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

24 Month Follow-Up Survey Instrument

October 10, 2003

Submitted to:

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

24 Month Follow-Up Questionnaire

Paperwork Reduction Act Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to this collection of information, unless it displays a currently valid OMB control number. Sample members' obligation to reply to this survey is voluntary. Public burden for this survey is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information.

Privacy Act Statement

In compliance with the Privacy Act of 1974, the following information is being provided to you: The questions asked on these forms are authorized by Public Law 105-33, the Balanced Budget Act of 1997, which authorized the Welfare-to-Work program and an evaluation of it. The evaluation contractor, Mathematica Policy Research, Inc., will use the information you provide to study the effects of the program, and to recontact you later. Your Social Security Number will enable us to collect information from the Welfare-to-Work program and other government agencies about your participation in assistance programs and in employment. Your Social Security Number will not be used for any other purpose, and providing it is voluntary. The information you provide will not affect your eligibility for any federal, state, or local government program or receipt of benefits from such programs. The information you provide will be kept confidential and the answers you give will not be identified as yours in any published material.

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

WHAT IS THE STUDY ABOUT?

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

WHO IS SPONSORING THIS STUDY?

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

WHO IS CONDUCTING THIS STUDY?

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

HOW WAS I SELECTED FOR THE STUDY?

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

WHY SHOULD I PARTICIPATE IN THE STUDY?

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

WHAT IS THE SIGNIFICANCE OF THE PAST 12 MONTHS?

You completed an interview approximately 12 months ago and we'd like to follow up with you. We want to find out how people have been doing in employment and other ways since they entered the study.

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

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

WHAT KINDS OF INFORMATION WILL BE COLLECTED IN THE SURVEY?

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

HOW LONG WILL THE SURVEY TAKE?

The survey should take about 45 minutes to complete.

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

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

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

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

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

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

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

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

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

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TIME STARTED: _ :	AM01 PM02
DATE OF INTERVIEW: _ / / Month Day Year	PW02

A. INTRODUCTION/SCREENER

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

[INTRO FOR 12 MONTH STATUS ≠ 01, 02, 03] INTRO FOR THOSE WHO DID NOT COMPLETE 12 MONTH FOLLOW-UP:

A2a.

A2b.

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

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

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

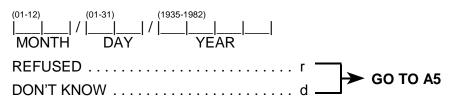
[INTRO FOR 12 MONTH STATUS = 01, 02, 03] INTRO FOR THOSE WHO COMPLETED 12 MONTH FOLLOW-UP:

My name is [NAME] and I'm from Mathematica Policy Research, Inc., a research company in Princeton, New Jersey. You may remember that we completed an interview with you a while ago to learn about the experiences of people who are trying to get jobs and improve their lives. We'd like to do another interview, this time about your experiences in the past 12 months. The interview will take about 45 minutes and **you will receive \$20** for completing the interview. Everything that you tell me is completely confidential.

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

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

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



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

A4.	INTERVIEWER: CHECK A3 ON THE CONTACT SHEET. DOES THE DIN A3 MATCH THE DOB ON THE CONTACT SHEET?	ОВ
	YES	A8
	NO/NO DOB ON CONTACT SHEET 00	
A5.	And what are the last 4-digits of your Social Security number?	
	DON'T KNOW	
A6.	INTERVIEWER: CHECK A5 ON THE CONTACT SHEET. DO THE LAS 4 DIGITS OF THE SSN IN A5 MATCH THE SSN ON TI CONTACT SHEET?	
	YES	A8
	NO/NO SSN ON CONTACT SHEET 00 → GO TO	A7
A7.	I'm sorry. I need to check my records before I can interview you. Is this best time to reach you in the future?	s the
	YES	TERMINATE. ND DATE ON
	NO	ND DATE ON
A8.	Are you male or female?	
	CODE WITHOUT ASKING IF KNOWN.	
	MALE	
	FEMALE 02	
	DON'T KNOW d	
	REFUSEDr	

B. RECEIPT OF SERVICES IN THE PAST YEAR

A. TYPE OF SERVICE	В.	C.	D.
ASK QUESTIONS IN COLUMN A FIRST. THEN GO TO B3a. B1. Now I would like to ask you a few questions about classes or meetings you have had during the past 12 months to help you get ready for employment, find work, or stay employed. This would be since [MONTH/ YEAR, ONE YEAR AGO].	FREQUENCY The next questions are about the service(s) you received during the past 12 months. ASK FOR EACH "YES" IN COLUMN A.	DURATION	How useful was this service in helping you find or keep a job? Was it very useful, somewhat useful or not useful at all?
B1a. During the past 12 months, have you attended any job readiness training or classes to help you prepare for working, such as, how to get along with people at work, dress for a job, or stick to a work schedule? YES 01 NO 00 DON'T KNOW d REFUSED r	How often have you attended job readiness training? ONCE A WEEK	For how many weeks or months? ENTER NUMBER → □ WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B4) DON'T KNOW d REFUSED r
B2. During the past 12 months, have you received any job search or placement services such as, help writing your resume or finding a job opening, getting a better job, or arranging a job with an employer? YES 01 NO 00 DON'T KNOW d REFUSED r	How often have you received job search or placement services? ONCE A WEEK	For how many weeks or months? ENTER NUMBER → WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B4) DON'T KNOW d REFUSED r
B3. During the past 12 months, have you attended life skills classes or classes on how to manage your own life while you are working, such as, how to manage money, use public transportation, or balance your job and family responsibilities? YES 01 NO 00 DON'T KNOW d REFUSED r	How often have you attended life skills classes? ONCE A WEEK	For how many weeks or months? ENTER NUMBER → □ WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 GO TO B4 DON'T KNOW d REFUSED r
B3a. INTERVIEWER: IS B1a, B2, YES		OR EACH "YES" IN (COLUMN A

A. TYPE OF SERVICE	В.	C.	D.
ASK QUESTIONS IN COLUMN A FIRST. THEN FOR EACH "YES," ASK QUESTIONS IN COLUMNS B-D.	FREQUENCY The next questions are about the service(s) you received during the past 12 months. ASK FOR EACH "YES" IN COLUMN A.	DURATION	How useful was this service in helping you find or keep a job? Was it very useful, somewhat useful or not useful at all?
B4. During the past 12 months, have you received any mental health services?	How often have you received mental health services?	For how many weeks or months?	
YES 01 NO	ONCE A WEEK	ENTER NUMBER → □ WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B13) DON'T KNOW d REFUSED r
B5. Have you received any substance abuse treatment?	How often have you received substance abuse treatment?	For how many weeks or months?	
B6. Aside from mental health services or substance abuse treatment, have you received any other medical attention to correct physical conditions so that you could work? PROBE: Like problems with your eyes, dental problems, or back problems. PROBE: Like problems with your eyes, dental problems.	ONCE A WEEK	Lenter Number WEEKS (01-78) MONTHS (01-18) For how many months? MONTHS Lenter Lent	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B13) DON'T KNOW d REFUSED r VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B13) DON'T KNOW d
	FIVE TO TEN TIMES	⇒ GO TO D	REFUSED r
B7. Have you received any legal assistance?	How often have you received legal assistance?	For how many weeks or months?	
PROBE: Help from an attorney, legal aide, or help paying for these types of services. PROBE: Help from an attorney, legal aide, or help paying for these types of services. DON'T KNOW d REFUSED r	ONCE A WEEK	ENTER NUMBER Description WEEKS (01-78) Description MONTHS (01-18) For how many months? Description MONTHS (01-18) Description Graph Months (01-18) Description Months (01-18)	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B13) DON'T KNOW d REFUSED r

A. TYPE OF SERVICE		B.	C.	D.
	QUESTIONS IN COLUMN A FIRST. THEN FOR EACH ," ASK QUESTIONS IN COLUMNS B-D.	FREQUENCY The next questions are about the service(s) you received during the past 12 months. ASK FOR EACH "YES" IN COLUMN A.	DURATION	How useful was this service in helping you find or keep a job? Was it very useful, somewhat useful or not useful at all?
B8a.	During the past 12 months, have you ever talked with a caseworker or counselor for help or encouragement about problems in your personal life or at work? YES 01 NO 00 DON'T KNOW d REFUSED r	How often have you talked with a caseworker or counselor for help or encouragement about problems in your personal life or at work? ONCE A WEEK	For how many weeks or months? ENTER NUMBER → □ WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B13) DON'T KNOW d REFUSED r
B9.	Have you gone to any peer support groups or discussion groups with other people who are in situations like yours? PROBE: During the past 12 months. NO	How often have you attended peer support groups or discussion groups? ONCE A WEEK	For how many weeks or months? ENTER NUMBER → □ WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 (GO TO NEXT "YES" IN COLUMN A, OR B13) DON'T KNOW d REFUSED r
B10.	During the past 12 months, has a caseworker or counselor done any mediation, where they actually talk to someone like your employer or landlord, to help work out problems you were having? YES 01 NO 00 DON'T KNOW d REFUSED r	How often has a caseworker or counselor done mediation to help work out problems you were having? ONCE A WEEK	For how many weeks or months? ENTER NUMBER → □ WEEKS (01-78) □ MONTHS (01-18) For how many months? → MONTHS (01-18) → GO TO D	VERY USEFUL 01 SOMEWHAT USEFUL 02 NOT USEFUL AT ALL . 03 DON'T KNOW d REFUSED r

B11. NO B11 THIS VERSION.

B12. NO B12 THIS VERSION.

B13. Next, I'd like to know if there were any services that you did **not** get, or did not get enough of, that would have helped you find or keep a job. These could include the services we just talked about, or some others. During the past 12 months, what services would have been useful to you? **CIRCLE ALL THAT APPLY**.

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

B14.	INTERVIEWER:	IS MORE THAN ONE SERVICE CIRCLED IN B13 ABOVE (CODES 01-16)?
		YES 01
		NO

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



C. CURRENT HOUSING ARRANGEMENT, HOUSEHOLD STRUCTURE AND CHILDREN

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

<u>CIRC</u>	LE ONE (<u>ONLY</u>
OWN	01 →	GO TO C7
RENT	02	
STAY WITH A FRIEND	03	
STAY WITH A RELATIVE	04	
LIVE IN A GROUP HOME/ HALFWAY HOUSE	05 →	GO TO C4
LIVE IN A LONG-TERM HOMELESS SHELTER	06 —	
LIVE IN AN EMERGENCY HOUSING SHELTER (INCLUDING DOMESTIC VIOLENCE SHELTER)	→	► GO TO C10
INCARCERATED	08	
HOMELESS AND LIVING ON THE STREET	09 →	GO TO C13
OTHER (SPECIFY)	10	
DON'T KNOW	 d	
REFUSED	r	

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

YES	. 01 → GO TO C4
NO	. 00
DON'T KNOW	. d
REFUSED	. r

C3.	Does a government public housing authority own the building where you live?
	YES01
	NO 00
	DON'T KNOW d
	REFUSEDr
	GO TO C5
C4.	Do you have to pay anything to live there?
	YES01
	NO
	DON'T KNOW d 🗻 GO TO C9
	REFUSEDr
C4a.	In [LAST MONTH], what was your share of the housing costs including anything you paid for rent or utilities?
	PROBE: Your best estimate is fine.
	\$, _ (0005-1000)
	DON'T KNOW d
	REFUSEDr
	GO TO C9

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

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

PROBE: Your best estimate is fine.

\$, (0050-3500)		
ZERO		İ
DON'T KNOW	d	→ GO TO C9
REFUSED	r	

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

PROBE: Your best estimate is fine.

\$, (0005-3500)
ZERO 00
DON'T KNOW d
REFUSEDr

GO TO C9

C7.	The next questions determine what your household spends on housing and what your share of the cost is.
	First, in [LAST MONTH], what was the overall housing cost for you and the

taxes, and any utilities, such as gas, heat or electricity.

people living with you. Please include mortgage, home insurance, property

PROBE: Your best estimate is fine.

\$, (0050-3500)		
ZERO	00—	1
DON'T KNOW	d	→ GO TO C9
REFUSED	r	J

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

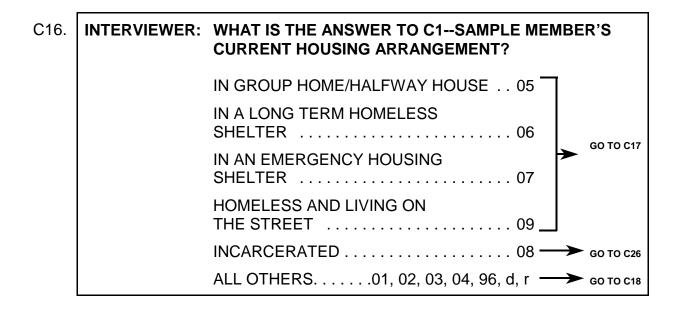
PROBE: Your best estimate is fine.

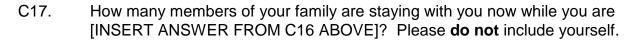
C9. (In addition to paying money,) Do you "pay" for any of your housing in some other way? This could be by doing chores, caring for a child or sick relative, paying bills, or contributing food or other items.

YES 01
NO 00
DON'T KNOW d
REFUSEDr

C10.	_	neless and living on the street at any time during the past ean times when you actually had no place to stay, not even
	PROBE: During th	e past 12 months, that is, since [MONTH/YEAR].
	NO DON'T	
C11.	NO C11 THIS VER	SION.
C12.	INTERVIEWER:	DOES SM CURRENTLY LIVE IN A SHELTER? DOES C1 EQUAL (06) OR (07)?
		YES

C13.	Have you lived in a homeless shelter, emergency shelter, or a domestic violence shelter at any time during the past 12 months?
	YES
C14.	NO C14 THIS VERSION.
C15.	How many times have you changed where you were living or staying during the past 12 months? (Do not count any places you stayed while you were homeless and living on the street.)
	INTERVIEWER: CODE 99 MOVES OR MORE AS "99".
	NUMBER OF TIMES MOVED
	DON'T KNOW d REFUSED r





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

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

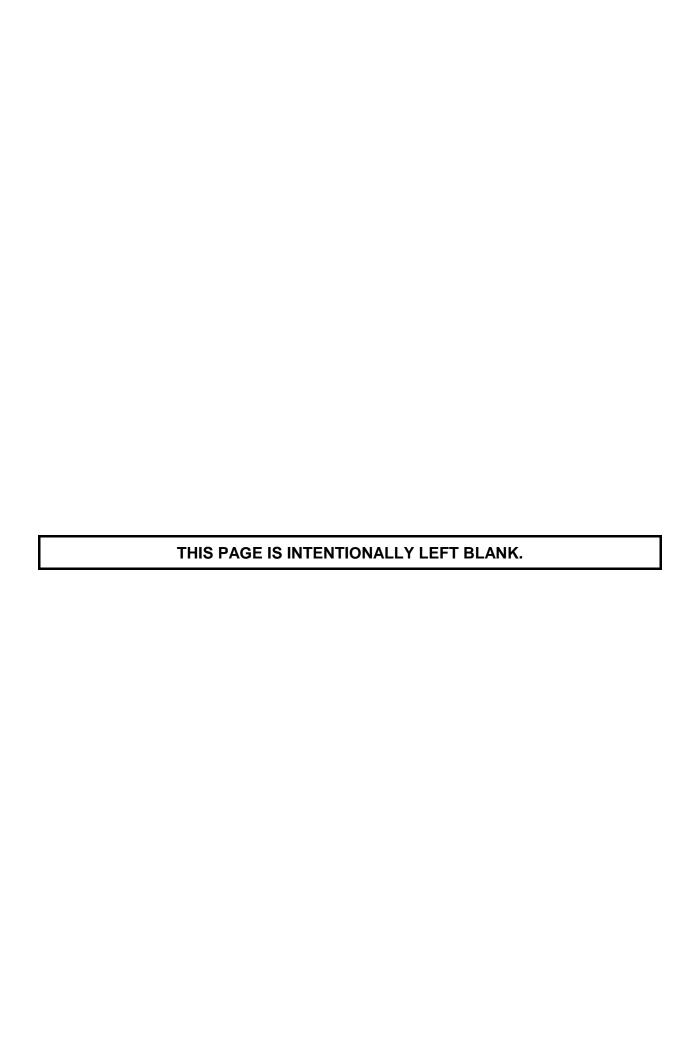
|___| NUMBER OF FAMILY MEMBERS (01-15) IN HOUSEHOLD (EXCLUDING SM) \rightarrow **GO TO C19**

NONE/NO OTHER FAMILY MEMBERS/ SAMPLE MEMBER IS ALONE 00 → GO TO C25

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

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

NONE/NO OTHER PEOPLE/ SAMPLE MEMBER LIVES ALONE $00 \rightarrow$ **GO TO C25**



HOUSEHOLD GRID

		PERSON 1	PERSON 2	PERSON 3
C19.	Please tell me the first name or initials of everyone who is currently living or staying with you. PROBE: Any others?			
	RECORD FIRST NAMES ACROSS THE TOP OF THE GRID FIRST. THEN ASK C20-C24 DOWN FOR EACH NAME.	FIRST NAME #1	FIRST NAME #2	FIRST NAME #3
C20.	What is [NAME]'s relationship to you?	NATURAL OR ADOPTED CHILD 01	NATURAL OR ADOPTED CHILD 01	NATURAL OR ADOPTED CHILD 01
	CODE COHABITEE'S CHILD AND ANY OTHER CHILD WHO IS NOT NATURAL, ADOPTED OR STEP, BUT FOR WHOM THE SAMPLE MEMBER TAKES RESPONSIBILITY, AS "OTHER CUSTODIAL CHILD."	STEPCHILD 02 OTHER CUSTODIAL CHILD/FOSTER CHILD 03 PARENT 04 STEPPARENT 05 AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06 GRANDPARENT/GREAT- GRANDPARENT 07	STEPCHILD 02 OTHER CUSTODIAL 0 CHILD/FOSTER 03 PARENT 04 STEPPARENT 05 AUNT/UNCLE/GREAT AUNT/ 06 GRANDPARENT/GREAT- 07	STEPCHILD 02 OTHER CUSTODIAL CHILD/FOSTER CHILD 03 PARENT 04 STEPPARENT 05 AUNT/UNCLE/GREAT AUNT/GREAT UNCLE 06 GRANDPARENT/GREAT-GRANDPARENT 07
		GRANDCHILD/GREAT GRANDCHILD 08 BROTHER/SISTER 09 NEPHEW/NIECE 10 COUSIN 11 SPOUSE 12 BOYFRIEND/GIRLFRIEND/PARTNER (COHABITEE) 13 OTHER RELATIVE OR IN-LAW 14	GRANDCHILD/GREAT GRANDCHILD 08 BROTHER/SISTER 09 NEPHEW/NIECE 10 COUSIN 11 SPOUSE 12 BOYFRIEND/GIRLFRIEND/PARTNER (COHABITEE) 13 OTHER RELATIVE OR 11	GRANDCHILD/GREAT GRANDCHILD 08 BROTHER/SISTER 09 NEPHEW/NIECE 10 COUSIN 11 SPOUSE 12 BOYFRIEND/GIRLFRIEND/PARTNER (COHABITEE) 13 OTHER RELATIVE OR 14 NON DEL ATIVE (COLUMNIC) 14
		NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15 DON'T KNOW d REFUSED r	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15 DON'T KNOW d REFUSED r	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15 DON'T KNOW d REFUSED r
C21.	ASK OR VERIFY: Is [NAME] male or female?	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r
C22.	How old is [NAME]? PROBE: Your best estimate is fine. CODE 5 WEEKS OR LESS AS 1 MONTH.	YEARS → GO TO C24 (01-98) OR _ _ MONTHS → GO TO C24 (01-35) 99 YEARS OR OLDER(GO TO C24) 99 DON'T KNOW	YEARS → GO TO C24 (01-98) OR _ _ MONTHS → GO TO C24 (01-35) 99 YEARS OR OLDER(GO TO C24) 99 DON'T KNOW	YEARS → GO TO C24 (01-98) OR _ MONTHS → GO TO C24 (01-35) 99 YEARS OR OLDER(GO TO C24)99 DON'T KNOW
C23.	Is [NAME]			
	INTERVIEWER: PROBE, THIS QUESTION IS CRITICAL. USE CODE 03 ONLY IF SAMPLE MEMBER DOES NOT KNOW EXACT AGE UNDER 14.	age 4 or less,	age 4 or less,	age 4 or less,
C24.	INTERVIEWER, CHECK C19: IS THERE ANOTHER PERSON TO ASK ABOUT?	YES(GO TO C20, PERSON #2) 01	YES(GO TO C20, PERSON #3) 01	YES(GO TO C20, PERSON #4) 01
		NO (GO TO C25) 00	NO (GO TO C25) 00	NO (GO TO C25) 00

