this training or help?

ALTERNATIVE WORDING IF E25=00, THAT IS CASES WHO ARE NOT NOW RECEIVING TRAINING OR HELP: Who gave (NAME) this training or help?

PROBE: From where is (NAME) getting or did (HE/SHE) get this help?

Read list if necessary, code all that apply

A REGULAR HIGH SCHOOL 01
A SPECIAL HIGH SCHOOL FOR YOUTH
WITH DISABILITIES 02
A 4- OR 2-YEAR COLLEGE OR
UNIVERSITY.. 03
A POSTSECONDARY (AFTER HIGH
SCHOOL) VOCATIONAL SCHOOL, TRADE
SCHOOL, OR TECHNICAL SCHOOL 04
A FAMILY MEMBER OR FRIEND 05
(NAME'S) EMPLOYER 06
A VOCATIONAL REHABILITATION AGENCY
(VR, VOC REHAB)... 07
A DEVELOPMENTAL DISABILITIES
AGENCY (DD) 08
OTHER AGENCY SERVING PERSONS
WITH DISABILITIES 09
GOODWILL/SHELTERED WORKSHOP 10
THE MILITARY 11
JTPA, JOB CORPS, OTHER FEDERAL JOB
TRAINING PROGRAM 12
OTHER (SPECIFY) 13
_____
DON'T KNOW .... d
REFUSED .... r

E28. About how much training in job skills, vocational education, career counseling, or help in finding a job did (NAME) get during the past 12 months? Would you say…

A few days 01
A few weeks... 02
A few months 03
Most or all of the year..................................... 04
DON'T KNOW .... d
REFUSED .... r

E29. During the past 12 months, have you tried to get any (FILL "ADDITIONAL" IF E24=01) job training, vocational education, career counseling, or help in finding a job for (NAME)?

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

$\longrightarrow$ *Go to E31*

E30. Is (NAME) now on a waiting list for these services?

YES 01
NO 00
ALREADY RECEIVED SERVICE 02
DON'T KNOW .... d
REFUSED .... r

E31. Has (NAME) ever received any training in how to do things like manage money, cook, or keep house, or any other life skills training? Do not include instruction from family members or friends.

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

E32. After (NAME) turns 18, how likely is it that (HE/SHE) will attend school or some type of training program? Would you say…

                        Very likely 01
                        Somewhat likely 02
                        Not very likely 03
                        Not likely at all 04
                        DON'T KNOW .... d
                        REFUSED .... r

E33. When (NAME) turns 18, how likely is it that (HE/SHE) will work at a job? Would you say…

                        Very likely 01
                        Somewhat likely 02
                        Not very likely 03
                        Not likely at all 04
                        DON'T KNOW .... d
                        REFUSED .... r

E34.   After (NAME) turns 18, how likely is it that (HE/SHE) could live independently if (HE/SHE) wanted to? Would you say…

PROBE: By that I mean live away from your family.

Very likely.. 01
Somewhat likely 02
Not very likely.. 03
Not likely at all.. 04
DON'T KNOW .... d
REFUSED .... r

```
┌─────────────────────────┐
│        GO TO E61        │
└─────────────────────────┘
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E35.   These next questions are about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) education. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) now enrolled in school?   This includes a regular high school, a special high school for persons with disabilities, a special education program, a vocational, business, trade, or technical school, or a 2-year or 4-year college or university.

YES.. 01 → *Go to E42*
NO.. 00 ┐
DON'T KNOW .... d ├→ *Continue*
REFUSED .... r ┘

E36.   (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) actively serving in any branch of the Armed Forces: the Army, Navy, Marine Corps, Air Force, or Coast Guard?

YES.. 01→ *Go to E39*
NO.. 00 ┐
DON'T KNOW .... d ├→ *Continue*
REFUSED .... r ┘

E37. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever attended school?

> YES... 01
> NO.. 00 ⎤
> DON'T KNOW .... d ⎬ → *Go to E48*
> REFUSED .... r ⎦

E38. What is the last grade of school, that (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) completed?

PROBE: Before earning a GED, if (FILL "NAME HAS" IF RTYPE=01,03; "YOU HAVE" IF RTYPE=02) one.

> |__|__| GRADE

> 14 .... NURSERY/PRESCHOOL/
>   PRE-KINDERGARTEN
> 15 .... KINDERGARTEN
> 16 .... ABOVE 12th GRADE
> 17 .... SPECIAL EDUCATION
> 18 .... NOT ATTENDING
> 19 .... NAME WAS HOME SCHOOLED
> d .... DON'T KNOW
> r .... REFUSED

E39. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have a high school diploma or GED, also known as a graduate equivalency degree, or neither?

> YES, HIGH SCHOOL DIPLOMA........................ 01
> YES, GED 02
> NEITHER .... 03 ⎤
> DON'T KNOW .... d ⎬ → *Go to E41*
> REFUSED .... r ⎦

E40. In what year did (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) (IF E39=01 FILL "GRADUATE FROM HIGH SCHOOL"; IF E39=02 "EARN (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) GED")?

|___|___|___|___| YEAR (1985-2002)

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

YP, YA, YX (age 17+, not in school)
NSAF
E41. While (FILL "NAME WAS" IF RTYPE=01,03; "YOU WERE" IF RTYPE=02) in school, (FILL "WAS HE/SHE" IF RTYPE=01,03; "WERE YOU" IF RTYPE=02) ever suspended or expelled from school? This includes both in-school and out-of-school suspensions.

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

GO TO E48

YP, YA, YX (age 17+, in school)
Created
E42. What type of school (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) attending? Is it a ….

IF RESPONDENT VOLUNTEERS SPECIAL EDUCATION: Is this at a regular high school, a special high school for persons with special needs, or somewhere else?

Read list, code only one

Regular high school   01→*Continue*
Special high school for persons with
disabilities .... 02→*Continue*
Post-secondary, vocational, technical,
business or trade school .... 03→ *Go to E45*
2-year college or community college .... 04→ *Go to E45*
4-year college or university .... 05→ *Go to E45*
Something else (SPECIFY) .... 06→ *Go to E45*
_____

SPECIAL EDUCATION NOT IN A SCHOOL .... 07→ *Go to E50*
HOME SCHOOLED .... 08→ *Go to E48*
DON'T KNOW .... d→ *Go to E46*
REFUSED .... r→ *Go to E46*

YP, YA, YX (age 17+, in high school)
NSAF
E43.   What grade in high school (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) attending?

Probe if summer vacation: What is the last grade (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) completed in school?

|__|__| GRADE

13........ SPECIAL EDUCATION
14........ CHILD IS HOME SCHOOLED
 d........ DON'T KNOW
 r......... REFUSED

YP, YA, YX (age 17+, in high school)
NSAF
E44.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever been suspended or expelled from school? This includes both in-school and out-of-school suspensions.

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

GO TO E48

YP, YA, YX (age 17+, not in high school)
Created
E45.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have a high school diploma or GED, also known as a graduate equivalency degree, or neither?

YES, HIGH SCHOOL DIPLOMA....................... 01
YES, GED 02
NEITHER 03
DON'T KNOW ....d
REFUSED ....r

YP, YA, YX (age 17+, not in high school)
Created
E46.   (FILL "IS NAME" IF RTYPE=01,03; "ARE YOU" IF RTYPE=02) taking classes to prepare for a specific job or trade? For example, car mechanic, secretary, teacher, or computer scientist?

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

Go to E48

E47.   For what type of job or trade (FILL "IS NAME" IF RTYPE=01,03; "ARE YOU" IF RTYPE=02) preparing?

JOB OR TRADE NAME ⌐↓

_____

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

E48.   This next question is about special education. Special education is a program designed to meet the individual needs of persons with special needs. It is paid for by the public school system and may take place at a school, at home, or at a hospital.

(FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) **now** receiving any type of special education services or benefits?

PROBE: Do not include gifted or talented programs.

YES ....01→ *Go to E50*
NO 00
DON'T KNOW ....d
REFUSED ....r

E49.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) **ever** received any type of special education services or benefits?

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

E50.   These next questions are about **other** job training or help (FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) might have received. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) **ever** received any training in job skills, vocational education, career counseling, or help in finding a job?

YES 01
NO .... 00 ⌐
DON'T KNOW ....d   ├─⇒ *Go to E55*
REFUSED ....r ⌐

E51. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) **now** receiving any training in job skills, vocational education, career counseling, or help in finding a job?

> YES... 01
> NO.. 00
> DON'T KNOW .... d→ *Go to E55*
> REFUSED .... r→ *Go to E55*

E52. What kinds of training or help (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) now receiving or (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received in the past?

IF E50=01 AND E51=00 FILL: What kinds of training or help did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) receive?

E52a. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received training in specific job skills, for example, car repair, food service, or training for another kind of job?

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

E52b. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received training to find out (FILL "HIS/HER" if RTYPE=01, 03; "YOUR" if RTYPE=02) work interests or abilities?

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

E52c. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received training in basic skills needed for work, like counting change, telling time, or using transportation to get to work?

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

E52d. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received career counseling, like help in figuring out jobs (FILL "HE/SHE" if RTYPE=01, 03; "YOU" if RTYPE=02) might be suited for?

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

E52e. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received help in finding a job or learning to look for one?

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

E52f. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received any other training or counseling?

> YES, SPECIFY↴
>
> _____
> NO 00
> DON'T KNOW .... d
> REFUSED .... r

E53.   Who gave (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) or is giving (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02) this training or help?

ALTERNATIVE WORDING IF E51=00, THAT IS CASES WHO ARE NOT NOW RECEIVING TRAINING OR HELP: Who gave (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02) this training or help?

PROBE: From where (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) getting or did (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) get this help?

PROBE: From where did (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) get this help?

Read if necessary, code all that apply

A REGULAR HIGH SCHOOL 01
A SPECIAL HIGH SCHOOL FOR YOUTH
WITH DISABILITIES 02
SPECIAL EDUCATION PROGRAM 03
A 4- OR 2-YEAR COLLEGE OR UNIVERSITY 04
A POSTSECONDARY (AFTER HIGH SCHOOL)
VOCATIONAL SCHOOL, TRADE SCHOOL,
BUSINESS OR TECHNICAL SCHOOL 05
A FAMILY MEMBER OR FRIEND 06
(NAME'S/YOUR) EMPLOYER 07
A VOCATIONAL REHABILITATION AGENCY
(VR, VOC REHAB) 08
A DEVELOPMENTAL DISABILITIES AGENCY
(DD) 09
OTHER AGENCY SERVING PERSONS WITH
DISABILITIES 10
GOODWILL/SHELTERED WORKSHOP 11
THE MILITARY 12
JTPA, JOB CORPS, OTHER FEDERAL JOB
TRAINING PROGRAM 13
SOCIAL SECURITY ADMINISTRATION 14
OTHER (SPECIFY) 15

_____

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

E54. About how much training in job skills, vocational education, career counseling, or help in finding a job did (FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) get during the past 12 months? Would you say…

<div style="margin-left: 4em;">

A few days 01
A few weeks.. 02
A few months 03
Most or all of the year....................................... 04
None 05
DON'T KNOW .... d
REFUSED .... r

</div>

E55. During the past 12 months, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) tried to get any (FILL "ADDITIONAL" IF E50=1) job training, vocational education, career counseling, or help in finding a job?

<div style="margin-left: 4em;">

YES.. 01
NO... 00 ⌉
DON'T KNOW .... d │ → *Go to E57*
REFUSED .... r ⌋

</div>

YP, YA, YX (age 17+)
Created
E56. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) now on a waiting list for these services?

YES 01
NO 00
ALREADY RECEIVED SERVICE 02
DON'T KNOW .... d
REFUSED .... r

YP, YA, YX (age 17+)
E57. CHECK: Has (NAME) ever received SSI?

YES .... 01→ *Continue*
NO .... 00→ *Go to E60*

YP, YA, YX (age 17+)
Created
E58. The Social Security Administration sometimes refers beneficiaries to state vocational rehabilitation agencies for services. Has the Social Security Administration ever **referred** (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) for vocational rehabilitation services?

PROBE: Vocational rehabilitation services help people with disabilities prepare for jobs and function as independently as possible.

YES 01
NO 00
DON'T KNOW .... d   → *Go to E60*
REFUSED .... r

YP, YA, YX (age 17+)
Created
E59. (FILL "WAS NAME" IF RTYPE=01, 03; "WERE YOU" IF RTYPE=02) **accepted** for rehabilitation services?

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

E60.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) **ever** received any training in how to do things like manage money, cook, or keep house, or any other life skills training? Do not include instruction from family members or friends.

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

E61.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) now have an Individual Education Plan or IEP?

PROBE: This is a plan developed by special education providers and is revised annually. It sets out annual education goals for the child and lists the services the school will provide.

YES.. 01→ *Go to E63*
NO.. 00
DON'T KNOW .... d
REFUSED .... r

E62.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever had an Individual Education plan or IEP?

PROBE: This is a plan developed by special education providers and is revised annually. It sets out annual education goals for the child and lists the services the school will provide.

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

E63. (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) now have an Individual Written Rehabilitation Plan or IWRP? This is also known as an Individual Written Vocational Plan or IWVP.

PROBE: IWRP plans are developed by state vocational rehabilitation agencies. They list a course of rehabilitative services that a person with special health care needs will receive to help them prepare for and reach their employment goals.

YES .... 01→ *Go to Part F*
NO 00
DON'T KNOW .... d
REFUSED .... r

E64. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever had an Individual Written Rehabilitation Plan or IWRP? This is also known as an Individual Written Vocational Plan or IWVP.

PROBE: IWRP plans are developed by state vocational rehabilitation agencies. They list a course of rehabilitative services that a person with special health care needs will receive to help them prepare for and reach their employment goals.

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

PART F: OTHER PROGRAMS AND SERVICES

F1.   CHECK RTYPE: Is RTYPE…

                        NAME'S PARENT OR GUARDIAN...................01→ *Continue*
                        NAME HIMSELF/HERSELF............................02 → *Go to F3*
                        PROXY FOR NAME...03 → *Go to F3*

CP, YP
ICHP
F2.   Have you (FILL "OR YOUR SPOUSE" IF B2=01; FILL "OR YOUR PARTNER" IF
         B2=02) ever participated in any parent support or parent training groups for
         children with disabilities?

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

CP, YP, YA, YX
ICHP/NHIS-D (modified)
F3.   Now I'm going to ask you about some of the services that (FILL "NAME
         RECEIVES" IF RTYPE=01, 03; "YOU RECEIVE" IF RTYPE=02), (FILL
         "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) need for services, and
         some out-of-pocket expenses that (FILL "YOU AND YOUR FAMILY" IF
         RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) may have had
         for these services.

         During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF
         RTYPE=02) **receive** any **physical, occupational, or speech therapy**?

                        YES...01 → *Go to F6*
                        NO...00
                        DON'T KNOW ....d
                        REFUSED ....r

CP, YP, YA, YX
ICHP/NHIS-D (modified)
F4.   During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF
         RTYPE=02) **need** any **physical, occupational, or speech therapy**?

                        YES...01 → *Continue*
                        NO...00┐
                        DON'T KNOW ....d   ├→ *Go to F8*
                        REFUSED ....r ┘

F5.　　Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not receive any **physical, occupational, or speech therapy**?

　　　Do not read list, code all that apply

```
           (NAME) DIDN'T NEED THE SERVICE ............. 01
           PROVIDER THINKS NO LONGER NEEDED ... 02
           TOO EXPENSIVE/CAN'T AFFORD IT .............. 03
           INSURANCE OR MEDICAID DOESN'T
           COVER IT/NO INSURANCE ............................ 04
           DON'T KNOW WHERE/HOW TO
           GET SERVICE ................................................. 05
           ON WAITING LIST .......................................... 06
           SERVICE NOT AVAILABLE ............................ 07
           DON'T LIKE PROVIDER................................... 08
           TRANSPORTATION PROBLEMS .................... 09
           COULDN'T TAKE TIME OFF WORK ............... 10
           OTHER (SPECIFY)        ....................................... 11
           _____
           DON'T KNOW .................................................. d
           REFUSED ........................................................ r
```

<div style="border:1px solid black; text-align:center;">

Go to F8

</div>

F6.   Who paid for the **physical, occupational, or speech therapy** that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received?

PROBE: For example, (FILL "YOUR FAMILY" IF RTYPE=01; "YOU OR YOUR FAMILY" IF RTYPE=02; "NAME OR HIS/HER FAMILY" IF RTYPE=03), insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

(NAME)	01
(NAME'S) FAMILY LIVING IN SAME HOUSEHOLD	02
(NAME'S) FAMILY **NOT** LIVING IN SAME HOUSEHOLD	03
INSURANCE/MEDICAID	04
SCHOOL SYSTEM/SPECIAL EDUCATION	05
TITLE 5 PROGRAM	06
EARLY INTERVENTION	07
NO ONE/FREE	08→ *Go to F8*
OTHER (SPECIFY)↴	09

_____

DON'T KNOW	d
REFUSED	r

F7.   In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for **physical, occupational, or speech therapy,** if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" if RTYPE=03) may have paid.

$_____.00 AMOUNT PAID (0-99,999)

ENTIRE AMOUNT	01
AMOUNT PER WEEK	02
DON'T KNOW	d
REFUSED	r

F8.   CHECK AGE: Is NAME's age…

<18	01→ *Continue*
18+	02→ *Go to F25*

F9.   During the past 12 months, did (NAME) **receive** any **respiratory therapy**?

YES .... 01 → *Go to F12*
NO 00
DON'T KNOW .... d
REFUSED .... r

F10.   During the past 12 months, did (NAME) **need** any **respiratory therapy**?

YES 01
NO 00
DON'T KNOW .... d   → *Go to F14*
REFUSED .... r

F11.   Why did (NAME) not receive any **respiratory therapy**?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE 01
PROVIDER THINKS NO LONGER NEEDED ... 02
TOO EXPENSIVE/CAN'T AFFORD IT 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK 10
OTHER (SPECIFY) 11

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

Go to F14

F12. Who paid for the **respiratory therapy** that (NAME) received?

PROBE: For example, your family, insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

(NAME)	01
(NAME'S) FAMILY LIVING IN SAME HOUSEHOLD	02
(NAME'S) FAMILY **NOT** LIVING IN SAME HOUSEHOLD	03
INSURANCE/MEDICAID	04
SCHOOL SYSTEM/SPECIAL EDUCATION	05
TITLE 5 PROGRAM	06
EARLY INTERVENTION	07
NO ONE/FREE	08 → *Go to F14*
OTHER (SPECIFY)	09

_____

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

F13. In the past 12 months, about how much did your family pay for **respiratory therapy**, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments your family may have paid.

$_____.00 AMOUNT PAID BY FAMILY (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK 02
DON'T KNOW .... d
REFUSED .... r

F14. During the past 12 months, did (NAME) **receive** any **recreational therapy**?

PROBE: Recreational therapy provides activities adapted for children with disabilities such as wheelchair sports and community outings, and special play activities.

YES .... 01→*Go to F17*
NO 00
DON'T KNOW .... .d
REFUSED .... .r

F15. During the past 12 months, did (NAME) **need** any **recreational therapy**?

YES 01
NO 00
DON'T KNOW .... d   → *Go to F19*
REFUSED .... .r

F16   Why did (NAME) not receive any **recreational therapy**?

Do not read list, code all that apply

```
             (NAME) DIDN'T NEED THE SERVICE............. 01
             PROVIDER THINKS NO LONGER NEEDED ... 02
             TOO EXPENSIVE/CAN'T AFFORD IT.............. 03
             INSURANCE OR MEDICAID DOESN'T
             COVER IT/NO INSURANCE............................ 04
             DON'T KNOW WHERE/HOW TO
             GET SERVICE................................................. 05
             ON WAITING LIST........................................... 06
             SERVICE NOT AVAILABLE ............................ 07
             DON'T LIKE PROVIDER.................................. 08
             TRANSPORTATION PROBLEMS .................... 09
             COULDN'T TAKE TIME OFF WORK............... 10
             OTHER (SPECIFY)⌐ ...................................... 11
                                     ↓
             _____
             DON'T KNOW .................................................. d
             REFUSED........................................................ r
```

<div style="border:1px solid black; display:inline-block; padding:5px;">

Go to F19

</div>

F17   Who paid for the **recreational therapy** that (NAME) received?

PROBE: For example, your family, insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

(NAME) 01
(NAME'S) FAMILY LIVING IN SAME
HOUSEHOLD 02
(NAME'S) FAMILY **NOT** LIVING IN SAME
HOUSEHOLD 03
INSURANCE/MEDICAID 04
SCHOOL SYSTEM/SPECIAL EDUCATION 05
TITLE 5 PROGRAM... 06
EARLY INTERVENTION.................................. 07
NO ONE/FREE .... 08→ *Go to F19*
OTHER (SPECIFY) 09
_____
DON'T KNOW .... d
REFUSED .... r

CP, YP (if age <18)
F18. In the past 12 months, about how much did your family pay for **recreational therapy,** if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments your family may have paid.

$\$_____$.00 AMOUNT PAID BY FAMILY (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK 02
DON'T KNOW .... d
REFUSED .... r

CP, YP (if age <18)
F19. During the past 12 months, did (NAME) **receive** any **audiology services?** This includes testing for hearing loss, auditory training or rehabilitation, and fitting for hearing aids or other devices.

YES .... 01 → *Go to F22*
NO 00
DON'T KNOW .... d
REFUSED .... r

CP, YP (if age <18)
F20. During the past 12 months, did (NAME) **need** any **audiology services**?

YES 01
NO 00
DON'T KNOW .... d   ⎫
REFUSED .... r   ⎬ → *Go to F31*

F21.   Why did (NAME) not receive any **audiology services**?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE 01
PROVIDER THINKS NO LONGER NEEDED ... 02
TOO EXPENSIVE/CAN'T AFFORD IT 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK 10
OTHER (SPECIFY) 11
_____
DON'T KNOW .... d
REFUSED .... r

Go to F31

F22.   Who paid for the **audiology services** that (NAME) received?

PROBE: For example, your family, insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

(NAME) 01
(NAME'S) FAMILY LIVING IN SAME
HOUSEHOLD 02
(NAME'S) FAMILY **NOT** LIVING IN SAME
HOUSEHOLD 03
INSURANCE/MEDICAID 04
SCHOOL SYSTEM/SPECIAL EDUCATION 05
TITLE 5 PROGRAM 06
EARLY INTERVENTION 07
NO ONE/FREE .... 08→ *Go to F24*
OTHER (SPECIFY) 09
_____
DON'T KNOW .... d
REFUSED .... r

F23. In the past 12 months, about how much did your family pay for **audiology services,** if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments your family may have paid.

$_____.00 AMOUNT PAID BY FAMILY (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK.................................... 02
DON'T KNOW .... d
REFUSED .... r

F24. CHECK AGE: Is NAME'S age…

<18... 01→ *Go to F31*
18+... 02→ *Continue*

F25. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **receive** any **other type of therapy**, such as respiratory or recreational therapy?

PROBE: Do not include therapy for mental health or substance abuse.

YES... 01
NO.. 00
DON'T KNOW .... d   → *Go to F27*
REFUSED .... r

F26. What type of therapy was that?

Read list, code all that apply:

Respiratory Therapy.. 01
Recreational Therapy.. 02
Other (SPECIFY) 03

_____

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

GO TO F29

YP, YA, YX (if age 18+)

F27.   During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **need** any **other type of therapy**?

YES.. 01 → *Continue*
NO.. 00
DON'T KNOW .... d   → *Go to F31*
REFUSED .... r

YP, YA, YX (if age 18+)

F28.   Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not receive any **other type of therapy**?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE............. 01
PROVIDER THINKS NO LONGER NEEDED ... 02
TOO EXPENSIVE/CAN'T AFFORD IT.............. 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE............................ 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST... 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER.................................. 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK............... 10
OTHER (SPECIFY) 11

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

```
GO TO F31
```

F29. Who paid for the (FILL "RESPIRATORY THERAPY" IF F26=01; "RECREATIONAL THERAPY" IF F26=02; "OTHER TYPE OF THERAPY" IF F26=03; "RESPIRATORY AND RECREATIONAL THERAPY" IF F26=01 AND 02; "RESPIRATORY THERAPY AND OTHER THERAPY" IF F26=01 AND 03; "RECREATIONAL AND OTHER THERAPY" IF F26=02 AND 03; "RESPIRATORY, RECREATIONAL AND OTHER TYPE OF THERAPY" IF F26=01,02, AND 03) that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received?

PROBE: For example, (FILL "YOUR FAMILY" IF RTYPE=01, "YOU OR YOUR FAMILY" IF RTYPE=02; "NAME OR HIS/HER FAMILY" IF RTYPE=03), insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

```
            (NAME) ............................................................ 01
            (NAME'S) FAMILY LIVING IN SAME
            HOUSEHOLD ................................................... 02
            (NAME'S) FAMILY NOT LIVING IN SAME
            HOUSEHOLD ................................................... 03
            INSURANCE/MEDICAID .................................. 04
            SCHOOL SYSTEM/SPECIAL EDUCATION ..... 05
            TITLE 5 PROGRAM........................................... 06
            EARLY INTERVENTION.................................. 07
            NO ONE/FREE ..............................................08→ Go to F31
            OTHER (SPECIFY) ⤵ ..................................... 09
            _____
            DON'T KNOW.................................................. d
            REFUSED ....................................................... r
```

F30. In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for (FILL "RESPIRATORY THERAPY" IF F26=01; "RECREATIONAL THERAPY" IF F26=02; "OTHER TYPE OF THERAPY" IF F26=03; "RESPIRATORY AND RECREATIONAL THERAPY" IF F26=01 AND 02; "RESPIRATORY THERAPY AND OTHER THERAPY" IF F26=01 AND 03; "RECREATIONAL AND OTHER THERAPY" IF F26=02 AND 03; "RESPIRATORY, RECREATIONAL AND OTHER TYPE OF THERAPY" IF F26=01,02, AND 03) if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) and (FILL "YOUR" IF RTYPE=01,02; "HIS/HER" IF RTYPE=03) family may have paid.

$_____.00 AMOUNT PAID (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK....................................... 02
DON'T KNOW .... d
REFUSED .... r

F31. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **receive** any special **transportation services** to travel to and from medical appointments or other places?

YES... 01 → *Go to F34*
NO... 00
DON'T KNOW .... d
REFUSED .... r

F32. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **need** any special **transportation services**?

YES... 01 → *Continue*
NO... 00
DON'T KNOW .... d   → *Go to F36*
REFUSED .... r

F33. Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not receive any special **transportation services**?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE.............01
PROVIDER THINKS NO LONGER NEEDED...02
TOO EXPENSIVE/CAN'T AFFORD IT..............03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE...........................04
DON'T KNOW WHERE/HOW TO
GET SERVICE..05
ON WAITING LIST..06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER...................................08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK...............10
OTHER (SPECIFY) 11
_____
DON'T KNOW ....d
REFUSED ....r

GO TO F36

F34. Who paid for the special **transportation services** that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received?

PROBE: For example, (FILL "YOUR FAMILY" IF RTYPE=01, "YOU OR YOUR FAMILY" IF RTYPE=02; "NAME OR HIS/HER FAMILY" IF RTYPE=03), insurance or Medicaid, the school system, or something else?

```
(NAME) ..................................................... 01
(NAME'S) FAMILY LIVING IN SAME
HOUSEHOLD .............................................. 02
(NAME'S) FAMILY NOT LIVING IN SAME
HOUSEHOLD .............................................. 03
INSURANCE/MEDICAID ................................ 04
SCHOOL SYSTEM/SPECIAL EDUCATION ..... 05
TITLE 5 PROGRAM ....................................... 06
EARLY INTERVENTION ................................. 07
NO ONE/FREE ..........................................08→ Go to F36
OTHER (SPECIFY) ┐ ..................................... 09
             ↓
_____
DON'T KNOW ............................................... d
REFUSED .................................................... r
```

F35. In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) family pay for special **transportation services,** if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) and (FILL "YOUR" IF RTYPE=01, 02; "HIS/HER" IF RTYPE=03) family may have paid.

$_____.00 AMOUNT PAID (0-99,999)

```
ENTIRE AMOUNT ......................................... 01
AMOUNT PER WEEK ..................................... 02
DON'T KNOW ............................................... d
REFUSED .................................................... r
```

F36. CHECK AGE: Is NAME's age…

```
<18 ..............................................................01→ Go to F48
18+ ..............................................................02→ Continue
```

F37.   CHECK A10 or A87b: Is (NAME) living in a residential facility or nursing home
           (A10 or A87b=4 or 8)?

                              YES .... 01→ *Go to F60*
                              NO .... 00→ *Continue*

F38.   During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF
           RTYPE=02) **receive** any services from a **personal care attendant**, other than a
           family member or friend?

           PROBE: A personal care attendant is someone people hire to help them in daily
           tasks such as bathing, dressing, and eating that they cannot do because of a
           disability or health condition.

           PROBE IF A9, A10, A87b=06: This does not include personal care
           assistance that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)
           received from staff at school as a part of the cost of attending that school.

                              YES .... 01 → *Go to F41*
                              NO 00
                              DON'T KNOW .... d
                              REFUSED .... r

YP, YA, YX (if age 18+, not in group/nursing home)

F39. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **need** any services from a **personal care attendant**?

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

Go to F43

YP, YA, YX (if age 18+, not in group/nursing home)

F40. Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not receive any services from a **personal care attendant**?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE............. 01
PROVIDER THINKS NO LONGER NEEDED... 02
TOO EXPENSIVE/CAN'T AFFORD IT.............. 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE............................ 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST... 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER................................. 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK............... 10
OTHER (SPECIFY) 11

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

GO TO F43

YP, YA, YX (if age 18+, not in group/nursing home)

F41. Who paid for the services from a **personal care attendant** that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received?

PROBE: For example, (FILL "YOUR FAMILY" IF RTYPE=01, "YOU OR YOUR FAMILY" IF RTYPE=02; "NAME OR HIS/HER FAMILY" IF RTYPE=03), insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

```
                 (NAME) ........................................................... 01
                 (NAME'S) FAMILY LIVING IN SAME
                 HOUSEHOLD .................................................... 02
                 (NAME'S) FAMILY NOT LIVING IN SAME
                 HOUSEHOLD .................................................... 03
                 INSURANCE/MEDICAID ................................. 04
                 SCHOOL SYSTEM/SPECIAL EDUCATION ..... 05
                 TITLE 5 PROGRAM........................................... 06
                 EARLY INTERVENTION.................................... 07
                 NO ONE/FREE ...............................................08→ Go to F43
                 OTHER (SPECIFY)⤓ ....................................... 09
                 _____
                 DON'T KNOW ................................................... d
                 REFUSED ......................................................... r
```

YP, YA, YX (if age 18+, not in group/nursing home)

F42. In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) family pay for services from a **personal care attendant**, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) and (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) family may have paid.

```
          $_____.00 AMOUNT PAID (0- 99,999)

                 ENTIRE AMOUNT ........................................... 01
                 AMOUNT PER WEEK...................................... 02
                 DON'T KNOW ................................................... d
                 REFUSED ......................................................... r
```

YP, YA, YX (if age 18+, not in group/nursing home)

F43. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **receive** any services from **an adult day care center or day activity center**?

PROBE: Adult day care is for people who are not fully able to care for themselves and require some help or supervision during the day at a place other than their home.

YES .... 01 → *Go to F46*
NO 00
DON'T KNOW .... d
REFUSED .... r

YP, YA, YX (if age 18+, not in group/nursing home)

F44. During the past 12 months, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **need** any services from **an adult day care center or day activity center**?

YES .... 01 → *Continue*
NO .... 00 ⎤
DON'T KNOW .... d ⎬ → *Go to F48*
REFUSED .... r ⎦

F45.   Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) not receive any services from an **adult day care center or day activity center**?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE 01
PROVIDER THINKS NO LONGER NEEDED ...02
TOO EXPENSIVE/CAN'T AFFORD IT..............03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER..................................08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK...............10
OTHER (SPECIFY) 11
_____
DON'T KNOW ....d
REFUSED ....r

GO TO F48

YP, YA, YX (if age 18+, not in group/nursing home)

F46. Who paid for the services from an **adult day care center or day activity center** that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received?

PROBE: For example, (FILL "YOUR FAMILY" IF RTYPE=01, "YOU OR YOUR FAMILY" IF RTYPE=02; "NAME OR HIS/HER FAMILY" IF RTYPE=03), insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

(NAME)	01
(NAME'S) FAMILY LIVING IN SAME HOUSEHOLD	02
(NAME'S) FAMILY **NOT** LIVING IN SAME HOUSEHOLD	03
INSURANCE/MEDICAID	04
SCHOOL SYSTEM/SPECIAL EDUCATION	05
TITLE 5 PROGRAM	06
EARLY INTERVENTION	07
NO ONE/FREE	08→ *Go to F48*
OTHER (SPECIFY)	09
_____	
DON'T KNOW	d
REFUSED	r

YP, YA, YX (if age 18+, not in group/nursing home)

F47. In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for services from an **adult day care center or day activity center**, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) and (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) family may have paid.

$_____.00 AMOUNT PAID (0-99,999)

ENTIRE AMOUNT	01
AMOUNT PER WEEK	02
DON'T KNOW	d
REFUSED	r

F48. CHECK RTYPE: Is RTYPE…

NAME'S PARENT OR GUARDIAN	01 → *Continue*
NAME HIM/HER SELF	02→ *Go to F60*
PROXY FOR NAME	03→ *Go to F60*

English Version

F-22

CP, YP

F49.   During the past 12 months, did your family receive any **respite care**? Respite care is a service provided to families so the family caregivers can go on vacation or take a break. It can be provided by a person or organization at your home or somewhere else.

YES .... 01 → *Go to F52*
NO 00
DON'T KNOW .... d
REFUSED .... r

CP, YP

F50.   During the past 12 months, did your family **need** any **respite care** services?

YES .... 01 → *Continue*
NO .... 00 ⎤
DON'T KNOW .... d ⎬ → *Go to F55*
REFUSED .... r ⎦

CP, YP

F51.   Why did your family not receive any **respite care** services?

FAMILY DIDN'T NEED THE SERVICE 01
(NAME) WON'T ACCEPT RESPITE CARE 02
TOO EXPENSIVE/CAN'T AFFORD IT 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK 10
OTHER (SPECIFY) 11

_____

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

GO TO F55

English Version   F-23

F52.   Who paid for the **respite care** services that your family received?

PROBE: For example, your family, insurance or Medicaid, or something else?

Do not read list, code all that apply

(NAME) 01
(NAME'S) FAMILY LIVING IN SAME
HOUSEHOLD 02
(NAME'S) FAMILY **NOT** LIVING IN SAME
HOUSEHOLD 03
INSURANCE/MEDICAID 04
SCHOOL SYSTEM/SPECIAL EDUCATION 05
TITLE 5 PROGRAM 06
EARLY INTERVENTION 07
NO ONE/FREE ....08→ *Go to F55*
OTHER (SPECIFY) 09
_____
DON'T KNOW .... d
REFUSED .... r

F53.   In the past 12 months, about how much did your family pay for **respite care** services, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments your family may have paid.

$_____.00 AMOUNT PAID (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK 02
DON'T KNOW .... d
REFUSED .... r

F54.   Deleted

F55.   During the past 12 months, did you or other family members **receive any mental health care or counseling** because of (NAME's) health?

YES .... 01 → *Go to F58*
NO 00
DON'T KNOW .... d
REFUSED .... r

F56.   During the past 12 months, did you or other family members **need** any **mental health care or counseling** because of (NAME's) health?

YES 01
NO .... 00 ⎤
DON'T KNOW .... d ⎟→ *Go to F60*
REFUSED .... r ⎦

F57.   Why did you or other family members not receive any **mental health care or counseling?**

Do not read list, code all that apply

DIDN'T NEED THE SERVICE 01
PROVIDER THINKS NO LONGER NEEDED ... 02
TOO EXPENSIVE/CAN'T AFFORD IT 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK 10
OTHER (SPECIFY) ⌄ 11

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

GO TO F60

F58. Who paid for the **mental health care or counseling** you or your family members received?

PROBE: For example, your family, your insurance or Medicaid, or something else?

Do not read list, code all that apply

(NAME)	01
(NAME'S) FAMILY LIVING IN SAME HOUSEHOLD	02
(NAME'S) FAMILY **NOT** LIVING IN SAME HOUSEHOLD	03
INSURANCE/MEDICAID	04
SCHOOL SYSTEM/SPECIAL EDUCATION	05
TITLE 5 PROGRAM..	06
EARLY INTERVENTION..................................	07
NO ONE/FREE	08→ *Go to F60*
OTHER (SPECIFY)	09
_____	
DON'T KNOW...	d
REFUSED..	r

F59. In the past 12 months, about how much did your family pay for **mental health care or counseling**, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments your family may have paid.

$_____.00 AMOUNT PAID BY FAMILY (0-99,999)

ENTIRE AMOUNT	01
AMOUNT PER WEEK......................................	02
DON'T KNOW...	d
REFUSED..	r

F60. In the past 12 months, (FILL "HAS NAME" If RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) received any **other services** that we haven't yet talked about?

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

Go to F64

F61.   What services are these?

Do not read list, code all that apply

DOCTOR VISITS 01
HOSPITAL CARE 02
MENTAL HEALTH COUNSELING......................03
PERSONAL ATTENDANT OR HOME CARE
SERVICES..04
SPECIAL EDUCATION......................................05
SKILLED NURSING (RN/LPN) SERVICES 06
SOCIAL WORK SERVICES................................07
TRAINING IN SELF-CARE OR HOMEMAKING ..08
TRAINING IN SOCIAL SKILLS 09
OTHER THERAPY SERVICES...........................10
OTHER (SPECIFY)⌐ 11
                              ↓
_____
DON'T KNOW...d
REFUSED..r

F62.   Who paid for these **other services** that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received?

PROBE: For example, (FILL "YOUR FAMILY" IF RTYPE=01, "YOU OR YOUR FAMILY" IF RTYPE=02; "NAME OR HIS/HER FAMILY" IF RTYPE=03), insurance or Medicaid, the school system, or something else?

Do not read list, code all that apply

(NAME) 01
(NAME'S) FAMILY LIVING IN SAME
HOUSEHOLD 02
(NAME'S) FAMILY **NOT** LIVING IN SAME
HOUSEHOLD 03
INSURANCE/MEDICAID 04
SCHOOL SYSTEM/SPECIAL EDUCATION 05
TITLE 5 PROGRAM... 06
EARLY INTERVENTION.................................... 07
NO ONE/FREE .... 08→ *Go to F64*
OTHER (SPECIFY)⌐ 09
                             ↓
_____
DON'T KNOW.. d
REFUSED.. r

F63. In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for these **other services**, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) and (FILL "YOUR" IF RTYPE=01,02; "HIS/HER" IF RTYPE=03) family may have paid.

$_____.00 AMOUNT PAID BY FAMILY (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK...................................... 02
DON'T KNOW .... d
REFUSED .... r

F64. Are there any services that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) now **need(s)** but (FILL "IS" IF RTYPE=01, 03; "ARE" IF RTYPE=02) not receiving that we haven't yet talked about?

YES.. 01→ *Continue*
NO.. 00⌐
DON'T KNOW .... d ⎬→ *Go to F67*
REFUSED .... r ⌐

F65. What are these services?

Do not read list, code all that apply

DOCTOR VISITS 01
HOSPITAL CARE 02
MENTAL HEALTH COUNSELING.................... 03
SPECIAL EDUCATION.................................... 04
VISITING NURSE (RN/LPN) SERVICES.......... 05
SOCIAL WORK SERVICES............................. 06
TRAINING IN SELF-CARE OR
HOMEMAKING 07
TRAINING IN SOCIAL SKILLS 08
OTHER THERAPY SERVICES........................ 09
OTHER (SPECIFY)... 10
_____
DON'T KNOW .... d
REFUSED .... r

F66.   Why (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) not receiving (THIS SERVICE/THESE SERVICES)?

Do not read list, code all that apply

(NAME) DIDN'T NEED THE SERVICE............. 01
PROVIDER THINKS NO LONGER NEEDED... 02
TOO EXPENSIVE/CAN'T AFFORD IT.............. 03
INSURANCE OR MEDICAID DOESN'T
COVER IT/NO INSURANCE............................ 04
DON'T KNOW WHERE/HOW TO
GET SERVICE 05
ON WAITING LIST.. 06
SERVICE NOT AVAILABLE 07
DON'T LIKE PROVIDER.................................. 08
TRANSPORTATION PROBLEMS 09
COULDN'T TAKE TIME OFF WORK............... 10
OTHER (SPECIFY) 11

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

F67. Next, I'm going to ask you about specific items (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) may have used last month, that is in (FILL LAST MONTH), and how much (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) paid for these items out-of-pocket. Out-of-pocket expenses are those that (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) paid that were not covered by insurance or paid by a program.

		(Ask if yes) How much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for (INSERT ITEM) in (LAST MONTH)?
Question	Answer	
A. In (LAST MONTH) did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use any medications for (FILL "HIS/HER" IF RTYPE=01,03; YOUR" IF RTYPE=02) health care needs?	YES....................... 01 NO .... 00 DON'T KNOW........ d REFUSED.............. r	$_____.00 AMOUNT (0-9,999) OR: $_____.00 per week (0-9,999)

	(Ask if yes) How much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for (INSERT ITEM) in (LAST MONTH)?

Question	Answer	
B. In (LAST MONTH) did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use a special diet (IF AGE <18, FILL "OR FORMULA") for (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health care needs?	YES....................... 01 NO .... 00 DON'T KNOW........ d REFUSED.............. r	$_____.00 AMOUNT (0-9,999) OR: $_____.00 per week (0-9,999)
C. In (LAST MONTH) did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use any medical supplies such as distilled water, bandages, or syringes?	YES....................... 01 NO .... 00 DON'T KNOW........ d REFUSED.............. r	$_____.00 AMOUNT (0-9,999) OR: $_____.00 per week (0-9,999)
D. In (LAST MONTH) did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use any special clothing or (IF AGE <18 FILL "DIAPERS THAT A CHILD HIS/HER AGE WOULD NOT NORMALLY USE"; IF AGE 18+ FILL "INCONTINENCE CARE PRODUCTS")?	YES....................... 01 NO .... 00 DON'T KNOW........ d REFUSED.............. r	$_____.00 AMOUNT (0-9,999) OR: $_____.00 per week (0-9,999)

(Ask if yes) How much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for (INSERT ITEM) in (LAST MONTH)?

Question	Answer

E.   CHECK RTYPE: Is RTYPE…

NAME'S PARENT OR GUARDIAN .... 01→ Continue
NAME HIMSELF/HERSELF .... 02→ Continue
PROXY FOR NAME .... 00→ Go to F67i

F.   In (LAST MONTH) did (FILL "YOU AND YO FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) have higher health insurance premiums because (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02) special health care needs?

YES........................ 01
NO 00
NO INSURANCE ... 03
DON'T KNOW........ d
REFUSED............. r

$_____.00
AMOUNT (0-9,999)

OR:
$_____.00 per week
(0-9,999)

	(Ask if yes) How much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for (INSERT ITEM) in (LAST MONTH)?

Question	Answer	
CP, YP, YA G. In (LAST MONTH) did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) have any extra charges on your phone bill related to (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) special health care needs?	YES....................... 01 NO .... 00 DON'T KNOW........ d REFUSED.............. r	$_____.00 AMOUNT (0-9,999) OR: $_____.00 per week (0-9,999)

| | (Ask if yes) How much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for (INSERT ITEM) in (LAST MONTH)? |

Question	Answer	
CP, YP, YA H. In (LAST MONTH) did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) have any extra charges on your electric or utility bills related to (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) special health care needs?	YES....................... 01 NO .... 00 DON'T KNOW........ d REFUSED............. r	$_____.00 AMOUNT (0-9,999) OR: $_____.00 per week (0-9,999)

	(Ask if yes) How much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01,02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay out-of-pocket for (INSERT ITEM) in (LAST MONTH)?

Question	Answer

CP, YP, YA, YX

I.   In (LAST MONTH) did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) buy any other items or have any other out-of-pocket expenses related to (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) special health care needs?

OTHER (SPECIFY) ⤵
_____

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

$_____.00
AMOUNT
(0-9,999)

OR:
$_____.00 per week
(0-9,999)

CP, YP, YA, YX
Created

F68.   Are there any other health care items that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) **need(s)** now but (FILL "IS" IF RTYPE=01, 03; "ARE" IF RTYPE=02) not receiving?

PROBE: Please don't include items or services we've already talked about.

NO.. 00⎤
DON'T KNOW .... d ⎬→ *Go to F70*
REFUSED .... r ⎦
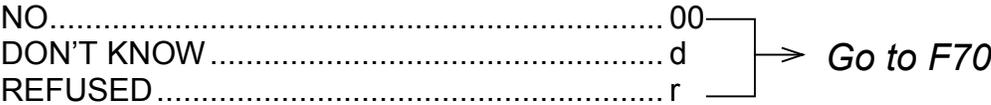
F69.   What items are these?

Do not read, code all that apply

EDUCATION SERVICES SUCH AS
TUTORING, BOOKS ON TAPE, SENSORY
INTEGRATION... 01
MEDICAL DEVICES SUCH AS
WHEELCHAIRS, CANES, OR CRUTCHES 02
EYEGLASSES 03
HEARING AID.. 04
HOSPITAL BED 05
OTHER (SPECIFY) 06
_____
DON'T KNOW.. d
REFUSED... r

F70.   (FILL "HAVE YOU AND YOUR FAMILY" IF RTYPE=01, 02; "HAS NAME AND
HIS/HER FAMILY" IF RTYPE=03) ever purchased any durable medical
equipment or devices for (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF
RTYPE=02) such as a wheelchair, hospital bed, leg braces, or prosthetic
devices?

PROBE: Prosthetic devices include such things as artificial limbs, artificial heart
valves, or ear implants.

YES... 01
NO.. 00
DON'T KNOW .... d   *Go to Part G*
REFUSED... r

F71.   Thinking about just the past 12 months, how much did (FILL "YOU AND YOUR
FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay
out-of-pocket for durable medical equipment or devices?

$_____.00 AMOUNT PAID (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK...................................... 02
DON'T KNOW .... d
REFUSED... r

CP, YP, YA, YX
Created

F72. How much (FILL "HAVE YOU AND YOUR FAMILY" IF RTYPE=01, 02; "HAS NAME AND HIS/HER FAMILY" IF RTYPE=03) **ever** paid out-of-pocket for durable medical equipment or devices for (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02)? Your best estimate is fine.

$_____.00 AMOUNT PAID (0-99,999)

ENTIRE AMOUNT 01
AMOUNT PER WEEK..................................... 02
DON'T KNOW .... d
REFUSED .... r

CP, YP, YA, YX
G1.   CHECK RTYPE: Is RTYPE. . .

            NAME'S PARENT OR GUARDIAN................... 01→ *Continue*
            NAME HIM/HER SELF.................................... 02→ *Go to G28*
            PROXY FOR NAME.. 03→ *Go to G28*

CP, YP
NSAF
G2.   Now I'd like to ask some questions about your daily living. I'm going to read you some statements that people have made about their food situation.

       The first statement is "We worried whether our food would run out before we got money to buy more."

       Was that often, sometimes, or never true for your family in the last 12 months?

            OFTEN TRUE 01
            SOMETIMES TRUE.. 02
            NEVER TRUE... 03
            DON'T KNOW .... d
            REFUSED... r

CP, YP
NSAF
G3.   "The food we bought just didn't last, and we didn't have money to get any more."

       Was that often, sometimes, or never true for your family in the last 12 months?

            OFTEN TRUE 01
            SOMETIMES TRUE.. 02
            NEVER TRUE... 03
            DON'T KNOW .... d
            REFUSED... r

CP, YP
NSAF
G4.   In the last 12 months, did you or other adults in your family ever cut the size of your meals or skip meals because there wasn't enough money for food?

            YES... 01
            NO... 00 ┐
            DON'T KNOW .... d ├→ *Go to G6*
            REFUSED... r ┘

G5.   How often did this happen? Was it…

       Read list, code only one

                     Almost every month 01
                     Some months but not every month 02
                     Only 1 or 2 months.. 03
                     DON'T KNOW .... d
                     REFUSED .... r

G6.   During the last 12 months, was there a time when you and your family were not
       able to pay your mortgage, rent, or utility bills?

                     YES... 01
                     NO.. 00
                     DON'T KNOW .... d   → *Go to G8*
                     REFUSED .... r

G7.   How often did this happen? Was it…

       Read list, code only one

                     Almost every month 01
                     Some months but not every month 02
                     Only 1 or 2 months.. 03
                     DON'T KNOW .... d
                     REFUSED .... r

G8.   CHECK AGE: Is (NAME's) age. . .

                     <3 .... 01 → *Go to G10*
                     3 - 7.. 02 → *Continue*
                     17+.. 01 → *Go to G10*

G9.   I'm going to read a list of items that sometimes describe children. For each statement please tell me if it has been almost always true, sometimes true, not often true, or never true for (NAME) during the past 12 months.

a. (HE/SHE) can't concentrate or pay attention for long.   Is that…

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04
DON'T KNOW .... d
REFUSED .... r

b. (HE/SHE) has trouble getting along with other kids. Is that…

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04
DON'T KNOW .... d
REFUSED .... r

c. (HE/SHE) has been unhappy, sad, or depressed. Is that…

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04
DON'T KNOW .... d
REFUSED .... r

d. (HE/SHE) has trouble sleeping. Is that…

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04
DON'T KNOW .... d
REFUSED .... r

e. (HE/SHE) lies or cheats. Is that…

        Almost always true 01
        Sometimes true 02
        Not often true 03
        Never true 04
        DON'T KNOW .... d
        REFUSED .... r

f. (ASK IF CHILD 5+) (HE/SHE) does poorly at schoolwork. Is that…

        Almost always true 01
        Sometimes true 02
        Not often true 03
        Never true 04
        (NAME) not in school 05
        DON'T KNOW .... d
        REFUSED .... r

g. (ASK IF CHILD 8+) (HE/SHE) has been in trouble with the police or courts.
    Is that…

        Almost always true 01
        Sometimes true 02
        Not often true 03
        Never true 04
        DON'T KNOW .... d
        REFUSED .... r

G10. These next questions are about you. How much of the time during the past 12 months have you:

    a. Felt that (NAME) was much harder to care for than most (IF AGE <17 FILL "CHILDREN"; ELSE FILL "YOUNG PEOPLE")? Would you say…

            All of the time 01
            Most of the time... 02
            Some of the time.. 03
            None of the time... 04
            DON'T KNOW .... d
            REFUSED .... r

    b. Felt that (NAME) does things that really bother you a lot? Would you say…

            All of the time 01
            Most of the time... 02
            Some of the time.. 03
            None of the time... 04
            DON'T KNOW .... d
            REFUSED .... r

    c. Felt that you are giving up more of your life to meet (NAME's) needs than you ever expected? Would you say…

            All of the time 01
            Most of the time... 02
            Some of the time.. 03
            None of the time... 04
            DON'T KNOW .... d
            REFUSED .... r

    d. Felt angry with (NAME)? Would you say…

            All of the time 01
            Most of the time... 02
            Some of the time.. 03
            None of the time... 04
            DON'T KNOW .... d
            REFUSED .... r

CP, YP

G11. CHECK AGE: Is (NAME'S) age. . .

<17 .... 01 → *Go to G17*
17+ .... 02 → *Continue*

YP

G12. CHECK A9,A10 and A87B=05 or 09: Is (NAME) living at school?

YES .... 01→ *Go to G17*
NO .... 00→ *Continue*

YP (17+. not living at school)
Created

G13. Does (NAME) contribute any money to your household for (HIS/HER) room and board or medical care? This could be money (NAME) earns through a job or receives from the government.

YES 01
NO .... 00→ *Go to G15*
DON'T KNOW .... d→ *Go to G15*
REFUSED .... r→ *Go to G15*

YP (17+, not living at school)
Created

G14. About how much money did (NAME) contribute last month?

$_____.00 AMOUNT CONTRIBUTED ($1-$2000)
DON'T KNOW .... d
REFUSED .... r

YP (17+, not living at school)
Created

G15. Before (NAME) turns 25 years old, how likely is it that (HE/SHE) will be able to live independently. By that, I mean away from you and your family. Would you say…

Very likely 01
Somewhat likely 02
Not very likely 03
Not likely at all 04
DON'T KNOW .... d
REFUSED .... r

G16.   There are many reasons (NAME) may be living at home with you now. Is (NAME) living with you because

Read list, code one for each

	YES	NO	DK	RF
A. (HE/SHE) can't afford to live independently	01	00	d	r
B. (HE/SHE) needs your family's help because of a medical condition or health problem	01	00	d	r
C. (HE/SHE) is needed at home to care for other family members	01	00	d	r
D. (HE/SHE) is not comfortable living independently at this time..........................	01	00	d	r
E. You are not comfortable with (HIM/HER) living independently at this time..................	01	00	d	r
F. (HE/SHE) is trying to save money	01	00	d	r
G. (HE/SHE) prefers living with your family.....	01	00	d	r
H. Some other reason (SPECIFY)..............	01	00	d	r

G17.   CHECK: Does B2=01, 02: Is there a spouse or partner of the respondent's living in the household?

            YES .... 01→ *Continue*
            NO .... 00→ *Go to G19*

G18.   These next questions are about your household. Compared to other families you know, does it seem like you and (FILL "YOUR SPOUSE" IF B2=01; "YOUR PARTNER" IF B2=02) have more conflict and fights, about the same, or less?

            MORE 01
            SAME 02
            LESS 03
            DON'T KNOW .... d
            REFUSED .... r

G19.   CHECK IF A42D_2-A42D_14=08, 11 OR 12 or A91D_2-A91D_14=08, 11 OR 12: Is there more than one child present in the household?

            YES .... 01→ *Continue*
            NO .... 00→ *Go to G21*

G20. Compared to other families you know, does it seem like the children in your household have more conflict and fights, about the same, or less?