HOUSEHOLD GRID

PERSON <u>4 </u>	PERSON <u>5</u>	PERSON <u> 6 </u>	PERSON 7
FIRST NAME #4	FIRST NAME #5	FIRST NAME #6	FIRST NAME #7
NATURAL OR ADOPTED CHILD	NATURAL OR ADOPTED CHILD	NATURAL OR ADOPTED CHILD	NATURAL OR ADOPTED CHILD
STEPCHILD	STEPCHILD	STEPCHILD	STEPCHILD
OTHER CUSTODIAL CHILD/FOSTER CHILD	OTHER CUSTODIAL CHILD/FOSTER CHILD	OTHER CUSTODIAL CHILD/FOSTER CHILD	OTHER CUSTODIAL CHILD/FOSTER CHILD
PARENT	PARENT	PARENT	PARENT
STEPPARENT	STEPPARENT	STEPPARENT	STEPPARENT 05
AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE
GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT	GRANDPARENT/GREAT- GRANDPARENT 07
GRANDCHILD/GREAT GRANDCHILD	GRANDCHILD/GREAT GRANDCHILD08	GRANDCHILD/GREAT GRANDCHILD	GRANDCHILD/GREAT GRANDCHILD
BROTHER/SISTER 09	BROTHER/SISTER 09	BROTHER/SISTER 09	BROTHER/SISTER 09
NEPHEW/NIECE 10	NEPHEW/NIECE 10	NEPHEW/NIECE 10	NEPHEW/NIECE 10
COUSIN 11	COUSIN	COUSIN	COUSIN
SPOUSE 12	SPOUSE 12	SPOUSE 12	SPOUSE 12
BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13
OTHER RELATIVE OR IN-LAW	OTHER RELATIVE OR IN-LAW	OTHER RELATIVE OR IN-LAW	OTHER RELATIVE OR IN-LAW
NON-RELATIVE (EXCLUDING ROOMER/BOARDER)	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r	REFUSEDr
MALE 01	MALE 01	MALE 01	MALE 01
FEMALE	FEMALE	FEMALE	FEMALE
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSEDr	REFUSEDr	REFUSEDr
_ YEARS → GO TO C24 (01-98)	YEARS → GO TO C24 (01-98)	YEARS → GO TO C24 (01-98)	YEARS → GO TO C24 (01-98)
OR _ MONTHS → GO TO C24 (01-35)	OR _ MONTHS → GO TO C24 (01-35)	OR _ MONTHS → GO TO C24 (01-35)	OR _ MONTHS → GO TO C24 (01-35)
99 YEARS OR OLDER(GO TO C24) 99 DON'T KNOW d REFUSED r	99 YEARS OR OLDER(GO TO C24)99 DON'T KNOW	99 YEARS OR OLDER(GO TO C24)99 DON'T KNOW	99 YEARS OR OLDER(GO TO C24)99 DON'T KNOW
NEI OOLD	KLI 03LD	NEI 00LD	NEI 00LD
age 4 or less,	age 4 or less,	age 4 or less,	age 4 or less,
14 to 17, 04 18 to 64, or 05 65 or older? 06	14 to 17, 04 18 to 64, or 05 65 or older? 06	14 to 17, 04 18 to 64, or 05 65 or older? 06	14 to 17, 04 18 to 64, or 05 65 or older? 06
YES (GO TO C20, PERSON #5) 01	YES(GO TO C20, PERSON #6) 01	YES(GO TO C20, PERSON #7) 01	YES(GO TO C20, PERSON #8)

HOUSEHOLD GRID

		HOUSEHOLD GR	עוט	
		PERSON 8	PERSON 9	PERSON 10
C19.	Please tell me the first name or initials of everyone who is currently living or staying with you.			
	PROBE: Any others?	FIRST NAME #0	FIRST NAME #0	FIDOT NAME #40
	RECORD FIRST NAMES ACROSS THE TOP OF THE GRID <u>FIRST</u> . THEN ASK C20-C24 <u>DOWN</u> FOR EACH NAME.	FIRST NAME #8	FIRST NAME #9	FIRST NAME #10
C20.	What is [NAME]'s relationship to you?	NATURAL OR ADOPTED CHILD01	NATURAL OR ADOPTED CHILD 01	NATURAL OR ADOPTED CHILD 01
	CODE COHABITEE'S CHILD AND ANY OTHER CHILD WHO IS NOT NATURAL.	STEPCHILD 02	STEPCHILD 02	STEPCHILD 02
	ADOPTED OR STEP, BUT FOR WHOM THE SAMPLE MEMBER TAKES RESPONSIBILITY, AS "OTHER	OTHER CUSTODIAL CHILD/FOSTER CHILD	OTHER CUSTODIAL CHILD/FOSTER CHILD	OTHER CUSTODIAL CHILD/FOSTER CHILD
	CUSTODIAL CHILD."	PARENT	PARENT	PARENT
		STEPPARENT 05	STEPPARENT 05	STEPPARENT 05
		AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06	AUNT/UNCLE/GREAT AUNT/ GREAT UNCLE 06
		GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT 07	GRANDPARENT/GREAT- GRANDPARENT 07
		GRANDCHILD/GREAT GRANDCHILD 08	GRANDCHILD/GREAT GRANDCHILD	GRANDCHILD/GREAT GRANDCHILD
		BROTHER/SISTER 09	BROTHER/SISTER 09	BROTHER/SISTER 09
		NEPHEW/NIECE	NEPHEW/NIECE	NEPHEW/NIECE 10
		COUSIN	COUSIN	COUSIN
		BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/PARTNER (COHABITEE) 13	BOYFRIEND/GIRLFRIEND/ PARTNER (COHABITEE) 13
		OTHER RELATIVE OR IN-LAW	OTHER RELATIVE OR IN-LAW	OTHER RELATIVE OR IN-LAW
		NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15	NON-RELATIVE (EXCLUDING ROOMER/BOARDER) 15
		DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
C21.	ASK OR VERIFY: Is [NAME] male or female?	MALE 01	MALE 01	MALE 01
	remale:	FEMALE	FEMALE	FEMALE
		DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSEDr	REFUSEDr
C22.	How old is [NAME]?	YEARS → GO TO C24 (01-98)	YEARS → GO TO C24 (01-98)	YEARS → GO TO C24 (01-98)
	PROBE: Your best estimate is fine.	OR	OR	` OR´
	CODE 5 WEEKS OR LESS AS 1 MONTH.	MONTHS → GO TO C24 (01-35)	_ MONTHS → GO TO C24 (01-35)	MONTHS → GO TO C24 (01-35)
		99 YEARS OR	99 YEARS OR OLDER(GO TO C24) 99	99 YEARS OR OLDER(GO TO C24) 99
		OLDER (GO TO C24) 99 DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSEDr	REFUSEDr
C23.	Is [NAME]			
	INTERVIEWER: PROBE, THIS QUESTION IS CRITICAL.	age 4 or less,	age 4 or less,	age 4 or less,
	USE CODE 03 ONLY IF SAMPLE MEMBER DOES NOT KNOW EXACT AGE UNDER 14.	14 to 17,	14 to 17,	14 to 17,
C24.	INTERVIEWER, CHECK C19: IS THERE	YES(GO TO C20, PERSON #9)	YES(GO TO C20, PERSON #10) 01	00 of older:
	ANOTHER PERSON TO ASK ABOUT?	,	,	GO TO C25
		NO (GO TO C25) 00	NO (GO TO C25) 00	

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

C25.	[Besides the (child/children) we've already talked about,] Do you have any children who do not live with you now? Please include only children who are currently under age 18.
	YES
	NO
	DON'T KNOW d GO TO E1
	REFUSEDr
C26.	The next questions are about any children you may have and where they are living.
	Do you have any children who are currently under age 18?
	YES01
	NO 00
	DON'T KNOW d GO TO E1
	REFUSEDr
C26a.	How many children do you have under age 18?
	NUMBER OF CHILDREN UNDER 18
	DON'T KNOW d
	REFUSEDr
	GO TO C27

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

|___| NUMBER OF CHILDREN UNDER 18

CHILDREN-OUT-OF-HOUSEHOLD GRID

			CHILD 11	CHILD 12	CHILD 13
C27.	C27. Please tell me the first name(s) or initials of [that child/each of those children].				
	THE TOP O	AMES ACROSS IF THE GRID EN ASK C28-C34 R EACH CHILD.	CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME
C28.	C28. How old is [CHILD]? CODE 5 WEEKS OR LESS		YEARS → GO TO C30 (01-17)	YEARS → GO TO C30 (01-17)	YEARS → GO TO C30 (01-17)
	AS 1 MONT	Ή.	OR	OR	OR
			_ MONTHS → GO TO C30 (01-35)	_ MONTHS → GO TO C30 (01-35)	MONTHS → GO TO C30 (01-35)
			DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r
C29.	Would you s	say [CHILD]	under 2 years,	under 2 years,	under 2 years,
C30.	ASK OR VE [CHILD] ma	ERIFY: Is le or female?	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r
C31.	Where or wi (he/she) cur	th whom does rently live?	CHILD'S BIOLOGICAL FATHER/MOTHER 01	CHILD'S BIOLOGICAL FATHER/MOTHER 01	CHILD'S BIOLOGICAL FATHER/MOTHER 01
		Who has primary responsibility for	CHILD'S GRANDPARENTS 02	CHILD'S GRANDPARENTS 02	CHILD'S GRANDPARENTS 02
	PROBE2:	(him/her) now? Can I read	CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 03	CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 03	CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 03
		some answer categories for you?	OTHER ADULT RELATIVE OF CHILD	OTHER ADULT RELATIVE OF CHILD	OTHER ADULT RELATIVE OF CHILD
			SOME OTHER ADULT 05	SOME OTHER ADULT 05	SOME OTHER ADULT 05
	INTERVIEWER: USE PROBES. THIS IS A CRITICAL QUESTION.	ADOPTIVE PARENTS (GO TO C34) 06	ADOPTIVE PARENTS (GO TO C34) 06	ADOPTIVE PARENTS (GO TO C34) 06	
	CIRCLE ON		FOSTER CARE(GO TO C34) . 07	FOSTER CARE(GO TO C34) . 07	FOSTER CARE(GO TO C34) . 07
	CODE COLLEGE AND MILITARY AS 09.		GROUP HOME (GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND (GO TO C34) . 09	GROUP HOME (GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND (GO TO C34) . 09	GROUP HOME (GO TO C34) . 08 ON HIS/HER OWN/ LIVING WITH A FRIEND (GO TO C34) . 09
			INCARCERATED	INCARCERATED (GO TO C34) . 10	INCARCERATED(GO TO C34) . 10

CHILDREN-OUT-OF-HOUSEHOLD GRID

CHILD 14	CHILD 15	CHILD 16	CHILD 17
CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME
_ YEARS → GO TO C30 (01-17)	YEARS → GO TO C30	YEARS → GO TO C30 (01-17)	YEARS → GO TO C30
OR	OR	OR	OR
_ MONTHS → GO TO C30 (01-35)	MONTHS → GO TO C30 (01-35)	MONTHS → GO TO C30 (01-35)	MONTHS → GO TO C30 (01-35)
DON'T KNOW d REFUSED	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r
under 2 years,	under 2 years,	under 2 years,	under 2 years,
MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r	MALE 01 FEMALE 02 DON'T KNOW d REFUSED r
CHILD'S BIOLOGICAL FATHER/MOTHER 01	CHILD'S BIOLOGICAL FATHER/MOTHER 01	CHILD'S BIOLOGICAL FATHER/MOTHER 01	CHILD'S BIOLOGICAL FATHER/MOTHER 01
CHILD'S GRANDPARENTS 02	CHILD'S GRANDPARENTS 02	CHILD'S GRANDPARENTS 02	CHILD'S GRANDPARENTS 02
CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE	CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 03	CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE03	CHILD'S AUNT, UNCLE, GREAT-AUNT, OR GREAT-UNCLE 03
OTHER ADULT RELATIVE OF CHILD04	OTHER ADULT RELATIVE OF CHILD	OTHER ADULT RELATIVE OF CHILD	OTHER ADULT RELATIVE OF CHILD
SOME OTHER ADULT 05	SOME OTHER ADULT 05	SOME OTHER ADULT 05	SOME OTHER ADULT 05
ADOPTIVE PARENTS (GO TO C34) 06	ADOPTIVE PARENTS(GO TO C34) 06	ADOPTIVE PARENTS (GO TO C34) 06	ADOPTIVE PARENTS (GO TO C34) 06
FOSTER CARE(GO TO C34) . 07	FOSTER CARE(GO TO C34) . 07	FOSTER CARE(GO TO C34) . 07	FOSTER CARE(GO TO C34) . 07
GROUP HOME(GO TO C34) . 08	GROUP HOME(GO TO C34) . 08	GROUP HOME(GO TO C34) . 08	GROUP HOME(GO TO C34) . 08
ON HIS/HER OWN/ LIVING WITH A FRIEND(GO TO C34) . 09	ON HIS/HER OWN/ LIVING WITH A FRIEND (GO TO C34) . 09	ON HIS/HER OWN/ LIVING WITH A FRIEND (GO TO C34) . 09	ON HIS/HER OWN/ LIVING WITH A FRIEND (GO TO C34) . 09
INCARCERATED (GO TO C34) . 10	INCARCERATED	INCARCERATED	INCARCERATED(GO TO C34) . 10

		CHILDREN-OUT-OF	TICOCLITOLD CIVID	
		CHILD 11	CHILD 12	CHILD 13
C32.	INTERVIEWER: ENTER CHILD'S FIRST NAME HERE. THEN CONTINUE WITH C32a-C34 DOWN FOR EACH CHILD.	CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME
C32a.	What is the first name and the initial of the last name of this person?	GUARDIAN NAME INTERVIEWER: ENTER NAME AND THEN CODE 01 IN THE GUARDIAN CODE BOX BELOW. GUARDIAN CODE BOX: _ GO TO C34	GUARDIAN NAME GUARDIAN CODE BOX: _ _ (01-02)	GUARDIAN NAME GUARDIAN CODE BOX: _ _ (01-03)
C33.	Is this the same person who cares for		CIRCLE ONE [CHILD 11]? YES01 → ENTER CODE 01 IN GUARDIAN CODE BOX AT C32a FOR CHILD 12 NO00 → ENTER CODE 02 IN GUARDIAN CODE BOX AT C32a FOR CHILD 12	CIRCLE ONE [CHILD 11]
C34.	INTERVIEWER, CHECK C27. IS THERE	YES(GO TO C28, CHILD 12) 01	YES(GO TO C28, CHILD 13) 01	YES(GO TO C28, CHILD 14) 01
ANOTHER CHILD TO ASK ABOUT?		NO (GO TO D1) 00	NO (GO TO D1) 00	NO (GO TO D1) 00

CHILDREN-OUT-OF-HOUSEHOLD GRID			
CHILD 14	CHILD 15	CHILD 16	CHILD 17
CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME	CHILD'S FIRST NAME
GUARDIAN NAME GUARDIAN CODE BOX: _ (01-04)	GUARDIAN NAME GUARDIAN CODE BOX: _ (01-05)	GUARDIAN NAME GUARDIAN CODE BOX: _ (01-06)	GUARDIAN NAME GUARDIAN CODE BOX: _ (01-07)
CIRCLE ONE	CIRCLE ONE	CIRCLE ONE	CIRCLE ONE
[CHILD 11] 01 → ENTER CODE 01 IN GUARDIAN CODE BOX AT C32a FOR CHILD 14	[CHILD 11]	[CHILD 11]	[CHILD 11]
[CHILD 12] 	[CHILD 12]	[CHILD 12]	[CHILD 12]
[CHILD 13]	[CHILD 13]	[CHILD 13]	[CHILD 13]
NONE OF THE ABOVE 	[CHILD 14]	[CHILD 14]	[CHILD 14] 04 → ENTER CODE 04 IN GUARDIAN CODE BOX AT C32a FOR CHILD 17
	NONE OF THE ABOVE	[CHILD 15]	[CHILD 15]
		NONE OF THE ABOVE	[CHILD 16]
			NONE OF THE ABOVE
YES (GO TO C28, CHILD 15) 01	YES(GO TO C28, CHILD 16) 01	YES(GO TO C28, CHILD 17) 01	GO TO D1
NO(GO TO D1)00	NO (GO TO D1) 00	NO (GO TO D1) 00	

D. FINANCIAL AND MATERIAL CONTRIBUTIONS TO CHILDREN OUTSIDE THE HOUSEHOLD

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

D1.	INTERVIEWER:	CHECK ACROSS THE ENTIRE GRID AT C32a. ARE THERE ANY GUARDIAN NAMES AND CODE BOXES FILLED IN?
		YES 01
		NO
D1a.	INTERVIEWER:	ENTER EACH GUARDIAN NAME FROM C32a ACROSS THE TOP OF THIS GRID

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

	GUARDIAN CODE	01	02
D2.	Next, I have a few questions about child support payments and other support you might have provided for your child(ren).	GUARDIAN NAME	GUARDIAN NAME
	READ D2a-D15 DOWN FOR EACH SET OF GUARDIANS AND CHILDREN.	CHILD NAME(S):	CHILD NAME(S):
D2a.	Just to be sure I'm correct, I have [GUARDIAN] listed as the person responsible for [CHILD(REN)]. Is that correct?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
		INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.	INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.
D3.	Do you have a <u>legal</u> agreement or child support order that requires you to provide financial support for (this/these) child(ren)?	YES 01 NO. (GO TO D7) 00 DON'T KNOW. (GO TO D7) d REFUSED. (GO TO D7) r	YES 01 NO. (GO TO D7) 00 DON'T KNOW. (GO TO D7) d REFUSED. (GO TO D7) r
D4.	How much are the payments supposed to be per month?	\$, (0010-4000) DON'T KNOW	\$,
D5.	In [LAST MONTH], how much of that amount did you pay by cash or check, or by having it taken out of your wages?	\$, NONE	\$, (0010-4000) NONE
	PROBE: Your best estimate is fine.	REFUSED r	REFUSED r
D6.	Are you up-to-date on your child support payments?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES

03	04	05
GUARDIAN NAME CHILD NAME(S):	GUARDIAN NAME CHILD NAME(S):	GUARDIAN NAME CHILD NAME(S):
YES 01 NO 00 DON'T KNOW d REFUSED r	YES	YES
INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.	INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.	INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.
YES 01 NO (GO TO D7) 00 DON'T KNOW (GO TO D7) d REFUSED (GO TO D7) r	YES	YES
\$, (0010-4000) DON'T KNOW d REFUSED r	\$,	\$,
\$,	\$,	\$, _ 000000000000000000000000
YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r

	GUARDIAN CODE	06	07
D2.	Next, I have a few questions about child support payments and other support you might have provided for your child(ren).	GUARDIAN NAME	GUARDIAN NAME
	READ D2a-D15 DOWN FOR EACH SET OF GUARDIANS AND CHILDREN.	CHILD NAME(S):	CHILD NAME(S):
D2a.	Just to be sure I'm correct, I have [GUARDIAN] listed as the person responsible for [CHILD(REN)]. Is that correct?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
		INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.	INTERVIEWER: IF D2a=00 (NO), GO BACK TO C32a AND CORRECT THE INFORMATION.
D3.	Do you have a <u>legal</u> agreement or child support order that requires you to provide financial support for (this/these) child(ren)?	YES	YES
D4.	How much are the payments supposed to be per month?	\$, (0010-4000) DON'T KNOW d REFUSED r	\$, (0010-4000) DON'T KNOW d REFUSED r
D5.	In [LAST MONTH], how much of that amount did you pay by cash or check, or by having it taken out of your wages?	\$, (0010-4000) NONE	\$, (0010-4000) NONE
	PROBE: Your best estimate is fine.	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r
D6.	Are you up-to-date on your child support payments?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r



	GUARDIAN CODE	<u> 01 </u>	<u> 02 </u>
D7.	Besides any child support paid under a court order or agreement, in [LAST MONTH] did you give any money directly to [GUARDIAN] to help (him/her) and your child(ren) out?	YES	YES
D8.	How much money did you give them?	\$,	\$,
	PROBE: Your best estimate is fine.	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r
D9.	During the past 12 months, have you ever bought clothes or diapers for your child(ren) who live(s) with [GUARDIAN]?	YES	YES
D10.	How often did you buy clothes or diapers for your child(ren) who live(s) with [GUARDIAN]?	ALMOST EVERY DAY	ALMOST EVERY DAY
		REFUSED r	REFUSED r
D11.	During the past 12 months, have you ever bought toys or presents for your child(ren) who live(s) with [GUARDIAN]?	YES 01 NO.	YES 01 NO. .(GO TO D13) 00 DON'T KNOW. .(GO TO D13) d REFUSED. .(GO TO D13) r
D12.	How often did you buy toys or presents for your child(ren) who live(s) with [GUARDIAN]?	ALMOST EVERY DAY	ALMOST EVERY DAY
		DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r
D13.	During the past 12 months, have you ever bought groceries for [GUARDIAN] and your child(ren) who live(s) with (him/her)?	YES 01 NO	YES 01 NO
D14.	How often did you buy groceries for [GUARDIAN] and your child(ren) who live(s) with (him/her)?	ALMOST EVERY DAY	ALMOST EVERY DAY
D15.	INTERVIEWER: CHECK D2. IS THERE ANOTHER GUARDIAN TO ASK ABOUT?	YES(GO TO D2a, GUARDIAN #2) 01 NO (GO TO D16) 00	YES(GO TO D2a, GUARDIAN #3) 01 NO

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

GUARDIAN	CODE	<u> 06 </u>	07	
D7. Besides any child suppo order or agreement, in [give any money directly (him/her) and your child	LAST MONTH] did you to [GUARDIAN] to help	YES	YES	
D8. How much money did y	ou give them?	\$,	\$,	
PROBE: Your best est	imate is fine.	DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r	
D9. During the past 12 mon clothes or diapers for you with [GUARDIAN]?	ths, have you ever bought our child(ren) who live(s)	YES	YES 01 NO	
D10. How often did you buy of child(ren) who live(s) wi	clothes or diapers for your th [GUARDIAN]?	ALMOST EVERY DAY	ALMOST EVERY DAY	
D11. During the past 12 mon toys or presents for you with [GUARDIAN]?	ths, have you ever bought r child(ren) who live(s)	REFUSED r YES	REFUSED r YES	
D12. How often did you buy t child(ren) who live(s) wi		ALMOST EVERY DAY	ALMOST EVERY DAY	
		DON'T KNOW d REFUSED r	DON'T KNOW d REFUSED r	
D13. During the past 12 mon groceries for [GUARDIA who live(s) with (him/he	N] and your child(ren)	YES 01 NO	YES	
D14. How often did you buy gand your child(ren) who	groceries for [GUARDIAN] live(s) with (him/her)?	ALMOST EVERY DAY		
D15. INTERVIEWER: CHEC ANOTHER GUARDIAN		YES(GO TO D2a, GUARDIAN #7) 01 NO	GO TO D16	



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

D16.	INTERVIEWER: CHECK ACROSS THE ENTIRE GRID AT C31. ARE ANY CHILDREN CODED 06, 07, 08, 09, OR 10?
	YES 01
	NO

D16a. INTERVIEWER: AT D17 ENTER EACH CHILD'S NAME (AND HIS/HER CHILD CODE NUMBER) FROM C27 WHO HAS A CODE OF 06-10 IN C31.

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

		<u> </u>	
CHILD'S NAME	CHILD'S NAME	CHILD'S NAME	
YES 01	YES 01	YES 01	
NO 00	NO 00	NO 00	
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	
REFUSED r	REFUSED r	REFUSED r	
YES (GO TO D17, NEXT CHILD)	YES (GO TO D17, NEXT CHILD)	YES (GO TO D17, NEXT CHILD)	
NO (GO TO E1) 00	NO (GO TO E1) 00	NO (GO TO E1) 00	

	I <u> </u>	I <u> </u>		
D17. Do you have a <u>legal</u> agreement or child support order that requires you to provide financial support for [CHILD]?	CHILD'S NAME	CHILD'S NAME		
	YES01	YES01		
	NO00	NO		
	DON'T KNOW d	DON'T KNOW d		
	REFUSED r	REFUSED r		
D17a. INTERVIEWER; CHECK D17. IS THERE ANOTHER CHILD TO ASK ABOUT?	YES (GO TO D17, NEXT CHILD)	GO TO E1		



E. EARNED INCOME

E1.	INTERVIEWER:	DOES C20 EQUAL (12)SPOUSE OR (13-)BOYFRIE GIRLFRIEND/PARTNER FOR ANY PERSON?	ND/
		YES	2
		NO	2a

- E2. RECORD SM'S NAME IN COLUMN 1 ON NEXT PAGE GRID AND RECORD SPOUSE/PARTNER'S NAME AND PERSON # FROM C19 IN COLUMN 2. CONTINUE WITH E3-E8.
- E2a. RECORD SM's NAME IN COLUMN 1 ON NEXT PAGE GRID AND CIRCLE THE CODE FOR "NONE" IN COLUMN 2. CONTINUE WITH E3-E8.

		COLUMN 1	COLUMN 2	
	ext questions are about money earned at or self-employment last month.			
	E3-E8 DOWN THE GRID FOR EACH;	SAMPLE MEMBER'S NAME	PARTNER'S NAME	
_	TTHE SM AND THEN THE PARTNER PPLICABLE).		PERSON #	
			NONE 00	
E3.	In [LAST MONTH], did (you/PARTNER) either have a job or work at (your/his/her) own business?	YES 01 NO. .(GO TO E8) 00 DON'T KNOW d REFUSED r	YES 01 NO	
E4.	Did (you/PARTNER) work for an	EMPLOYER 01	EMPLOYER01	
	employer, or (were/was) (you/he/she) self-employed, or both?	SELF-EMPLOYED (GO TO E7) 02	SELF-EMPLOYED(GO TO E7) 02	
		BOTHEMPLOYER AND SELF-EMPLOYED	BOTHEMPLOYER AND SELF-EMPLOYED	
		DON'T KNOW (GO TO E8) d	DON'T KNOW(GO TO E8) d	
		REFUSED (GO TO E8) r	REFUSED (GO TO E8) r	
E5.	How much did (you/he/she) earn before taxes and other deductions from all jobs (excluding self-employment) in [LAST MONTH]? Please include tips,	\$ II,III → GO TO E6 (0050-6000)	\$ II,III → GO TO E6 (0050-6000)	
	overtime pay, and commissions.	DON'T KNOW d	DON'T KNOW d	
		REFUSED r	REFUSED	
E5a.	Would you say the amount (you/he/she) earned in [LAST MONTH] was less than \$1,000, or \$1,000 or more?	LESS THAN \$1,000(GO TO E5c) 01 \$1,000 OR MORE 02 DON'T KNOW (GO TO E6) d REFUSED (GO TO E6) r	LESS THAN \$1,000(GO TO E5c)	
E5b.	Would you say it was	\$1,000 to under \$1,500, 01	\$1,000 to under \$1,500,	
		\$1,500 to under \$2,000,	\$1,500 to under \$2,000,	
		\$2,000 to under \$2,500, or	\$2,000 to under \$2,500, or	
		DON'T KNOW d	DON'T KNOW	
		REFUSED r	REFUSED r	
		GO TO E6	GO TO E6	
E5c.	Would you say it was	less than \$250,	less than \$250,	
		\$250 to under \$500, 02	\$250 to under \$500, 02	
		\$500 to under \$750, or	\$500 to under \$750, or 03	
		\$750 to under \$1,000?	\$750 to under \$1,000? 04	
		DON'T KNOW	DON'T KNOW	
F0	INTERVIEWED OFFICE 12			
E6.	INTERVIEWER: CHECK E4, IS CODE 03 CIRCLED FOR "BOTH EMPLOYER AND SELF- EMPLOYMENT"?	YES(GO TO E7)	YES(GO TO E7) 01 NO(GO TO E9) 00	

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

E9.	INTERVIEWER: CHECK C22 AND C23. ARE THERE ANY OTHER HOUSEHOLD MEMBERS EXCLUDING SM's SPOUSE/PARTNER WHO ARE AGES 14 YEARS OR OLDER?
	YES01
	NO
E10.	I'd like you to think about the other people living in your household who are 14 years or older (aside from [PARTNER's NAME]). That would be [INSERT NAME(S) FROM C19]. How much money did (this person/these people) earn altogether from all jobs and self-employment in [LAST MONTH]. Your best
	estimate is fine.
	PROBE: I can help you add it up if you want to think out loud.
	(00001-99,999)
	\$, → GO TO F1
	ZERO/NO ONE ELSE WORKING 00 → GO TO F1
	DON'T KNOW d
	REFUSEDr
F11	Would you say the amount they earned in [I AST MONTH] was less than

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

E12. Would you say it was . . .

\$1,000 to under \$1,500, 01]	
\$1,500 to under \$2,000, 02		
\$2,000 to under \$2,500, or 03		GO TO F1
\$2,500 or more?	-	GO TO FT
DON'T KNOW d		
REFUSEDr _		

E13. Would you say it was . . .

less than \$250, 0′
\$250 to under \$500, 02
\$500 to under \$750, or 03
\$750 to under \$1,000? 04
DON'T KNOW d
REFUSEDr



F. UNEARNED INCOME

А.	В.		
F1. Next I'd like to ask you some questions about sources of income and support. In [LAST MONTH], did you or [INSERT NAMES OF ALL PEOPLE LISTED IN H.H. GRID AT C19], receive any of the following types of government assistance or income	INTERVIEWER: "CHILDREN" INCLUDES THOSE LIVING WITH THE SM WHO HE/SHE HAS RESPONSIBILITY FOR.		
ASK F1a-F11 DOWN GRID <u>FIRST</u> . THEN FOR EACH "YES," ASK QUESTIONS IN COLUMN B.	AMOUNT RECEIVED LAST MONTH		
F1a. TANF, or temporary assistance for needy families, or welfare for families with children?	PROBE: Your best estimate is fine.		
PROBE: TANF used to be called AFDC.	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from TANF?		
YES 01	(0000-2500)		
NO	\$, DON'T KNOW		
REFUSED	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from TANF?		
	(0000-2500) \$, DON'T KNOW d REFUSED r		
F2. Food Stamps?	PROBE: Your best estimate is fine.		
PROBE: In [LAST MONTH]? YES 01	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Food Stamps?		
NO	(0000-2500) \$, DON'T KNOW		
REFUSEDr	REFUSED r		
KLI OGLD	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Food Stamps?		
	(0000-2500) \$, DON'T KNOW		
F3. Supplemental Security Income (SSI) or Disability insurance?	PROBE: Your best estimate is fine.		
PROBE: In [LAST MONTH]?	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Supplemental Security Income (SSI) or Disability insurance?		
YES 01 NO	(0000-2500) \$, DON'T KNOW		
REFUSED r	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Supplemental Security Income (SSI) or Disability insurance?		
	(0000-2500) \$, DON'T KNOW		
F4. <u>Social Security Retirement or Survivors Benefits</u> ?	PROBE: Your best estimate is fine.		
PROBE: In [LAST MONTH]? YES 01	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from Social Security Retirement or Survivors Benefits?		
NO	(0000-2500) \$, DON'T KNOW d REFUSED r		
REFUSED	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Social Security Retirement or Survivors Benefits?		
	(0000-2500) \$, DON'T KNOW		

A.	В.		
REREAD QUESTION IF NECESSARY.			
In [LAST MONTH], did you or [INSERT NAMES OF ALL PEOPLE LISTED IN H.H. GRID AT C19], receive any of the following types of government assistance or income			
READ DOWN GRID <u>FIRST</u> . THEN FOR EACH "YES," ASK QUESTIONS IN COLUMN B.	AMOUNT RECEIVED LAST MONTH		
F5. <u>Unemployment Insurance benefits</u> ?	PROBE: Your best estimate is fine.		
PROBE: In [LAST MONTH]?	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from		
YES 01	Unemployment Insurance benefits?		
NO	(0000-2500) \$, DON'T KNOW		
REFUSED r	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from Unemployment Insurance benefits?		
	\$ DON'T KNOW		
F6. <u>General Relief or General Assistance</u> ?	PROBE: Your best estimate is fine.		
PROBE: In [LAST MONTH]? YES 01	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from General Relief or General Assistance?		
NO	(0000-2500) \$, DON'T KNOW		
	REFUSED r		
REFUSED	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from General Relief or General Assistance?		
	(0000-2500) \$, DON'T KNOW		
F7. Foster care or adoption assistance?	PROBE: Your best estimate is fine.		
PROBE: In [LAST MONTH]? YES 01	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from foster care or adoption assistance?		
NO 00	(0000-2500) \$, DON'T KNOW d		
DON'T KNOW d	REFUSED r		
REFUSED r	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from foster care or adoption assistance?		
	(0000-2500) \$, DON'T KNOW d REFUSED r		
F8. Any other type(s) of government assistance such as Worker's Compensation or veteran's benefits?	PROBE: Your best estimate is fine.		
(SPECIFY)	How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from any other type(s) of government assistance?		
YES 01	(0000-2500) \$, DON'T KNOW		
NO	How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from any other type(s) of government assistance?		
REFUSED r	(0000-2500)		
CONTINUE DOWN GRID ON NEXT PAGE	\$, _´_ DON'T KNOW		

A.	В.
REREAD QUESTION IF NECESSARY	
In [LAST MONTH], did you or [INSERT NAMES OF ALL PEOPLE LISTED IN H.H. GRID AT C19], receive any of the following types of government assistance or income	
READ DOWN GRID <u>FIRST</u> . THEN FOR EACH "YES," ASK QUESTIONS IN COLUMN B.	AMOUNT RECEIVED LAST MONTH
F9. Child support not including any child support payments you may have received from the state? PROBE: In [LAST MONTH]? YES 01 NO 00 DON'T KNOW d REFUSED r	PROBE: Your best estimate is fine. How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from child support? (0000-2500) \$, DON'T KNOW dREFUSED r How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from child support? (0000-2500) \$, DON'T KNOW dREFUSED r
F10. Gifts or loans from someone outside your household? PROBE: In [LAST MONTH]? YES 01 NO	PROBE: Your best estimate is fine. How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from gifts or loans from someone outside your household? (0000-2500) \$, DON'T KNOW dREFUSED r How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from gifts or loans from someone outside your household? (0000-2500) \$, DON'T KNOW dREFUSED r
F11. Any other income such as rent from roomers or boarders, alimony, interest, private pension benefits, lottery winnings, other kinds of pension benefits or any other sources? (SPECIFY) YES 01 NO 00 DON'T KNOW d REFUSED r	PROBE: Your best estimate is fine. How much did you, your (spouse-partner) [fill CHILDREN CODES 01, 02, 03 FROM C20] receive last month from any other income? (0000-2500) , DON'T KNOW d REFUSED r How much did [fill NAMES OF OTHER HOUSEHOLD MEMBERS FROM C20] receive, in total, last month from any other income? (0000-2500) , DON'T KNOW d REFUSED r
YES	DED "YES" FOR F1 THROUGH F11?0100 → GO TO G1

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



G. TOTAL HOUSEHOLD INCOME

G1. Now, I'd like you to think about your household's **total income** during the past 12 months from all sources including income from welfare, other public assistance, food stamps, child support, money from your child(ren)'s other parent, earnings from regular jobs, and earnings from odd jobs, side jobs, under-the-table jobs, and other activities and sources. What was the total income of all members of your household--including yourself--and from all sources before taxes and deductions during the past 12 months?