```
           MORE ............................................................. 01
           SAME ............................................................. 02
           LESS .............................................................. 03
           DON'T KNOW ................................................. d
           REFUSED ....................................................... r
```

G21. Now I'd like you to think back over the past (FILL NUMBER OF YEARS SINCE 1996) years, from 1996, (FILL "WHEN (NAME) WAS AROUND (INSERT NAME'S AGE IN 1996)"; IF NOT BORN IN 1996 THEN BLANK) to the present time. Since 1996, did you or any member of your household do any of the following, even if just for a short while…

Repeat question stem for each item, code yes or no for each

	YES	NO	DK	RF
A. Move in with someone in order to save money or lower housing costs	01	00	d	r
B. Add a boarder or roommate to your household	01	00	d	r
C. Cut-back on buying things for (NAME's) care...	01	00	d	r
D. Cut back on other household purchases and expenses	01	00	d	r
E. Go into debt or increase your debt to pay for (NAME's) care	01	00	d	r

G22. Since 1996, did you or any **adult** member of your household, (FILL IF AGE=14+ "NOT COUNTING NAME"; ELSE BLANK), do any of the following…

	YES	NO	DK	RF
A. Get a job, a second job, or a better paying job	01	00	d	r
B. Enter a job training program or go back to school	01	00	d	r

G23.   Since 1996, have you and your family lived in an emergency shelter or domestic violence shelter at any time?

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

G24.   Since 1996, have you and your family ever been homeless or living on the street?

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

G25.   Since 1996, have you and your family ever received help from a food pantry, a soup kitchen, a community center, or a church? (IF YES) Which ones?

       Code all that apply

                            FOOD PANTRY 01
                            SOUP KITCHEN 02
                            COMMUNITY CENTER 03
                            CHURCH 04
                            OTHER (SPECIFY) ⤵ 05
                            _____
                            NO... 00
                            DON'T KNOW .... d
                            REFUSED .... r

G26.   The next questions ask about your standard of living: that is, your food, housing, medical care, entertainment, and things like that. How would you rate your current standard of living. Would you say it is…

Read list, code only one

Very good.. 01
Good 02
Fair.. 03
Poor 04
Very poor 05
DON'T KNOW .... d
REFUSED .... r

G27.   How would you compare your standard of living now with your standard of living in 1996, (FILL "WHEN (NAME) WAS AROUND (INSERT NAME'S AGE IN 1996)"; IF NOT BORN IN 1996 THEN BLANK)? Would you say that now you are…

Read list, code only one

Much better off 01
Somewhat better off 02
The same 03
Somewhat worse off... 04
Much worse off... 05
 DON'T KNOW .... d
REFUSED .... r

**IF AGE <17, GO TO PART H;
ELSE GO TO G43**

G28.   CHECK A87B=4 or 8: Is (NAME) living in a nursing or convalescent home, or a supervised group residence?

YES.. 01→*Go to G36*
NO.. 03→ *Continue*

G29. Now I'd like to ask some questions about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) daily living. I'm going to read you some statements that people have made about their food situation.

The first statement is "I worried whether my food would run out before I got money to buy more."

Was that often, sometimes, or never true for (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) in the last 12 months?

    OFTEN TRUE 01
    SOMETIMES TRUE... 02
    NEVER TRUE 03
    DON'T KNOW .... d
    REFUSED .... r

G30. "The food I bought just didn't last, and I didn't have money to get any more."

Was that often, sometimes, or never true for (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) in the last 12 months?

    OFTEN TRUE 01
    SOMETIMES TRUE... 02
    NEVER TRUE 03
    DON'T KNOW .... d
    REFUSED .... r

G31. In the last 12 months, did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) ever cut the size of (FILL "YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) meals or skip meals because there wasn't enough money for food?

    YES 01
    NO 00
    DON'T KNOW .... d   → Go to G33
    REFUSED .... r

G32.   How often did this happen? Was it…

Read list, code only one

Almost every month 01
Some months but not every month 02
Only 1 or 2 months... 03
DON'T KNOW .... d
REFUSED .... r

G33.   During the last 12 months, was there a time when (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) were not able to pay (FILL "YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) rent, mortgage, or utility bills?

YES... 01
NO... 00
NOT APPLICABLE.. n   *> Go to G35*
DON'T KNOW .... d
REFUSED .... r

G34.   How often did this happen? Was it…

Read list, code only one

Almost every month 01
Some months but not every month 02
Only 1 or 2 months... 03
DON'T KNOW .... d
REFUSED .... r

YA, YX (not in nursing/group home)
Created
G35.   Now I'd like you to think back over the past (FILL NUMBER OF YEARS SINCE 1996), from 1996, (FILL "WHEN YOU WERE" IF RTYPE=02; "NAME WAS" IF RTYPE=03 AROUND (INSERT NAME's AGE IN 1996)) to the present time. Since 1996, did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) do any of the following, even if just for a short while…

Repeat question stem for each item, code yes or no for each

		YES	NO	DK	RF
A.	Move in with someone in order to save money or lower housing costs	01	00	d	r
B.	Add a boarder or roommate to your household	01	00	d	r
C.	Cut-back on buying things for ("YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) care	01	00	d	r
D.	Cut back on other household purchases and expenses	01	00	d	r
E.	Go into debt or increase your debt to pay for ("YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) care...	01	00	d	r

YA, YX
MPR
G36.   (IF G28=01 FILL "NEXT I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR DAILY LIVING", ELSE BLANK).

Since 1996, (FILL "HAVE YOU" IF RTYPE=02; "HAS NAME" IF RTYPE=03) lived in an emergency shelter or domestic violence shelter at any time?

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

YA, YX
MPR
G37.   Since 1996, (FILL "HAVE YOU" IF RTYPE=02; "HAS NAME" IF RTYPE=03) ever been homeless or living on the street?

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

G38. Since 1996, (FILL "HAVE YOU" IF RTYPE=02; "HAS NAME" IF RTYPE=03) ever received help from a food pantry, a soup kitchen, a community center, or a church? (IF YES) Which ones?

Code all that apply

FOOD PANTRY 01
SOUP KITCHEN 02
COMMUNITY CENTER 03
CHURCH 04
OTHER (SPECIFY)⌄ 05

_____

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

G39. The next questions ask about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) standard of living: that is, (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) food, housing, medical care, entertainment, and things like that. How would you rate (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) current standard of living. Would you say it is…

Read list, code only one

Very good... 01
Good 02
Fair... 03
Poor 04
Very poor 05
DON'T KNOW .... d
REFUSED .... r

G40. How would you compare (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) standard of living now with (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) standard of living in 1996 when (FILL "YOU WERE" IF RTYPE=02; "NAME WAS" IF RTYPE=03) (INSERT NAME'S AGE IN 1996)? Would you say that now (FILL "YOU ARE" IF RTYPE=02; "NAME IS" IF RTYPE=03)…

Read list, code only one

Much better off 01
Somewhat better off 02
The same 03
Somewhat worse off, or 04
Much worse off 05
DON'T KNOW .... d
REFUSED .... r

YA, YX
Created
G41. In (LAST MONTH), did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) receive financial assistance from members of (FILL "YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) family not living with (FILL "YOU" IF RTYPE=02; "HIM/HER" IF RTYPE=03)? For example, to pay medical bills or other living expenses? Do not include money received to pay for school.

YES 01
NO .... 00→ *Go to G43*
DON'T KNOW .... d→ *Go to G43*
REFUSED .... r→ *Go to G43*

YA, YX
Created
G42. In (LAST MONTH), about how much financial assistance did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) receive from members of (FILL "YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) family?

$_____.00 AMOUNT RECEIVED
DON'T KNOW .... d
REFUSED .... r

G43. I'm going to read a list of items that sometimes describe young people. For each item please tell me if it has been almost always true, sometimes true, not often true, or never true for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) during the past 12 months.

a. (FILL "HE/SHE HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02) trouble sleeping. Is that…

> Almost always true 01
> Sometimes true 02
> Not often true 03
> Never true 04
> DON'T KNOW .... d
> REFUSED .... r

b. (FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) can't concentrate or pay attention for long.   Is that…

> Almost always true 01
> Sometimes true 02
> Not often true 03
> Never true 04
> DON'T KNOW .... d
> REFUSED .... r

c. (FILL "HE/SHE HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02) trouble getting along with other people. Is that…

> Almost always true 01
> Sometimes true 02
> Not often true 03
> Never true 04
> DON'T KNOW .... d
> REFUSED .... r

> **IF RTYPE=01 GO TO G48;**
> **ELSE CONTINUE**

G44. CHECK A42_1-A42_14=10 or A91_1-A91_14=10: Is (NAME) living with (HIS/HER) spouse?

> YES... 01→ *Continue*
> NO.. 00→ *Go to G46*

YA, YX (living with spouse)
Created

G45. These next questions are about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household. Compared with other families you know, does it seem like (FILL "YOU and YOUR" IF RTYPE=02; "NAME and NAME'S" IF RTYPE=03) spouse have more conflict and fights, about the same, or less?

> MORE 01
> SAME... 02
> LESS.. 03
> DON'T KNOW .... d
> REFUSED .... r

YA, YX

G46. CHECK IF MORE THAN 1 A42_1-A42_14=11 or A91D_2-A91D_14=11: Does NAME have more than one of (HIS/HER) own children living with (HIM/HER)?

> YES... 01→ *Continue*
> NO.. 00→ *Go to G48*

YA, YX (living with more than 1 of own children)
Created

G47. Compared with other families you know, does it seem like the children in (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household have more conflict and fights, about the same, or less?

MORE 01
SAME 02
LESS 03
DON'T KNOW .... d
REFUSED .... r

YA, YP, YX
NHIS-D Adult Followback (modified)

G48. These next questions are about various activities (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) may have participated in. During the past two weeks, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) get together socially with friends, family, or neighbors? Do not include people living with (FILL "HIM/HER" IF RTYPE=01, 03; "YOU" IF RTYPE=02).

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

YA, YP, YX
NHIS-D Adult Followback (modified)

G49. During the past two weeks, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) talk with friends or family on the telephone?

YES 01
NO 02
DON'T KNOW .... d
REFUSED .... r

YA, YP, YX
NHIS-D Adult Followback

G50. During the past two weeks, did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) go to a show or movie, sports event, club meeting, class, or other group event?

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

G51.   How many days in the past two weeks did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) leave (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) home for any reason?

|___|___| DAYS (0-14)

EVERY DAY 14
NONE 00
DON'T KNOW .... d
REFUSED .... r

G52.   Regarding (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) present social activities, (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) feel that (FILL "HE/SHE IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) doing about enough, too much, or would (FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) like to be doing more?

ABOUT ENOUGH 01
TOO MUCH 02
WANT MORE 03
DON'T KNOW .... d
REFUSED .... r

G53.   During the past 12 months, how often did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) feel sad or depressed. Would (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) say (FILL "HE/SHE WAS" IF RTYPE=01, 03; "YOU WERE" IF RTYPE=02) sad or depressed…

Read list, code only one

All of the time 01
Some of the time 02
A little of the time 03
None of the time 04
DON'T KNOW .... d
REFUSED .... r

G54. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever been arrested or charged with a crime or parole violation?

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

PART H. SSI EXPERIENCE

CP, YP, YA, YX

H1. CHECK RTYPE: Is RTYPE….

NAME'S PARENT OR GUARDIAN................... 01→ *Continue*
NAME HIM/HER SELF.................................... 02→ *Go to H19*
PROXY FOR NAME... 03→ *Go to H19*

CP, YP

H2. CHECK AGE: Is (NAME)'s age…..

<17 .... 01 → *Continue*
17+... 02 → *Go to H19*

CP
Created

H3. Now I would like to ask you about any experience you and (NAME) might have had with the Supplemental Security Income, or SSI program operated by the Social Security Administration.

As you may know, SSI provides monthly payments for disabled children in families with limited income and resources.

Has your household ever received an SSI benefit for (NAME)?

YES.. 01→ *Go to H6*
NO... 00
DON'T KNOW .... d
REFUSED .... r

CP

H4. CHECK: Does answer to H3 agree with preloaded information?

YES.. 01→ *Go to Part I*
NO... 00→ *Continue*

CP   (answer different from SSA information)
Created

H5. Our records show that (NAME) was receiving benefits in (INSERT MONTH AND YEAR OF LAST RECEIPT FROM PRELOADED INFORMATION). As far as you know, is that correct?

YES.. 01→ *Continue*
NO... 00
DON'T KNOW .... d   → *Go to Part I*
REFUSED .... r

English Version   H-1

CP (has received SSI)
Created

H6.	Did you receive an SSI benefit for (NAME) in (LAST MONTH, THIS YEAR)?

YES...01
NO...00 ⎤
DON'T KNOW ....d   ⎬→ *Go to H8*
REFUSED ....r ⎦

CP (is now receiving SSI)
Created

H7.	What was the amount of the SSI benefit you received for (NAME) in (LAST MONTH, YEAR)?

$_____.00 AMOUNT   (10-2,000)

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

CP (has received SSI)
Created

H8.	Since January 1996, that is, since (NAME) was around (INSERT NAME'S AGE IN 1996) was there any time when you stopped receiving SSI benefits for (NAME) for more than one month?

IF NAME NOT BORN IN 1996 USE ALTERNATIVE WORDING: Has there ever been a time when you stopped receiving SSI benefits for (NAME) for more than one month?

YES...01→ *Go to H11*
NO...00
DON'T KNOW ....d
REFUSED ....r

CP (has received SSI)
Created

H9.	CHECK: Does answer to H8 agree with preloaded information?

YES...01→ *Go to H43*
NO ....00→ *Continue*

CP (has received SSI)
Created

H10.	Our records show that (NAME) stopped receiving benefits in (INSERT MONTH AND YEAR FROM PRELOADED INFORMATION) for more than a month. As far as you know, is that correct?

YES...01→ *Continue*
NO...00 ⎤
DON'T KNOW ....d   ⎬→ *Go to H43*
REFUSED ....r ⎦

H11. Why did you lose SSI benefits for (NAME) when this happened?

PROBE IF MORE THAN ONE TIME: I mean the last time this happened?

INTERVIEWER: IF RESPONDENT SAYS "INELIGIBLE" PROBE FOR MORE DETAIL.

Code all that apply

GOT A JOB 01
INCOME TOO HIGH 02
ASSETS TOO HIGH 03
(NAME) DETERMINED MEDICALLY
INELIGIBLE 04
DID NOT FOLLOW PROGRAM RULES........... 05
MARRIED/REMARRIED 06
MOVED IN WITH FAMILY/OTHER PERSON... 07
OTHER (SPECIFY)⤵.. 08
_____
DON'T KNOW .... d
REFUSED .... r

H12. Did you appeal that decision?

YES .... 01 → *Go to H15*
NO.. 00
DON'T KNOW .... d → *Go to H16*
REFUSED .... r → *Go to H16*

CP (has lost SSI)
Created

H13.   Why didn't you appeal the decision?

Code all that apply

DID NOT WANT TO 01
DID NOT KNOW HOW 02
DID NOT KNOW COULD APPEAL 03
COULD NOT AFFORD A LAWYER 04
DID NOT HAVE A STRONG CASE 05
WORRIED WE WOULD HAVE TO REPAY
SSA FOR BENEFITS RECEIVED WHILE
CASE WAS UNDER APPEAL 06
THOUGHT WE WOULD NOT WIN 07
OTHER (SPECIFY) 08
_____
DON'T KNOW .... d
REFUSED .... r

CP (has lost SSI)
Created

H14.   Did you consult a lawyer or legal aid group in making the decision not to appeal?

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