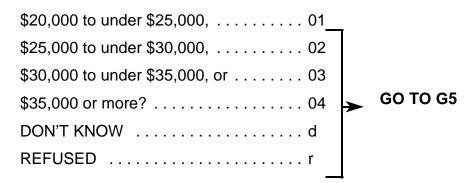
PROBE: Your best estimate is fine.

(00050-99999) \$ _, → GO TO G5	
DON'T KNOW d	
REFUSEDr	

G2. During the past 12 months, would you say your household income was less than \$20,000, or \$20,000 or more?

LESS THAN \$20,000	01 → GO TO G4
\$20,000 OR MORE	02
DON'T KNOW REFUSED	d——— GO TO G5
REFUSED	r

G3. Would you say it was . . .



G4.	Would you say it was	

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

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

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

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

G6. During the past 12 months, did you receive an Earned Income Credit either in your paycheck or when you filed your most recent state or federal tax return?

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

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

H. EMPLOYMENT HISTORY FOR THE PAST YEAR

H1. The next questions are about your work experience during the past 12 months, that is since [MONTH/YEAR, ONE YEAR AGO]. By that we mean any part-time or full-time jobs as well as self-employment or your own business. Also include jobs where you were paid and jobs you did on a volunteer basis or as an internship without pay.

Are you currently working at a job?

ΙF	ANSWER	IS DK,	RE-READ	THE (QUESTION.
----	---------------	--------	---------	-------	-----------

YES	01
NO	00 → GO TO H4b
DON'T KNOW	$d \rightarrow GO TO H4b AFTER 2^{ND} DK$
REFUSED	r → GO TO H4b

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

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

NUMBER OF JOBS
DON'T KNOW d GO TO H4a
REFUSEDr — GO TO H42

H4. Where are you currently working?

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

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

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

- H4a. At which of your jobs do you work the most hours? **NOTE: THIS ESTABLISHES A PRIMARY CURRENT JOB (JOB 1) IF THERE IS MORE THAN ONE JOB.**
 - **PROBE:** We ask this because we have a few questions to ask about your current jobs, such as the date you started and how many hours you usually work a week, and it helps to have the name of your employers to refer to.

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

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

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

YES 01	
NO 00	1
RETIRED 02	
DISABLED	GO TO H4d
UNABLE	→ GO 10 H40
DON'T KNOW d	
REFUSEDr	

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

PROBE: Anything else?

, 3	CIRCLE ALL
	THAT APPLY
CONTACTED EMPLOYER	01
CONTACTED PUBLIC EMPLOYMENT AGENCY	
PROGRAMS/COURSES	
CONTACTED PRIVATE EMPLOYMENT AGENCY	03
CONTACTED FRIENDS OR RELATIVES	04
CONTACTED SCHOOL/UNIVERSITY	
EMPLOYMENT CENTER	
SENT OUT RESUMES/FILLED OUT APPLICATIONS	
CHECKED UNION/PROFESSIONAL REGISTERS	
PLACED OR ANSWERED ADS	
LOOKED AT ADS DIRECTLY/INTERVIEW	
ATTENDED JOB TRAINING	
NOTHING	
OTHER (SPECIFY)	12
INTERNET	13
JOB FAIRS	14
DON'T KNOW	d
REFUSED	r

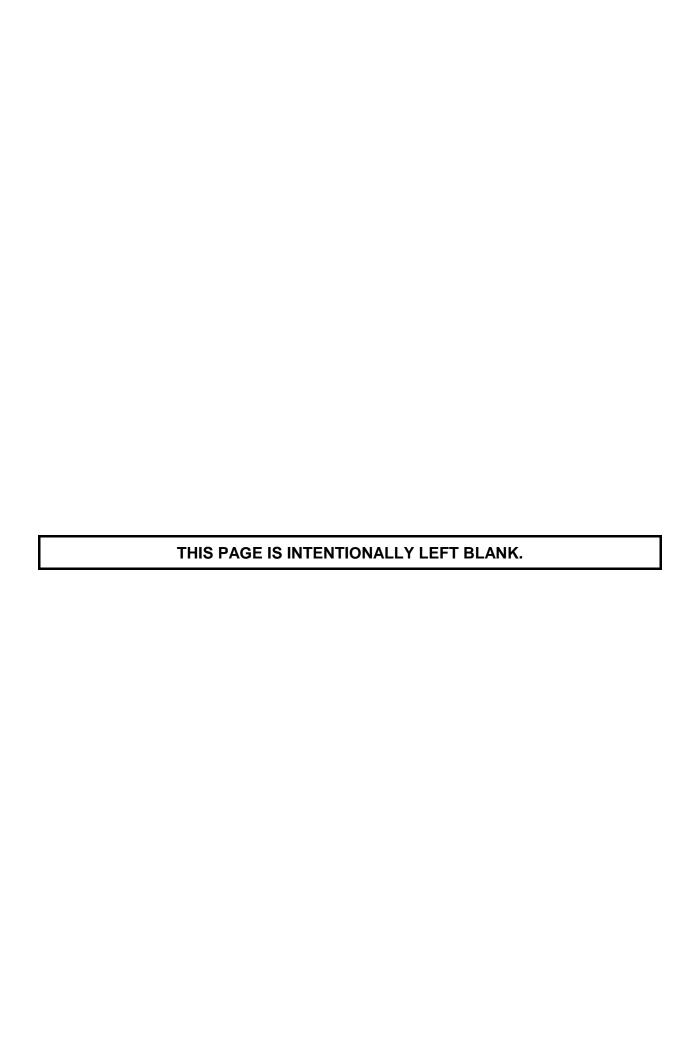
H4d. Now, think about any jobs where you were paid, including self employment, and any jobs you did on a volunteer basis or as an internship without pay. Have you worked at any jobs that have lasted 2 weeks or longer during the past 12 months?

YES	01 →	GO TO H4e
NO	00 →	GO TO J1
DON'T KNOW	$d \rightarrow$	GO TO H4e
REFUSED	$r \rightarrow$	GO TO J1

H4e. Please tell me where you worked most recently, including self-employment and unpaid volunteer jobs or internships during the past 12 months.

PROBE: Where did you work most recently during the past 12 months?

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



		CURRENT OR MOST RECENT JOB <u>01</u>	SECOND JOB <u> 02 </u>
H5.	RECORD EMPLOYER NAME(S) ACROSS THE TOP OF THE GRID FIRST. THEN ASK H6-H26 DOWN FOR EACH JOB. IF EMPLOYER IS AN INDIVIDUAL,		
	RECORD FIRST NAME, AND LAST INITIAL ONLY.		
H5a.	Where else have you worked during the past 12 months? Please include any unpaid jobs and self-employment (and any other current jobs).		
	PROBE: Where did you work before [LAST JOB]?		
	PROBE: Where else?		
	RECORD EMPLOYER(S) NAME IN H5.		
H6.	When did you <u>start</u> working for [EMPLOYER]?	(04.42) (04.24) (4070)	(04.42) (04.24) (4070)
	IF SELF-EMPLOYED: When did you start that business?	(01-12) (01-31) (1970 -) START:	START:
	PROBE: Your best estimate is fine.	DON'T KNOW d	DON'T KNOW d
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?	REFUSED	REFUSED r
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	START DATE CAN BE BEFORE ENROLLMENT DATE.		
H6a.	When did you stop working for [EMPLOYER]?	STOP: (01-12)	STOP: _ (01-12) (01-31) () MONTH DAY YEAR
	IF SELF-EMPLOYED: When did you stop doing that business?	STILL AT JOB	STILL AT JOB
	IF STILL WORKING AT JOB, CIRCLE "n."	DON'T KNOW	DON'T KNOW
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?	NET GGED	NEI 00E5
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	STOP DATE MUST COME AFTER ENROLLMENT DATE.		
H6b.	The next questions are about your job at [EMPLOYER]. (Are/Were) you self-employed there?	YES(GO TO H7)	YES (GO TO H7)
	PROBE: Did you work for yourself in your own business?	REFUSED r	REFUSED
H6c.	(Are/Were) you paid for your work or (is/was) it an unpaid or volunteer position?	PAID 01 UNPAID/VOLUNTEER 02 DON'T KNOW d REFUSED r	PAID

THIRD JOB <u> 03 </u>	FOURTH JOB <u> 04 </u>	FIFTH JOB <u> 05 </u>
START: (01-12) (01-31) (1970 -)	START: (01-12) (01-31) (1970 -) MONTH DAY YEAR	START: (01-12) (01-31) (1970 -)
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
(01-12) (01-31) ()	(01-12) (01-31) ()	(01-12) (01-31) ()
STOP:	STOP: _ _ _ MONTH DAY YEAR	STOP: _ _ _ MONTH DAY YEAR
STILL AT JOB n	STILL AT JOB	STILL AT JOB n
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
YES(GO TO H7)	YES(GO TO H7)	YES(GO TO H7)
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSEDr	REFUSED	REFUSED
PAID 01 UNPAID/VOLUNTEER 02	PAID 01 UNPAID/VOLUNTEER 02	PAID 01 UNPAID/VOLUNTEER 02
DON'T KNOW d REFUSED r	DON'T KNOW	DON'T KNOW

		SIXTH JOB <u> 06 </u>	SEVENTH JOB <u> 07 </u>
H5.	RECORD EMPLOYER NAME(S) ACROSS THE TOP OF THE GRID FIRST. THEN ASK H6-H26 DOWN FOR EACH JOB.		
	IF EMPLOYER IS AN INDIVIDUAL, RECORD FIRST NAME, AND LAST INITIAL ONLY.		
H5a.	Where else have you worked during the past 12 months? Please include any unpaid jobs and self-employment (and any other current jobs).		
	PROBE: Where did you work before [LAST JOB]?		
	PROBE: Where else?		
	RECORD EMPLOYER(S) NAME IN H5.		
H6.	When did you <u>start</u> working for [EMPLOYER]?	(04.42) (04.24) (4070)	(04.12) (04.24) (4070)
	IF SELF-EMPLOYED: When did you start that business?	(01-12) (01-31) (1970 -) START: MONTH DAY YEAR	START:
	PROBE: Your best estimate is fine.	DON'T KNOW d	DON'T KNOW d
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?	REFUSEDr	REFUSED r
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	START DATE CAN BE BEFORE ENROLLMENT DATE.		
Н6а.	When did you stop working for [EMPLOYER]?	STOP: (01-12)	STOP: _ (01-12) (01-31) () MONTH DAY YEAR
	IF SELF-EMPLOYED: When did you stop doing that business?	STILL AT JOB	STILL AT JOB
	IF STILL WORKING AT JOB, CIRCLE "n."	DON'T KNOW	DON'T KNOW
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?	REFUSED	REPUSED
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.		
	STOP DATE MUST COME AFTER ENROLLMENT DATE.		
H6b.	The next questions are about your job at [EMPLOYER]. (Are/Were) you self-employed there?	YES(GO TO H7)	YES (GO TO H7)
	PROBE: Did you work for yourself in your own business?	REFUSED r	REFUSED
H6c.	(Are/Were) you paid for your work or (is/was) it an unpaid or volunteer position?	PAID 01 UNPAID/VOLUNTEER 02 DON'T KNOW d REFUSED r	PAID 01 UNPAID/VOLUNTEER 02 DON'T KNOW d REFUSED r

EIGHTH JOB <u> 08 </u>	NINTH ЈОВ <u> 09 </u>	TENTH JOB <u> 10 </u>
START: (01-31) (1970 -) MONTH DAY YEAR	(01-12) (01-31) (1970 -) START: _ MONTH DAY YEAR	START: (01-31) (1970 -) MONTH DAY YEAR
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
(01-12) (01-31) ()	(01-12) (01-31) ()	(01-12) (01-31) ()
STOP:	STOP:	STOP: _ _ _ _
STILL AT JOB n	STILL AT JOB	STILL AT JOB
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
YES(GO TO H7)	YES (GO TO H7)	YES (GO TO H7) 01
NO	NO	NO
REFUSED r	REFUSED r	REFUSED r
PAID	PAID	PAID
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r

		CURRENT OR MOST RECENT JOB <u>01 </u>	SECOND JOB <u> 02 </u>
H7.	How many hours (do/did) you usually work in an average week?	(01-98)	(01-98)
	PROBE: Your best estimate is fine.	 HOURS PER WEEK	_ HOURS PER WEEK
		99 OR MORE HOURS PER WEEK 99	99 OR MORE HOURS PER WEEK 99
		DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSED r
Н7а.	INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?		YES
H8.	What kind of company (is/was) [EMPLOYER]? What do (they/you) make, sell, or do?		
	IF SELF-EMPLOYED: What kind of company (is/was) it? What (do/did) you make, sell, or do?		
	PROBE FOR TYPE OF PRODUCT OR	DON'T KNOW d	DON'T KNOW d
	SERVICE.	REFUSED r	REFUSED r
H9.	What (do/did) you do there?		
	PROBE: What is your job title?		
	PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES		
	AND JOB TITLE.	DON'T KNOW	DON'T KNOW
		REFUSED r	REFUSED
H10.	INTERVIEWER: CHECK H6b. IS "YES," SELF-EMPLOYED JOB,	YES, SELF-EMPLOYED(GO TO H11) 01	YES, SELF-EMPLOYED(GO TO H11) 01
	CIRCLED?	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED
H10a.	INTERVIEWER: CHECK H6c. IS CODE 02, "UNPAID/VOLUNTEER	YES, UNPAID/ VOLUNTEER (GO TO H14) 01	YES, UNPAID/ VOLUNTEER (GO TO H13o) 01
	JOB", CIRCLED?	NO 00	NO 02
H10b.	What (is/was) your current hourly rate of pay, before taxes and deductions	(01.00-40.00)	(01.00-40.00)
	(just before you left that job)?	PER HOUR \$ _ -	PER HOUR \$ _,
	WATCH THE DECIMAL POINT.	GO ТО Н11b	GO TO H11b
		DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d	DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d
		REFUSED (GO TO H13) r	REFUSED(GO TO H13)r

THIRD JOB <u> 03 </u>	FOURTH JOB <u> 04 </u>	FIFTH JOB <u> 05 </u>
(01-98)	(01-98)	(01-98)
_ HOURS PER WEEK	_ HOURS PER WEEK	 HOURS PER WEEK
99 OR MORE HOURS PER WEEK 99	99 OR MORE HOURS PER WEEK 99	99 OR MORE HOURS PER WEEK 99
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
YES 01	YES 01	YES 01
NO (GO TO H10) 00	NO (GO TO H10) 00	NO (GO TO H10) 00
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r	REFUSED r	REFUSED r
YES, SELF-EMPLOYED(GO TO H11) 01	YES, SELF-EMPLOYED(GO TO H11) 01	YES, SELF-EMPLOYED(GO TO H11) 01
NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00
YES, UNPAID/ VOLUNTEER (GO TO H130) 01	YES, UNPAID/ VOLUNTEER (GO TO H130) 01	YES, UNPAID/ VOLUNTEER (GO TO H13o) 01
NO 00	NO 02	NO 00
(01.00-40.00)	(01.00-40.00)	(01.00-40.00)
PER HOUR	PER HOUR	PER HOUR
GO TO H11b	GO TO H11b	GO TO H11b
DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d	DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d	DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d
REFUSED (GO TO H13) r	REFUSED (GO TO H13) r	REFUSED (GO TO H13) r

		SIXTH JOB <u> 06 </u>	SEVENTH JOB <u> 07 </u>
H7.	How many hours (do/did) you usually work in an average week?	(01-98)	(01-98)
	PROBE: Your best estimate is fine.	 HOURS PER WEEK	_ HOURS PER WEEK
		99 OR MORE HOURS PER WEEK 99	99 OR MORE HOURS PER WEEK 99
		DON'T KNOW d	DON'T KNOW d
		REFUSED	REFUSED r
Н7а.	INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS	YES 01	YES 01
	JOB?	NO (GO TO H10) 00	NO (GO TO H10) 00
H8.	What kind of company (is/was) [EMPLOYER]? What do (they/you) make, sell, or do?		
	IF SELF-EMPLOYED: What kind of company (is/was) it? What (do/did) you		
	make, sell, or do?		
	PROBE FOR TYPE OF PRODUCT OR	DON'T KNOW d	DON'T KNOW d
	SERVICE.	REFUSED r	REFUSED r
H9.	What (do/did) you do there?		
	PROBE: What is your job title?		
	PROBE FOR CLEAR AND DESCRIPTIVE ACTIVITIES		
	AND JOB TITLE.		
		DON'T KNOW d	DON'T KNOW d
		REFUSED	REFUSED r
H10.	INTERVIEWER: CHECK H6b. IS "YES", SELF-EMPLOYED JOB, CIRCLED?	YES, SELF-EMPLOYED(GO TO H11) 01	YES, SELF-EMPLOYED (GO TO H11) 01
	GINGLED!	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED
H10a.	INTERVIEWER: CHECK H6c. IS CODE 02, "UNPAID/VOLUNTEER	YES, UNPAID/ VOLUNTEER (GO TO H13o) 01	YES, UNPAID/ VOLUNTEER (GO TO H130) 01
	JOB", CIRCLED?	NO 00	NO 00
H10b.	What (is/was) your current hourly rate	(01.00-40.00)	(01.00-40.00)
	of pay, before taxes and deductions (just before you left that job)?	PER HOUR \$ _ .	PER HOUR \$ _ - -
	WATCH THE DECIMAL POINT.	GO TO H11b	GO TO H11b
		DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d	DOES NOT KNOW OR NOT PAID BY HOUR (GO TO H11) d
		REFUSED (GO TO H13) r	REFUSED (GO TO H13) r

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

		CURRENT OR MOST RECENT JOB <u> 01 </u>	SECOND JOB <u> 02 </u>
H11.	How much (are/were) your weekly or monthly earnings, before taxes and other deductions (just before you left that job)? Please include any tips, bonuses, or commissions.	\$, PER WEEK (00025-02000)	\$ _ , PER WEEK (00025-02000)
	CIRCLE PAY PERIOD CODE.	ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04	ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04
	ACCEPT MOST CONVENIENT TIME PERIOD.	PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r	PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r
	PROBE: Your best estimate is fine.	GO TO H12	GO TO H12
	PROBE, IF PER JOB/PIECE/UNIT: How much did you earn in a typical day?	PER DAY (00020-00120) 01	PER DAY (00020-00120)
H11a.	How many hours (do/did) you work in a day?	(01-24) • HOURS PER DAY	(01-24) • HOURS PER DAY
		DON'T KNOW	DON'T KNOW d REFUSED r
11441	1 120 (1720 10	GO TO H12	GO TO H12
H11b.	In addition (do/did) you get tips, bonuses, or commissions?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
H12.	INTERVIEWER: CHECK H6b. IS	YES, SELF-EMPLOYED(GO TO H14) 01	YES, SELF-EMPLOYED(GO TO H21) 01
	"YES," SELF-EMPLOYED JOB, CIRCLED?	NOT SELF-EMPLOYED	NOT SELF-EMPLOYED
H13.	(Are/Were) the following benefits available to you on this job. First	YES NO DK R A. Paid sick leave? 01 00 d r	YES NO DK R A. Paid sick leave? 01 00 d r
	READ CATEGORIES.	B. Paid vacation? 01 00 d r	B. Paid vacation? 01 00 d r
	CIRCLE YES, NO, OR DK FOR <u>EACH</u> .	C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r	C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r
H13a.	(Is/Was) there health insurance coverage available to you at your job at [EMPLOYER]?	YES	YES
	PROBE FOR CURRENT JOB: Available now.	DON'T KNOW (GO TO H13d) d	DON'T KNOW (GO TO H13d) d
	PROBE FOR PREVIOUS JOBS: Available at any time.	REFUSED (GO TO H13d) r	REFUSED (GO TO H13d) r
H13b.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this health insurance?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13c.	(Are/Were) you actually participating in the health insurance plan?	YES	YES
L124	(Dage/Did) [EMDLOVED] offer health	GO TO H13g YES (GO TO H13f) 01	GO TO H13g YES (GO TO H13f) 01
H13d.	(Does/Did) [EMPLOYER] offer health insurance to workers doing the same general kind of work as you?	NO	NO
H13e.	(Does/Did) [EMPLOYER] offer health insurance to some other employees?	YES 01 NO	YES 01 NO. (GO TO H13h) 00 DON'T KNOW (GO TO H13h) d REFUSED (GO TO H13h) r

THIRD JOB <u> 03 </u>	FOURTH JOB <u> 04 </u>	FIFTH JOB <u> 05 </u>
\$ _,	\$ _,,	\$ _, ,
PER WEEK (00025-02000) 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04 PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r GO TO H12	PER WEEK (00025-02000) 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04 PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r GO TO H12	PER WEEK (00025-02000) 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04 PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r GO TO H12
PER DAY (00020-00120) 01	PER DAY (00020-00120) 01	PER DAY (00020-00120) 01
(01-24) • HOURS PER DAY	(01-24) • HOURS PER DAY	(01-24) • HOURS PER DAY
DON'T KNOW d REFUSED r	DON'T KNOW	DON'T KNOW
GO TO H12	GO TO H12	GO TO H12
YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
YES, SELF-EMPLOYED(GO TO H21) 01	YES, SELF-EMPLOYED(GO TO H21) 01	YES, SELF-EMPLOYED(GO TO H21) 01
NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED	NOT SELF-EMPLOYED 00
YES NO DK R A. Paid sick leave? 01 00 d r B. Paid vacation? 01 00 d r C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r	YES NO DK R A. Paid sick leave? 01 00 d r B. Paid vacation? 01 00 d r C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r	YES NO DK R A. Paid sick leave? 01 00 d r B. Paid vacation? 01 00 d r C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r
YES 01	YES 01	YES 01
NO (GO TO H13d) 00	NO (GO TO H13d) 00	NO (GO TO H13d) 00
DON'T KNOW (GO TO H13d) d	DON'T KNOW (GO TO H13d) d	DON'T KNOW (GO TO H13d) d
REFUSED (GO TO H13d) r	REFUSED (GO TO H13d) r	REFUSED (GO TO H13d) r
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES	YES	YES
DON'T KNOW d REFUSED	DON'T KNOW	DON'T KNOW
GO TO H13g	GO TO H13g	GO TO H13g
YES(GO TO H13f)	YES(GO TO H13f) 01	YES(GO TO H13f) 01
NO 00 DON'T KNOW d REFUSED r	NO 00 DON'T KNOW d REFUSED r	NO 00 DON'T KNOW d REFUSED r
YES	YES	YES

		SIXTH JOB <u> 06 </u>	SEVENTH JOB <u> 07 </u>
H11.	How much (are/were) your weekly or monthly earnings, before taxes and other deductions (just before you left that job)? Please include any tips, bonuses, or commissions.	\$, 02 PER WEEK (00025-02000)	\$ _, PER WEEK (00025-02000)
	CIRCLE PAY PERIOD CODE.	TWICE A MONTH (00050-04000) 04	TWICE A MONTH (00050-04000) 04
	ACCEPT MOST CONVENIENT TIME PERIOD.	PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d	PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d
	PROBE: Your best estimate is fine.	REFUSED	REFUSED
	PROBE, IF PER JOB/PIECE/UNIT: How much did you earn in a typical day?	PER DAY (00020-00120)	PER DAY (00020-00120)
H11a.	How many hours (do/did) you work in a day?	(01-24) • HOURS PER DAY	(01-24) _• HOURS PER DAY
		DON'T KNOW	DON'T KNOW d REFUSED r
		GO TO H12	GO TO H12
H11b.	In addition (do/did) you get tips, bonuses, or commissions?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
H12.	INTERVIEWER: CHECK H6b. IS	YES, SELF-EMPLOYED(GO TO H21) 01	YES, SELF-EMPLOYED(GO TO H21) 01
	"YES," SELF-EMPLOYED JOB, CIRCLED?	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED
H13.	(Are/Were) the following benefits available to you on this job. First	YES NO DK R A. Paid sick leave? 01 00 d r	<u>YES NO DK R</u> A. Paid sick leave? 01 00 d r
	READ CATEGORIES.	B. Paid vacation? 01 00 d r	B. Paid vacation? 01 00 d r
	CIRCLE YES, NO, OR DK FOR <u>EACH</u> .	C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r	C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r
H13a.	(Is/Was) there health insurance coverage available to you at your job at [EMPLOYER]?	YES	YES
	PROBE FOR CURRENT JOB: Available now.	DON'T KNOW (GO TO H13d) d	DON'T KNOW (GO TO H13d) d
	PROBE FOR PREVIOUS JOBS: Available at any time.	REFUSED (GO TO H13d) r	REFUSED (GO TO H13d) r
H13b.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this health insurance?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13c.	(Are/Were) you actually participating in the health insurance plan?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES
1140.1	(D. (D.) (EMPLOYED) (1)	GO TO H13g	GO TO H13g
H13d.	(Does/Did) [EMPLOYER] offer health insurance to workers doing the same general kind of work as you?	YES.	YES.
H13e.	(Does/Did) [EMPLOYER] offer health insurance to some other employees?	YES 01 NO.	YES 01 NO. .(GO TO H13h) 00 DON'T KNOW .(GO TO H13h) d REFUSED .(GO TO H13h) r

EIGHTH JOB <u> 08 </u>	NINTH JOB <u> 09 </u>	TENTH JOB <u> 10 </u>
\$ _,	\$ _,,	\$ _, ,
PER WEEK (00025-02000) 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04 PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r	PER WEEK (00025-02000) 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04 PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r	PER WEEK (00025-02000) 02 ONCE EVERY TWO WEEKS (00050-04000) 03 TWICE A MONTH (00050-04000) 04 PER MONTH (00200-08000) 05 PER YEAR (02000-60000) 06 DON'T KNOW d REFUSED r
PER DAY (00020-00120) 01	PER DAY (00020-00120) 01	PER DAY (00020-00120) 01
(01-24) • HOURS PER DAY	(01-24) o HOURS PER DAY	(01-24) • HOURS PER DAY
DON'T KNOW	DON'T KNOW	DON'T KNOW
GO TO H12	GO TO H12	GO TO H12
YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
YES, SELF-EMPLOYED(GO TO H21) 01	YES, SELF-EMPLOYED(GO TO H21) 01	YES, SELF-EMPLOYED(GO TO H21) 01
NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00	NOT SELF-EMPLOYED 00
YES NO DK R A. Paid sick leave? 01 00 d r B. Paid vacation? 01 00 d r C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r	YES NO DK R A. Paid sick leave? 01 00 d r B. Paid vacation? 01 00 d r C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r	YES NO DK R A. Paid sick leave? 01 00 d r B. Paid vacation? 01 00 d r C. Paid holidays? 01 00 d r D. A retirement or pension plan? 01 00 d r
YES 01	YES 01	YES 01
NO (GO TO H13d) 00	NO (GO TO H13d) 00	NO (GO TO H13d) 00
DON'T KNOW (GO TO H13d) d	DON'T KNOW (GO TO H13d) d	DON'T KNOW (GO TO H13d) d
REFUSED (GO TO H13d) r	REFUSED (GO TO H13d) r	REFUSED (GO TO H13d) r
ALL OF THE COST	ALL OF THE COST	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r YES 01
NO 00 DON'T KNOW d REFUSED r	NO 00 DON'T KNOW d REFUSED r	NO 00 DON'T KNOW d REFUSED r
GO TO H13q	GO TO H13g	GO TO H13g
YES. .(GO TO H13f) 01 NO .00 DON'T KNOW d REFUSED r YES .01 NO. .(GO TO H13h) .00	YES(GO TO H13f)	YES. (GO TO H13f) 01 NO 00 DON'T KNOW d REFUSED r YES 01 NO (GO TO H13h) 00
DON'T KNOW (GO TO H13h) d REFUSED (GO TO H13h) r	DON'T KNOW (GO TO H13h) d REFUSED (GO TO H13h) r	DON'T KNOW (GO TO H13h) d REFUSED (GO TO H13h) r

		CURRENT OR MOST RECENT JOB <u> 01 </u>	SECOND JOB <u> 02 </u>
H13f.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the health insurance it offers?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13g.	(Does/Did) the health insurance offered by [EMPLOYER] also cover other family members?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
H13h.	(Is/Was) there dental insurance coverage available to you at your job at [EMPLOYER]?	YES	YES
	PROBE FOR CURRENT JOB: Available now.	,	DON'T KNOW (GO TO H13k) d
	PROBE FOR PREVIOUS JOBS: Available at any time.	REFUSED (GO TO H13k) r	REFUSED (GO TO H13k) r
H13i.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this dental insurance?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13j.	(Are/Were) you actually participating in the dental insurance plan?	YES	YES
H13k.	(Does/Did) [EMPLOYER] offer dental insurance to workers doing the same general kind of work as you?	YES	YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r
H13I.	(Does/Did) [EMPLOYER] offer dental insurance to some other employees?	YES 01 NO .(GO TO H14) 00 DON'T KNOW .(GO TO H14) d REFUSED .(GO TO H14) r	YES 01 NO .(GO TO H130) 00 DON'T KNOW .(GO TO H130) d REFUSED .(GO TO H130) r
H13m.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the dental insurance it offers?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13n.	(Does/Did) the dental insurance offered by [EMPLOYER] also cover other family members?	YES	YES
H13o.	INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?		YES

THIRD JOB <u> 03 </u>	FOURTH JOB <u> 04 </u>	FIFTH JOB <u> 05 </u>
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
YES 01 NO.	YES 01 NO. (GO TO H13k) 00 DON'T KNOW (GO TO H13k) d REFUSED (GO TO H13k) r	YES
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES 01 NO 00 DON'T KNOW d REFUSED r GO TO H13n	YES	YES
YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r	YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r	YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r
YES 01 NO .(GO TO H130) 00 DON'T KNOW .(GO TO H130) d REFUSED .(GO TO H130) r	YES 01 NO .(GO TO H130) 00 DON'T KNOW .(GO TO H130) d REFUSED .(GO TO H130) r	YES 01 NO .(GO TO H130) 00 DON'T KNOW .(GO TO H130) d REFUSED .(GO TO H130) r
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r	YES
YES	YES	YES

		SIXTH JOB <u> 06 </u>	SEVENTH JOB <u> 07 </u>
H13f.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the health insurance it offers?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13g.	(Does/Did) the health insurance offered by [EMPLOYER] also cover other family members?	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
H13h.	(Is/Was) there dental insurance coverage available to you at your job at [EMPLOYER]?	YES	YES
	PROBE FOR CURRENT JOB: Available now.	DON'T KNOW (GO TO H13k) d REFUSED (GO TO H13k) r	DON'T KNOW (GO TO H13k) d REFUSED (GO TO H13k) r
	PROBE FOR PREVIOUS JOBS: Available at any time.	, ,	, ,
H13i.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for this dental insurance?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13j.	(Are/Were) you actually participating in the dental insurance plan?	YES	YES
H13k.	(Does/Did) [EMPLOYER] offer dental insurance to workers doing the same general kind of work as you?	YES .(GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r	YES .(GO TO H13m) 01 NO .00 DON'T KNOW REFUSED
H13I.	(Does/Did) [EMPLOYER] offer dental insurance to some other employees?	YES 01 NO (GO TO H130) 00 DON'T KNOW (GO TO H130) d REFUSED (GO TO H130) r	YES 01 NO .(GO TO H130) 00 DON'T KNOW .(GO TO H130) d REFUSED .(GO TO H130) r
H13m.	(Does/Did) [EMPLOYER] pay all, part or none of the cost of the premiums for the dental insurance it offers?	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
H13n.	(Does/Did) the dental insurance offered by [EMPLOYER] also cover other family members?	YES	YES
H13o.	INTERVIEWER: CHECK H6a. IS SAMPLE MEMBER STILL AT THIS JOB?	YES	YES

EIGHTH JOB <u> 08 </u>	NINTH JOB <u> 09 </u>	TENTH JOB <u> 10 </u>
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r	YES 01 NO 00 DON'T KNOW d REFUSED r
YES 01 NO.	YES 01 NO.	YES
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES	YES	YES
YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r	YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r	YES (GO TO H13m) 01 NO 00 DON'T KNOW d REFUSED r
YES 01 NO .(GO TO H13o) 00 DON'T KNOW .(GO TO H13o) d REFUSED .(GO TO H13o) r	YES 01 NO .(GO TO H130) 00 DON'T KNOW .(GO TO H130) d REFUSED .(GO TO H130) r	YES 01 NO
ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r	ALL OF THE COST 01 PART OF THE COST 02 NONE OF THE COST 03 DON'T KNOW d REFUSED r
YES 01 NO 00 DON'T KNOW d REFUSED r	YES	YES
YES	YES	YES

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

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

		CURRENT OR MOST RECENT JOB <u>01</u>	SECOND JOB <u> 02 </u>
H18.	(Have/Did) you attend(ed) any employer-sponsored training, like	YES 01	YES 01
	workshops or short courses while at	NO	NO
	this job?	DON'T KNOW	DON'T KNOW
<u></u> ⊔10	How did you first hear about this job at	CIRCLE	CIRCLE
1119.	[EMPLOYER]?	STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE	STATE EMPLOYMENT AGENCY/ STATE JOB SERVICE
		PRIVATE EMPLOYMENT AGENCY 02	PRIVATE EMPLOYMENT AGENCY 02
		PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER) (GO TO H21) 03	PLACED OR ANSWERED ADS (VIA NEWSPAPER, RADIO, INTERNET, TV, POSTER, FLYER) (GO TO H21) 03
		THROUGH FRIENDS OR RELATIVES (GO TO H21) 04	THROUGH FRIENDS OR RELATIVES (GO TO H21) 04
		THROUGH A UNION (GO TO H21) 05	THROUGH A UNION (GO TO H21) 05
		GOING DIRECTLY TO EMPLOYERS (GO TO H21) 06	GOING DIRECTLY TO EMPLOYERS (GO TO H21) 06
		OTHER (SPECIFY) (GO TO H21) 07	OTHER (SPECIFY) (GO TO H21) 07
		JOB FAIR 08	JOB FAIR 08
		WELFARE OFFICE	WELFARE OFFICE
		WTW PROGRAM (INCLUDES TWC, EARN)	WTW PROGRAM (INCLUDES TWC, EARN)
		WTW PROGRAM (INCLUDES TWC, EARN)	WTW PROGRAM (INCLUDES TWC, EARN)
		TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER(GO TO H21) d REFUSED(GO TO H21) r	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER
H20.	Did someone there help you get in touch with [EMPLOYER] when you were looking for the job?	TWC, EARN)	TWC, EARN)
H20.	touch with [EMPLOYER] when you were looking for the job?	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER (GO TO H21) d REFUSED (GO TO H21) r YES 01 NO 00 DON'T KNOW/DON'T REMEMBER d	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER (GO TO H21) d REFUSED .(GO TO H21) r YES 01 NO 00 DON'T KNOW/DON'T REMEMBER d
H21.	touch with [EMPLOYER] when you were looking for the job? INTERVIEWER: CHECK H6a. IS CODE "n," STILL AT THIS JOB,	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER .(GO TO H21) d REFUSED .(GO TO H21) r YES .01 NO .00 DON'T KNOW/DON'T REMEMBER d REFUSED r YES .(GO TO H26) .01	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER (GO TO H21) d REFUSED (GO TO H21) r YES 01 NO 00 DON'T KNOW/DON'T REMEMBER d REFUSED r YES (GO TO H26) 01
H21.	touch with [EMPLOYER] when you were looking for the job? INTERVIEWER: CHECK H6a. IS CODE "n," STILL AT THIS JOB, CIRCLED? INTERVIEWER: CHECK H6b. IS THIS A "SELF-EMPLOYED JOB"	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER .(GO TO H21) d REFUSED .(GO TO H21) r YES .01 NO .00 DON'T KNOW/DON'T REMEMBER d d REFUSED r r YES .(GO TO H26) .01 NO .00 YES .(GO TO H25) .01	TWC, EARN) 10 DON'T KNOW/DON'T REMEMBER .(GO TO H21) d REFUSED .(GO TO H21) r YES .01 NO .00 DON'T KNOW/DON'T REMEMBER d REFUSED r YES .(GO TO H26) .01 NO .00 YES .(GO TO H25) .01