```
GO TO H16
```

CP (has lost SSI)
Created

H15.   Did you use the assistance of a lawyer or a legal aid group during the appeal process?

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

H16.   What changes did your household make when your family lost SSI benefits for (NAME), if any?

Record verbatim

PROBE: What did you do to get by?

_____

YES, SPECIFY	01
DON'T KNOW	d
REFUSED	r

H17.   When you stopped receiving SSI benefits most recently, did you stop receiving Medicaid benefits or (INSERT MEDICAID STATE NAME) benefits for (NAME) at the same time?

YES	01
NO	00
NEVER HAD MEDICAID FOR (NAME)	03
DON'T KNOW	d
REFUSED	r

→ *Go to H43*

H18.   Did you lose Medicaid or (INSERT MEDICAID STATE NAME) benefits for 3 months or more, or less than 3 months?

3 MONTHS OR MORE	01
LESS THAN 3 MONTHS	02
DON'T KNOW	d
REFUSED	r

GO TO H43

H19. Now I would like to ask you about any experience (FILL "NAME AND YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) might have had with the Supplemental Security Income, or SSI program operated by the Social Security Administration.

As you may know, SSI provides monthly payments to people with limited income and resources who are age 65 or older, blind, or disabled. Blind or disabled children, as well as adults, can get SSI.

(FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever received an SSI benefit, either as a child or an adult?

> YES .... 01→ *Go to H22*
> NO 00
> DON'T KNOW .... d
> REFUSED .... r

H20. CHECK: Does answer to H19 agree with preloaded information?

> YES .... 01→ *Go to Part I*
> NO .... 00→ *Continue*

H21. Our records show that (FILL "NAME WAS" IF RTYPE=01, 03; "YOU WERE" IF RTYPE=02) receiving benefits in (INSERT MONTH AND YEAR OF LAST RECEIPT FROM PRELOADED INFORMATION). As far as you know, is that correct?

> YES .... 01→ *Continue*
> NO .... 00 ⎤
> DON'T KNOW .... d   ⎬→ *Go to Part I*
> REFUSED .... r ⎦

H22. Did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) receive an SSI benefit in (LAST MONTH, THIS YEAR)?

> YES .... 01→ *Continue*
> NO .... 00 ⎤
> DON'T KNOW .... d   ⎬→ *Go to H24*
> REFUSED .... r ⎦

YP, YA, YX (is now receiving SSI)
Created
H23.   What was the amount of the SSI benefit (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received in (LAST MONTH, THIS YEAR)?

$_____.00 AMOUNT (1-2000)

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

YP, YA, YX
H24.   CHECK AGE: Is (NAME'S) age….

18+ .... 01→ *Continue*
<18 .... 02→ *Go to H32*

YP, YA, YX (age 18+, has received SSI)
H25.   (FILL "WAS NAME" if RTYPE=01, 03; "WERE YOU" if RTYPE=02) receiving SSI benefits at the time of (FILL "HIS/HER" if RTYPE=01, 03; "YOUR" if RTYPE=02) 18th birthday?

YES.. 01→ *Continue*
NO.. 00
DON'T KNOW .... d   ⎬→ *Go to H32*
REFUSED .... r

YP, YA, YX (age 18+, receiving SSI at 18TH birthday)
Created
H26.   Around the time of (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) 18th birthday, was (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) eligibility for SSI redetermined by the Social Security Administration using the rules for adults?

YES.. 01→ *Continue*
NO.. 00
REDETERMINATION PENDING 03   ⎬→ *Go to H32*
DON'T KNOW .... d
REFUSED .... r

YP, YA, YX (age 18+, redetermined for SSI)
Created
H27.   Has the Social Security made a final decision about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) eligibility?

PROBE: By final decision, I mean did SSA notify you that (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) benefits would either continue or stop, and you decided not to appeal or completed all your appeals.

YES.. 01→ *Continue*
NO.. 00 ⌉
DON'T KNOW .... d   ⎬→ *Go to H29*
REFUSED .... r ⌋

YP, YA, YX (age 18+, redetermined for SSI)
Created
H28.   What was that decision? Did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)…

Continue to receive SSI benefits .... 01→ *Go to H43*
Stop receiving SSI benefits .... 02→ *Go to H31*
DON'T KNOW .... d→ *Go to H43*
REFUSED .... r→ *Go to H43*

YP, YA, YX (age 18+, redetermined for SSI)
Created
H29.   Is the final decision pending or is it under appeal?

PENDING... 01→ *Go to H43*
UNDER APPEAL .... 02→ *Continue*
DON'T KNOW .... d→ *Go to H43*
REFUSED .... r→ *Go to H43*

YP, YA, YX (age 18+, redetermined for SSI)
Created
H30. As far as you know, why did SSA make the initial decision to stop SSI benefits for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02)?

Code all that apply

INCOME TOO HIGH 01
ASSETS TOO HIGH 02
DETERMINED MEDICALLY INELIGIBLE........ 03
DETERMINED ABLE TO WORK/ENGAGE
IN SUBSTANTIAL GAINFUL ACTIVITY 04
DID NOT FOLLOW PROGRAM RULES........... 05
(NAME) MARRIED/REMARRIED 06
(NAME) NOT IN SCHOOL/JOB TRAINING 07
OTHER (SPECIFY) 08
_____
DON'T KNOW .... d
REFUSED .... r

GO TO H39

YP, YA, YX (age 18+, redetermined for SSI)
Created
H31. As far as you know, why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) stop receiving SSI benefits?

INTERVIEWER: IF RESPONDENT SAYS "INELIGIBLE" PROBE FOR MORE DETAIL.

INCOME TOO HIGH 01
ASSETS TOO HIGH 02
DETERMINED MEDICALLY INELIGIBLE......... 03
DETERMINED ABLE TO WORK/ENGAGE
IN SUBSTANTIAL GAINFUL ACTIVITY 04
DID NOT FOLLOW PROGRAM RULES........... 05
(NAME) MARRIED/REMARRIED 06
(NAME) NOT IN SCHOOL/JOB TRAINING 07
OTHER (SPECIFY) 08
_____
DON'T KNOW .... d
REFUSED .... r

GO TO H36

H32. Since January 1996, that is, since (FILL "NAME WAS" IF RTYPE=01,03; "YOU WERE" IF RTYPE=02) around (INSERT NAME'S AGE IN 1996) was there any time when (FILL "NAME OR YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) stopped receiving SSI benefits (FILL "FOR HIM/HER" IF RTYPE=01; ELSE BLANK) for more than one month?

YES..01→ *Go to H35*
NO..00
DON'T KNOW .... d
REFUSED .... r

H33. CHECK: Does answer to H32 agree with preloaded information?

YES..01→ *Go to H43*
NO..00→ *Continue*

H34. Our records show that (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) stopped receiving benefits in (INSERT MONTH AND YEAR FROM PRELOADED INFORMATION), for more than one month. As far as you know, is that correct?

YES..01→ *Continue*
NO..00 ⎤
DON'T KNOW .... d ⎬→ *Go to H43*
REFUSED .... r ⎦

H35. Why did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) lose SSI benefits when this happened?

> PROBE IF MORE THAN ONE TIME: I mean the last time this happened.

> INTERVIEWER: IF RESPONDENT SAYS "INELIGIBLE" PROBE FOR MORE DETAIL.

> *Code all that apply*

> PARENT'S INCOME TOO HIGH 01
> PARENT'S ASSETS TOO HIGH........................ 02
> (NAME'S) INCOME TOO HIGH 03
> (NAME'S) ASSETS TOO HIGH 04
> (NAME) DETERMINED MEDICALLY
> INELIGIBLE 05
> DID NOT FOLLOW PROGRAM RULES........... 06
> MARRIED/REMARRIED 07
> MOVED IN WITH FAMILY/OTHER PERSON... 08
> OTHER (SPECIFY) 09

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

H36. Did (FILL "NAME OR YOUR FAMILY" IF RTYPE=01, "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) appeal that decision?

> YES... 01 → *Go to H39*
> NO... 00→ *Continue*
> DON'T KNOW .... d → *Go to H40*
> REFUSED .... r → *Go to H40*

H37. Why didn't ("NAME OR YOUR FAMILY" IF RTYPE=01, "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) appeal the decision?

Code all that apply

DID NOT WANT TO...01
DID NOT KNOW HOW ....02→ *Go to H40*
DID NOT KNOW COULD APPEAL..................03→ *Go to H40*
COULD NOT AFFORD A LAWYER................04
DID NOT HAVE A STRONG CASE 05
WORRIED WE WOULD HAVE TO REPAY
SSA FOR BENEFITS RECEIVED WHILE
CASE WAS UNDER APPEAL.........................06
THOUGHT WE WOULD NOT WIN..................07
OTHER (SPECIFY)﹁.......................................08

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

H38. Did (FILL "NAME OR YOUR FAMILY" IF RTYPE=01, "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) consult a lawyer or legal aid group in making the decision not to appeal?

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

GO TO H40

H39. Did (FILL "NAME OR YOUR FAMILY" IF RTYPE=01, "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) use the assistance of a lawyer or a legal aid group during the appeal process?

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

YP, YA, YX (has lost SSI)
Created
H40. What changes did (FILL "YOUR HOUSEHOLD" IF RTYPE=01, "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) make when (FILL "YOUR FAMILY" IF RTYPE=01, "YOU" IF RTYPE=02, "HE/SHE" IF RTYPE=03) lost SSI benefits (FILL "FOR NAME" IF RTYPE=01, ELSE BLANK), if any?

Record verbatim

PROBE: What did you do to get by?

_____

YES, SPECIFY.. 01
DON'T KNOW .... d
REFUSED .... r

YP, YA, YX (has lost SSI)
Created
H41. When (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) stopped receiving SSI benefits most recently, did (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) stop receiving Medicaid benefits or (INSERT MEDICAID STATE NAME) benefits at the same time?

YES.. 01
NO.. 00 ⎤
(NAME) NEVER HAD MEDICAID .... 03 ⎬→*Go to H43*
DON'T KNOW .... d
REFUSED .... r ⎦

YP, YA, YX (has lost SSI)
Created
H42. Did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) lose Medicaid or (INSERT MEDICAID STATE NAME) benefits for 3 months or more, or less than 3 months?

3 MONTHS OR MORE 01
LESS THAN 3 MONTHS................................. 02
DON'T KNOW .... d
REFUSED .... r

CP, YP, YA, YX

H43A. CHECK H6 or H22: Was (NAME) receiving an SSI benefit in (LAST MONTH)?

> YES .... 01→ *Continue*
> NO .... 00→ *Go to Part I*

CP, YP, YA, YX (is now receiving SSI)
Created

H43B. CHECK AGE: Is (NAME'S) age…

> 14+ .... 01→ *Continue*
> <14   .... 00→ *Go to H54*

CP, YP, YA, YX (age 14+, is now receiving SSI)
Created

H44.   The Social Security Administration has a number of work incentives for SSI recipients. Some can help a person with a disability go to work. Others let disabled people keep cash or Medicaid benefits after they go to work until they become self-supporting. (FILL "HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) ever heard of these work incentives or discussed them with a Social Security representative?

> YES .... 01→ *Continue*
> NO .... 00 ┐
> DON'T KNOW .... d   ├→ *Go to H54*
> REFUSED .... r   ┘

H45. DELETED

CP, YP, YA, YX (age 14+, is now receiving SSI)
Created

H46. Which of the following work incentive programs have ("HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) heard of? Have ("HAVE YOU" IF RTYPE=01, 02; "HAS NAME" IF RTYPE=03) heard of …

Read list, Code one for each

	YES	NO	DK	RF
A. A plan for achieving self-support, or PASS? PROBE: A PASS can help people with disabilities return to work by letting them set aside money or resources to help them reach a work goal. The income people set aside for a PASS does not reduce their SSI benefit amount.	01	00	d	r
B. An individual development account, or IDA? PROBE: An IDA is a special bank account that helps people with disabilities save for their education, the purchase of a first home, or to start a business.	01	00	d	r

	YES	NO	DK	RF
C. The general earned-income exclusion? PROBE: With this exclusion, the first $65 of earnings and one-half of earnings over $65 are not counted when SSA figures the amount of a person's SSI benefit. A maximum of $1,620 may be excluded each year.	01	00	d	r

	YES	NO	DK	RF
D. The student earned-income exclusion? PROBE: People receiving SSI who are under age 22 and attending school may exclude up to $400 of earned income per month when SSA figures the amount of their SSI benefit.	01	00	d	r
E. The exclusion for property essential to self-support (PESS)? PROBE: Under this exclusion, a portion of the value of tools, equipment, or other property that people need to work is excluded when SSA figures the amount of their SSI benefit.	01	00	d	r

	YES	NO	DK	RF
F. The exclusions for impairment-related work expenses (IRWE) and blind work expenses (BWE)? PROBE: Under these exclusions, SSA may deduct the cost of certain impairment-related items when figuring the amount of a person's SSI benefit.	01	00	d	r
G. Continued eligibility for Medicaid after SSI benefits end? PROBE: Under this plan, people are able to keep Medicaid coverage until their incomes rise to a certain level, even if SSI benefits have stopped.	01	00	d	r

CP, YP, YA, YX (age 14+, is now receiving SSI)
Created
H47.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever used any of these work incentives?

YES...01→ *Continue*
NO..00 ⌐
DON'T KNOW ....d   ├→ *Go to H54*
REFUSED ....r ⌐

CP, YP, YA, YX (age 14+, using work incentives)
Created
H48.   Which ones?

Do not read list, code all that apply

PLAN FOR ACHIEVING SELF-SUPPORT,
OR PASS 01
AN INDIVIDUAL DEVELOPMENT ACCOUNT,
OR IDA... 02
THE GENERAL EARNED-INCOME
EXCLUSION 03
THE STUDENT EARNED-INCOME
EXCLUSION 04
THE EXCLUSION FOR PROPERTY
ESSENTIAL FOR SELF SUPPORT (PESS)..... 05
THE EXCLUSIONS FOR IMPAIRMENT-
RELATED WORK EXPENSES (IWRE) OR
BLIND WORK EXPENESE (BWE)................... 06
CONTINUED ELIGIBILITY FOR MEDICAID
AFTER CASH BENEFITS END 07
DON'T KNOW .... d
REFUSED.. r

CP, YP, YA, YX (age 14+, using work incentives)
H49.   CHECK H48: Ever used IDA (H48=02)?

YES.. 01
NO...00→ *Go to H52*

H50. About how much does (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) save each month in (FILL "HIS/HER" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) IDA account?

$|___|,|___|___|___| DOLLARS (1-5000)

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

H51. How does (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) intend to use the money? Would that be for…

Read list, code all that apply

School expenses 01
Purchasing a home 02
Starting a business, or 03
Something else (SPECIFY) 04

_____

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

H52. CHECK: Is PASS checked "yes" in H46A?

YES 01
NO .... 00→ *Go to H54*

H53. What is the dollar amount of expenses that Social Security approved for (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) PASS?

$|___|,|___|___|___| DOLLARS (1-5000)

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

H54. Now I'd like to ask about how (FILL "YOUR FAMILY USES" IF RTYPE=01; "YOU USE" IF RTYPE=02; "NAME USES" IF RTYPE=03) (FILL "NAME'S" IF RTYPE=01; "YOUR" IF RTYPE=02; "HIS/HER" IF RTYPE=03) SSI benefit. As you know, (FILL "FAMILIES RECEIVING SSI BENEFITS FOR CHILDREN" IF RTYPE=01; ELSE "PEOPLE RECEIVING SSI BENEFITS") may spend the money for any purpose that meets (FILL "NAME'S" IF RTYPE=01 AND AGE=<17; "THE YOUNG PERSON'S" IF RTYPE=01 AND AGE=17+; ELSE "THEIR") needs, including food, clothing, shelter, and utilities, as well as disability-related services.

Last month, did (FILL "NAME AND YOUR FAMILY" IF RTYPE=01, "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) spend the SSI benefit (FILL "YOU" IF RTYPE=01, 02; "HE/SHE" IF RTYPE=03) received **mainly** on…

Code only one answer

Household bills and expenses........................... 01
Specific items and services for (NAME) 02
Both household bills and specific
items or services for (NAME), or 03
Something else (SPECIFY) 04

_____

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

CP, YP, YA, YX (receiving SSI)
Created
H55. Thinking about all the extra expenses (FILL "NAME AND YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) had in order to care for (FILL "NAME" IF RTYPE=01; "YOURSELF" IF RTYPE=02; "HIMSELF/HERSELF" IF RTYPE=03) last month, was the SSI benefit (FILL "YOU" IF RTYPE=01, 02; "HE/SHE" IF RTYPE=03) received adequate to cover these expenses?

> YES .... 01 → *Go to Part I*
> NO 00
> DON'T KNOW .... d → *Go to Part I*
> REFUSED .... r → *Go to Part I*

CP, YP, YA, YX (receiving SSI)
Created
H56. Why was the benefit amount not adequate?

_____

> YES, SPECIFY 01
> DON'T KNOW .... d
> REFUSED .... r

I1. CHECK RTYPE: With whom are you speaking?

NAME'S PARENT OR GUARDIAN 01
NAME HIM/HERSELF......................................02 → *Go to I65*
PROXY FOR NAME..03→ *Go to I65*

CP, YP (parent)
NSAF
I2.   Now I would like to ask you a few questions about your employment.

Are you now employed at a job or business?

INTERVIEWER: IF SUBJECT HAS A JOB BUT IS TEMPORARILY NOT WORKING BECAUSE OF SICKNESS, VACATION, STRIKE, BAD WEATHER, ETC., COUNT AS EMPLOYED.

YES...01→*Go to I7*
NO...00
DON'T KNOW ....d
REFUSED ....r

CP, YP (parent, not employed)
MPR
I3.   During the last four weeks, have you been actively looking for work?

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

CP, YP (parent, not employed)
MPR
I4.   Have you ever worked at a job or business?

YES...01
NO...00→*Go to I6*
DON'T KNOW ....d→*Go to I6*
REFUSED ....r→*Go to I6*

CP, YP (parent, not employed now, has worked before)
MPR

I5.   In what month and year did you last work at a job or business?

        PROBE: Your best estimate is fine.

        |__|__| MONTH |__|__|__|__| YEAR (1940-2002)

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

CP, YP (parent, not employed)
SIPP modified

I6.   What is the main reason you (FILL IF I4=01, d, r "ARE NOT WORKING NOW"; FILL IF
        I4=00 "HAVE NEVER WORKED)?

        Do not read list, code only one

                TAKING CARE OF (NAME) 01
                ILL OR DISABLED AND UNABLE TO
                WORK..02
                RETIRED 03
                TAKING CARE OF CHILD WITH SPECIAL
                NEEDS..04
                TAKING CARE OF HOME/OTHER FAMILY 05
                GOING TO SCHOOL 06
                CANNOT FIND WORK...................................07
                SUITABLE JOB NOT AVAILABLE 08
                NOT INTERESTED IN WORKING...................09
                PREGNANCY/CHILDBIRTH 10
                ON LAYOFF (TEMPORARY OR INDEFINITE).11
                JOB ENDED...12
                RECEIVING SSI/DON'T WANT TO LOSE........13
                OTHER (SPECIFY) ⇁.....................................14
                _____
                NEW JOB TO BEGIN WITHIN 30 DAYS 15
                DON'T KNOW ....d
                REFUSED ....r

                ┌─────────────────────┐
                │   **Go to I20**   │
                └─────────────────────┘

CP, YP (parent, employed)
NSAF

I7.   Are you working for an employer, self-employed, or both?

WORKING FOR EMPLOYER ONLY.................01
SELF-EMPLOYED ONLY ....02→*Go to I20*
BOTH WORKING FOR EMPLOYER AND
SELF-EMPLOYED 03
NONE OF THE ABOVE 04
DON'T KNOW ....d
REFUSED ....r

CP, YP (parent, employed)
NSAF

I8.   Do you currently have more than one employer?

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

→ *Go to I10*

CP, YP (parent, employed)
NSAF

I9.   How many employers do you have?

|__|__| NUMBER OF EMPLOYERS (0-99)

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

I10.   IF I8=01 FILL: Let's talk about your main job – the job at which you work the most hours.

Is your employer the government, a private company, a non-profit organization, or something else?

THE GOVERNMENT 01
A PRIVATE COMPANY 02
OTHER INDIVIDUAL OR FAMILY
BESIDES OWN...03
MAINLY SELF-EMPLOYED.............................04→*Go to I20*
UNPAID WORKER IN OWN FAMILY'S
BUSINESS OR FARM.......................................05
DO NOT HAVE A REGULAR EMPLOYER
OR WORK ONLY OCCASIONALLY 06
NON-PROFIT ORGANIZATION.......................07
OTHER (SPECIFY) ⤸......................................08
_____
DON'T KNOW ....d
REFUSED ....r

I11.   What kind of business is this?

PROBE: What do they make or do where you work?

RECORD VERBATIM

_____

I12.   What kind of work do you do, that is, what is your occupation?

READ IF NECESSARY: For example, sales clerk, child-care provider, dentist, or farmer.

_____

I13.   How long have you been working for this employer?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS... 02
WEEKS 03
DON'T KNOW .... d
REFUSED .... r

I14.   How many hours per week do you usually work on this job?

PROBE: Include overtime if you usually work overtime.

|__|__| HOURS PER WEEK (0-999)

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

I15.   (ASK IF I9>1; ELSE GO TO I16) Considering all the jobs you have right now, how many hours per week on average do you work?

PROBE: Include all your jobs.

|__|__| HOURS PER WEEK (0-999)

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

I16.   Does your workday or shift usually fall between 6 o'clock in the morning and 6 o'clock in the evening?

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

I17.   For the purpose of this survey, it is important to obtain some information on how much you are paid on your main job. Are you paid by the hour on your main job?

YES 01
NO..00
DON'T KNOW ....d   ⎤→ *Go to I19*
REFUSED ....r   ⎦

I18.   What is your regular hourly pay, including tips and commissions?

PROBE IF LESS THAN $5.00 AN HOUR: Does this include tips and commissions?

$|__|__|.|__|__| PER HOUR (0-99.99) → *Go to I26*

DON'T KNOW ....d   ⎤→ *Go to I26*
REFUSED ....r   ⎦

I19.   Before taxes and other deductions, how much are you paid on this job, including tips and commissions?

$_____.00 (0-999,999) → *Go to I26*

DAILY...01
WEEKLY 02
BI-WEEKLY...03
TWICE A MONTH 04
MONTHLY...05
ANNUALLY 06
DON'T KNOW ....d
REFUSED ....r

Go to I26

FIRST PARENT SELF-EMPLOYED SECTION

I20.   You said that you are self-employed. What kind of business is that?

PROBE*:* What do they make or do where you work?

Record verbatim

_____

I21.   What kind of work do you do? That is, what is your occupation?

READ IF NECESSARY: For example, sales clerk, child-care provider, dentist, or farmer.

Record verbatim

_____

I22.   How long have you been self-employed?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS 02
WEEKS 03
DON'T KNOW .... d
REFUSED .... r

I23.   How many hours per week do you usually work at this business?

|__|__| HOURS PER WEEK (0-999)

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

I24.   Does your workday or shift usually fall between 6 o'clock in the morning and 6 o'clock in the evening?

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

I25.   What is the total amount of salary or income you received from this business in the last month?

$_____.00 AMOUNT RECEIVED (0-99,999)

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

END FIRST PARENT'S SELF-EMPLOYED SECTION

I26.   Now I would like you to think about last year, that is, (LAST YEAR).

ASK IF I7=01, 03, 04, d, r: Before taxes and other deductions, how much did you earn from your job during (LAST YEAR), including your tips, bonuses, and commissions?

ASK IF I7=02:   What were your net earnings from your business or farm after expenses during (LAST YEAR)?

ENTER "0" IF SELF-EMPLOYED AND NET LOSS
ENTER "0" IF DID NOT HAVE THIS JOB/BUSINESS IN LAST YEAR

$_____.00 AMOUNT RECEIVED (0-999,999)

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

I27.   Did you earn any money from any other work during (LAST YEAR), whether from another employer or as self-employed, including tips, bonuses, or commissions?

YES 01
NO...00
DON'T KNOW ....d   } ➤ *Go to I29*
REFUSED ....r

I28.   What is your best estimate of these additional earnings for the whole year?

$_____.00 AMOUNT RECEIVED (0-999,999)

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

I29.   For reason's related to (NAME's) health, has **anyone** in the household **ever**:

	YES	NO	DK	RF
A. Not taken a job in order to care for (NAME)?	01	00	d	r
B. Quit working other than normal maternity leave?	01	00	d	r
C. Changed jobs?..	01	00	d	r
D. Changed work hours to a different time of day?	01	00	d	r
E. Turned down a better job or promotion?	01	00	d	r

I30.   CHECK: Is I4=00 (respondent has never worked) or I5=< 1996 (respondent last worked prior to 1996)?

YES ....01→ *Go to I33*
NO ....00→ *Continue*

I31. Now I'd like you to think back to (LAST MONTH) 1996, (FILL "WHEN (NAME) WAS (INSERT NAME'S AGE IN 1996)"; IF NOT BORN IN 1996 THEN BLANK). Were you employed at a job or business in (LAST MONTH) 1996?

YES .... 01→ *Go to I33*
NO 00
DON'T KNOW .... d
REFUSED .... r

I32. What is the main reason you were not working in (LAST MONTH) 1996?

Do not read list, code only one.

TAKING CARE OF (NAME) 01
ILL OR DISABLED AND UNABLE TO
WORK 02
RETIRED 03
TAKING CARE OF CHILD WITH SPECIAL
NEEDS 04
TAKING CARE OF HOME/OTHER FAMILY 05
GOING TO SCHOOL 06
CANNOT FIND WORK 07
SUITABLE JOB NOT AVAILABLE 08
NOT INTERESTED IN WORKING 09
PREGNANCY/CHILDBIRTH 10
ON LAYOFF (TEMPORARY OR
INDEFINITE) 11
JOB ENDED 12
RECEIVING SSI/DON'T WANT TO LOSE 13
OTHER (SPECIFY) 14
_____
NEW JOB TO BEGIN WITHIN 30 DAYS 15
DON'T KNOW .... d
REFUSED .... r

I33.   CHECK B2: Does the respondent have a spouse or unmarried partner living in the household (B2=01 or 02)?

YES .... 01 → *Continue*
NO.. 00 → *Go to I64*

I34.   Now I would like to ask you a few questions about your (FILL "SPOUSE'S" IF B2=01; "PARTNER'S IF B2=02) employment.

Is your (FILL "SPOUSE'S" IF B2=01; "PARTNER'S IF B2=02) now employed at a job or business?

INTERVIEWER: IF SUBJECT HAS A JOB BUT IS TEMPORARILY NOT WORKING BECAUSE OF SICKNESS, VACATION, STRIKE, BAD WEATHER, ETC., COUNT AS EMPLOYED.

YES .... 01→*Go to I39*
NO 00
DON'T KNOW .... d
REFUSED .... r

I35.   During the last four weeks, has your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) been actively looking for work?

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

I36.   Has your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) ever worked at a job or business?

YES 01
NO.. 00 ┐
DON'T KNOW .... d ├─→ *Go to I38*
REFUSED .... r ┘

I37.	In what month and year did your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) last work at a job or business?

|__|__| MONTH |__|__| YEAR (1940-2002)

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

I38.	What is the **main reason** your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) (FILL "IS NOT WORKING" IF I36=01; "HAS NEVER WORKED" IF I36=00,d,r)?

Do not read list, code only one.

TAKING CARE OF (NAME) 01
ILL OR DISABLED AND UNABLE TO
WORK 02
RETIRED 03
TAKING CARE OF CHILD WITH SPECIAL
NEEDS 04
TAKING CARE OF HOME/OTHER FAMILY 05
GOING TO SCHOOL 06
CANNOT FIND WORK 07
SUITABLE JOB NOT AVAILABLE 08
NOT INTERESTED IN WORKING 09
PREGNANCY/CHILDBIRTH 10
ON LAYOFF (TEMPORARY OR
INDEFINITE) 11
JOB ENDED 12
RECEIVING SSI/DON'T WANT TO LOSE 13
OTHER (SPECIFY) ⌐↓ 14
_____
NEW JOB TO BEGIN WITHIN 30 DAYS 15
DON'T KNOW .... d
REFUSED .... r

Go to I61

I39.   Is your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) working for an employer, self-employed, or both?

                    WORKING FOR EMPLOYER ONLY.................01
                    SELF-EMPLOYED ONLY ....02→*Go to I52*
                    BOTH WORKING FOR EMPLOYER AND
                    SELF-EMPLOYED 03
                    NONE OF THE ABOVE 04
                    DON'T KNOW ....d
                    REFUSED ....r

I40.   Does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) currently have more than one employer?

                    YES...01
                    NO...00
                    DON'T KNOW ....d   → *Go to I42*
                    REFUSED ....r

I41.   How many employers does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) have?

                    |__|__| NUMBER OF EMPLOYERS (0-99)

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

English Version   I-13

I42.   (IF I40=01 FILL: Let's talk about your (FILL "SPOUSE'S" IF B2=01; "PARTNER'S" IF B2=02) main job – the job at which (HE/SHE) works the most hours.)

Is your (FILL "SPOUSE'S" IF B2=01; "PARTNER'S" IF B2=02) employer the government, a private company, a non-profit organization, or something else?

Do not read list, code only one

THE GOVERNMENT 01
A PRIVATE COMPANY 02
OTHER INDIVIDUAL OR FAMILY
BESIDES OWN 03
MAINLY SELF-EMPLOYED .... 04→*Go to I52*
UNPAID WORKER IN OWN FAMILY'S
BUSINESS OR FARM 05
DO NOT HAVE A REGULAR EMPLOYER
OR WORK ONLY OCCASIONALLY 06
NON-PROFIT ORGANIZATION 07
OTHER (SPECIFY) 08
_____
DON'T KNOW .... d
REFUSED .... r

I43.   What kind of business is this?

        PROBE: What do they make or do where your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) works?

        RECORD VERBATIM

        _____

I44.   What kind of work does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) do, that is, what is (HIS/HER) occupation?

        READ IF NECESSARY: For example, sales clerk, child care provider, dentist, or farmer.

I45.   How long has your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) been working for this employer?

                    |__|__| NUMBER (0-99)

                        YEARS 01
                        MONTHS 02
                        WEEKS 03
                        DON'T KNOW .... d
                        REFUSED .... r

I46.   How many hours per week does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) usually work on this job?

        PROBE: Include overtime if (HE/SHE) usually works overtime.

                    |__|__| HOURS PER WEEK (0-999)

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

I47.   (ASK IF I40=01, ELSE GOTO I48) Considering all the jobs your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) has right now, how many hours per week on average does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) work?

PROBE: Include all (HIS/HER) jobs.

|__|__|__| HOURS PER WEEK (0-999)

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

I48.   Does your (FILL "SPOUSE'S" IF B2=01; "PARTNER'S" IF B2=02) workday or shift usually fall between 6 o'clock in the morning and 6 o'clock in the evening?

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

I49.   For the purpose of this survey, it is important to obtain some information on how much your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) is paid on (HIS/HER) job. Is your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) paid by the hour on (HIS/HER) job?

YES...01
NO...00⎤
DON'T KNOW ....d ⎬→ Go to I51
REFUSED ....r ⎦

I50.   What is your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) regular hourly pay, including tips and commissions?

INTERVIEWER: SELF_EMPLOYED IS THE SAME AS EMPLOYED

PROBE IF LESS THAN $5.00 AN HOUR: Does this include tips and commissions?

$|__|__|.|__|__| PER HOUR (0-99.99) → Go to I58

DON'T KNOW ....d ⎤
REFUSED ....r ⎬→ Go to I58
                                                                     ⎦

I51. Before taxes and other deductions, how much is your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) paid on this job, including tips and commissions?

$_____.00 (0-999,999) → *Go to I58*

DAILY..01
WEEKLY 02
BI-WEEKLY..03
TWICE A MONTH 04
MONTHLY..05
ANNUALLY 06
DON'T KNOW ....d
REFUSED ....r

Go to I58

SECOND PARENT SELF-EMPLOYED SECTION

I52. You said that your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) is self-employed. What kind of business is that?

PROBE*:* What do they make or do where your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) works?

Record verbatim

_____

I53. What kind of work does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) do? That is, what is (HIS/HER) occupation?

Record verbatim

_____

CP, YP (parent w/ self-employed spouse/partner)
NSAF

I54. How long has your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) been self-employed?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS...02
WEEKS 03
DON'T KNOW .... d
REFUSED .... r

CP, YP (parent w/ self-employed spouse/partner)
NSAF

I55. How many hours per week does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) usually work at this business?

|__|__|__| HOURS PER WEEK (0-999)

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

CP, YP (parent w/ self-employed spouse/partner)
NSAF

I56. Does your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) workday or shift usually fall between 6 a.m. and 6 p.m.?

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

CP, YP (parent w/ self-employed spouse/partner)
NSAF

I57. What is the total amount of salary or income your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) received from this business in the last month?

$_____.00 AMOUNT RECEIVED (0-99,999)

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

| END SECOND PARENT'S SELF-EMPLOYED SECTION |

I58.   Now I would like you to think about last year, that is, (LAST YEAR).

(ASK IF I39=01, 03, 04, d, r) Before taxes and other deductions, how much did your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) earn from (HIS/HER) main job during (LAST YEAR), including (HIS/HER) tips, bonuses, and commissions?

(ASK IF I39=02) What were your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) net earnings from (HIS/HER) business or farm after expenses during (LAST YEAR)?

ENTER "0" IF SELF-EMPLOYED AND NET LOSS

$_____.00 AMOUNT RECEIVED (0-999,999)
DON'T KNOW ....d
REFUSED ....r

I59.   Did your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) earn any money from any other work during (LAST YEAR), whether from another employer or as self-employed, including tips, bonuses, or commissions?

YES 01
NO 00
DON'T KNOW ....d   ⎤⟶ *Go to I61*
REFUSED ....r   ⎦

I60.   What is your best estimate of these additional earnings for the whole year?

$_____.00 AMOUNT RECEIVED (0-999,999)

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

I61a.   CHECK: Is I36=00 (spouse/partner has never worked) or I37=<1996 (spouse/partner last worked prior to 1996)?

YES ....01⟶ *Go to I64*
NO ....00⟶ *Continue*

I61b. Were you living with your current spouse or partner in 1996?

                    YES .... 01→ *Continue*
                    NO... 00
                    DON'T KNOW .... d   → *Go to I64*
                    REFUSED .... r

I62.   Now I'd like you to think back to (LAST MONTH) 1996, (FILL 'WHEN (NAME) WAS
        (INSERT NAME'S AGE IN 1996)"; IF NOT BORN IN 1996 THEN BLANK). Was your
        (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) employed at a job or business in
        (LAST MONTH) 1996?

                    YES .... 01→ *Go to I64*
                    NO... 00
                    DON'T KNOW .... d→ *Go to I64*
                    REFUSED .... r→ *Go to I64*

I63.   What is the main reason your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) was
        not working in (LAST MONTH) 1996?

            Do not read list, code all that apply

                    TAKING CARE OF (NAME) 01
                    ILL OR DISABLED AND UNABLE TO
                    WORK.. 02
                    RETIRED 03
                    TAKING CARE OF CHILD WITH SPECIAL
                    NEEDS... 04
                    TAKING CARE OF HOME/OTHER FAMILY..... 05
                    GOING TO SCHOOL 06
                    CANNOT FIND WORK.................................... 07
                    SUITABLE JOB NOT AVAILABLE 08
                    NOT INTERESTED IN WORKING.................... 09
                    PREGNANCY/CHILDBIRTH 10
                    ON LAYOFF (TEMPORARY OR INDEFINITE). 11
                    JOB ENDED.. 12
                    RECEIVING SSI/DON'T WANT TO LOSE........ 13
                    OTHER (SPECIFY) 14
                    _____
                    NEW JOB TO BEGIN WITHIN 30 DAYS 15
                    DON'T KNOW .... d
                    REFUSED .... r

I64.   CHECK AGE: Is NAME's age…

$$<18 ....01\rightarrow \textit{Go to Part J}$$
$$18+ ....02\rightarrow \textit{Continue}$$

BEGIN NAME'S EMPLOYMENT

YP, YA, YX
NHIS-D Adult Followback

I65.   These next questions are about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) work for pay or profit, and about unpaid volunteer work.

(FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) now work at a job or business for pay?

PROBE: Do not include unpaid volunteer work.

YES...01→*Go to I81*
NO..00
DON'T KNOW ....d
REFUSED ....r

YP, YA, YX (NAME unemployed)
MPR

I66.   During the past four weeks, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) been actively looking for work?

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

YP, YA, YX (NAME unemployed)
NHIS-D Adult Followback

I67.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) **ever** worked at a job or business?

YES...01
NO..00→*Go to I71*
DON'T KNOW ....d→*Go to I69*
REFUSED ....r→*Go to I69*

YP, YA, YX (NAME unemployed)
MPR
I68. In what month and year did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) last work at a job or business?

PROBE: Your best estimate is fine.

|__|__| MONTH |__|__| YEAR (1985-2002)

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

YP, YA, YX (NAME unemployed)
SIPP modified
I69. What is the main reason (FILL "NAME IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) (FILL "NOT WORKING" IF I67=01; "NEVER WORKED" IF I67=00)?

Do not read list, code all that apply.

ILL OR DISABLED AND UNABLE TO
WORK 02
RETIRED 03
TAKING CARE OF CHILD WITH SPECIAL
NEEDS 04
TAKING CARE OF HOME/OTHER FAMILY 05
GOING TO SCHOOL 06
CANNOT FIND WORK....................................... 07
SUITABLE JOB NOT AVAILABLE 08
NOT INTERESTED IN WORKING 09
PREGNANCY/CHILDBIRTH 10
ON LAYOFF (TEMPORARY OR INDEFINITE). 11
JOB ENDED... 12
RECEIVING SSI/DON'T WANT TO LOSE 13
OTHER (SPECIFY) 14

_____
NEW JOB TO BEGIN WITHIN 30 DAYS 15
DON'T KNOW .... d
REFUSED .... r

I70.   (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) ever been fired from a job, laid off, or told to resign because of an ongoing health problem, impairment, or disability?

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

I71.   Does any ongoing health problem, impairment or disability **entirely** prevent (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) from working?

                    YES 01
                    NO 00
                    DON'T KNOW .... d→*Go to I74*
                    REFUSED .... r→*Go to I74*

I72.   If enough accommodations were made in transportation and at the work place, would (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) be able to work?

                    YES .... 01→*Go to I74*
                    NO .... 00→*Go to I79*
                    MAYBE/IT DEPENDS 03
                    DON'T KNOW .... d
                    REFUSED .... r

I73.   Does that depend on the accommodations or on something else?

                    ACCOMMODATIONS 01
                    SOMETHING ELSE 02
                    DON'T KNOW .... d
                    REFUSED .... r

I74.　Some people have encountered barriers which have discouraged them from working. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) not working because (FILL "HE/SHE IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) concerned that…

		YES	NO	DK	RF
A.	(FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) would lose (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) SSI or other sources of income if (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) went to work....................................	01	00	d	r
B.	(FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) would lose (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) housing if (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) went to work	01	00	d	r
C.	(FILL "HE/SHE" IF RTYPE=01, 03; "YOU" IF RTYPE=02) would lose (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health insurance or Medicaid if (FILL "HE/SHE" IF RTYPE=01,03; "YOU") went to work	01	00	d	r
D.	(FILL "HE/SHE" IF RTYPE=01,03; "YOUR" IF RTYPE=02) family or friends discouraged (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02) from going to work	01	00	d	r
E.	No employer would hire (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02)	01	00	d	R
F.	Information about jobs was not available to (FILL "HIM/HER" IF RTYPE=01,03; "YOU" IF RTYPE=02)	01	00	d	r
G.	(FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) training was not adequate	01	00	d	r
H.	(FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) lacked transportation that (FILL "HE/SHE WAS" IF RTYPE=01,03; "YOU WERE" IF RTYPE=02) were able to get to and use	01	00	d	r
I.	Some other reason (SPECIFY)	01	00	d	r

I75.   (FILL "IS NAME" IF RYPE=01, 03; "ARE YOU" IF RTYPE=02) limited in the **kind or amount** of work (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) can do because of an ongoing health problem, impairment, or disability?

> YES 01
> NO .... 00→*Go to I78*
> DON'T KNOW .... d
> REFUSED .... r

I76.   In order to work, would (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) need any special features at (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) work site, or any special equipment, assistance, or work arrangements?

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

I77.   CHECK: Is I69=15, that is, NAME will start a new job within 30 days?

> YES .... 01→*Go to I79*
> NO .... 00→*Continue*

I78.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) think (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) will look for work at any time in the next six months?

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

I79.   During the past 12 months, (FILL "WAS NAME" IF RTYPE=01, 03; "WERE YOU" IF RTYPE=02) involved in unpaid volunteer work such as teaching or coaching, office work, or providing care?

> YES 01
> NO .... 00 ⎤
> DON'T KNOW .... d ⎬→ *Go to I105*
> REFUSED .... r ⎦

YP, YA, YX (NAME unemployed, doing volunteer work)
NHIS-D Adult Followback

I80.   About how many days did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) do
volunteer work in the past 12 months?

|___|___|___| DAYS (0-365)

PER WEEK 01
PER MONTH...02
PER YEAR 03
DON'T KNOW ....d
REFUSED ....r

GO TO I105

YP, YA, YX (NAME employed)
NSAF

I81.   (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) working for an
employer, self-employed, or both?

WORKING FOR EMPLOYER ONLY.................01
SELF-EMPLOYED ONLY ....02→*Go to I95*
BOTH WORKING FOR EMPLOYER AND
SELF-EMPLOYED 03
NONE OF THE ABOVE 04
DON'T KNOW ....d
REFUSED ....r

YP, YA, YX (NAME employed)
NSAF

I82.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) currently have
more than one employer?

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

→ *Go to I84*

YP, YA, YX (NAME employed)
NSAF

I83.   How many employers (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF
RTYPE=02) have?

|__|__| NUMBER OF EMPLOYERS (0-99)

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

I84. (READ IF I82=01) Let's talk about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) main job – the job at which (FILL "HE/SHE" IF RTYPE=01,03; "YOU" IF RTYPE=02) work the most hours.

Which of the following best describes (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) job? Is it…

Read list, code only one

Competitive employment, that is, working at a regular job or business for at least minimum wage 01
Working with a paid **job coach** (PROBE: This includes both competitive and noncompetitive employment) 02
A work crew, which consists of people with disabilities working as a team to provide services such as janitorial or lawn care in the community 03
An enclave, that is, working in a group with disabled persons in a regular business 04
A sheltered workshop, that is, working for piece rate wages below minimum wage............05
Something else (SPECIFY) 06

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

I85. How did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) first hear about this job? From (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) family or friends, a newspaper advertisement, a posting on the Internet, at school, a vocational rehabilitation agency, or something else?

Do not read, code one answer

FAMILY 01
FRIENDS 02
NEWSPAPER 03
INTERNET 04
SCHOOL 05
A VOCATIONAL REHABILITATION
AGENCY 06
JTPA, JOB CORPS, OTHER FEDERAL JOB
TRAINING PROGRAM 07
DIRECT CONTACT WITH COMPANY 08
SOMETHING ELSE (SPECIFY) 09

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

I86. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) employer the government, a private company, a non-profit organization, or something else?

Do not read list, code only one answer

THE GOVERNMENT 01
A PRIVATE COMPANY 02
OTHER INDIVIDUAL OR FAMILY
BESIDES OWN 03
MAINLY SELF-EMPLOYED .... 04→*Go to I95*
UNPAID WORKER IN OWN FAMILY'S
BUSINESS OR FARM 05
DO NOT HAVE A REGULAR EMPLOYER
OR WORK ONLY OCCASIONALLY 06
NON-PROFIT ORGANIZATION 07
OTHER (SPECIFY) 08

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

YP, YA, YX (NAME employed)
NSAF
I87.   What kind of business is this?

PROBE: What do they make or do where (FILL "NAME WORKS" IF RTYPE=01, 03; "YOU WORK" IF RTYPE=02)?

RECORD VERBATIM

_____

YP, YA, YX (NAME employed)
NSAF
I88.   What kind of work (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) do, that is, what is (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) occupation?

READ IF NECESSARY: For example, sales clerk, child-care provider, car mechanic, or beautician.

_____

YP, YA, YX
I89.   How long (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) been working for this employer?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS... 02
WEEKS 03
DON'T KNOW .... d
REFUSED .... r

YP, YA, YX (NAME employed)
NSAF
I90.   How many hours per week (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) usually work on this job?

PROBE: Include overtime if (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) usually work(s) overtime.

|__|__|__| HOURS PER WEEK (0-999)

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

I91.   (ASK ONLY IF RESPONDENT REPORTED MORE THAN ONE EMPLOYER IN I82) Considering all the jobs (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02) right now, how many hours per week on average (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) work?

PROBE: Include all (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=03) jobs.

|__|__|__| HOURS PER WEEK (0-999)

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

I92.   For the purpose of this survey, it is important to obtain some information on how much (FILL "NAME IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) paid on (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=03) job. (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) paid by the hour on (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=03) job?

YES..01
NO...00
DON'T KNOW ....d   → *Go to I94*
REFUSED ....r

I93.   What is (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=03) regular hourly pay, including tips and commissions?

PROBE IF LESS THAN $5.00 AN HOUR: Does this include tips and commissions?

$|__|__|.|__|__| PER HOUR ($0-99.99) →*Go to I100*

DON'T KNOW ....d
REFUSED ....r   → *Go to I100*

I94.   Before taxes and other deductions, how much (FILL "IS NAME" IF RTYPE=01, 03; "ARE YOU" IF RTYPE=02) paid on this job, including tips and commissions?

$_____.00 (0-999,999) → *Go to I100*

DAILY...01
WEEKLY 02
BI-WEEKLY...03
TWICE A MONTH 04
MONTHLY...05
ANNUALLY 06
DON'T KNOW ....d
REFUSED ....r

Go to I100

BEGIN NAME'S SELF-EMPLOYED SECTION

I95.   You said that (FILL "NAME IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) self-employed. What kind of business is that?

PROBE*:* What do they make or do where (FILL "NAME WORKS" IF RTYPE=01, 03; "YOU WORK" IF RTYPE=02)?

Record verbatim

_____

I96.   What kind of work (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) do? That is, what (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) occupation?

Record verbatim

_____

I97.   How long (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) been self-employed?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS...02
WEEKS 03
DON'T KNOW ....d
REFUSED ....r

I98.   How many hours per week (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) usually work at this business?

|__|__|__| HOURS PER WEEK (0-999)

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

I99.   What is the total amount of salary or income (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) received from this business in the last month?

$_____.00 AMOUNT RECEIVED (0-99,999)

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

END NAME'S SELF-EMPLOYED SECTION

I100.   Now I would like you to think about last year, that is, (LAST YEAR).

(ASK IF I81=01, 03, 04, d, r) Before taxes and other deductions, how much did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) earn from (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) job during (LAST YEAR), including tips, bonuses, and commissions?

(ASK IF I81=02)   What were (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) net earnings from (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) business or farm after expenses during (LAST YEAR)?

ENTER "0" IF SELF-EMPLOYED AND NET LOSS

$_____.00 AMOUNT RECEIVED (0-999,999)

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

I101.   Did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) earn any money from any other work during (LAST YEAR), whether from another employer or as self-employed, including tips, bonuses, or commissions?

YES 01
NO 00
DON'T KNOW .... d   → *Go to I103*
REFUSED .... r

I102.   What is your best estimate of these additional earnings for the whole year?

$_____.00 AMOUNT RECEIVED (0-999,999)

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

I103.   How (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) usually get to work?

Read list if necessary, code all that apply

CAR...01
WORK AT HOME..02→*Go to I105*
PUBLIC TRANSPORTATION 03
SPECIALIZED VAN OR BUS SERVICE FOR
PERSONS WITH DISABILITIES......................04
TAXI 05
WALK...06→*Go to I105*
SCOOTER/WHEELCHAIR.............................07
OTHER (SPECIFY)...08

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

I104.   How dependable is this means of transportation to work? Would you say…

Code only one

Very dependable 01
Somewhat dependable.....................................02
Not very dependable 03
Not dependable at all 04

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

<div style="border:1px solid black; text-align:center;">

BEGIN NAME'S SPOUSE EMPLOYMENT

</div>

I105.   CHECK A42 and A91: Does NAME have a spouse living with him/her?

YES...01→*Continue*
NO...02→*Go to Part K*

I106. These next questions are about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse's work for pay or profit.

Does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse now work at a job or business for pay?

PROBE: Do not include volunteer work.

```
YES .................................................................01→Go to I111
NO...................................................................00
DON'T KNOW ...............................................d
REFUSED ......................................................r
```

I107. During the past four weeks, has (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse been actively looking for work?

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

I108. Has (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse **ever** worked at a job or business?

```
YES .................................................................01
NO...................................................................00 ─┐
DON'T KNOW ...............................................d   ├─→ Go to I110
REFUSED ......................................................r ─┘
```

I109. In what month and year did (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse last work at a job or business?

|__|__| MONTH |__|__| YEAR (1940-2002)

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

I110. What is the main reason (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse (FILL "IS NOT WORKING" IF I108=01, d, r; "HAS NEVER WORKED" IF I108=00)?

Do not read list, code only one

TAKING CARE OF (NAME) 01
ILL OR DISABLED AND UNABLE TO
WORK 02
RETIRED 03
TAKING CARE OF CHILD WITH SPECIAL
NEEDS 04
TAKING CARE OF HOME/OTHER FAMILY 05
GOING TO SCHOOL 06
CANNOT FIND WORK 07
SUITABLE JOB NOT AVAILABLE 08
NOT INTERESTED IN WORKING 09
PREGNANCY/CHILDBIRTH 10
ON LAYOFF (TEMPORARY OR
INDEFINITE) 11
JOB ENDED 12
RECEIVING SSI/DON'T WANT TO LOSE 13
OTHER (SPECIFY) 14

NEW JOB TO BEGIN WITHIN 30 DAYS 15
DON'T KNOW .... d
REFUSED .... r

Go to Part K

I111. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse working for an employer, self-employed, or both?

WORKING FOR EMPLOYER ONLY 01
SELF-EMPLOYED ONLY .... 02→*Go to I124*
BOTH WORKING FOR EMPLOYER AND
SELF-EMPLOYED 03
NONE OF THE ABOVE 04
DON'T KNOW .... d
REFUSED .... r

I112. Does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse currently have more than one employer?

> YES 01
> NO.. 00 ┐
> DON'T KNOW .... d   ├─► *Go to I114*
> REFUSED .... r ┘

I113. How many employers does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse have?

> |__|__| NUMBER OF EMPLOYERS (2-99)

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

I114. (IF I112=01 FILL) Let's talk about (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse's main job – the job at which (HE/SHE) work(s) the most hours.

Which of the following best describes (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse's job? Is it…

Read list, code only one

> **Competitive employment**, that is, working
> at a regular job or business for at least
> minimum wage 01
> Working with a paid **job coach** (PROBE:
> This includes both competitive and
> noncompetitive employment) 02
> **A work crew**, which consists of people with
> disabilities working as a team to provide
> services such as janitorial or lawn care
> in the community 03
> **An enclave**, that is, working in a group with
> disabled persons in a regular business 04
> **A sheltered workshop**, that is, working for
> piece rate wages below minimum wage 05
> **Something else** (SPECIFY) 06

> _____

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

I115. Is (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse's employer the government, a private company, a non-profit organization, or something else?

Do not read list, code only one answer

THE GOVERNMENT 01
A PRIVATE COMPANY 02
OTHER INDIVIDUAL OR FAMILY
BESIDES OWN..03
MAINLY SELF-EMPLOYED............................04→*Go to I124*
UNPAID WORKER IN OWN FAMILY'S
BUSINESS OR FARM..05
DO NOT HAVE A REGULAR EMPLOYER
OR WORK ONLY OCCASIONALLY 06
NON-PROFIT ORGANIZATION........................07
OTHER (SPECIFY) 08
_____
DON'T KNOW ....d
REFUSED ....r

I116. What kind of business is this?

PROBE: What do they make or do where (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse works?

RECORD VERBATIM

_____

I117. What kind of work does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse do, that is, what is (HIS/HER) occupation?

READ IF NECESSARY: For example, sales clerk, child care provider, dentist, or farmer.

_____

I118. How long has (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse been working for this employer?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS.. 02
WEEKS 03
DON'T KNOW .... d
REFUSED .... r

I119. How many hours per week does (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse usually work on this job?
PROBE: Include overtime if (HE/SHE) usually works overtime.

|__|__| HOURS PER WEEK (0-999)

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

I120. (ASK IF I112=01, ELSE GO TO I121) Considering all the jobs (HE/SHE) has right now, how many hours per week on average does (HE/SHE) work?

PROBE: Include all your jobs.

|__|__| HOURS PER WEEK (0-999)

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

I121. For the purpose of this survey, it is important to obtain some information on how much (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse is paid on (HIS/HER) job. Is (HE/SHE) paid by the hour on (HIS/HER) job?

YES... 01
NO... 00
DON'T KNOW .... d   ⟩⟶ *Go to I123*
REFUSED .... r

YP, YA, YX (NAME'S spouse employed)
NSAF

I122. What is (HIS/HER) regular hourly pay, including tips and commissions?

PROBE IF LESS THAN $5.00 AN HOUR: Does this include tips and commissions?

$|__|__|.|__|__| PER HOUR (0-99.99) → *Go to I129*

DON'T KNOW ....d
REFUSED ....r → *Go to I129*

YP, YA, YX (NAME'S spouse employed)
NSAF

I123. Before taxes and other deductions, how much is (HE/SHE) paid on this job, including tips and commissions?

$_____.00 (0-999,999) → *Go to I129*

DAILY...01
WEEKLY 02
BI-WEEKLY..03
TWICE A MONTH 04
MONTHLY..05
ANNUALLY 06
DON'T KNOW ....d
REFUSED ....r

Go to I129

BEGIN NAME'S SPOUSE SELF-EMPLOYED SECTION

YP, YA, YX (NAME'S spouse self-employed)
NSAF

I124. You said that (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse is self-employed. What kind of business is that?

PROBE: What do they make or do where (HE/SHE) works?

Record verbatim

_____

YP, YA, YX (NAME'S spouse self-employed)
NSAF

I125. What kind of work does (HE/SHE) do? That is, what is (HIS/HER) occupation?

Record verbatim

_____

NSAF
I126.   How long has (HE/SHE) been self-employed?

|__|__| NUMBER (0-99)

YEARS 01
MONTHS 02
WEEKS 03
DON'T KNOW .... d
REFUSED .... r

NSAF
I127.   How many hours per week does (HE/SHE) usually work at this business?

|__|__| HOURS PER WEEK (0-40)

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

NSAF
I128.   What is the total amount of salary or income (HE/SHE) received from this business in the last month?

$_____.00 AMOUNT RECEIVED (0-99,999)

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

END NAME'S SPOUSE SELF-EMPLOYED SECTION

YP, YA, YX (NAME'S spouse employed)
NSAF

I129. Now I would like you to think about last year, that is, (LAST YEAR).

(ASK IF I111=01, 03, 04, d, r) Before taxes and other deductions, how much did (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse earn from (HIS/HER) main job during (LAST YEAR), including tips, bonuses, and commissions?

(ASK IF I111=02) What were (HIS/HER) net earnings from (HIS/HER) business or farm after expenses during (LAST YEAR)?

ENTER "0" IF SELF-EMPLOYED AND NET LOSS

$_____.00 AMOUNT RECEIVED (0-999,999)

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

YP, YA, YX (NAME'S spouse employed)
NSAF

I130. Did (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) spouse earn any money from any other work during (LAST YEAR), whether from another employer or as self-employed, including tips, bonuses, or commissions?

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

⎫
⎬→ *Go to Part K*
⎭
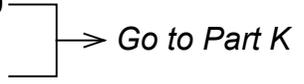
YP, YA, YX (NAME'S spouse employed)
NSAF

I131. What is your best estimate of these additional earnings for the whole year?

$_____.00 AMOUNT RECEIVED (0-999,999)

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

J1.   CHECK AGE: Is NAME's AGE…

<18………………………………………………01 → *Continue*
18+ ………………………………………… 02 → *Go to Part K*

J2.   CHECK: Does I2=01? Was respondent working in the past month?

YES.. 01 → *Go to J4*
NO.. 00
DON'T KNOW .... d
REFUSED .... r

CP, YP
Created

J3.   Did you attend school or participate in a training program last month?

YES.. 01
NO.. 00
DON'T KNOW .... d → *Go to Part K*
REFUSED .... r

J4. These next questions are about child care. In (LAST MONTH), who took care of (NAME) most often when you were (FILL "AT WORK" IF I2=1; "AT SCHOOL" IF J3=01)? Don't count the time (NAME) spent in school, if (HE/SHE) was enrolled.

Do not read list, code only one

PARENT/GUARDIAN ONLY WORKS
DURING SCHOOL HOURS .... 01 → *Go to Part K*
PARENT/GUARDIAN WORKS AT HOME .... 02→ *Go to J12*
MOTHER/FEMALE GUARDIAN CARES
FOR (NAME)... 03 → *Go to J8*
FATHER/ MALE GUARDIAN CARES
FOR (NAME)... 04 → *Go to J8*
(NAME) CARES FOR SELF .... 05 → *Go to J8*
OTHER RELATIVES CARE FOR NAME .... 06 → *Go to J5*
UNRELATED BABYSITTER .... 07 → *Go to J7*
CARE PROVIDED AT SCHOOL....................... 08 → *Go to J8*
DAY CARE CENTER .... 09 → *Go to J6*
DAY CAMP .... 10 → *Go to J6*
OTHER (SPECIFY)↴ .... 11 → *Go to J7*
_____
DON'T KNOW .... d → *Go to J10*
REFUSED .... r → *Go to J10*

J5. How is this person related to (NAME)?

Do not read list, code one answer

BROTHER/SISTER.. 01
GRANDPARENT.. 02
AUNT/UNCLE 03
OTHER (SPECIFY)↴ 04
_____
DON'T KNOW .... d
REFUSED .... r

GO TO J7

J6.   Was that (FILL "DAY CARE CENTER" IF J4=09; "DAY CAMP" IF J4=10) a specialized place for children with disabilities?

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

<div style="text-align:center">

Go to J8

</div>

J7.   Where was (NAME) cared for most often, at home or somewhere else?

                    (NAME'S) HOME 01
                    SOMEWHERE ELSE 02
                    DON'T KNOW .... d
                    REFUSED .... r

J8.   Last week, approximately how many hours was (NAME) cared for by (FILL ANSWER FROM J4 or J5) while you were (FILL "AT WORK" IF I1=2; "AT SCHOOL" IF J3=01)

                    |___|___| NUMBER OF HOURS (0-99)

                    NONE... 01
                    DON'T KNOW .... d
                    REFUSED .... r

J9.   CHECK: Is J4=03, 04, 05 (NAME is cared for by mother/female guardian, father/male guardian, or cares for self)?

                    YES.. 01→ *Go to J12*
                    NO.. 00→ *Continue*

J10.   Did you or your family pay for all, part, or none of this child care?

                    ALL... 01
                    PART 02
                    NONE.. 03 ─┐
                    DON'T KNOW .... d   ├→ *Go to J12*
                    REFUSED .... r ─┘

J11.   About how much did you or your family pay for this child care?

$_____.00 (0-99,999)

DAILY..01
WEEKLY 02
TWICE A MONTH..03
MONTHLY 04
ANNUALLY 05
DON'T KNOW ....d
REFUSED ....r

J12.   How satisfied are you with this child care arrangement? Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED...01
SOMEWHAT SATISFIED 02
SOMEWHAT DISSATISFIED 03
VERY DISSATISFIED......................................04
DON'T KNOW ....d
REFUSED ....r

K1.   CHECK RTYPE: Is RTYPE…

NAME'S PARENT OR GUARDIAN...................01→ *Continue*
NAME HIM/HER SELF.....................................02→ *Go to K71*
PROXY FOR NAME..03→ *Go to K71*

CP, YP
MPR

K2.   In addition to earnings from work, families often receive other income from the government, from private institutions, or from their own savings. I would like to ask you a few questions about all other sources of income received in (LAST MONTH) by members of your family, including (INSERT NAMES OF HOUSEHOLD MEMBERS FROM A42).

In (LAST MONTH) did anybody receive payments from the welfare office, including Emergency Assistance?

PROBE: This includes money that you or others may have received from participating in a work or training activity.

YES..01
NO..00
DON'T KNOW ....d   ⎤→ *Go to K6*
REFUSED ....r   ⎦

CP, YP (receiving welfare)
Created
K3.   Who in your household received the payments from the welfare office?

PROBE: To whom was the payment made?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN THE FIRST POSITION).

Code all that apply

(NAME) 01
RESPONDENT 02
LIST HOUSEHOLD MEMBERS........................ 03-14
OTHER (SPECIFY)⌐.. 15
_____
DON'T KNOW .... d→ *Go to K6*
REFUSED .... r→ *Go to K6*

CP, YP (receiving welfare)
MPR
K4.   (FILL "WERE YOU" IF K3=02; "WAS (INSERT RECIPIENT'S NAME)" IF K3=01,03-14; "WAS THAT PERSON" IF K3=15) required to work, attend school or training, look for work, or anything else in order to receive these benefits?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K3.

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

K5. How much in total (FILL "DID YOU" IF K3=02; "DID (INSERT RECIPIENT'S NAME)" IF K3=01,03-14; "DID THAT PERSON" IF K3=15) receive in welfare payments in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K3.

$_____.00 AMOUNT (0-2,000)

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

K6. In (LAST MONTH) did anybody in your household receive any **other** kind of welfare assistance, such as help with getting a job, placement in education or training programs, or help with transportation or child care?

PROBE: Please include only assistance received through welfare.

YES 01
NO 00
DON'T KNOW .... d   → *Go to K8*
REFUSED .... r

K7. Who in the household received this help?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS 03-14
OTHER (SPECIFY) 15

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

K8.   In (LAST MONTH) did anybody in your household receive any payments from your state's general assistance program?

PROBE: Low income persons and families that meet the eligibility criteria for General Assistance programs receive a monthly financial benefit from the state to help cover basic needs such as rent, food, and clothing.

YES 01
NO 00
DON'T KNOW .... d   ⟩ ➔ *Go to K11*
REFUSED .... r

K9.   To whom in the household was the general assistance program payment made?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBER FROM A42, EXCLUDING THE RESPONDENT (IN THE FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS 03-14
OTHER (SPECIFY) ̄↴ 15

_____
DON'T KNOW .... d ➔ *Go to K11*
REFUSED .... r ➔ *Go to K11*

K10. How much in total (FILL "DID YOU" IF K9=02; "DID (INSERT RECIPIENT'S NAME)" IF K9=01,03-14; "DID THAT PERSON" IF K9=15) receive in general assistance payments in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K9.

$_____.00 AMOUNT (0-2,000)

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

K11.   In (LAST MONTH) did anybody in your household receive any Food Stamps?

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

$\rightarrow$ *Go to K15*

K12.   Who in the household received Food Stamps?

PROBE: Who was authorized to receive Food Stamps last month?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS........................ 03-14
OTHER (SPECIFY).. 15
_____
DON'T KNOW .... d$\rightarrow$ *Go to K15*
REFUSED .... r$\rightarrow$ *Go to K15*

K13.   Were the Food Stamp benefits (FILL "YOU RECEIVED" IF K12=02; "NAME RECEIVED" IF K12=01,03 – 14; "THAT PERSON RECEIVED" IF K12=15) for both adults and children, or just children?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K12.

ADULTS AND CHILDREN 01
JUST CHILDREN 02
DON'T KNOW .... d
REFUSED .... r

CP, YP (receiving food stamps)
NSAF
K14. How much in total (FILL "DID YOU" IF K12=02; "DID (INSERT RECIPIENT'S NAME)" IF K12=01,03-14; "DID THAT PERSON" IF K12=15) receive in Food Stamps in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K12.

$_____.00 AMOUNT (0-2,000)

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

CP, YP
NSAF
K15. In (LAST MONTH) did anybody **receive** any child support payments?

YES 01
NO 00
DON'T KNOW .... d   ⟩⟶ *Go to K18*
REFUSED .... r

CP, YP (receiving child support payments)
Created
K16. Who in the household received child support payments last month?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS 03-14
OTHER (SPECIFY) 15
_____
DON'T KNOW .... d⟶ *Go to K18*
REFUSED .... r⟶ *Go to K18*

K17. How much in total (FILL "DID YOU" IF K16=02; "DID (INSERT RECIPIENT'S NAME)" IF K16=01, 03-14; "DID THAT PERSON" IF K16=15) receive in child support in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K16.

$_____.00 AMOUNT (0-5,000)
DON'T KNOW .... d
REFUSED .... r

CP, YP
Created
K18. Regardless of whether or not you received payments, are you **owed** any child support payments for (NAME)?

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

CP, YP
NSAF
K19. In (LAST MONTH) did anybody receive any foster care payments?

YES 01
NO .... 00 ⎤
DON'T KNOW .... d   ⎬→ *Go to K22*
REFUSED .... r ⎦

CP, YP (receiving foster care payments)
Created
K20. Who in the household received foster care payments for a foster child last month?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION) AND HOUSEHOLD MEMBERS UNDER THE AGE OF 18.

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS....................... 03-14
OTHER (SPECIFY)⌐....................................... 15
_____
DON'T KNOW .... d→*Go to K22*
REFUSED .... r→ *Go to K22*

CP, YP (receiving foster care payments)
NSAF
K21.   How much in total (FILL "DID YOU" IF K20=02; "DID (INSERT RECIPIENT'S
        NAME)" IF K20=01, 03-14; "DID THAT PERSON" IF K20=15) receive in foster care
        in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN
K20.

            $_____.00 AMOUNT (0-1,000)

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

CP, YP
Created/NSAF
K22.   In (LAST MONTH) did anybody in your household, not counting (NAME), receive
        any payments from the Supplemental Security Income program, or SSI?

        PROBE: SSI, or Supplemental Security Income provides monthly payments to
        aged, blind, or disabled people with limited income and resources or assets.
        Federal SSI checks are either automatically deposited in the bank or mailed to
        arrive on the first of every month. If mailed, they are sent in a blue colored
        envelope.

            YES.. 01→ Continue
            NO.. 00 ─┐
            DON'T KNOW.. d   ├─➤ Go to K25
            REFUSED... r ─┘

CP, YP (someone else in household receives SSI)
Created
K23.   Who in the household, besides (NAME), received SSI payments last month?

        PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3)
        SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS
        FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

        Code all that apply

            RESPONDENT 02
            LIST HOUSEHOLD MEMBERS........................ 03-14
            OTHER (SPECIFY)ᴛ.. 15
            _____
            DON'T KNOW.. d→ Go to K25
            REFUSED... r→ Go to K25

K24. How much in total (FILL "DID YOU" IF K23=02; "DID (INSERT RECIPIENT'S NAME)" IF K23=03-14; "DID THAT PERSON" IF K23=15) receive in SSI payments (LAST MONTH), not counting payments for (NAME), if any?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K23.

$_____.00 AMOUNT (0-1,000)

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

K25. In (LAST MONTH) did anyone in the household receive any social security payments? These include retirement benefits, survivor's benefits, or social security disability insurance, also known as SSDI.

PROBE: SSDI is different from SSI because SSDI is based on a person's past work history and not his or her financial need.

YES...01
NO...00
DON'T KNOW ....d   ⟶*Go to K29*
REFUSED...r

K26. Who in the household received other social security payments last month?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS........................03-14
OTHER (SPECIFY)↴.......................................15

_____
DON'T KNOW...d→ *Go to K29*
REFUSED...r→ *Go to K29*

CP, YP (someone in household receives other SSI payment)
Created
K27.   What kind of social security payment did (FILL "YOU RECEIVE" IF K26=02; "NAME RECEIVE" IF K26=01, 03 – 14; "THAT PERSON RECEIVE" IF K26=15) Was it…

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K26.

Read list, code all that apply

Retirement benefits 01
Survivor's benefits 02
Social security disability insurance, or SSDI 03
Supplemental Security Income (SSI) 04
DON'T KNOW .... d
REFUSED .... r

CP, YP (someone in household receives other SSI payment)
NSAF
K28.   How much in total did (FILL "YOU RECEIVE" IF K26=02; "NAME RECEIVE" IF K26=01, 03 – 14; "THAT PERSON RECEIVE" IF K26=15) receive in other social security payments (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K26.

$_____.00 AMOUNT (0-5,000)

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

CP, YP
NSAF
K29.   In (LAST MONTH) did anybody in your household receive any kind of pension or annuity payment?

PROBE: An annuity is a fixed monthly payment for a fixed period of time. Sources of annuity payments are often retirement accounts, insurance settlements, or lottery winnings.

YES 01
NO .... 00 ⎤
DON'T KNOW .... d ⎬⟶ *Go to K32*
REFUSED .... r ⎦

CP, YP (someone in household receives pension/annuity payments)
Created
K30.   Who in the household received pension or annuity payments last month?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3)
SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS
FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS 03-14
OTHER (SPECIFY)⌐...................................... 15
_____
DON'T KNOW .... d→ *Go to K32*
REFUSED .... r→ *Go to K32*

CP, YP (someone in household receives pension/annuity payments)
NSAF
K31.   How much in total did (FILL "YOU RECEIVE" IF K30=02; "NAME RECEIVE" IF
K30=01,03 – 14; "THAT PERSON RECEIVE" IF K30=15) in pension or annuity
payments (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT
IDENTIFIED IN K30.

$_____.00 AMOUNT (0-5,000)

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

CP, YP
NSAF
K32.   In (LAST MONTH) did anybody in your household receive payments from any other
sources not mentioned, such as alimony, contributions from family or friends, VA
payments, worker's compensation, or unemployment compensation?

YES 01
NO .... 00 ⌐
DON'T KNOW .... d   ├→ *Go to K35*
REFUSED .... r ⌐

CP, YP (someone in household receives other payments)
Created
K33. Who in the household received these payments?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O3) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A42, EXCLUDING THE RESPONDENT (IN FIRST POSITION).

Code all that apply

RESPONDENT 01
(NAME) 02
LIST HOUSEHOLD MEMBERS 03-14
OTHER (SPECIFY)⌐ 15
_____
DON'T KNOW .... d→ *Go to K35*
REFUSED .... r→ *Go to K35*

CP, YP (someone in household receives other payments)
NSAF
K34. How much in total did (FILL "YOU RECEIVE" IF K33=02; "NAME RECEIVE" IF K33=01, 03 – 14; "THAT PERSON RECEIVE" IF K33=15) in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K33.

$_____.00 AMOUNT (0-5,000)

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

CP, YP
Created
K35. For the purpose of this survey, it is important to learn the total income received by all members of your household in (LAST MONTH). This includes money from jobs, and from the sources we just talked about. What was your household's total income last month before taxes and deductions? (IF K11=01, RECEIVING FOOD STAMPS, FILL "DO NOT INCLUDE THE VALUE OF YOUR FOOD STAMPS.")

PROBE: Include money from all sources and for all members of your household.

$_____.00 AMOUNT (0-99,999) → *Go to K37*

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

K36.   In (LAST MONTH), would you say your household's monthly income was:

A.   below or above $500?

BELOW .... 01 → *Go to K37*
AT OR ABOVE... 02
DON'T KNOW.. d→ *Go to K37*
REFUSED... r→ *Go to K37*

B.   below or above $750?

BELOW 01
AT OR ABOVE... 02
DON'T KNOW.. d
REFUSED... r

K37.   Suppose for a minute that your family had an additional $100 every month to spend (IF K35=> 0, FILL "THAT IS, YOUR MONTHLY INCOME WAS (INSERT AMOUNT FROM K35 + $100)"). How would you spend the additional $100?

Do not read list, code all that apply

DISABILITY CARE, EQUIPMENT, OR
SUPPLIES FOR (NAME).. 01
FOOD 02
PERSONAL ITEMS (CLOTHING, TOYS, ETC.).......... 03
HOUSING (MOVE INTO DIFFERENT HOME/
FIX HOME) 04
TRANSPORTATION (BUY A CAR/FIX CAR/
BUY GAS) 05
ENTERTAINMENT/LEISURE/TRAVEL 06
DEBT REDUCTION... 07
SAVINGS.. 08
HEALTH INSURANCE... 09
EDUCATION/TRAINING.. 10
OTHER (SPECIFY) 11

_____
DON'T KNOW... d→ *Go to K40*
REFUSED... r→ *Go to K40*

K38. CHECK: Is more than one answer coded in K37?

        YES..01→ *Continue*
        NO ....00→ *Go to K40*

CP, YP
Created

K39. What would you do first?

PROBE: What would be your first priority?

Do not read list, code only one answer

        LIST RESPONSES FROM K37 01-11
        DON'T KNOW .... d
        REFUSED .... r

CP, YP
Created

K40. Suppose for a minute that your family had $100 less every month to spend (IF K35=>$100, FILL "THAT IS, YOUR MONTHLY INCOME WAS (INSERT AMOUNT FROM K35 - $100)"). What would you do to get by?

Do not read list, code all that apply

        CUT BACK ON DISABILITY CARE,
        EQUIPMENT OR SUPPLIES FOR (NAME)...... 01
        CUT BACK ON FOOD 02
        CUT BACK ON PERSONAL ITEMS
        (CLOTHING, TOYS, ETC.) 03
        MOVE TO NEW PLACE 04
        CUT BACK ON ENTERTAINMENT/LEISURE .. 05
        USE SAVINGS... 06
        GET A JOB/ GET A BETTER JOB.................... 07
        SEEK ASSISTANCE FROM GOVERNMENT... 08
        SEEK ASSISTANCE FROM FRIENDS,
        FAMILY, CHARITY 09
        COULDN'T DO IT/CAN'T HAPPEN 10
        NO SPECIFIC THING/SPEND LESS ALL
        AROUND 11
        OTHER (SPECIFY) 12
        _____
        DON'T KNOW .... d→ *Go to K43*
        REFUSED .... r→ *Go to K43*

K41. CHECK: Is more than one answer coded in K40?

> YES..01→ *Continue*
> NO   ....00→ *Go to K43*

K42. What would you do first?

Do not read list, code only one answer

> LIST RESPONSES FROM K40 01-12
> DON'T KNOW ....d
> REFUSED ....r

K43. Now I'd like to ask about 1996. In 1996, (FILL "WHEN (NAME) WAS AROUND (INSERT NAME'S AGE IN 1996)"; IF NOT BORN IN 1996, THEN BLANK), did you have a spouse or partner living with you?

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

K44. As best you can remember, in 1996, (FILL "WHEN (NAME) WAS AROUND (INSERT NAME'S AGE IN 1996)"; IF NOT BORN IN 1996, THEN BLANK) did anybody in your household receive payments from the welfare office, including Emergency Assistance? I'm not going to ask you the amount, just whether or not anybody received it.

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

K45.   In 1996, did anybody in your household receive any payments from your state's general assistance program?

PROBE: Low income persons and families that meet the eligibility criteria for General Assistance programs receive a monthly financial benefit from the state to help cover basic needs such as rent, food, and clothing.

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

K46.   In 1996, did anybody in your household receive any food stamps?

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

K47.   In 1996, did anybody in your household receive any child support payments?

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

K48.   In 1996, did anybody in your household receive any foster care payments?

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

K49.   In 1996, did anybody in your household (IF (NAME) BORN BEFORE 1996, FILL "BESIDES (NAME)"; ELSE BLANK) receive any Supplemental Security Income, or SSI payments?

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

K50. In 1996, did anybody in your household receive any other social security payments? These include retirement benefits, survivor's benefits, or social security disability insurance, also known as SSDI.

PROBE: SSDI is different from SSI because SSDI is based on a person's past work history and not their financial need.

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

K51. In 1996, did anybody in your household receive any other kind of pension or annuity?

PROBE: An annuity is a fixed monthly payment you receive for a fixed period of time. Sources are often retirement accounts, insurance settlements, or lottery winnings.

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

K52. In 1996, did anybody in your household receive any payments from any other sources not mentioned, such as alimony, contributions from family or friends, VA payments, worker's compensation, or unemployment compensation?

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

K53. Now I'd like you to think about the past 12 months. In the past 12 months, were you or anyone in this household on WIC, the Women, Infants, and Children's nutrition program?

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

K54. In the past 12 months, did this household receive any energy assistance from the federal, state, or local government?

PROBE: Energy assistance is help paying your utility bills.

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

K55. In the past 12 months, did any of the children living with you receive free or reduced price school lunches because they qualified for the Federal School Lunch Program?

YES...01
NO..00
CHILD(REN) NOT IN SCHOOL 02
DON'T KNOW ....d
REFUSED ....r

K56. Next I'd like to ask about your household's assets. These are resources that you (FILL "AND YOUR SPOUSE" IF B2=01; "AND YOUR PARTNER" IF B2=02; ELSE BLANK) have and could turn into cash.

In (LAST MONTH), did you (FILL "AND YOUR SPOUSE" IF B2=01; "AND YOUR PARTNER" IF B2=02; ELSE BLANK) have, either separately or with someone else, any of the following items?

Read list, mark yes or no for each. If yes, follow-up with value.

ITEM		At the end of (LAST MONTH), what was the value of your (FILL "AND YOUR SPOUSE'S" IF B2=01; "AND YOUR PARTNER'S" IF B2=02; ELSE BLANK) (INSERT ITEM)?
A. Checking accounts	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-10,000) IF DK/RF: Was it above or below $500? $500 +..............01 < $500 ....02 Don't Know ....d Refused ....r
B. Savings accounts	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +..............01 < $500 ....02 Don't Know ....d Refused ....r

ITEM		At the end of (LAST MONTH), what was the value of your (FILL "AND YOUR SPOUSE'S" IF B2=01; "AND YOUR PARTNER'S" IF B2=02; ELSE BLANK) (INSERT ITEM)?
C. Certificates of deposit, notes, stocks, mutual funds, or bonds	YES ....01 NO.......................00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 ………….02 Don't Know …….d Refused ………..r
D. Cash at home with you or someone else PROBE: All the cash you have, that is not in the bank.	YES ....01 NO.......................00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 ………….02 Don't Know …….d Refused ………..r
E. Household or personal items worth more than $500 each	YES ....01 NO.......................00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 ………….02 Don't Know …….d Refused ………..r
F. Money set aside for burial expenses such as burial contracts, trusts, or agreements	YES ....01 NO.......................00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-20,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 ………….02 Don't Know …….d Refused ………..r

ITEM		At the end of (LAST MONTH), what was the value of your (FILL "AND YOUR SPOUSE'S" IF B2=01; "AND YOUR PARTNER'S" IF B2=02; ELSE BLANK) (INSERT ITEM)?
G. Any other items that could be turned into cash, excluding cars or other vehicles and your home itself, if you own it.	YES ....01 NO......................00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +.............01 < $500 ....02 Don't Know ....d Refused ....r

K57. How many cars or other vehicles do you (FILL "AND YOUR SPOUSE" IF B2=01; "AND YOUR PARTNER" IF B2=02; ELSE BLANK) own, if any?

PROBE: Do not include cars or other vehicles that are leased.

0...00→ *Go to K64*
1...01→ *Continue*
2 or more..02→ *Go to K60*
DON'T KNOW...d→ *Go to K64*
REFUSED..r → *Go to K64*

K58. What is the estimated value of that car?

PROBE: How much could you sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

DON'T KNOW.. d
REFUSED.. r

CP, YP (household w/one car)
Created
K59.	About how much money do you owe on that car, if any?

PROBE: Your best guess is fine.

ENTER "00,000" if car is paid for

$|__|__|,|__|__|__| (0-40,000) → *Go to K64*

DON'T KNOW...d→ *Go to K64*
REFUSED..r→ *Go to K64*

CP, YP (household w/more than one car)
Created
K60.	Please think about your oldest car. What is the estimated value of that car?

PROBE: How much could you sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

DON'T KNOW.. d
REFUSED.. r

CP, YP (household w/more than one car)
Created
K61.	About how much money do you owe on that car, if any?

PROBE: Your best guess is fine.

ENTER "00,000" if car is paid for

$|__|__|,|__|__|__| (0-40,000)

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

CP, YP (household w/more than one car)
Created
K62.   Please think about your next oldest car. What is the estimated value of that car?

PROBE: How much could you sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

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

CP, YP (household w/more than one car)
Created
K63.   About how much money do you owe on that car, if any?

PROBE: Your best guess is fine.

ENTER "00,000" if car is paid for

$|__|__|,|__|__|__| (0-40,000)

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

CP, YP
K64.   CHECK NAME'S AGE: IS NAME…

16+ ....01→ *Continue*
<16 ....00→ *Go to K68*

CP, YP (age 16+)
Created
K65.   Does (NAME) own a car?

YES...01
NO...00
DON'T KNOW ....d   ⎤
REFUSED ....r   ⎦ →*Go to K68*

CP, YP (name owns a car)
Created
K66.   What is the estimated value of that car?

PROBE: How much could you sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

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

CP, YP (name owns a car)
Created
K67.   About how much money is owed on that car, if any?

PROBE: Your best guess is fine.

ENTER "00,000" if car is paid for.

$|__|__|,|__|__|__| (0-40,000)

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

CP, YP
MEPS (modified)
K68.   Do you (FILL "AND YOUR SPOUSE" IF B2=01; "AND YOUR PARTNER" IF B2=02; ELSE BLANK) have debts such as credit card balances, medical debts, life insurance policy loans, loans from relatives, and so forth? Do not include mortgage debt or money you owe for motor vehicles.

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

⟶ *Go to Part L*

CP, YP (has other debts)
MEPS
K69.   About how much do these debts amount to?

Read list if necessary

$0   01
$1 - 500.. 02
$501 – 1,000 03
$1,001 – 5,000 04
$5,001 – 10,000 05
$10,001 – 25,000 06
$25,001 – 50,000 07
Over $50,000 08
DON'T KNOW .... d
REFUSED .... r

CP, YP (has other debts)
Created
K70. About how much of this debt, if any, is related to medical care, services, or supplies for (NAME)?

Read list if necessary

$0 01
$1 - 500 02
$501 – 1,000 03
$1,001 - 5,000 04
$5,001 – 10,000 05
$10,001 – 25,000 06
$25,001 – 50,000 07
Over $50,000 08
DON'T KNOW .... d
REFUSED .... r

GO TO PART L

YA, YX
K71. CHECK A91: IS NAME LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN?

YES 01
NO... 00

K72. In addition to earnings from work, people often receive other income from the government, from private institutions, or from their own savings. I would like to ask you a few questions about all other income received in (LAST MONTH) by (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK), including (INSERT NAMES OF HOUSEHOLD MEMBERS FROM A91).

In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive payments from the welfare office, including Emergency Assistance?

PROBE: This includes money that (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE =03) or others may have received from participating in a work or training activity.