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

		SIXTH JOB <u> 06 </u>	SEVENTH JOB <u> 07 </u>
H18.	(Have/Did) you attend(ed) any employer-sponsored training, like	YES 01	YES 01
	workshops or short courses while at	NO 00	NO 00
	this job?	DON'T KNOW d	DON'T KNOW d
1140	How did you first bear about this is a st	REFUSED r CIRCLE	REFUSED r CIRCLE
H19.	How did you first hear about this job at [EMPLOYER]?	STATE EMPLOYMENT AGENCY/	ONLY ONE STATE EMPLOYMENT AGENCY/
		STATE JOB SERVICE 01	STATE JOB SERVICE 01
		PRIVATE EMPLOYMENT AGENCY 02	PRIVATE EMPLOYMENT AGENCY 02
		PLACED OR ANSWERED	PLACED OR ANSWERED
		ADS (VIA NEWSPAPER, RADIO, INTERNET, TV,	ADS (VIA NEWSPAPER, RADIO, INTERNET, TV,
		POSTER, FLYER) (GO TO H21) 03	POSTER, FLYER) (GO TO H21) 03
		THROUGH FRIENDS OR RELATIVES (GO TO H21) 04	THROUGH FRIENDS OR RELATIVES (GO TO H21) 04
		THROUGH A UNION (GO TO H21) 05	THROUGH A UNION (GO TO H21) 05
		GOING DIRECTLY TO EMPLOYERS (GO TO H21) 06	GOING DIRECTLY TO EMPLOYERS (GO TO H21) 06
		OTHER (SPECIFY) (GO TO H21) 07	OTHER (SPECIFY) (GO TO H21) 07
		JOB FAIR 08	JOB FAIR 08
		WELFARE OFFICE	WELFARE OFFICE
		WTW PROGRAM (INCLUDES TWC, EARN)	WTW PROGRAM (INCLUDES TWC, EARN)
		DON'T KNOW/DON'T REMEMBER (GO TO H21) d	DON'T KNOW/DON'T REMEMBER (GO TO H21) d
		REFUSED (GO TO H21) r	REFUSED
H20.	Did someone there help you get in	YES01	YES 01
	touch with [EMPLOYER] when you were looking for the job?	NO 00	NO 00
	,	DON'T KNOW/DON'T REMEMBER d	DON'T KNOW/DON'T REMEMBER d
		REFUSED r	REFUSED r
H21.	INTERVIEWER: CHECK H6a. IS CODE "n," STILL AT THIS JOB,	YES (GO TO H26) 01	YES (GO TO H26) 01
	CIRCLED?	NO 00	NO 00
H21a.	INTERVIEWER: CHECK H6b. IS THIS A "SELF-EMPLOYED JOB"	YES (GO TO H25) 01	YES (GO TO H25) 01
1100	CIRCLED?	NO	NO
H22.	Why did you stop working at [EMPLOYER]? Did you quit, were you	QUIT	LAID OFF(GO TO H24) 02
	laid off or fired, or did the period you	` '	· · · · · · · · · · · · · · · · · · ·
	were set to work there just end?	FIRED	FIRED
		ENDED (GO TO H26) 04	ENDED (GO TO H26) 04
		OTHER (SPECIFY) (GO TO H26) 05	OTHER (SPECIFY) (GO TO H26) 05
		, , , , , ,	
		DON'T KNOW (GO TO H26) d	DON'T KNOWd

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

		CURRENT OR MOST RECENT JOB 01	SECOND JOB <u>02</u>
H23.	What were the reasons you quit working at that job?	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
	PROBE: Why did you quit?	A. MATERNITY LEAVE/PREGNANCY 01	A. MATERNITY LEAVE/PREGNANCY 01
	PROBE: What else?	B. CHILD'S HEALTH PROBLEM 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	B. CHILD'S HEALTH PROBLEM 02 C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
	CIRCLE ALL THAT APPLY	D. OTHER PROBLEMS WITH CHILDREN	D. OTHER PROBLEMS WITH CHILDREN
		E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
		F. TOOK ANOTHER JOB	F. TOOK ANOTHER JOB
		G. ENROLLED IN SCHOOL/TRAINING . 07 H. PROBLEMS WITH CO-WORKERS 08	G. ENROLLED IN SCHOOL/TRAINING . 07 H. PROBLEMS WITH CO-WORKERS 08
		I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS
		J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS
		K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
		L. SM WANTED TO STAY HOME WITH CHILDREN	L. SM WANTED TO STAY HOME WITH CHILDREN
		M. ARRESTED OR HAD OTHER LEGAL PROBLEMS	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS
		N. PROBLEMS WITH BOSS 14	N. PROBLEMS WITH BOSS 14
		O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15
		P. SALARY/BENEFITS NOT GOOD ENOUGH	P. SALARY/BENEFITS NOT GOOD ENOUGH
		Q. DISLIKE RULES	Q. DISLIKE RULES
		R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
		S. ISSUES WITH IMMIGRATION STATUS	S. ISSUES WITH IMMIGRATION STATUS
		T. A RELATIVE'S MEDICAL PROBLEM	T. A RELATIVE'S MEDICAL PROBLEM
		OR DISABILITY	OR DISABILITY
		V. MOVED	V. MOVED
		W. RETIRED	W. RETIRED
		X. OTHER (SPECIFY) 24	X. OTHER (SPECIFY) 24
		Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS
		REFUSED	REFUSED
H23a	. INTERVIEWER: CHECK H23. IS	YES	YES
	CODE 06, "TOOK ANOTHER JOB" CIRCLED?	NO (GO TO H26) 00	NO (GO TO H26) 00
H23b	. Was the new job you took better in any ways than the one you quit?	YES	YES
	ways than the one you quit:	NO	NO
H220	How was it bottor?	REFUSED (GO TO H26) r CIRCLE ALL	REFUSED (GO TO H26) r CIRCLE ALL
H230	. How was it better?	PAY	PAY
		HOURS 03	HOURS
		LOCATION	LOCATION
		WORKING CONDITIONS 06 OTHER (SPECIFY) 07	WORKING CONDITIONS 06 OTHER (SPECIFY) 07
		DON'T KNOW d REFUSED r	DON'T KNOW
		GO TO H26	GO TO H26

THIRD	FOURTH	FIFTH
JOB <u>03</u>	JOB <u>04 </u>	JOB <u> 05 </u>
CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY	CIRCLE ALL <u>THAT APPLY</u>
A. MATERNITY LEAVE/PREGNANCY 01 B. CHILD'S HEALTH PROBLEM 02	A. MATERNITY LEAVE/PREGNANCY 01 B. CHILD'S HEALTH PROBLEM 02	A. MATERNITY LEAVE/PREGNANCY 01 B. CHILD'S HEALTH PROBLEM 02
C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
D. OTHER PROBLEMS WITH CHILDREN	D. OTHER PROBLEMS WITH CHILDREN	D. OTHER PROBLEMS WITH CHILDREN
F. TOOK ANOTHER JOB	F. TOOK ANOTHER JOB	F. TOOK ANOTHER JOB
G. ENROLLED IN SCHOOL/TRAINING . 07	G. ENROLLED IN SCHOOL/TRAINING . 07	G. ENROLLED IN SCHOOL/TRAINING . 07
H. PROBLEMS WITH CO-WORKERS 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	H. PROBLEMS WITH CO-WORKERS 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	H. PROBLEMS WITH CO-WORKERS 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS10	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS
K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
L. SM WANTED TO STAY HOME WITH CHILDREN	L. SM WANTED TO STAY HOME WITH CHILDREN	L. SM WANTED TO STAY HOME WITH CHILDREN
LEGAL PROBLEMS	LEGAL PROBLEMS	LEGAL PROBLEMS
O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE 15	O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE
P. SALARY/BENEFITS NOT GOOD ENOUGH	P. SALARY/BENEFITS NOT GOOD ENOUGH	P. SALARY/BENEFITS NOT GOOD ENOUGH
Q. DISLIKE RULES	Q. DISLIKE RULES	Q. DISLIKE RULES
R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE 18
S. ISSUES WITH IMMIGRATION STATUS19	S. ISSUES WITH IMMIGRATION STATUS 19	S. ISSUES WITH IMMIGRATION STATUS19
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY	T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY
U. NO LONGER NEEDED INCOME 21	U. NO LONGER NEEDED INCOME 21	U. NO LONGER NEEDED INCOME 21
V. MOVED 22 W. RETIRED 23	V. MOVED 22 W. RETIRED 23	V. MOVED
X. OTHER (SPECIFY)	X. OTHER (SPECIFY)	X. OTHER (SPECIFY)
Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS	Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS 25
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
REFUSED r YES 01	REFUSED r YES 01	REFUSED
NO(GO TO H26)00	NO (GO TO H26)	NO(GO TO H26)00
YES	YES	YES
DON'T KNOW (GO TO H26) d	DON'T KNOW (GO TO H26) d	DON'T KNOW (GO TO H26) d
REFUSED (GO TO H26) r	REFUSED (GO TO H26) r	REFUSED (GO TO H26) r
CIRCLE ALL <u>THAT APPLY</u>	CIRCLE ALL THAT APPLY	CIRCLE ALL <u>THAT APPLY</u>
PAY 01	PAY 01	PAY 01
BENEFITS	BENEFITS	BENEFITS
LOCATION 04	LOCATION	LOCATION
TYPE OF WORK	TYPE OF WORK	TYPE OF WORK
OTHER (SPECIFY) 07	OTHER (SPECIFY)	OTHER (SPECIFY)
DON'T KNOW	DON'T KNOW	DON'T KNOW
GO TO H26	GO TO H26	GO TO H26

PROBE: What else? C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE ON	CIRCLE ALL HAT APPLY
PROBE: What else? C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03 D. OTHER PROBLEMS WITH CHILDREN 05 F. TOOK ANOTHER JOB 06 G. ENROLLED IN SCHOOL/TRAINING 07 H. PROBLEMS WITH CO-WORKERS 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/DIDN'T USE BEST SKILLS 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10 K. SM'S HEALTH PROBLEM 11 L. SM WANTED TO STAY HOME WITH CHILDREN 12 M. ARRESTED OR HAD OTHER C. CHILD CARE PROBLEM/COUL NOT AFFORD CHILD CARE D. O3 NOT AFFORD CHILD CARE D. O3 NOT AFFORD CHILD CARE PROBLEM/COUL NOT AFFORD CHILD CARE D. O3 NOT AFFORD CHILD CARE D. O3 NOT AFFORD CHILD CARE PROBLEM/COUL NOT AFFORD CHILD CARE D. O3 D. OTHER PROBLEMS WITH CHILD CARE D. O3 D. OTHER PROBLEM SWITH CHILD CARE D. O3 D. OTHER PROBLEMS WITH CHILD CARE D. O3 D. OTHER PROBLEM SWITH CHILD CARE D. O3 D. OTHER PROBLEMS WITH CHILD CARE D. OTHER PROBLEMS WITH CHI	
CIRCLE ALL THAT APPLY D. OTHER PROBLEMS WITH CHILDREN	ILD
E. TRANSPORTATION PROBLEM	
G. ENROLLED IN SCHOOL/TRAINING 07 H. PROBLEMS WITH CO-WORKERS 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS 10 K. SM'S HEALTH PROBLEM 11 L. SM WANTED TO STAY HOME WITH CHILDREN 12 M. ARRESTED OR HAD OTHER G. ENROLLED IN SCHOOL/TRAI H. PROBLEMS WITH CO-WORK I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK DIDN'T USE BEST SKILLS J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS K. SM'S HEALTH PROBLEM L. SM WANTED TO STAY HOME WITH CHILDREN WITH CHILDREN M. ARRESTED OR HAD OTHER	_
H. PROBLEMS WITH CO-WORKERS . 08 I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	
I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09 J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	
J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	RK/
L. SM WANTED TO STAY HOME WITH CHILDREN	
WITH CHILDREN	11
	13
N. PROBLEMS WITH BOSS	14
O. ADVANCEMENT TOO SLOW/ DIDN'T GET A RAISE	
P. SALARY/BENEFITS NOT GOOD P. SALARY/BENEFITS NOT GOO ENOUGH	
Q. DISLIKE RULES	17
R. SUBSTANCE ABUSE 18 R. SUBSTANCE ABUSE	
S. ISSUES WITH IMMIGRATION STATUS	
T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY	BLEM
U. NO LONGER NEEDED INCOME 21 U. NO LONGER NEEDED INCOM	
V. MOVED	
W. RETIRED	-
X. OTHER (SPECIFY)	24
Y. NOT ENOUGH HOURS OFFERED/ TOO MANY HOURS	25
REFUSED r REFUSED	
H23a. INTERVIEWER: CHECK H23. IS YES	
CODE 06, "TOOK ANOTHER JOB" CIRCLED? NO(GO TO H26)	
H23b. Was the new job you took better in any ways than the one you quit? YES	
DON'T KNOW (GO TO H26) d DON'T KNOW (GO TO H26)	d
REFUSED (GO TO H26) r REFUSED (GO TO H26) H23c. How was it better? CIRCLE ALL C	CIRCLE ALL
THAT APPLY T PAY 01 BENEFITS 02 HOURS 03 HOURS 03	<u>HAT APPLY</u> 01 02 03
LOCATION	05 06 07
DON'T KNOW d DON'T KNOW REFUSED r REFUSED	
GO TO H26 GO TO H26	

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

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

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

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

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

		CURRENT OR MOST RECENT JOB <u> 01 </u>	SECOND JOB <u> 02</u>
H25.	Why did you stop doing that business?	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
	PROBE: Why else?	A. MATERNITY LEAVE/PREGNANCY 01	A. MATERNITY LEAVE/PREGNANCY 01
	CIRCLE ALL THAT APPLY.	B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
		C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
		D. OTHER PROBLEMS WITH CHILDREN	D. OTHER PROBLEMS WITH CHILDREN
		E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
		F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
		G. ENROLLED IN SCHOOL/ TRAINING	G. ENROLLED IN SCHOOL/ TRAINING
		H. PROBLEMS WITH CO-WORKERS 08	H. PROBLEMS WITH CO-WORKERS 08
		I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
		J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS
		K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
		L. SM WANTED TO STAY HOME WITH CHILDREN	L. SM WANTED TO STAY HOME WITH CHILDREN
		M. ARRESTED OR HAD OTHER LEGAL PROBLEMS	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS
		N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14
		O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15
		P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF 16
		Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS
		R. SUBSTANCE ABUSE 18	R. SUBSTANCE ABUSE
		S. ISSUES WITH IMMIGRATION	S. ISSUES WITH IMMIGRATION
		STATUS 19	STATUS 19
		T. A RELATIVE'S MEDICAL PROBLEM	T. A RELATIVE'S MEDICAL PROBLEM
		OR DISABILITY	OR DISABILITY 20
		U. OTHER (SPECIFY)	U. OTHER (SPECIFY)
		DON'T KNOW d	DON'T KNOW d
		REFUSED	REFUSED r
H26.	INTERVIEWER: CHECK H5. IS THERE ANOTHER JOB TO BE	YES(GO TO H5b, JOB 2) 01	YES(GO TO H5b, JOB 3) 01
	ASKED ABOUT?	NO (GO TO I1) 00	NO (GO TO I1) 00

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

		SIXTH SEVENTH JOB 06 JOB 07	
·	did you stop doing that business?	CIRCLE ALL THAT APPLY	CIRCLE ALL THAT APPLY
PROB	BE: Why else?	A. MATERNITY LEAVE/PREGNANCY 01	A. MATERNITY LEAVE/PREGNANCY 01
CIRCL	LE ALL THAT APPLY.	B. CHILD'S HEALTH PROBLEM 02	B. CHILD'S HEALTH PROBLEM 02
		C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03	C. CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE 03
		D. OTHER PROBLEMS WITH CHILDREN	D. OTHER PROBLEMS WITH CHILDREN
		E. TRANSPORTATION PROBLEM 05	E. TRANSPORTATION PROBLEM 05
		F. TOOK ANOTHER JOB 06	F. TOOK ANOTHER JOB 06
		G. ENROLLED IN SCHOOL/ TRAINING	G. ENROLLED IN SCHOOL/ TRAINING 07
		H. PROBLEMS WITH CO-WORKERS 08	H. PROBLEMS WITH CO-WORKERS 08
		I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09	I. JOB DIFFERENT FROM EXPECTED/DIDN'T LIKE WORK/ DIDN'T USE BEST SKILLS 09
		J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS	J. SCHEDULE NOT FLEXIBLE ENOUGH/INCONVENIENT HOURS
		K. SM'S HEALTH PROBLEM 11	K. SM'S HEALTH PROBLEM 11
		L. SM WANTED TO STAY HOME WITH CHILDREN	L. SM WANTED TO STAY HOME WITH CHILDREN
		M. ARRESTED OR HAD OTHER LEGAL PROBLEMS	M. ARRESTED OR HAD OTHER LEGAL PROBLEMS 13
		N. NOT MAKING ENOUGH MONEY 14	N. NOT MAKING ENOUGH MONEY 14
		O. NOT GETTING ENOUGH BUSINESS 15	O. NOT GETTING ENOUGH BUSINESS 15
		P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF 16	P. COULDN'T HIRE THE HELP NEEDED/ OTHER PROBLEMS WITH STAFF 16
		Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS	Q. TOO DIFFICULT/STRESSFUL/ LONG HOURS
		R. SUBSTANCE ABUSE	R. SUBSTANCE ABUSE
		S. ISSUES WITH IMMIGRATION	S. ISSUES WITH IMMIGRATION
		STATUS	STATUS 19 T. A RELATIVE'S MEDICAL PROBLEM
		T. A RELATIVE'S MEDICAL PROBLEM OR DISABILITY	OR DISABILITY
		U. OTHER (SPECIFY)	U. OTHER (SPECIFY)
		O. OTTIER (GFEGILT)	o. Offick (Gredil 1)
		DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSED r
THER	RVIEWER: CHECK H5. IS E ANOTHER JOB TO BE	YES(GO TO H5b, JOB 7) 01	YES(GO TO H5b, JOB 8) 01
ASKE	D ABOUT?	NO (GO TO I1) 00	NO (GO TO I1) 00

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



I. CHILD CARE ARRANGEMENTS

1.	INTERVIEWER: CHECK C20, C22, AND C23. ARE THERE ANY CHILDREN IN THE HOUSEHOLD (C20=01, 02, OR 03) WHO UNDER AGE 18 (C22 OR C23)?		HOUSEHOLD (C20=01, 02, OR 03) WHO ARE	
		YES 01 →		S AND PERSON NUMBERS ACROSS ECK ALL COLUMNS IN GRID, THEN D I1a.
		NO	GO TO J1	
1a.	DOES SAMPLE N	MEMBER CURRENTLY HAVE A JOB, H6a = "n, STI	LL AT JOB"?	
		YES		
		NO	ENTER EMPLOYE	R'S NAME FROM COLUMN 1/JOB 1 (H5) AT I2
1b.	DOES SAMPLE N JOB"?	MEMBER HAVE MORE THAN ONE CURRENT JOB	(REVIEW ACROSS	ENTIRE GRID AT H6a FOR "n, STILL AT
		YES 01 →	ENTER THE CUR HOURS WORKED	
			INTERVIEWER:	IF MULTIPLE CURRENT JOBS ARE WORKED EQUAL HOURS, ASK: Between (INSERT JOBS) which of these jobs do you consider to be your main job? ENTER AT I2.
		NO	ENTER THE CURF	RENT JOB AT I2

INTERVIEWER: ENTER JOB NAME:

I2.

THEN ASK 14-18 DOWN FOR EACH CHILD.

	CHILD 1	CHILD 2	CHILD 3
I3. RECORD FIRST NAME(S OF (CHILD/CHILDREN) AND PERSON/CHILD #.	FIRST NAME OF CHILD	FIRST NAME OF CHILD	FIRST NAME OF CHILD
	PERSON # FROM H.H. GRID _	PERSON # FROM H.H. GRID	PERSON # FROM H.H. GRID
INTRO: The next questions are about child care for [INSERT CHILDRENS' NAMES FROM I3] while you (are/were) working at [JOB 1]. Let's talk about (CHILD 1) *Other than time spent at school,* who (takes/took) care of [CHILD] for the most hours when you (are/were) at [JOB 1]? PROBE IF SM STATES CHILD CARE CHANGED DURING THE TIME AT THE JOB: Let's focus on the child care arrangements you (have had/had) during the last few weeks at [JOB 1].	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER 01 SM'S PARTNER 02 CHILD'S GRANDPARENT/ GREAT-GRANDPARENT/ GREAT-GRANDPARENT 03 SIBLING OF CHILD 04 OTHER RELATIVE OF CHILD 05 NON-RELATIVE OF CHILD (NON-INSTITUTIONAL) 06 DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM (GO TO 15) 07 SUMMER CAMP (GO TO 15) 09 LESSONS/CLUBS/ SPORTS/OTHER ACTIVITIES (GO TO 15) 10 EMPLOYER PROVIDED CHILD CARE (GO TO 15) 11 SM CARED FOR CHILD AT WORK (GO TO 15) 12 CHILD CARED FOR SELF (GO TO 15) 13 NO CHILD CARE NEEDED (GO TO 18) 16 CHILD NOT LIVING WITH SM AT THAT TIME (GO TO 18) 14 OTHER (SPECIFY) 15	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER

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

CHILD 4 CHILD 5		CHILD 6	
FIRST NAME OF CHILD	FIRST NAME OF CHILD	FIRST NAME OF CHILD	
PERSON # FROM HH GRID	PERSON # FROM HH GRID	PERSON # FROM HH GRID	
CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER 01 SM'S PARTNER 02 CHILD'S GRANDPARENT/ GREAT-GRANDPARENT 03 SIBLING OF CHILD 04 OTHER RELATIVE OF CHILD 05 NON-RELATIVE OF CHILD (NON-INSTITUTIONAL) 06 DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM. (GO TO 15) 07	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER	CIRCLE ONLY ONE CHILD'S FATHER/ STEPFATHER MOTHER/STEPMOTHER 01 SM'S PARTNER 02 CHILD'S GRANDPARENT/ GREAT-GRANDPARENT 03 SIBLING OF CHILD 04 OTHER RELATIVE OF CHILD 05 NON-RELATIVE OF CHILD (NON-INSTITUTIONAL) 06 DAY CARE CENTER/ NURSERY SCHOOL/ PRE-SCHOOL/BEFORE- AND AFTER- SCHOOL PROGRAM(GO TO 15) 07	
SUMMER CAMP(GO TO 15)	SUMMER CAMP(GO TO 15)	SUMMER CAMP(GO TO 15)	
	DON'T KNOW. (GO TO I5)	DON'T KNOW(GO TO 15)	

		CHILD 1	CHILD 2	CHILD 3
I4a.	Was that mostly in your	SM's HOME01	SM's HOME01	SM's HOME01
	home or someplace else?	SOMEPLACE ELSE 02	SOMEPLACE ELSE 02	SOMEPLACE ELSE02
		DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSED r	REFUSED r
I4b.	INTERVIEWER: CHECK 14. WHICH OF THE FOLLOWING CODES	CODE (I4)	CODE (I4)	CODE (I4)
	ARE CIRCLED FOR THIS CHILD	SIBLING04	SIBLING04	SIBLING04
		OTHER RELATIVE 05	OTHER RELATIVE 05	OTHER RELATIVE 05
		NON-RELATIVE (NON-INSTITUTIONAL)06	NON-RELATIVE (NON-INSTITUTIONAL)06	NON-RELATIVE (NON-INSTITUTIONAL)06
		NONE OF THE ABOVE(GO TO I5) 99	NONE OF THE ABOVE(GO TO I5) 99	NONE OF THE ABOVE(GO TO I5) 99
I4c.	How old (is that person/ was that person at the	under 14 years old, 01	under 14 years old,01	under 14 years old,01
	time)?	15 to 18 years old, 02	15 to 18 years old, 02	15 to 18 years old, 02
	Would you say	19 to 21 years old, or 03	19 to 21 years old, or 03	19 to 21 years old, or 03
		over age 21? 04	over age 21? 04	over age 21? 04
		DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSED r	REFUSED r
I5.	Now, thinking about all of	(000-100)	(000-100)	(000-100)
	the ways that anyone (cares/cared) for [CHILD] while you (are/were) at [JOB 1], about how many hours per week of child care (do/did) you have for (him/her)?	 HOURS PER WEEK	_ HOURS PER WEEK	 HOURS PER WEEK
		DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSED r	REFUSED r	REFUSED r
	PROBE IF SM STATES CHILD CARE CHANGED DURING THE TIME AT THE JOB: Let's focus on the child care arrangements you (have had/had) during the last few weeks at [JOB 1].			

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

	CHILD 1	CHILD 2	CHILD 3
I6. Including whatever (is/was) paid by you or by someone else in your household, how much (does/did) child care usually cost you per week? Do not include any amount you pay but get reimbursed for later. PROBE: Do not include the value of any noncash payments.	(001-998) \$ _ _ _ PAY PER WEEK NOTHING	(001-998) \$ _ _ PAY PER WEEK AMOUNT INCLUDED IN A PREVIOUS CHILD(GO TO I8) p NOTHING000 DON'T KNOW	(001-998) \$ _ _ _ PAY PER WEEK AMOUNT INCLUDED IN A PREVIOUS CHILD(GO TO I8) p NOTHING000 DON'T KNOW
PROBE IF SM STATES CHILD CARE ARRANGEMENTS OR COSTS CHANGED DURING THE TIME AT THE JOB: Let's focus on the child care costs during the last few weeks at [JOB 1].		REFUSED r	REFUSED r
I7. At any time while you (have been/were) working at [JOB 1] (have/did) any of the following (paid/pay) for any of the child care costs for [CHILD]. First CIRCLE YES OR NO FOR EACH (A-C).	A. Welfare or social services, including any special checks or vouchers for child care?	A. Welfare or social services, including any special checks or vouchers for child care?	A. Welfare or social services, including any special checks or vouchers for child care? 01 00 B. Your employer at [JOB 1], including any child care subsidies? 01 00 C. A friend or relative outside your household? 01 00 DON'T KNOW d REFUSED r
18. INTERVIEWER: CHECK I3. IS THERE ANOTHER CHILD TO ASK ABOUT?	YES (GO TO I4, CHILD 2) 01 NO (GO TO J1) 00	YES (GO TO I4, CHILD 3) 01 NO (GO TO J1) 00	YES (GO TO I4, CHILD 4) 01 NO (GO TO J1) 00

CHILD 4	CHILD 5	CHILD 6	
(001-998)	(001-998)	(001-998)	
\$ PAY PER WEEK	\$ _ PAY PER WEEK	\$ PAY PER WEEK	
AMOUNT INCLUDED IN A PREVIOUS CHILD (GO TO I8)	AMOUNT INCLUDED IN A PREVIOUS CHILD(GO TO I8)	AMOUNT INCLUDED IN A PREVIOUS CHILD(GO TO I8)	
NOTHING 000	NOTHING	NOTHING 000	
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	
REFUSED r	REFUSED r	REFUSED r	
	YES NO	YES NO	
A. Welfare or social services, including any special checks or vouchers for child care?	A. Welfare or social services, including any special checks or vouchers for child care?	A. Welfare or social services, including any special checks or vouchers for child care?	
C. A friend or relative outside your household? 01 00	C. A friend or relative outside your household? 01 00	C. A friend or relative outside your household? 01 00	
DON'T KNOW d	DON'T KNOW d	DON'T KNOW d	
REFUSED r	REFUSED r	REFUSED r	
YES(GO TO I4, CHILD 5)	YES (GO TO I4, CHILD 6)	GO TO J1	



J. BARRIERS TO EMPLOYMENT

J1.	INTERVIEWER:	CHECK C1. IS CODE 08, "SAMPLE ME CURRENTLY INCARCERATED," CIRCL	
		YES	. 01 → GO TO K1
		NO	. 00

J2.	INTERVIEWER:	CHECK H6a, H6b, AND H6c. IS SAMPLE MEMBER CURRENTLY EMPLOYED (H6a=n) AT A PAID JOB (H6c=01) OR A SELF-EMPLOYED JOB (H6b=01). CHECK ALL JOBS IN GRID.
		YES 01 → GO TO J6a
		NO 00

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

PROBE: Any other reasons?

		J3. CIRCLE ALL	J5. CIRCLE
		THAT APPLY	ONLY ONE
A.	MATERNITY LEAVE/PREGNANCY	01	01
B.	CHILD'S HEALTH PROBLEM	02	02
C.	CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE	03	03
D.	OTHER PROBLEMS WITH CHILDREN	04	04
E.	TRANSPORTATION PROBLEM	05	05
F.	IN SCHOOL/TRAINING	06	06
G.	WORK SCHEDULES NOT FLEXIBLE ENOUGH/INCONVENIENT		
	HOURS	07	07
Н.	SM's HEALTH PROBLEM/DISABILITY	80	08
I.	SM WANTED TO STAY HOME WITH CHILDREN	09	09
J.	ARRESTED OR HAD OTHER LEGAL PROBLEMS	10	10
K.	BENEFITS/SALARY NOT GOOD ENOUGH	11	11
L.	DISLIKE RULES AT WORK	12	12
M.	SM's SUBSTANCE ABUSE	13	13
N.	ISSUES WITH IMMIGRATION STATUS	14	14
Ο.	A RELATIVE'S MEDICAL PROBLEM OR DISABILITY	15	15
P.	LACK OF SKILLS/EDUCATION	16	16
Q.	POOR WORK HISTORY/LACKS EXPERIENCE	17	17
R.	DISCRIMINATION	18	18
S.	SM WANTS TO TAKE TIME OFF	19	19
T.	SM JUST MOVEDHASN'T FOUND JOB YET	20	20
U.	SM JUST FINISHED SCHOOL/MILITARYHASN'T FOUND JOB YET	21	21
V.	SM JUST GOT LAID OFF/FIREDHASN'T FOUND JOB YET	22	22
W.	SICK LEAVE/DISABILITY LEAVE	23	23
X.	SM DOES NOT WANT TO WORK	24	24
Y.	SM DOES NOT NEED THE MONEY	25	25
Z.	OTHER (SPECIFY)	26	26
AA.	CAN'T FIND A JOB/STILL LOOKING FOR A JOB	27	27
/ U \	DON'T KNOW	d	d
	REFUSED	r	r
		1	- I
J4.	INTERVIEWER: CHECK J3. IS MORE THAN ONE ANSWER CODE	D IN J3?	
	YFS 01		

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

GO TO K1

NO $00 \rightarrow \text{GO TO K1}$

J6a.	ALL PAID (H6c=01) ANI	RECORD "HOURS WORKING PER WEEK" FROM H7 FOR ALL PAID (H6c=01) AND SELF-EMPLOYED (H6b=01), CURRENT JOBS (H6a=n).		
	Column 1			
	FOR JOBS 01-05 IF H6c , "PAID JOB" = 01 OR H6b "SELF-EMPLOYED"=01, AND IF H6a , "STILL AT JOB"=n, THEN	RECORD " HOURS WORKING PER WEEK" FROM H7		
	JOB 01 IF H6c, "PAID JOB"=01, OR H6b "SELF-EMPLOYED"=01, AND If H6a, "STILL AT JOB"=n, THEN →	JOB 1 HOURS		
	JOB 02 IF H6c, "PAID JOB"=01, OR H6b "SELF-EMPLOYED"=01, AND If H6a, "STILL AT JOB"=n, THEN →	JOB 2 HOURS		
	JOB 03 IF H6c, "PAID JOB"=01, OR H6b "SELF-EMPLOYED"=01, AND If H6a, "STILL AT JOB"=n, THEN →	JOB 3 HOURS		
	JOB 04 IF H6c, "PAID JOB"=01, OR H6b "SELF-EMPLOYED"=01, AND If H6a, "STILL AT JOB"=n, THEN →	JOB 4 HOURS		
	JOB 05 IF H6c, "PAID JOB"=01, OR H6b "SELF-EMPLOYED"=01, AND If H6a, "STILL AT JOB"=n, THEN →	JOB 5 HOURS		
J6b.	INTERVIEWER: ADD "HOURS WORKI COLUMN 1, JOBS 01-	•		
	TOTAL HO	OURS WORKING PER WEEK		
J6c.	INTERVIEWER: DOES J6b, "TOTAL HOURS WORKING PER WEEK," EQUAL			
	LESS THAN 19 HOURS 00 → GO TO J7			
	BETWEEN 20 HOURS TO 29 HOURS 01 → GO TO J10			
	30 HOURS OR MORE			

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

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

PROBE: Any other reasons?

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

J8.	INTERVIEWER: IS THERE MORE THAN ONE ANSWER CODED IN J7?
	YES01
	NO 00 → GO TO K1

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

GO TO K1

J10. Some people may not be able to find a job where they can work 30 hours or more a week for pay. Other people may have personal reasons for working less than 30 hours a week. What would you say are the reasons you are working less than 30 hours per week?

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

PROBE: Any other reasons?

		J10. CIRCLE ALL <u>THAT APPLY</u>	J12. CIRCLE <u>ONLY ONE</u>
A.	MATERNITY LEAVE/PREGNANCY	01	01
B.	CHILD'S HEALTH PROBLEM	02	02
C.	CHILD CARE PROBLEM/COULD NOT AFFORD CHILD CARE	03	03
D.	OTHER PROBLEMS WITH CHILDREN	04	04
E.	TRANSPORTATION PROBLEM	05	05
F.	IN SCHOOL/TRAINING	06	06
G.	WORK SCHEDULES NOT FLEXIBLE ENOUGH/INCONVENIENT		
	HOURS	07	07
H.	SM's HEALTH PROBLEM/DISABILITY	08	80
I.	SM WANTED TO STAY HOME WITH CHILDREN MORE	09	09
J.	ARRESTED OR HAD OTHER LEGAL PROBLEMS	10	10
K.	SM's SUBSTANCE ABUSE	11	11
L.	ISSUES WITH IMMIGRATION STATUS	12	12
M.	A RELATIVE'S MEDICAL PROBLEMS OR DISABILITY	13	13
N.	CAN'T FIND A JOB WITH MORE HOURS	14	14
Ο.	SM DOES NOT WANT TO WORK MORE HOURS	15	15
P.	SM DOES NOT NEED MONEY	16	16
Q.	OTHER (SPECIFY)	17	17
	DON'T KNOW	d	d
	REFUSED	r	r

J11.	INTERVIEWER: IS THERE MORE THAN ONE ANSWER CODED IN J10?	
	YES	01
	NO	00 → GO TO K1

J12. Which of those is the most important reason why you are not working 20 hours or more a week? **CIRCLE ONLY ONE CODE IN COLUMN J12, ABOVE.**

GO TO K1



K. EDUCATION AND TRAINING

Now I'd like to ask about any education and training classes or programs you may have attended during the past 12 months. This includes classes or programs a caseworker or counselor [MILWAUKEE ONLY, INSERT: parole or probation officer] may have referred you to, or any activities you might have found on your own or through your employer.

			a.	b.	c.	d.
Since [MONTH/YEAR, ONE YEAR AGO], have you attended or taken part in			When did you start the [PROGRAM]?	When did you stop?	Did you receive a degree or	How many hours per week (do/did) you spend in classes or at
INTE	RVIEWER: READ DOWN GRID <u>F</u> ASK a-d ACROSS FO "YES" RESPONSE.				certificate?	the training site?
K1.	G.E.D. or regular high school classes? PROBE: Since [MONTH/ YEAR, ONE YEAR AGO]. IF DK DAY FOR "a" OR "b", PROBE: Was it the beginning, middle, or end of the month? IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25. END DATE MUST BE WITHIN PAST 12 MONTHS.	YES 01 NO 00 DK d RF r	Month _ _ Day - - - Year (1997 -) DON'T KNOW d REFUSEDr		YES 01 NO 00 DON'T KNOW d REFUSED r	_ NUMBER OF HOURS PER WEEK ATTENDED SPORADICALLY n DON'T KNOW d REFUSED r
K2.	Adult basic education classes? PROBE: Since [MONTH/ YEAR, ONE YEAR AGO]. IF DK DAY FOR "a" OR "b", PROBE: Was it the beginning, middle, or end of the month? IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25. END DATE MUST BE WITHIN PAST 12 MONTHS.	YES 01 NO 00 DK d RF r	Month L	_ _ Month Day Year HASN'T STOPPED PROGRAM(GO TO d) n DON'T KNOW d REFUSED r		_ NUMBER OF HOURS PER WEEK ATTENDED SPORADICALLY n DON'T KNOW d REFUSED r
K3.	English as a second language classes? PROBE: Since [MONTH/ YEAR, ONE YEAR AGO]. IF DK DAY FOR "a" OR "b", PROBE: Was it the beginning, middle, or end of the month? IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25. END DATE MUST BE WITHIN PAST 12 MONTHS.	YES 01 NO 00 DK d RF r	Month _ _ Day - - - Year (1997 -) DON'T KNOW d REFUSEDr	Month Day Year HASN'T STOPPED PROGRAM(GO TO d) n DON'T KNOW d REFUSED r		_ NUMBER OF HOURS PER WEEK ATTENDED SPORADICALLY n DON'T KNOW d REFUSED r

K4.	During the past 12 months, have you attended or taken part in vocational or
	technical training, occupational skills training, or a college program?

YES	01	
NO	00 —	
DON'T KNOW	d	→ GO TO L1
REFUSED		

K5. How many of these types of programs have you attended or taken part in during the past 12 months?