```
YES ................................................................. 01
NO ..................................................................  00 ┐
DON'T KNOW ................................................. d  ├ ➤Go to K76
REFUSED ........................................................ r ┘
```

K73. (ASK IF K71=01, (NAME) IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN; ELSE SET K73=01, GOTO K74) Who in the household received the payments from the welfare office?

PROBE: To whom was the payment made?

PROGRAMMER NOTE: THE RESPONSE LIST (STARTING WITH CODE O2) SHOULD BE CUSTOMIZED TO INCLUDE NAMES OF HOUSEHOLD MEMBERS FROM A91.

Code all that apply

```
(NAME) ............................................................ 01
LIST HOUSEHOLD MEMBERS ...................... 02-14
OTHER (SPECIFY) ┐ ...................................... 15
_____
DON'T KNOW ............................................... d➔ Go to K76
REFUSED ....................................................... r➔ Go to K76
```

YA, YX (living in own household, receiving welfare)
MPR
K74. (FILL "WERE YOU" IF K73=01 AND RTYPE=02; "WAS NAME" IF K73=01 AND RTYPE=03; "WAS (INSERT RECIPIENT'S NAME)" IF K73=02-14; "WAS THAT PERSON" IF K73=15) required to work, attend school or training, look for work, or anything else in order to receive these benefits?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K73.

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

YA, YX (living in own household, receiving welfare)
MPR
K75. How much in total (FILL "DID YOU" IF K73=01 AND RTYPE=02; "DID NAME" IF K73=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K73=02-14; "DID THAT PERSON" IF K73=15) receive in welfare payments in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K73.

$_____.00 AMOUNT (0-2,000)

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

YA, YX
MPR
K76. In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; ELSE   BLANK) receive any OTHER kind of welfare assistance, such as help with getting a job, placement in education or training programs, or help with transportation or child care?

PROBE: Please include only assistance received through welfare.

YES.. 01
NO.. 00 ┐
DON'T KNOW .... d ├→ Go to K78
REFUSED .... r ┘

K77. (ASK IF K71=01, NAME IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN; ELSE SET K77=01, GOTO K78)   Who in the household received this help?

Code all that apply

(NAME) 01
LIST HOUSEHOLD MEMBERS........................ 02-14
OTHER (SPECIFY)⌄....................................... 15

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

K78. In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive any payments from your state's general assistance program.

PROBE: Low income persons and families that meet the eligibility criteria for General Assistance programs receive a monthly financial benefit from the state to help cover basic needs such as rent, food, and clothing.

YES... 01
NO... 00
DON'T KNOW... d   → *Go to K81*
REFUSED.. r

K79. (IF K71=01, (NAME) IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN, ELSE SET K79=01, GO TO K80) To whom in the household was the general assistance program payment made?

Code all that apply

(NAME) 01
LIST HOUSEHOLD MEMBERS........................ 02-14
OTHER (SPECIFY)⌄....................................... 15

_____
DON'T KNOW... d→*Go to K81*
REFUSED.. r→*Go to K81*

YA, YX (living in own household, receiving state general assistance payments)
NSAF
K80.	How much in total (FILL "DID YOU" IF K79=01 AND RTYPE=02; "DID NAME" IF K79=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K79=02-14; "DID THAT PERSON" IF K79=15) receive in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K79.

$_____.00 AMOUNT (0-2,000)

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

YA, YX
NSAF
K81.	In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN (NAME'S) HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive any Food Stamps?

YES.. 01
NO.. 00
DON'T KNOW .... d   ⎤→ Go to K85
REFUSED .... r   ⎦
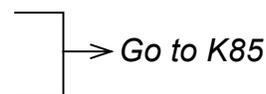
YA, YX (receiving food stamps)
Created
K82.	(IF K71=01 (NAME) IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN, ELSE SET K82=01, GOTO K85) Who in the household received food stamps?

PROBE: Who was authorized to receive Food Stamps last month?

Code all that apply

(NAME) 01
LIST HOUSEHOLD MEMBERS 02-14
OTHER (SPECIFY) ⌐ 15
_____
DON'T KNOW .... d→ Go to K85
REFUSED .... r→ Go to K85

YA, YX (receiving food stamps)
NSAF
K83. How much in total (FILL "DID YOU" IF K82=01 AND RTYPE=02; "DID NAME" IF K82=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K82=02-14; "DID THAT PERSON" IF K82=15) receive in Food Stamps last month?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K82.

$_____.00 AMOUNT (0-2,000)

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

YA, YX (receiving food stamps)
Created
K84. Were the Food Stamp benefits for both adults and children, or just children?

ADULTS AND CHILDREN 01
JUST CHILDREN.. 02
DON'T KNOW .... d
REFUSED .... r

YA, YX
K85. CHECK IF A91D_2-D_15=11: Does (NAME) have his/her own children living with him/her?

YES... 01→ *Continue*
NO... 00→ *Go to K90*

YA, YX (own children in household)
NSAF
K86. In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive any child support payments?

YES... 01
NO... 00 ⌉
DON'T KNOW .... d ⟩→ *Go to K89*
REFUSED .... r ⌋

YA, YX (own children in household, receiving child support payments)
Created

K87. (IF K71=01, NAME IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN, ELSE SET K87=01, GOTO K89) Who in the household received child support payments last month?

Code all that apply

$$\begin{aligned}
&\text{(NAME)} &\text{01}\\
&\text{LIST HOUSEHOLD MEMBERS} &\text{02-14}\\
&\text{OTHER (SPECIFY)} &\text{15}
\end{aligned}$$

(NAME) 01
LIST HOUSEHOLD MEMBERS 02-14
OTHER (SPECIFY)⌐ 15

_____
DON'T KNOW .... d→ *Go to K89*
REFUSED .... r→ *Go to K89*

YA, YX (own children in household, receiving child support payments)

K88. How much in total (FILL "DID YOU" IF K87=01 AND RTYPE=02; "DID NAME" IF K87=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K87=02-14; "DID THAT PERSON" IF K87=15) receive in child support last month?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K87.

$_____.00 AMOUNT (0-5,000)

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

YA, YX (own children in household)
Created

K89. Regardless of whether or not (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) received payments, (FILL "ARE YOU" IF RTYPE=02; "IS NAME" IF RTYPE=03) owed any child support payments?

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

K90. In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive any foster care payments?

```
            YES .............................................................. 01
            NO .............................................................. 00 ┐
            DON'T KNOW ................................................. d   ├─> Go to K93
            REFUSED ...................................................... r  ┘
```

K91. (IF K71=01, (NAME) IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN, ELSE SET K91=01, GOTO K92) Who in the household received foster care payments last month?

Code all that apply

```
            (NAME) ........................................................... 01
            LIST HOUSEHOLD MEMBERS ....................... 02-14
            OTHER (SPECIFY)┐ ....................................... 15
            ────────────────────────────────────────────
            DON'T KNOW ................................................. d → Go to K93
            REFUSED ...................................................... r → Go to K93
```

K92. How much in total (FILL "DID YOU" IF K91=01 AND RTYPE=02; "DID NAME" IF K91=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K91=02-14; "DID THAT PERSON" IF K91=15) receive in foster care payments last month?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K91.

```
            $_____.00 AMOUNT  (0-5,000)

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

K93. CHECK: Is K71=01, (NAME) living with his/her own spouse or children?

```
            YES .............................................................. 01 → Continue
            NO .............................................................. 00 → Go to K97
```

K94. In (LAST MONTH), did anybody else in (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household, besides (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03), receive any payments from the Supplemental Security Income program, or SSI?

PROBE: SSI, or Supplemental Security Income provides monthly payments to aged, blind, or disabled people with limited income and resources or assets. Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

YES...01→ *Continue*
NO...00 ⌉
DON'T KNOW..d ⎬→ *Go to K97*
REFUSED...r ⌋

K95. Who in the household besides (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) received SSI payments last month?

Code all that apply

LIST HOUSEHOLD MEMBERS........................02-14
OTHER (SPECIFY)⌄......................................15
_____
DON'T KNOW...d→*Go to K97*
REFUSED...r→*Go to K97*

K96. How much in total did (FILL "DID YOU" IF K95=01 AND RTYPE=02; "DID NAME" IF K95=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K95=02-14; "DID THAT PERSON" IF K95=15) receive in SSI payments last month?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K95.

$_____.00 AMOUNT (0-1,000)

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

K97. In (LAST MONTH) did (FILL "NAME" IF RTYPE=03; "YOU" IF RTYPE=02) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive any other social security payments? These include retirement benefits, survivor's benefits, or social security disability insurance, also known as SSDI.

PROBE: SSDI is different from SSI because SSDI is based on a person's past work history and not their financial need.

```
YES................................................................01
NO....................................................................00 ┐
DON'T KNOW .................................................d  ├──> Go to K101
REFUSED ........................................................r  ┘
```

YA, YX (living with spouse/children, someone in household receives other SSA payment)
Created
K98. (IF K71=01, (NAME) IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN ELSE GOTO K99) Who in the household received social security payments last month?

Code all that apply

```
(NAME) ...........................................................01
LIST HOUSEHOLD MEMBERS........................02-14
OTHER (SPECIFY)┐...................................... 15

_____
DON'T KNOW .................................................d→Go to K101
REFUSED ........................................................r→ Go to K101
```

K99.   What kind of other social security payment (FILL "DID YOU" IF K98=01 AND RTYPE=02; "DID NAME" IF K98=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K98=02-14; "DID THAT PERSON" IF K98=15) receive? Was it

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K98.

Read list, code all that apply.

Retirement benefits.. 01
Survivor's benefits.. 02
Social security disability insurance, or SSDI 03
SUPPLEMENTAL SECURITY INCOME (SSI).. 04

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

K100. How much in total (FILL "DID YOU" IF K98=01 AND RTYPE=02; "DID NAME" IF K98=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K98=02-14; "DID THAT PERSON" IF K98=15) receive in other social security payments last month?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K98.

$_____.00 AMOUNT (0-5,000)

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

K101. In (LAST MONTH) did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive any kind of pension or annuity payment?

PROBE: An annuity is a fixed monthly payment you receive for a fixed period of time. Sources are often retirement accounts, insurance settlements, or lottery winnings.

YES...01
NO..00
DON'T KNOW ....d
REFUSED ....r
→ Go to K104

K102. (IF K71=01, NAME IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN; ELSE SET K102=01, GOTO K103) Who in the household received pension or annuity payments last month?

Code all that apply

(NAME) 01
LIST HOUSEHOLD MEMBERS........................02-14
OTHER (SPECIFY)...15
_____
DON'T KNOW ....d→ Go to K104
REFUSED ....r→ Go to K104

K103. How much in total (FILL "DID YOU" IF K102=01 AND RTYPE=02; "DID NAME" IF K102=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K102=02-14; "DID THAT PERSON" IF K102=15) receive in pension or annuity payments last month?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K102.

$_____.00 AMOUNT (0-5,000)

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

K104. In (LAST MONTH) did (FILL "YOU" IF RTYPE=02, "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) receive payments from any other sources not mentioned, such as alimony, contributions from family or friends, VA payments, worker's compensation, or unemployment compensation?

```
YES ............................................................. 01
NO .............................................................. 00 ┐
DON'T KNOW ................................................. d  ├─➤ Go to K107
REFUSED ...................................................... r  ┘
```

YA, YX (someone in household receives other payments)
Created

K105. (IF K71=01, (NAME) IS LIVING WITH HIS/HER OWN SPOUSE OR CHILDREN; ELSE SET K105=01, GOTO K106) Who in the household received these payments?

Code all that apply

```
(NAME) ........................................................ 01
LIST HOUSEHOLD MEMBERS ....................... 02-14
OTHER (SPECIFY) ┐ ................................. 15
             ↓
_____
DON'T KNOW ................................................. d ➔ Go to K107
REFUSED ...................................................... r ➔ Go to K107
```

YA, YX (someone in household receives other payments)
NSAF

K106. How much in total did (FILL "DID YOU" IF K105=01 AND RTYPE=02; "DID NAME" IF K105=01 AND RTYPE=03; "DID (INSERT RECIPIENT'S NAME)" IF K105=02-14; "DID THAT PERSON" IF K105=15) receive in (LAST MONTH)?

PROGRAMMER NOTE: REPEAT QUESTION FOR EACH RECIPIENT IDENTIFIED IN K105.

$_____.00 AMOUNT (0-5,000)

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

YA, YX

K107. CHECK: Is (NAME) living with his/her own spouse or children?

```
YES ............................................................. 01➔ Continue
NO .............................................................. 00➔ Go to K110
```

YA, YX (living with spouse/children)
Created

K108. For the purpose of this survey, it is important to learn the total income received by all members of (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household in (LAST MONTH). This includes money from jobs, and from the sources we just talked about. What was (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) total income last month before taxes and deductions?   (IF K81=01, RECEIVING FOOD STAMPS, FILL "DO NOT INCLUDE THE VALUE OF (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) FOOD STAMPS"; ELSE BLANK).

PROBE: Include money from all sources and from all members of (FILL "NAME'S" IF RTYPE=03; "YOUR" IF RTYPE=02) household.

$_____.00 AMOUNT (0-99,999) → *Go to K112*

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

YA, YX (living with spouse/children)
Created

K109. In (LAST MONTH), would you say (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household's monthly income was:

A. below or above $500?

BELOW .... 01 → *Go to K112*
AT OR ABOVE... 02
DON'T KNOW .... d
REFUSED .... r

B. below or above $750?

BELOW 01
AT OR ABOVE... 02
DON'T KNOW .... d
REFUSED .... r

Got to K112

YA, YX (not living with spouse/children)
Created
K110. For the purpose of this survey, it is important to learn the total income received by (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) in (LAST MONTH). This includes money from jobs, and from the sources we just talked about. What was (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) total income last month before taxes and deductions? (IF K81=01, RECEIVING FOOD STAMPS, FILL "DO NOT INCLUDE THE VALUE OF (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) FOOD STAMPS"; ELSE BLANK).

PROBE: Include money from all sources.

$_____.00 AMOUNT (0-10,000) → *Go to K112*

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

YA, YX (not living with spouse/children)
Created
K111. In (LAST MONTH), would you say (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) monthly income was:

A. below or above $500?

BELOW .... 01 → *Go to K112*
AT OR ABOVE... 02
DON'T KNOW .... d
REFUSED .... r

B. below or above $750?

BELOW 01
AT OR ABOVE... 02
DON'T KNOW .... d
REFUSED .... r

K112. Suppose for a minute that (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) had an additional $100 every month to spend (IF K108 OR K110=> $100 FILL "THAT IS, (FILL "YOUR" IF RTYPE=01,02, "HIS/HER" IF RTYPE=03) MONTHLY INCOME WAS (INSERT AMOUNT FROM K108 OR K110 + $100)"; ELSE BLANK) How would (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) spend the additional $100?

Do not read list, code all that apply

DISABILITY CARE, EQUIPMENT, OR
SUPPLIES FOR NAME 01
FOOD 02
PERSONAL ITEMS (CLOTHING, TOYS, ETC.).......... 03
HOUSING (MOVE INTO DIFFERENT HOME/
FIX HOME) 04
TRANSPORTATION (BUY A CAR/FIX CAR/
BUY GAS) 05
ENTERTAINMENT/LEISURE/TRAVEL 06
DEBT REDUCTION.. 07
SAVINGS.. 08
HEALTH INSURANCE.. 09
EDUCATION/TRAINING... 10
OTHER (SPECIFY)⌐↓.. 11

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

K113. CHECK: Is more than one answer coded in K112?
YES...01→ *Continue*
NO ....00→ Go to K115

K114. What would (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) spend the money on first?

What would be (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) first priority?

Do not read list, code only one answer

LIST RESPONSES FROM K112 01-11
DON'T KNOW .... d
REFUSED .... r

K115. Suppose for a minute that (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "OR ANYBODY IN YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR ANYBODY IN NAME'S HOUSEHOLD" IF K71=01 AND RTYPE=03; ELSE BLANK) had $100 less every month to spend (IF K108 OR 110=> $100, FILL "THAT IS, (FILL "YOUR" IF RTYPE=02, "HIS/HER" IF RTYPE=03) MONTHLY INCOME WAS (INSERT AMOUNT FROM K35 - $100)"; ELSE BLANK). What would (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) do to get by?

Do not read list, code all that apply

CUT BACK ON DISABILITY CARE,
EQUIPMENT OR SUPPLIES FOR (NAME) 01
CUT BACK ON FOOD 02
CUT BACK ON PERSONAL ITEMS
(CLOTHING, TOYS, ETC.) 03
MOVE TO NEW PLACE 04
CUT BACK ON ENTERTAINMENT/LEISURE .. 05
USE SAVINGS 06
GET A JOB/ GET A BETTER JOB 07
SEEK ASSISTANCE FROM GOVERNMENT ... 08
SEEK ASSISTANCE FROM FRIENDS,
FAMILY, CHARITY 09
COULDN'T DO IT/CAN'T HAPPEN 10
NO SPECIFIC THING/SPEND LESS ALL
AROUND 11
OTHER (SPECIFY) 12
_____
DON'T KNOW .... d
REFUSED .... r

YA, YX
K116. CHECK: Is more than one answer coded in K115?

YES...01→ *Continue*
NO ....00→ *Go to K118*

YA, YX
Created
K117.   What would (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) do first?

Do not read list, code only one answer

LIST RESPONSES FROM K115 01-12
DON'T KNOW.. d
REFUSED... r

YA, YX
K118. CHECK: Is (NAME) living with his/her own spouse or children?

YES..01→ *Continue*
NO...00→ *Go to K123*

YA, YX (living with spouse/children)
NSAF
K119. Now I'd like you to think about the past 12 months. In the past 12 months, were (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (IF A91D_2-A91D_14=10 AND RTYPE=02, FILL "OR YOUR SPOUSE"; IF A91D_2-A91D_14=10 AND RTYPE=03 FILL "OR (NAME'S) SPOUSE"; ELSE BLANK) on WIC, the Women, Infants, and Children's nutrition program?

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

K120. In the past 12 months, did (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household receive any energy assistance from the federal, state, or local government?

PROBE: Energy assistance is help paying your utility bills.

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

K121. CHECK A91: Does (NAME) have children living with him/her?

YES.. 00→ *Continue*
NO.. 01→ *Go to K123*

K122. In the past 12 months, did any of the children living with (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) receive free or reduced price school lunches because they qualified for the Federal School Lunch Program?

YES.. 01
NO... 00
CHILD(REN) NOT IN SCHOOL 02
DON'T KNOW .... d
REFUSED .... r

K123. Next I'd like to ask about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) household's assets. These are resources that (FILL "YOU HAVE" IF RTYPE=02; "(NAME) HAS" IF RTYPE=03; "YOU AND YOUR SPOUSE HAVE" IF A91D_2-A91D_14=10 AND RTYPE=02; "(NAME) AND (NAME'S) SPOUSE HAVE" IF A91D_2-A91D_14=10 AND RTYPE=03) and could turn into cash.

In (LAST MONTH), did (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03; "YOU AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "NAME AND NAME'S SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=03) have, either separately or with someone else, any of the following items?

Read list, code yes or no for each. If yes, follow-up with value.

ITEM		At the end of (LAST MONTH), what was the value of (FILL "YOUR" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "AND YOUR SPOUSE'S" IF A42D_2-A42D_14=10; ELSE BLANK) (INSERT ITEM)?
A. Checking accounts	YES ....01 NO ....00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-10,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 ………….02 Don't Know ……..d Refused ………...r
B. Savings accounts	YES ....01 NO ....00 DON'T KNOW .....d REFUSED ....r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 ………….02 Don't Know ……..d Refused ………...r

ITEM		At the end of (LAST MONTH), what was the value of (FILL "YOUR" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "AND YOUR SPOUSE'S" IF A42D_2-A42D_14=10; ELSE BLANK) (INSERT ITEM)?
C. Certificates of deposit, notes, stocks, mutual funds, or bonds	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 …………02 Don't Know …….d Refused ………..r
D. Cash at home with (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) or someone else PROBE: All the cash you have, that is not in the bank.	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 …………02 Don't Know …….d Refused ………..r
E. Household or personal items worth more than $500 each	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 …………02 Don't Know …….d Refused ………..r

ITEM		At the end of (LAST MONTH), what was the value of (FILL "YOUR" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "AND YOUR SPOUSE'S" IF A42D_2-A42D_14=10; ELSE BLANK) (INSERT ITEM)?
F. Money set aside for burial expenses such as burial contracts, trusts, or agreements	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-20,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 …………02 Don't Know …….d Refused ………..r
G. Any other items that could be turned into cash, excluding cars or other vehicles and your home itself, if you own it.	YES .... 01 NO .... 00 DON'T KNOW ..... d REFUSED .... r	$_____.00 (0-100,000) IF DK/RF: Was it above or below $500? $500 +…………..01 < $500 …………02 Don't Know ……..d Refused ………..r

YA, YX
Created

K124. How many cars or other vehicles are owned by (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "AND NAME'S SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=03; ELSE BLANK), if any?

PROBE: Do not include cars or other vehicles that are leased.

0 .... 00→ *Go to K131*
1 .... 01→ *Continue*
2 or more... 02→ *Go to K127*
DON'T KNOW .... d→ *Go to K131*
REFUSED .... r → *Go to K131*

YA, YX (household w/one car)
Created
K125. What is the estimated value of that car?

PROBE: How much could you sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

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

YA, YX (household w/one car)
Created
K126. About how much money (FILL "DO YOU" IF RTYPE=02; "DOES NAME" IF RTYPE=03; "DO YOU AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "DO NAME AND NAME'S SPOUSE" IF A A91D_2-A91D_14=10 AND RTYPE=03) owe on that car, if any?

PROBE: Your best guess is fine.

ENTER "0" if car is paid for

$|__|__|,|__|__|__| (0-40,000) → *Go to K131*

DON'T KNOW .... d→ *Go to K131*
REFUSED .... r→ *Go to K131*

YA, YX (household w/more than one car)
Created
K127. Please think about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) (FILL "AND YOUR SPOUSE'S" IF A91D_2-A91D_14=10 AND RTYPE=02; "AND NAME'S SPOUSE'S" IF A91D_2-A91D_14=10 AND RTYPE=03; ELSE BLANK), oldest car. What is the estimated value of that car?

PROBE: How much could (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

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

K128. About how much money (FILL "DO YOU" IF RTYPE=02; "DOES NAME" IF RTYPE=03; "DO YOU AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "DO NAME AND NAME'S SPOUSE" IF A A91D_2-A91D_14=10 AND RTYPE=03), owe on that car, if any?

PROBE: Your best guess is fine.

ENTER "0" if car is paid for

$|__|__|,|__|__|__| (0-40,000)

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

K129. Please think about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) (FILL "AND YOUR SPOUSE'S" IF A91D_2-A91D_14=10 AND RTYPE=02; "AND NAME'S SPOUSE'S" IF A91D_2-A91D_14=10 AND RTYPE=03; ELSE BLANK), next oldest car. What is the estimated value of that car?

PROBE: How much could (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "AND NAME'S SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=03; ELSE BLANK), sell it for?

$|__|__|,|__|__|__| ESTIMATED VALUE (0-40,000)

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

K130. About how much money (FILL "DO YOU" IF RTYPE=02; "DOES NAME" IF RTYPE=03; "DO YOU AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "DO NAME AND NAME'S SPOUSE" IF A A91D_2-A91D_14=10 AND RTYPE=03), owe on that car, if any?

PROBE: Your best guess is fine.

ENTER "0" if car is paid for

$|__|__|,|__|__|__| (0-40,000)

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

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K131. (FILL "DO YOU" IF RTYPE=02; "DOES NAME" IF RTYPE=03) (FILL "OR MEMBERS OF YOUR HOUSEHOLD" IF K71=01 AND RTYPE=02; "OR MEMBERS OF (NAME'S) HOUSEHOLD" IF K71=01 AND RTYPE=02; ELSE BLANK) have debts such as credit card balances, medical debts, life insurance policy loans, loans from relatives, and so forth? Do not include mortgage debt or money (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) (FILL "AND YOUR SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=02; "AND NAME'S SPOUSE" IF A91D_2-A91D_14=10 AND RTYPE=03; ELSE BLANK) owe for motor vehicles.

YES 01
NO 00
DON'T KNOW .... d ⎤
REFUSED .... r ⎦ ➞ *Go to Part L*

K132.   About how much do these debts amount to?

Read list if necessary

$0 01
$1 - 500 02
$501 – 1,000 03
$1,001 – 5,000 04
$5,001 – 10,000 05
$10,001 – 25,000 06
$25,001 – 50,000 07
$Over 50,000 08
DON'T KNOW .... d
REFUSED .... r

YA, YX (has other debts)
Created
K133. About how much of this debt, if any, is related to (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) medical care, medical services, or supplies?

Read list if necessary

$0 01
$1 - 500 02
$501 – 1,000 03
$1,001 – 5,000 04
$5,001 – 10,000 05
$10,001 – 25,000 06
$25,001 – 50,000 07
$Over 50,000 08
DON'T KNOW .... d
REFUSED .... r

CP, YP, YA, YX

L1.　　CHECK AGE: Is (NAME)'s age….

<17 ....01 → *Go to L8*
17+ ....00 → *Continue*

YP, YA, YX
NHIS-D Adult Followback

L2.　These next questions are about the place (FILL "NAME LIVES" IF RTYPE=01, 03; "YOU LIVE" IF RTYPE=02).

(IF A10=05, NAME IS LIVING AT SCHOOL FILL: Please answer for the place (FILL "NAME LIVES" IF RTYPE=01, 03, "YOU LIVE" IF RTYPE=02) when (FILL "HE/SHE IS" IF RTYPE=01, 03; "YOU ARE" IF RTYPE=02) not at school.

How long (FILL "HAS (NAME)" IF RTYPE=01,03; "HAVE YOU" IF RTYPE=02) been living there?

|___|___| YEARS

LESS THAN A YEAR 0
DON'T KNOW ....d
REFUSED ....r

YP, YA, YX
NHIS-D Adult Followback

L3.　Is this place a…

Read list, code only one

Single family home ....01→ *Go to L8*
Mobile home..02→ *Go to L8*
Regular apartment...03→ *Go to L8*
Supervised apartment 04
Group home 05
Halfway house...06
Personal care or board and care home 07
Assisted living facility......................................08
Nursing or convalescent home 09
Center for Independent Living 10
Some other type of supervised group
residence or facility..11
Something else (SPECIFY)⌐............................12
_____
DON'T KNOW ....d
REFUSED ....r

L4.　Does this place primarily or exclusively serve persons with hearing or vision impairments, mental illness, mental retardation, or developmental disabilities?

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

L5.　Whether (FILL "NAME USES" IF RTYPE=01,03; "YOU USE" IF RTYPE=02) them or not, does this place routinely provide services such as meals, help with housework or personal care, transportation, or recreation?

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

L6.　Who pays for most of the cost for (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) stay at this place?

　　　PROBE:　For example, (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE=02), (FILL "YOUR FAMILY" IF RTYPE=01, 02; "HIS/HER FAMILY" IF RTYPE=03), insurance, Medicaid, an employer, or something else?

> (NAME)..01
> (NAME'S) FAMILY LIVING IN THE SAME
> HOUSEHOLD..02
> (NAME'S) FAMILY LIVING NOT LIVING
> IN THE SAME HOUSEHOLD...........................03
> INSURANCE/MEDICAID..................................04
> EMPLOYER 05
> REHABILITATION PROGRAM 06
> SCHOOL SYSTEM/SPECIAL EDUCATION 07
> TITLE V PROGRAM...08
> NO ONE/FREE..09
> USE SSI BENEFIT/SSA 10
> OTHER (SPECIFY)⤓.......................................11
> _____
> DON'T KNOW ....d
> REFUSED ....r

L7.	In the past 12 months, about how much did (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) pay for (FILL "HIS/HER" IF RTYPE=01,03; "YOUR" IF RTYPE=02) stay at this place, if any? Do not count any money that has been or will be reimbursed by insurance or from any other source but include any insurance copayments (FILL "YOU AND YOUR FAMILY" IF RTYPE=01, 02; "NAME AND HIS/HER FAMILY" IF RTYPE=03) may have paid.

$_____.00 AMOUNT PAID ($0-$9,999)

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

GO TO L17

L8.	READ IF AGE=<17: These next questions are about the place (NAME) lives.

Is (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) home or apartment…

PROBE: (FILL "DOES YOUR FAMILY" IF RTYPE=01; "DO YOU" IF RTYPE=02; "DOES NAME" IF RTYPE=03) own (FILL "YOUR" IF RTYPE=01,02; "HIS/HER" IF RTYPE=03) home, rent (FILL "YOUR" IF RTYPE=01,02; "HIS/HER" IF RTYPE=03) home, or live there without paying rent?

INTERVIEWER: IF THE RESPONDENT LIVES IN A MOBILE HOME AND PAYS BOTH RENT AND MORTGAGE, CODE "OWNED."

Read list, code only one

Owned or being bought by someone
in the household 01
Rented, or...02
Occupied without payment of rent? 03
DON'T KNOW ....d
REFUSED ....r

L9.   CHECK AGE: Is (NAME'S) age…

<17 ....01→ *Continue*
17+ ....02→ *Go to L11*

L10.   How long have you lived in your home?

|__|__| MONTHS |__|__| YEARS

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

L11.   CHECK: IS L8=01 or 02 (NAME OR NAME'S FAMILY PAYS RENT OR MORTGAGE)?

YES ....01 → *Continue*
NO ....00 → *Go to L16*

L12.   Did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) pay all of the (FILL "MORTGAGE" IF L8=01; "RENT" L8=02) last month, did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) share the payment with someone else, or did someone else pay all the (FILL "MORTGAGE" IF L8=01; "RENT" L8=02)?

NAME OR NAME'S FAMILY PAID ALL.............01
SHARED 02
SOMEONE ELSE PAID ALL ....03→ *Go to L16*
GOVERNMENT ASSISTANCE PROGRAM......04→ *Go to L16*
HOME IS PAID FOR ....05→ *Go to L17*
NO ONE PAID..06→ *Go to L16*
DON'T KNOW ....d
REFUSED ....r

L13.   IF L8=01: Altogether, in (LAST MONTH), what was (FILL "YOUR FAMILY'S" IF RTYPE=01; "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) mortgage payment?

IF L8=02: Altogether, in (LAST MONTH), what did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) pay in rent?

PROBE IF L3=02, RESPONDENT LIVES IN A MOBILE HOME: What did (FILL "YOUR FAMILY" IF RTYPE=01; "YOU" IF RTYPE=02; "NAME" IF RTYPE=03) pay in mortgage and rent last month? Include mortgage and rent for your home itself, and the lot, if applicable.

READ IF L12=02: We are interested in knowing only (FILL "YOUR FAMILY'S" IF RTYPE=01; "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) part of the payment.

If R volunteers that house is paid for, enter 0.
If R volunteers that no one paid, or could not afford, enter 0.

$_____ PER MONTH ($0-$9,999)

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

L14.   CHECK L8: Does (NAME AND HIS/HER FAMILY) own the home, rent the home, or something else?

OWN...01 → *Go to L17*
RENT..02 → *Continue*
SOMETHING ELSE (03, DK/RF) ....03 → *Go to L16*

L15.   (FILL "IS YOUR FAMILY" IF RTYPE=01; "ARE YOU" IF RTYPE=02; "IS NAME" IF RTYPE=03) paying lower rent because the federal, state, or local government is paying part of the rent?

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

L16. Is (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) home in a public housing project, that is, owned by a local housing authority or other public agency?

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

L17. Does (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) home have any special features designed to help (FILL "NAME" IF RTYPE=01; "YOU" IF RTYPE=02; "HIM/HER" IF RTYPE=03) get around the home?

PROBE: This includes things like widened doors or hallways, ramps, railings, kitchen or bathroom modifications, and alerting devices.

> YES 01
> NO 00
> DON'T KNOW ....d   → *Go to L19*
> REFUSED ....r

L18. What special features does this home have?

Do not read list, code all that apply

> WIDENED DOORWAYS OR HALLWAYS 01
> RAMPS OR STREET LEVEL ENTRANCES.....02
> RAILINGS...03
> AUTOMATIC OR EASY TO OPEN DOORS 04
> ACCESSIBLE PARKING OR DROP-OFF
> SITE 05
> BATHROOM MODIFICATIONS 06
> KITCHEN MODIFICATIONS 07
> ELEVATOR, CHAIR LIFT, OR STAIR GLIDE ...08
> ALERTING DEVICES.......................................09
> OTHER (SPECIFY) 10
> _____
> DON'T KNOW ....d
> REFUSED ....r

L19.   (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) have a **need** for any (FILL "OTHER" IF L17=01) special features to get around the home?

PROBE: This includes things like widened doors or hallways, ramps, railings, kitchen or bathroom modifications, and alerting devices.

```
                    YES ............................................................01
                    NO..............................................................00 ┐
                    DON'T KNOW .................................................d    ├─▶  Go to L22
                    REFUSED .......................................................r ┘
```

L20.   What (FILL "OTHER" IF L17=01) special features (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need?

Do not read list, code all that apply

```
                    WIDENED DOORWAYS OR HALLWAYS ........01
                    RAMPS OR STREET LEVEL ENTRANCES.....02
                    RAILINGS......................................................03
                    AUTOMATIC OR EASY TO OPEN DOORS .....04
                    ACCESSIBLE PARKING OR DROP-OFF
                    SITE ...........................................................05
                    BATHROOM MODIFICATIONS ........................06
                    KITCHEN MODIFICATIONS ............................07
                    ELEVATOR, CHAIR LIFT, OR STAIR GLIDE ...08
                    ALERTING DEVICES......................................09
                    OTHER (SPECIFY) ┐ .......................................10
                                     ↓
                    _____

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

L21. Why does (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03;) home not have the special features that ("HE/SHE NEEDS" IF RTYPE=01, 03; "YOU NEED" IF RTYPE=02)?

Code all that apply

CAN'T AFFORD THE MODIFICATIONS...........01
NOT ALLOWED TO MAKE CHANGES.............02
DON'T KNOW HOW TO MAKE CHANGES/
WHO TO CONTACT 03
NEVER GOT AROUND TO IT..........................04
NOT MY DECISION/LIVE IN GROUP HOME ...05
OTHER (SPECIFY)↴......................................06
_____
DON'T KNOW ....d
REFUSED ....r

L22. CHECK AGE: Is NAME'S age…

<17 ....01→ *Continue*
17+ ....02→ *Go to L24*

L23. CHECK: Is K57 =0, DK, RF (no cars are owned by family) and/or K65=0, DK ,RF (child does not own car)?

YES ....01→ *Go to Part M*
NO..00→ *Go to L27*

L24. How frequently (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) drive a car or other motor vehicle? Would that be…

Read list, code only one

Everyday, or almost everyday ....01→ *Go to L27*
Occasionally...02→ *Go to L27*
Seldom 03
Never...04
DON'T KNOW ....d→ *Go to L27*
REFUSED ....r→ *Go to L27*

L25.   Is this because of an impairment or health problem?

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

L26.   CHECK: Is L24=04, that is, (NAME) never drives a car?

YES ....01→ *Go to L33*
NO ....00→ *Continue*

L27.   (FILL "DO YOU" IF RTYPE=01, 02; "DOES NAME" IF RTYPE=03) have any special equipment on a car or other motor vehicle because of an impairment or health problem that (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02)?

YES 01
NO ....00→ *Go to L29*
DON'T KNOW ....d→ *Go to L29*
REFUSED ....r→ *Go to L29*

L28.   What special equipment (FILL "DO YOU" IF RTYPE=01, 02; "DOES NAME" IF RTYPE=03) have?

Do not read list, code all that apply

HAND CONTROLS 01
HAND RAILS, STRAPS, SPECIALIZED
HANDLES, RAMPS, OR LIFTS.........................02
POWER CONTROLS FOR WINDOWS,
MIRRORS, SEAT, OR STEERING 03
AUTOMATIC TRANSMISSION 04
AIR CONDITIONING......................................05
A BUTTON THAT OPENS THE DOOR.............06
A LARGE TRUNK OR STORAGE AREA..........07
OTHER (SPECIFY) 08
_____
DON'T KNOW ....d
REFUSED ....r

L29. (FILL "DO YOU" IF RTYPE=01, 02; "DOES NAME" IF RTYPE=03) have a **need** for any (FILL "OTHER" IF L27=01) special equipment or features on a car or other motor vehicle because of any impairment or health problem that (FILL "NAME HAS" IF RTYPE=01, 03; "YOU HAVE" IF RTYPE=02)?

YES 01
NO 00
DON'T KNOW ....d   ⟶ *Go to L32*
REFUSED ....r

L30. What (FILL "OTHER" IF L27=01) equipment or features (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) need?

Do not read list, code all that apply

HAND CONTROLS 01
HAND RAILS, STRAPS, SPECIALIZED
HANDLES, RAMPS, OR LIFTS.........................02
POWER CONTROLS FOR WINDOWS,
MIRRORS, SEAT, OR STEERING 03
AUTOMATIC TRANSMISSION 04
AIR CONDITIONING 05
A BUTTON THAT OPENS THE DOOR.............06
A LARGE TRUNK OR STORAGE AREA..........07
OTHER (SPECIFY)⤓......................................08
_____
DON'T KNOW ....d
REFUSED ....r

L31. Why (FILL "DOES NAME" IF RTYPE=01, 03; "DO YOU" IF RTYPE=02) not have the special features on a car that (FILL "HE/SHE NEEDS" IF RTYPE=01, 03; "YOU NEED" IF RTYPE=02)?

Code all that apply

```
CAN'T AFFORD THE SPECIAL FEATURES....01
NOT ALLOWED TO MAKE CHANGES.............02
DON'T KNOW HOW TO MAKE CHANGES/
WHO TO CONTACT/WHERE TO GO..............03
NEVER GOT AROUND TO IT..........................04
NOT MY DECISION/NOT MY CAR..................05
OTHER (SPECIFY) ⌐↓...................................06
_____
DON'T KNOW .................................................d
REFUSED ......................................................r
```

L32. CHECK AGE: Is NAME'S age…

```
<17 ................................................................01→ Go to Part M
17+ ................................................................02→ Continue
```

L33. During the past 12 months, (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) used local public transportation, such as a regular bus line, rapid transit, subway, or street car?

PROBE: Do not include school buses.

```
YES ...............................................................01
NO..................................................................00
NO PUBLIC SYSTEM AVAILABLE ..................03→ Go to L38
DON'T KNOW .................................................d
REFUSED ......................................................r
```

L34. Does an impairment or health problem limit or prevent (FILL "NAME'S" IF RTYPE=01, 03; "YOUR" IF RTYPE=02) use of public transportation services?

```
YES ...............................................................01
NO..................................................................00
DON'T KNOW .................................................d→ Go to L38
REFUSED ......................................................r→ Go to L38
```

L35. CHECK: Is L33=00, DK, RF, that is, (NAME) has not used public transportation in the past 12 months?

YES ....01→ *Go to L38*
NO ....00→ *Continue*

L36. During the past 12 months, how often did (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use the local public transportation services? Would you say..

Everyday or almost everyday 01
Occasionally, or...02
Seldom 03
DON'T KNOW ....d
REFUSED ....r

L37. In general, how difficult is it for (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) to get to and use public transportation? Would you say it is…

Very difficult..01
Somewhat difficult 02
A little difficult 03
Not at all difficult..04
DON'T KNOW ....d
REFUSED ....r

L38. Some communities have special bus, cab or van services for people who have difficulty using the regular public transportation service. When using this special service, people can call ahead and ask to be picked up. Is such a service available in (FILL "YOUR" IF RTYPE=01, 02; "NAME'S" IF RTYPE=03) area?

YES 01
NO ....00→ *Go to Part M*
DON'T KNOW ....d→ *Go to Part M*
REFUSED ....r→ *Go to Part M*

L39. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) used this special service in the past 12 months?

> YES 01
> NO..00→ *Go to L44*
> DON'T KNOW ....d→ *Go to L44*
> REFUSED ....r→ *Go to L44*

L40. About how many times (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) used this service in the past 12 months?

> |___|___|___| TIMES USED (0-999)

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

L41. How dependable is this service? Would you say..

Read list, code only one answer

> Very dependable 01
> Somewhat dependable.....................................02
> Not very dependable 03
> Not dependable at all 04

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

L42. Were there times in the past 12 months, when (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) would have liked to use this service but did not?

> YES ....01→ *Continue*
> NO..00→ *Go to Part M*
> DON'T KNOW ....d→ *Go to Part M*
> REFUSED ....r→ *Go to Part M*

L43. Why didn't (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02) use this service the last time this happened?

Do not read, code all that apply

DON'T NEED/WANT SERVICE 01
DON'T KNOW HOW TO USE 02
NEED HELP FROM ANOTHER PERSON........03
CAN'T USE PHONE/DON'T HAVE PHONE 04
CAN'T READ...05
ILLNESS..06
SERVICE UNRELIABLE/NOT DEPENDABLE..07
HOURS INADEQUATE 08
CAN'T GET RESERVATION FOR
SERVICE...09
COST 10
OTHER (SPECIFY) ⌐ 11
_____
DON'T KNOW ....d
REFUSED ....r

Go to Part M

L44. (FILL "HAS NAME" IF RTYPE=01, 03; "HAVE YOU" IF RTYPE=02) **needed** a special service like this in the past 12 months?

YES ....01→ *Continue*
NO...00→ *Go to Part M*
DON'T KNOW ....d→ *Go to Part M*
REFUSED ....r→ *Go to Part M*

L45. Why (FILL "HASN'T NAME" IF RTYPE=01, 03; "HAVEN'T YOU" IF RTYPE=02) used this service in the past 12 months?

Do not read, code all that apply

```
DON'T NEED/WANT SERVICE ........................01
DON'T KNOW HOW TO USE ..........................02
NEED HELP FROM ANOTHER PERSON........03
CAN'T USE PHONE/DON'T HAVE PHONE .....04
CAN'T READ.................................................05
ILLNESS.......................................................06
SERVICE UNRELIABLE/NOT DEPENDABLE..07
HOURS INADEQUATE ..................................08
CAN'T GET RESERVATION FOR
SERVICE......................................................09
COST ...........................................................10
OTHER (SPECIFY) ........................................11

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

PART M. BACKGROUND INFORMATION

M1.   CHECK RTYPE: Is the respondent. . .

                         NAME'S PARENT OR GUARDIAN……01 → *Continue*
                         NAME …………………………………...00 → *Go to M19*

CP, YP
NSAF

M2.   Now I'd like to ask some background questions about you and your family. What is the highest year or grade you finished in school?

Read list if necessary, code one answer

Less than high school diploma, with no GED	01
High school diploma or GED	02
Some college/some postsecondary vocational courses	03
2-year or 3-year college degree (AA degree) or vocational school diploma	04
4-year college degree (BA, BS degree)	05
Some graduate work/no graduate degree	06
Graduate degree (MA, MBA, PH.D., JD, MD)	07
NEVER ATTENDED SCHOOL	08
SPECIAL EDUCATION	09
DON'T KNOW	d
REFUSED	r

CP, YP
MPR

M3.   What is your ethnic background? Are you:

Hispanic or Latino, or	01
Not Hispanic or Latino	02
DON'T KNOW	d
REFUSED	r

M4.   What is your race? Are you:

Read list, code all that apply

Alaska Native or American Indian 01
Asian 02
Black or African American 03
Native Hawaiian or Other Pacific Islander 04
White 05
DON'T KNOW .... d
REFUSED .... r

M5. Were you born in the United States or in another country?

UNITED STATES 01
OTHER (SPECIFY)↴   02
_____
DON'T KNOW .... d
REFUSED .... r

M6.   Are you now married, widowed, divorced, have you never been married or are you separated?

MARRIED 01
WIDOWED 02
DIVORCED 03
NEVER MARRIED 04
SEPARATED 05
DON'T KNOW .... d
REFUSED .... r

tM6.   CHECK B2: Is there a spouse or partner in the household? Is B2=01 or 02?

YES .... 01 → *Continue*
NO .... 02 → *Go to M11*

M7. What is the highest year or grade your (FILL "SPOUSE" IF B2=01; "PARTNER" IF B2=02) finished in school?

Read list if necessary, code one answer

Less than high school diploma, with
no GED 01
High school diploma or GED 02
Some college/some postsecondary
vocational courses 03
2-year or 3-year college degree (AA degree)
or vocational school diploma 04
4-year college degree (BA, BS degree) 05
Some graduate work/no graduate degree 06
Graduate degree (MA, MBA, PH.D., JD, MD) .. 07
NEVER ATTENDED SCHOOL 08
SPECIAL EDUCATION 09
DON'T KNOW .... d
REFUSED .... r

M8. What is his or her ethnic background? Is he or she:

Hispanic or Latino, or 01
Not Hispanic or Latino 02
DON'T KNOW .... d
REFUSED .... r

M9. What is his or her race? Is he or she…

Read list, code all that apply

Alaska Native or American Indian 01
Asian 02
Black or African American 03
Native Hawaiian or Other Pacific Islander 04
White 05
DON'T KNOW .... d
REFUSED .... r

M10. Was he or she born in the United States or in another country?

UNITED STATES.. 01
OTHER (SPECIFY) ↴ 02

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

M11. These next questions are about (NAME). What is (NAME's) ethnic background? Is (HE/SHE):

Hispanic or Latino, or 01
Not Hispanic or Latino....................................... 02
DON'T KNOW .... d
REFUSED .... r

M12. What is (NAME's) race? Is (HE/SHE)….

Read list, code all that apply

Alaska Native or American Indian 01
Asian 02
Black or African American................................. 03
Native Hawaiian or Other Pacific Islander......... 04
White... 05
DON'T KNOW .... d
REFUSED .... r

M13. Was (HE/SHE) born in the United States or in another country?

UNITED STATES.. 01
OTHER (SPECIFY) ↴ 02

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

CP, YP
MPR

M14. What language is spoken most often in your home?

English 01
Spanish 02
Other (SPECIFY) ↴ 03
_____
DON'T KNOW .... d
REFUSED .... r

CP, YP
Created

M15. Does anyone living in your household, not counting (NAME) have a disability or health condition?

YES 01
NO .... 00→ *Go to M17*
DON'T KNOW .... d→ *Go to M17*
REFUSED .... r→ *Go to M17*

CP, YP
Created

M16. Who would that be?

PROBE: What is his or her relationship to (NAME)?

Code all that apply

MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
UNMARRIED PARTNER OF PARENT 06
GRANDPARENT 07
BROTHER/SISTER OF (NAME) 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
(NAME'S) CHILD 11
FOSTER CHILD LIVING WITH FAMILY 12
HOUSEMATE/ROOMMATE/FRIEND 13
ROOMER/BOARDER 14
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) 15
OTHER NON-RELATIVE
(SPECIFY IN QUESTION) 16
DON'T KNOW .... d
REFUSED .... r

M17. CHECK AGE: Is NAME's age…

       17 ....01→ *Continue*

       <17 ....02→ *Go to Part O*

CP, YP

M18. Is (NAME) now married, widowed, divorced, has (NAME) never been married or is (NAME) separated?

       MARRIED ....01→ *Go to M28*
       WIDOWED...02→ *Go to Part O*
       DIVORCED ....03→ *Go to Part O*
       NEVER MARRIED ....04→ *Go to Part O*
       SEPARATED ....05→ *Go to Part O*
       DON'T KNOW ....d→ *Go to Part O*
       REFUSED...r→ *Go to Part O*

YA, YX
NSAF

M19. Now I'd like to ask some background questions about (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03). What is (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) ethnic background? (FILL "ARE YOU" IF RTYPE=02; "IS NAME" IF RTYPE=03):

       Hispanic or Latino, or 01
       Not Hispanic or Latino...................................... 02
       DON'T KNOW .... d
       REFUSED... r

YA,YX
MPR

M20. What is (FILL "NAME'S" IF RTYPE=03; "YOUR" IF RTYPE=02) race? (FILL "IS NAME" IF RTYPE=03; "ARE YOU" IF RTYPE=02):

Read list, code all that apply

       Alaska Native or American Indian 01
       Asian 02
       Black or African American................................ 03
       Native Hawaiian or Other Pacific Islander......... 04
       White.. 05
       DON'T KNOW .... d
       REFUSED... r

M21. (FILL "WERE YOU" IF RTYPE=02; "WAS NAME" IF RTYPE=03) born in the United States or in another country?

UNITED STATES... 01
OTHER (SPECIFY)↴ 02

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

M22. What language is spoken most often in (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) home?

English 01
Spanish 02
Other (SPECIFY)↴ 03

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

M23. What is the highest year or grade (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) mother finished in school?

Read list if necessary, code one answer

Less than high school diploma, with
no GED 01
High school diploma or GED............................ 02
Some college/some postsecondary
vocational courses 03
2-year or 3-year college degree (AA degree)
or vocational school diploma........................... 04
4-year college degree (BA, BS degree) 05
Some graduate work/no graduate degree 06
Graduate degree (MA, MBA, PH.D., JD, MD) .. 07
NEVER ATTENDED SCHOOL 08
SPECIAL EDUCATION................................... 09
DON'T KNOW .... d
REFUSED .... r

M24. What is the highest year or grade (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) father finished in school?

Read list if necessary, code one answer

Less than high school diploma, with
no GED 01
High school diploma or GED 02
Some college/some postsecondary
vocational courses 03
2-year or 3-year college degree (AA degree)
or vocational school diploma 04
4-year college degree (BA, BS degree) 05
Some graduate work/no graduate degree 06
Graduate degree (MA, MBA, PH.D., JD, MD) .. 07
NEVER ATTENDED SCHOOL 08
SPECIAL EDUCATION 09
DON'T KNOW .... d
REFUSED .... r

M25. Does anyone in (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) family, not counting (FILL "YOU" IF RTYPE=02; "HIM/HER" IF RTYPE=03), have a disability or health condition?

YES 01
NO 00
DON'T KNOW .... d   → *Go to M27*
REFUSED .... r

M26. Who would that be?

PROBE: What is (HIS/HER) relationship to (FILL "YOU" IF RTYPE=02; "NAME" IF RTYPE=03)?

Code all that apply
MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
UNMARRIED PARTNER OF PARENT 06
GRANDPARENT 07
BROTHER/SISTER OF (NAME) 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
(NAME'S) CHILD 11
FOSTER CHILD LIVING WITH FAMILY 12
HOUSEMATE/ROOMMATE/FRIEND 13
ROOMER/BOARDER 14
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) 15
OTHER NON-RELATIVE
(SPECIFY IN QUESTION) 16
DON'T KNOW .... d
REFUSED .... r

M27. (FILL "ARE YOU" IF RTYPE=02; "IS (NAME)" IF RTYPE=03) now married, widowed, divorced, (FILL "HAVE YOU" IF RTYPE=02; "HAS (NAME)" IF RYTPE=03) never been married or (FILL "ARE YOU" IF RTYPE=02; "IS (NAME)" IF RTYPE=03) separated?

MARRIED .... 01→ *Continue*
WIDOWED .... 02→ *Go to Part O*
DIVORCED .... 03→ *Go to Part O*
NEVER MARRIED .... 04→ *Go to Part O*
SEPARATED .... 05→ *Go to Part O*
DON'T KNOW .... d→ *Go to Part O*
REFUSED .... r→ *Go to Part O*

English Version   M-9

M28. These questions are about (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) spouse. What is (FILL "YOUR" IF RTYPE=02; "NAME'S" IF RTYPE=03) spouse's ethnic background? Is (HE/SHE):

Hispanic or Latino, or	01
Not Hispanic or Latino	02
DON'T KNOW	d
REFUSED	r

M29. What is his or her race? Is (HE/SHE):

Read list, code all that apply

Alaska Native or American Indian	01
Asian	02
Black or African American	03
Native Hawaiian or Other Pacific Islander	04
White	05
DON'T KNOW	d
REFUSED	r

M30. Was (HE/SHE) born in the United States or in another country?

UNITED STATES	01
OTHER (SPECIFY)	02
_____	
DON'T KNOW	d
REFUSED	r

M31. What is the highest year or grade (HE/SHE) finished in school?

Read list if necessary, code answer

Less than high school diploma, with
no GED 01
High school diploma or GED 02
Some college/some postsecondary
vocational courses 03
2-year or 3-year college degree (AA degree)
or vocational school diploma 04
4-year college degree (BA, BS degree) 05
Some graduate work/no graduate degree 06
Graduate degree (MA, MBA, PH.D., JD, MD) .. 07
NEVER ATTENDED SCHOOL 08
SPECIAL EDUCATION 09
DON'T KNOW .... d
REFUSED .... r

CP,YP,YX
1999 NHIS Family Core
N1.   As far as you know, would you say (NAME'S) health is excellent, very good, good, fair, or poor?

EXCELLENT 01
VERY GOOD 02
GOOD 03
FAIR... 04
POOR 05
DON'T KNOW .... d
REFUSED... r

CP,YP,YX
FACCT2 /CSHCN
N2.   These next questions are about any kind of health problems, concerns, or conditions that may affect (NAME'S) behavior, learning, growth, or physical development.

Does (NAME) need or use more **medical care, mental health, or educational services** than is usual for most (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age?

PROBE: These questions refer to a **current** condition, not a condition in the past.

YES... 01
NO... 00
DON'T KNOW .... d   → *Go to N5*
REFUSED... r

CP,YP,YX
FACCT/CSHCN
N3.   Is (NAME'S) need for medical care, mental health or educational services because of ANY medical, behavioral, or other health condition?

YES... 01
NO... 00
DON'T KNOW .... d   → *Go to N5*
REFUSED... r

English Version   N-1

N4.   Is this a condition that has lasted or is expected to last 12 months or longer?

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

N5.   Does (NAME) currently need or use **medicine prescribed by a doctor**, other than vitamins?

INTERVIEWER: THESE QUESTIONS REFER ONLY TO A CURRENT CONDITION. THE RESPONDENT SHOULD ANSWER "YES" ONLY IF THE CHILD CURRENTLY HAS A SPECIAL HEALTH CARE NEED

PROBE: Over-the-counter medication such as cold or headache medication is not included.

YES 01
NO 00
DON'T KNOW .... d   ⎤
REFUSED .... r   ⎦ ⟶ *Go to N8*

N6.   Is (NAME'S) need for prescription medicine because of ANY medical, behavioral, or other health condition?

YES 01   ⎤
NO 00
DON'T KNOW .... d   ⎥ ⟶ *Go to N8*
REFUSED .... r   ⎦

N7.   Is this a condition that has lasted or is expected to last 12 months or longer?

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

N8. Is (NAME) **limited or prevented** in any way in (HIS/HER) ability to do the things (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) of the same age can do?

PROBE: In other words, are there things (NAME) can't do as much or can't do at all that (FILL "CHILDREN" IF AGE < 17; "YOUNG PEOPLE" IF AGE IS 17+) the same age can?

```
YES ................................................................ 01
NO .................................................................. 00
DON'T KNOW ................................................... d       Go to N11
REFUSED ........................................................... r
```

N9. Is (NAME'S) limitation in abilities because of ANY medical, behavioral, or other health condition?

```
YES ................................................................ 01
NO .................................................................. 00
DON'T KNOW ................................................... d       Go to N11
REFUSED ........................................................... r
```

N10. Is this a condition that has lasted or is expected to last 12 months or longer?

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

N11. Does (NAME) need or get **special therapy**, such as physical, occupational, or speech therapy?

```
YES ................................................................ 01
NO .................................................................. 00
DON'T KNOW ................................................... d       Go to N14
REFUSED ........................................................... r
```

N12. Is (NAME'S) need for special therapy because of ANY medical, behavioral, or other health condition?

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

⎤
⎥ ➔ *Go to N14*
⎦

N13. Is this a condition that has lasted or is expected to last 12 months or longer?

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

N14. Does (NAME) need or get **treatment or counseling** for any kind of emotional, developmental, or behavioral problem?

PROBE: Treatment or counseling includes remedies, therapy or guidance a child or young person may receive for his/her health condition.
Emotional Problems such as depression or schizophrenia.
Developmental problems such as stunted growth.
Behavioral problems such as aggressive behavior or Attention Deficit Disorder, also known as A-D-D.

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

⎤
⎥ ➔ *Go to N16*
⎦

CP,YP,YX
FACCT/CSHCN

N15. Has (NAME'S) emotional, developmental or behavioral problem lasted or is it expected to last 12 months or longer?

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

CP,YP,YX
FACCT/CSHCN

N16. FACCT SCREENER DECISION (modified): Is N2=1, or N5=1, or N8=1, or N11=1, or N14=1, that is, does (NAME) have a health condition?

YES .... 01→ *Go to N19*
NO .... 00→ *Continue*

CP,YP,YX
Created

N17. Thinking back to (INSERT YEAR OF APPLICATION) when (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) family applied for Supplemental Security Income, or SSI, for (NAME), did (NAME) have a medical, behavioral, or other health condition then?

YES 01
NO 00
DON'T KNOW .... d   → *Go to N27*
REFUSED .... r

CP,YP,YX
Created

N18. What health condition or problem was that?

INTERVIEWER : PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (NAME'S) health condition?

PROBE 2: What causes this condition?

_____

GO TO N27

N19. The next questions are about any physical, mental, learning, or developmental conditions or problems that (NAME) has. As far as you know, how often does (HIS/HER) health condition or problem affect (HIS/HER) ability to do things other (FILL "CHILDREN" IF AGE <17; "YOUNG PEOPLE" IF AGE=17+) do? Would you say:

INTERVIEWER: IF THE CONDITION IS EPISODIC, FOR EXAMPLE, ASTHMA ATTACKS, RESPONDENTS SHOULD CONSIDER THE ENTIRE 12 MONTHS OF EPISODES, NOT JUST ONE SPECIFIC EPISODE.

Read list, code one answer

Never 01
Sometimes 02
Usually, or 03
Always.. 04

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

N20. Does (NAME'S) health condition or problem affect (HIS/HER) ability to do things a great deal, some, or very little?

A GREAT DEAL 01
SOME 02
VERY LITTLE... 03
DON'T KNOW .... d
REFUSED .... r

N21.   Overall, how would you rank (HIS/HER) health condition(s) or problem(s). Please pick a number between zero and ten where zero is the mildest and ten is the most severe.

INTERVIEWER: IF NAME HAS MORE THAN ONE CONDITION, THEN THE RESPONDENT SHOULD RATE THE MOST SEVERE CONDITION RATHER THAN TRYING TO AVERAGE SEVERITY ACROSS ALL OF THE CONDITIONS.

|__|__| NUMBER BETWEEN ZERO AND TEN

(NAME) DOESN'T HAVE A HEALTH
CONDITION OR PROBLEM 11
DON'T KNOW .... d
REFUSED .... r

N22.   As far as you know, which of the following statements best describes (NAME'S) health care needs?

Read list, code only one response

(NAME'S) health care needs change
all the time 01
(NAME'S) health care needs change
only once in a while 02
(NAME'S) health care needs are
usually stable 03
None of these 04

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

N23. Considering everything you just told me about, what do you consider (NAME'S) **main** health condition or problem to be?

INTERVIEWER: PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (NAME'S) health condition?
PROBE 2: What causes this condition?

Record verbatim

_____

N24. How long has (NAME) had this health condition or impairment?

NUMBER		TIME PERIOD
|___|___| (01-94)		DAYS 01
95 + ...95 ⌐		WEEKS 02
SINCE BIRTH.........96	→ *Go to N25*	MONTHS................ 03
DON'T KNOW ....d		YEARS 04
REFUSED ....r ⌙		DON'T KNOW .... d
		REFUSED ....r

N25.   Does (NAME) have any other health conditions or problems?

YES 01
NO 00
DON'T KNOW .... d   ⎬→ *Go to N27*
REFUSED .... r

N26.   What are these?

PROBE FOR SPECIFIC ANSWER. ANSWERS SUCH AS "HE'S SLOW," "DOESN'T TALK WELL," OR "IS A SPECIAL NEEDS CHILD" ARE NOT SPECIFIC ENOUGH.

PROBE 1: By what name do doctors call (NAME'S) health condition?
PROBE 2: What causes this condition?

Record verbatim

_____

N27.   In what year did (NAME) last live with you?

|___|___|___|___| YEAR (1970-2002)

NEVER LIVED WITH RESPONDENT .... n→ *Go to N31*
DON'T KNOW .... d
REFUSED .... r

N28.   Thinking back to the last year (NAME) was living with you, did (HE/SHE) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?

PROBE: I mean help beyond which most young people of the same age would need.

YES 01
NO .... 00 ⎤
DON'T KNOW .... d ⎬→ *Go to N30*
REFUSED .... r ⎦

N29. Did (NAME) need the help or supervision of other persons with ....

	YES	NO	DK	RF
A. Bathing or showering.................................	01	00	d	r
B. Dressing	01	00	d	r
C. Eating	01	00	d	r
D. Getting in or out of bed or chairs	01	00	d	r
E. (IF AGE=17+) Walking	01	00	d	r
F. (IF AGE=17+) Getting outside	01	00	d	r
G. Using the toilet, including getting to the toilet..	01	00	d	r
H. Getting around inside the home..................	01	00	d	r

N30. I'm going to read a list of items that sometimes describe young people. For each item please tell me if it was almost always true, sometimes true, not often true, or never true for (NAME) in the year (HE/SHE) (FILL "LAST LIVED WITH YOU" if RTYPE=01; "WAS INCARCERATED" if RTYPE=03).

a. (NAME) had trouble sleeping. Was that…

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04

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

b. (NAME) couldn't concentrate or pay attention for long.   Was that…

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04

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

c. (NAME) had trouble getting along with other people. Was that

Almost always true 01
Sometimes true 02
Not often true 03
Never true 04

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

N31.   What is the last grade of school, that (NAME) completed?

PROBE: This includes schooling (HE/SHE) might have received
while incarcerated.

PROBE: Before earning a GED, if (NAME) has one.

|__|__| GRADE

14........NURSERY/PRESCHOOL/
PRE-KINDERGARTEN
15........KINDERGARTEN
16........ABOVE 12th GRADE
17........SPECIAL EDUCATION
18........NOT ATTENDING
19........NAME WAS HOME SCHOOLED
d.........DON'T KNOW
r ....REFUSED

N31a. Does (NAME) have a high school diploma or GED, also known as a graduate
equivalency degree, or neither?

YES, HIGH SCHOOL DIPLOMA 01
YES, GED 02
NEITHER.. 03
DON'T KNOW .... d
REFUSED... r

N32. Now, I'd like to ask you about any job training or help that (NAME) might have received. As far as you know, prior to being incarcerated, did (NAME) receive any training in job skills, vocational education, career counseling, or help in finding a job?

PROBE: This excludes services or training (HE/SHE) might be receiving while incarcerated.

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

N33. As far as you know, has (NAME) **ever** received any training in how to do things like manage money, cook, or keep house, or any other life skills training? Do not include instruction from family members or friends.

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

N34. Now I would like to ask you about any experience (NAME) and (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) family might have had with the Supplemental Security Income, or SSI program operated by the Social Security Administration.

Has (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) household ever received an SSI benefit for (NAME)?

YES.. 01→ *Continue*
NO.. 00
DON'T KNOW .... d   → *Go to N47*
REFUSED.. r

N35t. CHECK AGE: Is (NAME)'s age…..

<18 ……… .... 01 → *Go to N42*
 18+…….. 02 → *Continue*

YP

N35. Was (NAME) receiving SSI benefits at the time of (HIS/HER) 18th birthday?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r
→ *Go to N42*

YP
Created

N36. Before (NAME) was incarcerated, was (HIS/HER) eligibility for SSI redetermined by the Social Security Administration around the time of (HIS/HER) 18th birthday using the rules for adults?

YES .... 01→ *Continue*
NO 00
REDETERMINATION PENDING 02
DON'T KNOW .... d
REFUSED .... r
→ *Go to N42*

YP
Created

N37. Did SSA make a final decision about (NAME'S) redetermination before (NAME) was incarcerated?

PROBE: By final decision, I mean did SSA notify you that (NAME'S) benefits would either continue or stop, and you decided not to appeal or completed all your appeals.

YES .... 01→ *Continue*
NO 00
DON'T KNOW .... d
REFUSED .... r
→ *Go to N39*

YP
Created

N38. What was the outcome of that redetermination? Did (NAME)…

Continue to receive SSI benefits, or .... 01→ *Go to N47*
Stop receiving SSI benefits .... 02→ *Go to N41*

DON'T KNOW .... d→ *Go to N47*
REFUSED .... r→ *Go to N47*

YP
Created

N39.   Was the final decision pending or was it under appeal?

                        PENDING...01→ *Go to N47*
                        UNDER APPEAL ....02→ *Continue*
                        DON'T KOW..d→ *Go to N47*
                        REFUSED ....r→ *Go to N47*

YP
Created

N40.   As far as you know, why did SSA make the initial decision to stop SSI benefits for (NAME)?

            Code all that apply

                        (NAME'S) INCOME TOO HIGH 01
                        (NAME'S) ASSETS TOO HIGH 02
                        DETERMINED MEDICALLY INELIGIBLE......... 03
                        DETERMINED ABLE TO WORK/ENGAGE
                        IN SUBSTANTIAL GAINFUL ACTIVITY 04
                        DID NOT FOLLOW PROGRAM RULES........... 05
                        (NAME) MARRIED/REMARRIED 06
                        (NAME) NOT IN SCHOOL/JOB TRAINING 07
                        OTHER (SPECIFY) ⌐↓.. 08

                        _____

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

                        ┌─────────────────────┐
                        │   **GO TO N46**   │
                        └─────────────────────┘

N41. As far as you know, why did (NAME) stop receiving SSI benefits at that time.

Code all that apply

(NAME'S) INCOME TOO HIGH 01
(NAME'S) ASSETS TOO HIGH 02
DETERMINED MEDICALLY INELIGIBLE......... 03
DETERMINED ABLE TO WORK/ENGAGE
IN SUBSTANTIAL GAINFUL ACTIVITY 04
DID NOT FOLLOW PROGRAM RULES........... 05
(NAME) MARRIED/REMARRIED 06
(NAME) NOT IN SCHOOL/JOB TRAINING 07
OTHER (SPECIFY) ⌐↓ 08

_____

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

```
GO TO N46
```

N42. Since January 1996 but before (NAME) was incarcerated, was there any time when (NAME) or (FILL "YOUR" if RTYPE=01; "NAME'S" if RTYPE=03) family stopped receiving SSI benefits for (HIM/HER) for more than one month?

YES... 01→ *Go to N45*
NO... 00
DON'T KNOW .... d
REFUSED .... r

N43. CHECK: Does answer to N42 agree with pre-loaded SSA information?

YES... 01→ *Go to N47*
NO... 00→ *Continue*

N44. Our records show that (NAME) stopped receiving benefits in (INSERT MONTH AND YEAR FROM PRELOADED INFORMATION), for at least a month or more. As far as you know, is that correct?

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

→ *Go to N47*

N45. Why did (NAME) lose SSI benefits (the last time this happened/ when this happened)? *Code all that apply*

PARENT'S INCOME TOO HIGH 01
PARENT'S ASSETS TOO HIGH....................... 02
(NAME'S) INCOME TOO HIGH 03
(NAME'S) ASSETS TOO HIGH 04
(NAME) DETERMINED MEDICALLY
INELIGIBLE 05
DID NOT FOLLOW PROGRAM RULES........... 06
MARRIED/REMARRIED 07
MOVED IN WITH FAMILY/OTHER PERSON... 08
OTHER (SPECIFY) 09

_____

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

N46. When (NAME) stopped receiving SSI benefits at that time, did (HE/SHE) stop receiving Medicaid benefits or (INSERT MEDICAID STATE NAME) benefits at the same time?

YES... 01
NO... 02
NAME NEVER HAD MEDICAID 03
DON'T KNOW .... d
REFUSED .... r

N47. These last questions are about (NAME). In what month and year was (NAME) incarcerated?

PROBE: Your best estimate is fine.

|___|___| MONTH |___|___|___|___| YEAR (1970-2002)
DON'T KNOW ....d
REFUSED ....r

N48. What charges is (NAME) incarcerated for?

MANDATORY PROBE: Is (NAME) incarcerated for any other charges?

Do not read list, code all that apply.

AGGRAVATED ASSAULT 01
BURGLARY 02
USE OR POSSESSION OF DRUGS 03
SALE OR MANUFACTURE OF DRUGS 04
DRUNKENNESS, LIQUOR LAWS, OR
DRIVING UNDER THE INFLUENCE 05
FRAUD..06
LARCENY OR THEFT 07
MOTOR VEHICLE THEFT OR CAR-
JACKING 08
MURDER OR MANSLAUGHTER 09
OFFENSES AGAINST FAMILY OR
CHILDREN..10
PAROLE OR PROBATION VIOLATION...........11
RAPE 12
ROBBERY 13
SEX OFFENSES (INCLUDING
PROSTITUTION AND SOLICITATION)............14
SHOPLIFTING 15
SIMPLE ASSAULT...16
STOLEN PROPERTY (EITHER BUYING,
RECEIVING, OR POSSESSION OF 17
VANDALISM 18
CARRYING OR POSSESSION OF
WEAPONS..19
OTHER (SPECIFY)..20
_____
DON'T KNOW ....d
REFUSED ....r

CP,YP,YX
Created
N49. How much time is (NAME) expected to serve?

PROBE: How long will (NAME) serve before (HE/SHE) is released?

|___|___| ENTER AMOUNT AND CODE TIME PERIOD BELOW (0-999)

WEEKS 01
MONTHS 02
YEARS... 03
HAS NOT YET BEEN SENTENCED 04
DON'T KNOW... d
REFUSED .... r

CP,YP,YX
Created
N50. Altogether, how many times has (NAME) been arrested or charged with a crime or parole violation?

|___|___| TIMES (1-99)

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

CP,YP,YX
Created
N51. Has (NAME) **ever** worked at a job or business? This includes work (NAME) may be doing while incarcerated.

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

→ *Go to N53*

CP,YP,YX
MPR
N52. In what month and year did (NAME) last work at a job or business?

|__|__| MONTH |__|__| YEAR (1970-2002)

NOW WORKING... n
DON'T KNOW .... d
REFUSED .... r

N53.   What is (NAME's) ethnic background? Is (HE/SHE):

                    Hispanic or Latino, or 01
                    Not Hispanic or Latino...................................... 02

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

N54.   What is (NAME's) race? Is (HE/SHE)....

       Read list, code all that apply

                    Alaska Native or American Indian 01
                    Asian 02
                    Black or African American................................ 03
                    Native Hawaiian or Other Pacific Islander......... 04
                    White.. 05

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

N55. Was (HE/SHE) born in the United States or in another country?

                    UNITED STATES... 01
                    OTHER (SPECIFY) ⌐↓ 02
       _____
                    DON'T KNOW .... d
                    REFUSED .... r

N56. Finally, what language is spoken most often in (FILL "YOUR" if RTYPE=01;
      "NAME'S" if RTYPE=03) home?

                    ENGLISH 01
                    SPANISH 02
                    OTHER (SPECIFY) ⌐↓ 03
       _____
                    DON'T KNOW .... d
                    REFUSED .... r

                    ┌─────────────────────────┐
                    │   **GO TO PART O**   │
                    └─────────────────────────┘

CP, YP, YA, YX

O1a. That concludes this interview. In case I need to contact you again to verify some information; what is your name, address and the best telephone number with which to reach you?

NAME:_____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

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

DON'T KNOW .... d

REFUSED .... r

CP, YP, YA, YX

O1b. What is the name and address of the person to whom we should send the $10.00 (FILL "CHECK" IF INCENTIVE TYPE=01; FILL " DEBIT CARD" IF   INCENTIVE TYPE=02; FILL " PHONE CARD" IF INCENTIVE TYPE=03)?

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|

DON'T KNOW .... d

REFUSED .... r

CP, YP, YA, YX

O1c. (SKIP TO O2 IF INCENTIVE TYPE=02 OR 03)   And would you like the check made out to you or someone else?

MAKE CHECK OUT TO NAME BELOW........... 01→ *Go to O2*

MAKE CHECK OUT TO DIFFERENT

PERSON 02

DON'T KNOW .... d

REFUSED .... r

O1d. What is that person's address and telephone number?

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|

DON'T KNOW .... d

REFUSED .... r

O2. Finally, in about two years the Social Security Administration may wish to contact you again to follow-up with (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) health and other circumstances. In case we have trouble reaching you, what is the name, address and phone number of two close relatives or friends who are likely to know (FILL "NAME'S" IF RTYPE=01,03; "YOUR" IF RTYPE=02) location in the future?

CONTACT PERSON 1

NAME:_____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|

NO CONTACT PERSON 01

DON'T KNOW .... d

REFUSED .... r

How is that person related to (FILL "NAME" IF RTYPE=01,03; "YOU" IF RTYPE=02), if at all?

MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
UNMARRIED PARTNER OF PARENT 06
GRANDPARENT OF (NAME) 07
BROTHER/SISTER (NATURAL/STEP) OF
(NAME) 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) 15
NOT RELATED (SPECIFY IN QUESTION) 16
STAFF AT RESIDENCE 17
DON'T KNOW .... d
REFUSED .... r

CONTACT PERSON 2

NAME:_____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: (|___|___|___|) |___|___|___| - |___|___|___|___|

NO CONTACT PERSON 01
DON'T KNOW .... d
REFUSED .... r

How is that person related to (FILL "NAME" IF RTYPE=01, 03; "YOU" IF RTYPE=02), if at all?

MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
UNMARRIED PARTNER OF PARENT 06
GRANDPARENT OF (NAME) 07
BROTHER/SISTER (NATURAL/STEP) OF
(NAME) 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) 15
NOT RELATED (SPECIFY IN QUESTION) 16
STAFF AT RESIDENCE 17
DON'T KNOW .... d
REFUSED .... r

THANK YOU VERY MUCH!

Record stop time.
INTERVIEWER OBSERVATIONS: (DO NOT READ)

CP, YP, YA, YX
O3.   Who was the respondent to this interview?

Code only one

PARENT/GUARDIAN OF (NAME) .... 01→ *Go to O7*
NAME HIMSELF/HERSELF .... 02→ *Continue*
PROXY FOR NAME .... 03→ *Go to O5*

CP, YP, YA, YX
O4.   Was the respondent assisted by anyone during this interview? That is, did anyone help the respondent in interpreting the questions or giving answers?

YES .... 01→ *Continue*
NO .... 02→ *Go to O7*

O5. How is the assistant/proxy related to (NAME)?

If more than one assistant or proxy, indicate the relationship of the one you consider to be the main assistant or proxy.

MOTHER (BIOLOGICAL OR ADOPTIVE) 02
FATHER (BIOLOGICAL OR ADOPTIVE) 03
STEP-PARENT OF (NAME) 04
FOSTER PARENT OF (NAME) 05
UNMARRIED PARTNER OF PARENT 06
GRANDPARENT OF (NAME) 07
BROTHER/SISTER (NATURAL/STEP) OF
(NAME) 08
AUNT/UNCLE OF (NAME) 09
(NAME'S) SPOUSE 10
(NAME'S) CHILD 11
FOSTER CHILD LIVING WITH FAMILY 12
HOUSEMATE/ROOMATE/FRIEND 13
ROOMATE/BOARDER 14
OTHER RELATIVE OF (NAME)
(SPECIFY IN QUESTION) 15
OTHER NON-RELATIVE
(SPECIFY IN QUESTION) 16
STAFF AT RESIDENCE 17
DON'T KNOW .... d
REFUSED .... r

O6.   Why was an assistant/proxy needed?

Code all that apply

(NAME) DIDN'T KNOW HOW TO ANSWER
SOME QUESTIONS 01
(NAME) HOSPITALIZED 02
(NAME) INSTITUTIONALIZED 03
(NAME) HAS HEARING PROBLEM 04
(NAME) HAS SPEECH PROBLEM.................. 05
(NAME) HAS LANGUAGE PROBLEM............. 06
(NAME) HAS POOR MEMORY OR
CONFUSION.. 07
(NAME) HAS OTHER MENTAL CONDITION ... 08
(NAME) HAS PHYSICAL ILLNESS OR
DISABILITY.. 09
OTHER NON-HEALTH RELATED
REASON (SPECIFY)..................................... 10

_____
DON'T KNOW .... d

O7.   Do you feel the respondent was intellectually capable of responding?

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

O8.   Do you feel the respondent's answers were reasonably accurate?

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

O9.   Do you feel the respondent understood the questions?

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

O10.   How tiring did the interview seem to be for the respondent?

VERY TIRING 01

A LITTLE TIRING.. 00

NOT TIRING .... d

O11.   Did the respondent have difficulty hearing you during the interview?

YES.. 01

NO.. 00→ *End Interview*

DON'T KNOW .... d→ *End Interview*

O12.   Do you feel the respondent's hearing difficulty affected the interview?

YES.. 01

NO.. 00

DON'T KNOW .... d