		PROGRAM 1	PROGRAM 2	PROGRAM 3
K6.	(I would like to ask you about the three most recent programs you attended.) When did you start the (most recent/second most	_ _ / _ _ / _ _	_ / _ / _ Month Day Year (1996 -)	_ / _ - - Month Day Year (1996 -)
	recent/third most recent) program you attended?	DON'T KNOWd	DON'T KNOWd	DON'T KNOW d
	INTERVIEWER: USE INTRO PHRASE IF MORE THAN 3 PROGRAMS.	REFUSEDr	REFUSEDr	REFUSEDr
	IF DK DAY, PROBE: Was it the beginning, middle, or end of the month?			
	IF "BEGINNING," ENTER 05; IF "MIDDLE," ENTER 15; IF "END," ENTER 25.			
	END DATE MUST BE WITHIN PAST 12 MONTHS.			
	ASK K7-K10a DOWN <u>FIRST</u> FOR EACH PROGRAM.			
K7.	When did you stop?	_ / _ / _ _ (1996 -) Month Day Year	_ / / _ _ _ (1996 -) Month Day Year	_ / / _ _ (1996 -) Month Day Year
	END DATE MUST BE WITHIN PAST 12	HASN'T STOPPED PROGRAM(GO TO K9)n	HASN'T STOPPED PROGRAM(GO TO K9)n	HASN'T STOPPED PROGRAM(GO TO K9)n
	MONTHS.	DON'T KNOW	DON'T KNOW	DON'T KNOW
K8.	Did you receive a degree or certificate?	YES	YES	YES
		DON'T KNOW. (GO TO K10) d	DON'T KNOW (GO TO K10) d	DON'T KNOW (GO TO K10)d
		REFUSED(GO TO K10) r	REFUSED (GO TO K10) r	REFUSED(GO TO K10) r
K9.	What type of degree or certificate (did you/ would you)	ASSOCIATE'S DEGREE (AA) 01	ASSOCIATE'S DEGREE (AA) 01	ASSOCIATE'S DEGREE (AA) 01
	receive upon completion of this program?	BACHELOR'S DEGREE OR EQUIVALENT (BA/BS) 02	BACHELOR'S DEGREE OR EQUIVALENT (BA/BS) 02	BACHELOR'S DEGREE OR EQUIVALENT (BA/BS) 02
		GRADUATE DEGREE (MA, MD, Ph.D) 03	GRADUATE DEGREE (MA, MD, Ph.D) 03	GRADUATE DEGREE (MA, MD, Ph.D) 03
		VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE (INCLUDE CNA)	VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE (INCLUDE CNA)	VOCATIONAL/TECHNICAL DEGREE OR CERTIFICATE (INCLUDE CNA)
		NURSING (RN/LPN) 05	NURSING (RN/LPN) 05	NURSING (RN/LPN) 05
		BUSINESS DEGREE/ CERTIFICATE	BUSINESS DEGREE/ CERTIFICATE	BUSINESS DEGREE/ CERTIFICATE 06
		SECRETARIAL DEGREE/ CERTIFICATE 07	SECRETARIAL DEGREE/ CERTIFICATE 07	SECRETARIAL DEGREE/ CERTIFICATE 07
		OTHER PROFESSIONAL DEGREE/CERTIFICATE	OTHER PROFESSIONAL DEGREE/CERTIFICATE	OTHER PROFESSIONAL DEGREE/CERTIFICATE 08
		OTHER (SPECIFY) 09	OTHER (SPECIFY) 09	OTHER (SPECIFY) 09
		NO DEGREE/CERTIFICATE GRANTED IN PROGRAM 10	NO DEGREE/CERTIFICATE GRANTED IN PROGRAM 10	NO DEGREE/CERTIFICATE GRANTED IN PROGRAM 10
		DON'T KNOWd	DON'T KNOW d	DON'T KNOWd
		REFUSEDr	REFUSEDr	REFUSEDr
K10.	How many hours per week (do/did) you spend in classes	(01-50) NUMBER OF HOURS	(01-50) NUMBER OF HOURS	(01-50) NUMBER OF HOURS
	or at the training site?	ATTENDED SPORADICALLY	ATTENDED SPORADICALLY	ATTENDED SPORADICALLYn
		DON'T KNOW d	DON'T KNOW d	DON'T KNOW d
		REFUSEDr	REFUSEDr	REFUSEDr
K10a.	INTERVIEWER: IS THERE ANOTHER PROGRAM TO	YES (GO TO K6) 01	YES (GO TO K6) 01	GO TO L1
	ASK ABOUT?	NO (GO TO L1) 00	NO (GO TO L1) 00	



L. RECENT INCARCERATION

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

L1a.	INTERVIEWER:	CHECK C1. IS CODE 08, "SAMPLE MEMB CURRENTLY INCARCERATED," CIRCLED	
		YES01	
		NO 00	→ GO TO L3

L2. How long is your current sentence?

L3. Since [MONTH/YEAR, ONE YEAR AGO], have you ever spent time in a correctional institution, like a county jail, a state or federal prison, or under house arrest?

GO TO L4

YES	01	
NO		
DON'T KNOW	d	GO TO L5
REFUSED		

	YEAR AGOJ?
	DAYS
L5.	Prior to [MONTH/YEAR, ONE YEAR AGO], did you ever spend time in a correctional institution? Include county jails, state or federal prisons, or house arrest.
	YES
L6.	Altogether, how much time did you serve prior to [MONTH/YEAR, ONE YEAR AGO]?
	DAYS
L7.	INTERVIEWER: CHECK L1. IS YES, "SAMPLE MEMBER CURRENTLY INCARCERATED," CIRCLED?
	YES
L8.	Are you currently on probation or parole?
	YES

Altogether, how much time have you served since [MONTH/YEAR, ONE

L4.

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

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

Please tell me if there has been a time during the past 12 months when your household . . .

CIRCLE ONE FOR EACH

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

M2. During the past 12 months, has there been a time when you or anyone living in your household needed to see a dentist but couldn't go?

YES	01	
NO	00	1
DON'T KNOW	d	→ GO TO M5
REFLISED	r	

	CIRCLE ALL THAT APPLY YOU (SM) 01 CHILDREN UNDER 18 02 OTHER ADULTS 03 DON'T KNOW d REFUSED r
M4.	What were the reasons (you/they) couldn't go?
	CIRCLE ALL THAT APPLY DIDN'T HAVE THE MONEY 01 DIDN'T HAVE INSURANCE 02 DIDN'T KNOW WHERE TO GO 03 COULDN'T TAKE TIME OFF 04 TRANSPORTATION PROBLEMS 05 OTHER (SPECIFY) 06 DON'T KNOW d REFUSED r
M5.	During the past 12 months, has there been a time when you or anyone living in your household needed to see a doctor or go to the hospital but couldn't go?
	YES
M6.	Who was that?
	CIRCLE ALL THAT APPLY YOU (SM) 01 CHILDREN UNDER 18 02 OTHER ADULTS 03 DON'T KNOW d REFUSED r

M3.

Who was that?

		CIRCLE A	LL THAT APPLY
	DID	N'T HAVE THE MONEY	. 01
	DID	N'T HAVE INSURANCE	. 02
	DID	N'T KNOW WHERE TO GO	. 03
		JLDN'T TAKE TIME OFF DM WORK	. 04
	TRA	ANSPORTATION PROBLEMS	. 05
	ОТН	HER (SPECIFY)	. 06
	DOI	N'T KNOW	_ . d
	REF	FUSED	. r
M8.		past 12 months, did you or other adult your meals or skip meals because the	
	YES	8	. 01
	NO		. 00
	DOI	N'T KNOW	. d
	REF	FUSED	. r
M9.	Are you currently other kind of YES NO NEV	w questions are about health insurance rently covered by either Medicaid, priving the formal	vate health insurance, or any . 01 . 00 → GO TO M11 . n → GO TO M12 . d

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

M7.

M10.	During the past 12 months, have you ever been without health care coverage?				
	YES01				
	NO 00——				
	DON'T KNOW d 🗻 GO TO M12				
	REFUSEDr				
M11.	Overall, how long (were you/have you been) without health care coverage during the past 12 months?				
	DAYS				
	WEEKS 02 (01-52)				
	MONTHS				
	ENTIRE TIME				
	DON'T KNOW d				
	REFUSEDr				
M12.	INTERVIEWER: CHECK C20, C22, AND C23. DOES SM HAVE ANY CHILDREN LIVING IN HOUSEHOLD (C20=01, 02, OR 03) AGE 17 OR YOUNGER (C22 OR C23)? CHECK ALL COLUMNS IN GRID.				
	YES 01				
	NO				

M12a.	The next few questions are about [fill names of children in household under age 18].
	(Is this/Are all of these) child(ren) currently covered by Medicaid, private health insurance, or any other kind of health care coverage?
	YES 01
	NO
	DON'T KNOW d
	REFUSEDr
M13.	During the past 12 months, (has this/have any of these) child(ren) ever been without health care coverage?
	YES01
	NO
	DON'T KNOW d GO TO M15
	REFUSEDr
M14.	(Thinking about the child who has been without health care coverage the most,) How long overall has that child been uncovered during the past 12 months?
	DAYS
	WEEKS
	MONTHS
	ENTIRE TIME
	DON'T KNOW d
	REFUSEDr

PRIVATE/COMMUNITY SUPPORT NETWORKS

M15. During the past 12 months, did you receive any of the following types of help from your parents, relatives, friends or neighbors . . .

CIRCLE ONE FOR EACH

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

M16. During the past 12 months, have you received any help from . . .

CIRCLE ONE FOR EACH

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

N. CONTACT WITH FOCAL CHILD

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

N1.	INTERVIEWER:	CHECK C27. HOW MANY CHILDREN ARE THE HOUSEHOLD?	LIVING OUTSIDE
		ZERO CHILDREN	00 → GO TO 01 (NO FOCAL CHILD)
		ONLY ONE CHILD	01 → GO TO INTRO 1
		MORE THAN ONE CHILD	02 → GO TO INTRO 2

- **INTRO 1.** Next, I'd like to continue asking you some questions specifically about your involvement with [INSERT FOCAL CHILD].
- INTRO 2. To limit the amount of time involved with this interview, this next section will focus on only one of your children who is not living with you. The child who has been randomly selected is [INSERT SELECTED FOCAL CHILD].
- N2. During the past 12 months, have you ever visited with [FOCAL CHILD]?

YES	. 01		
NO	. 00—		
NO	. d	→	GO TO N5
REFUSED	. r <i>-</i>		

- N3. NO N3 THIS VERSION.
- N4. Including any times (he/she) might have come to see you, how often have you visited with [FOCAL CHILD] during the past 12 months? Would you say . . .

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

Almost every day, 01
2-5 times per week, 02
About once a week,
1-3 times per month, 04
Around 2-11 times during the past
12 months, or
About one time during the past
12 months?
DON'T KNOW d
REFUSEDr

IVO.	INTERVIEWER:	15 FOCAL CHILD 12 OR YOUNGE	ik f
		YES	01
		NO	00 → GO TO N 9
N6.	During the past [FOCAL CHILD	t 12 months, have you ever taken car 0]?	re of, watched, or babysat
	YES .)1
	NO		00
	DON'T	KNOW	GO TO N8
	REFUS	SEDr	
N7.	How often have	e you done this for [FOCAL CHILD]?	
	PROBE: Your	best estimate is fine.	
	READ CATEG	ORIES IF NECESSARY.	
		ST EVERY DAY,	
		MES PER WEEK,	
		FONCE A WEEK,	
		MES PER MONTH,(MES DURING THE PAST)4
		NTHS, OR)5
		DURING THE PAST	
		NTHS?	
	_	KNOW	d
	REFUS	SEDr	
N8.	INTERVIEWER:	IS FOCAL CHILD AGE 2 OR OVE	R?
		YES	01
		NO	00 → GO TO N13
N9.	During the past phone?	t 12 months, have you ever talked to	[FOCAL CHILD] on the
	YES .)1
	NO		00
	DON'T	KNOW	GO TO N11
	REFUS	SEDr	→

N10.	How often did you talk to [FOCAL CHILD] on the phone?
	PROBE: Your best estimate is fine.
	READ CATEGORIES IF NECESSARY.
	ALMOST EVERY DAY,
N11.	During the past 12 months, have you ever sent [FOCAL CHILD] a letter or card?
	YES
N12.	How often did you ever send [FOCAL CHILD] a letter or card?
	PROBE: Your best estimate is fine.
	READ CATEGORIES IF NECESSARY.
	ALMOST EVERY DAY,

N13.	During the past 12 months, have you ever had [FOCAL CHILD] over to spend the night or cared for (him/her) overnight where (he/she) lives?
	YES 01
	NO
	DON'T KNOW
	REFUSEDr
N14.	How often did you have [FOCAL CHILD] over to spend the night with you or cared for (him/her) overnight where (he/she) lives?
	PROBE: Your best estimate is fine.
	READ CATEGORIES IF NECESSARY.
	ALMOST EVERY DAY, 01
	2-5 TIMES PER WEEK, 02
	ABOUT ONCE A WEEK, 03
	1-3 TIMES PER MONTH, 04
	2-11 TIMES DURING THE PAST 12 MONTHS, OR
	ONCE DURING THE PAST 12 MONTHS?
	DON'T KNOW d
	REFUSEDr
N15.	Thinking about the total amount of time you spent with [FOCAL CHILD] over the past few months, would you say you
	CIRCLE ONLY ONE
	spend the right amount of time with (him/her),
	don't spend enough time with (him/her), or
	spend too much time with (him/her)? 03
	DON'T KNOW
	REFUSEDr

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

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

N16a.	INTERVIEWER:	CHECK N16. IS MORE THAN ONE REAS CIRCLED?	SON
		YES	01
		NO	00 → GO TO N18

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

N18.	INTERVIEWER: IS SAMPLE MEMBER MALE?		
	YES 01		
	NO		
N19.	My next questions are about the legal arrangements you have concerning [FOCAL CHILD]. Did you sign [FOCAL CHILD]'s birth certificate?		
	YES 01 → GO TO N21		
	NO 00		
	DON'T KNOW d		
	REFUSEDr		
NOO			
N20.	Has your legal paternity been established? That is, did you sign any legal document that identifies you as the legal father of [FOCAL CHILD], or has a court ruled that you are the legal father?		
	YES 01		
	NO 00		
	DON'T KNOW d		
	REFUSEDr		
N20a.	Is there a court order saying who has custody of [FOCAL CHILD]?		
	YES 01		
	NO 00		
	DON'T KNOW d SO TO N22		
	REFUSEDr		
N21.	Do you have joint custody with [FOCAL CHILD]'s (mother/father/guardian) or does (he/she) have sole custody of [FOCAL CHILD]?		
	JOINT CUSTODY01		
	GUARDIAN/OTHER PARENT HAS SOLE CUSTODY02		
	SM HAS SOLE CUSTODY 03 → GO TO O1		
	DON'T KNOW d		
	REFUSEDr		

N22.	Is there a court order concerning your visitation rights for [FOCAL CHILD]?		
	YES		
N23a.	Does this court order guarantee your visitation rights for [FOCAL CHILD]?		
	YES		
N23b.	Does this court order prevent you from seeing [FOCAL CHILD]?		
	YES 01 NO 00 DON'T KNOW d REFUSED r		



O. BACKGROUND AND CONTACT INFORMATION*

Now I have a few questions about your background.

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

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

7th GRADE OR LESS
8th GRADE
9th GRADE
10th GRADE
11th GRADE11
12th GRADE
ONE YEAR OF COLLEGE
TWO YEARS OF COLLEGE 14
THREE YEARS OF COLLEGE 15
FOUR YEAR COLLEGE DEGREE 16
SOME GRADUATE SCHOOL 17
ONE OR MORE GRADUATE DEGREES (MASTERS, PH.D., LAW, MD)18
DON'T KNOW d
REFUSEDr
Do you consider yourself Latino or Hispanic?
YES01
NO 00
DON'T KNOW d

^{*} CATI WILL ONLY DISPLAY QUESTIONS THAT WERE MISSING FROM THE BIF AND NOT RETRIEVED IN THE 12 MONTH FOLLOW-UP DUE TO INTERVIEW NON-RESPONSE.

REFUSEDr

O2.*

O3.*	Do you consider yourself:	
	White,	
	DON'T KNOW	
	REFOCED	
O4.	In what country were you born?	
	THE U.S. OR U.S. TERRITORY (AMERICAN SAMOA, GUAM, MARSHALL ISLANDS, NORTHERN MARIANA ISLANDS, PUERTO RICO, OR U.S. VIRGIN ISLANDS) 01 CANADA 02 CHINA 03 CUBA 04 DOMINICAN REPUBLIC 05 EL SALVADOR 06 GERMANY 07 INDIA 08 JAMAICA 09 KOREA 10 MEXICO 11 PHILIPPINES 12 RUSSIA 13 VIETNAM 14 OTHER COUNTRY (SPECIFY) 15	
	DON'T KNOW d REFUSED r	

O5.* What is your primary language?

ENGLISH
SPANISH 02
FRENCH
PORTUGUESE04
TAGALOG
VIETNAMESE 06
CAMBODIAN
OTHER (SPECIFY)
DON'T KNOW d
REFUSEDr

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

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

PROBE: Your best estimate is fine.

O8.*	In total, about how long have you received TANF or AFDC in your own name?			
	PROBE: Your best estimate is fine.			
	READ CATEGORIES IF NECESSARY.			
	1 TO 6 MONTHS01			
	7 TO 12 MONTHS 02			
	13 MONTHS TO 24 MONTHS (OVER 1 YEAR BUT LESS THAN 2 YEARS)			
	25 MONTHS TO 60 MONTHS			
	(OVER 2 YEARS BUT LESS THAN 5 YEARS)04			
	MORE THAN 60 MONTHS			
	(OVER 5 YEARS)			
	DON'T KNOW d			
	REFUSEDr			
O9.	INTERVIEWER: IS THERE A SOCIAL SECURITY NUMBER ON THE CONTACT SHEET FOR THIS SM?			
	YES 01 → GO TO 011			
	NO 00			
O10.	What is your Social Security number?			
	- - - - -			
	DON'T KNOW/CAN'T REMEMBER d			
	REFUSEDr			
	GO TO P1			

O11.	So our records are correct, what is your Social Security number?
	INTERVIEWER: DO NOT READ THE SOCIAL SECURITY NUMBER
	OUR RECORDS HAVE [INSERT SSN FROM CONTACT SHEET]?
	YES, SSN IS CORRECT
O12.	What is your correct Social Security number?
	-
	DON'T KNOW d
	REFUSEDr



P. CONTACTING/LOCATION INFORMATION*

We are almost done. We will be sending you a check for \$20.00 within the next four weeks, so we need to make sure we have your correct address and some information on other people who can help us find you if you move.²

P1.	Can you spell your full name for me?			
	First Name	Middle Initial	Last Name	
P2.	What is your full addres	s?		
	Address		Apt. #	
	City	State	ZIP Code	
P3.	What is your home pho	ne number?		
	(<u> </u> <u> </u>) AREA CODE	- - - NUMBER		
	DOES NOT HA	VE A PHONE	01	
P4.	Is there (a/another) pho	ne number where you	can be reached?	
	(<u> </u> <u> </u>) AREA CODE	- - - NUMBER		
	NO OTHER PH	ONE	01	
	_			
	REFLISED		r	

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

	you again for the time you have spent on this important study.
	INTERVIEWER:
	1) WAS INTERVIEW INTERPRETED (WITH SUPERVISOR APPROVAL)
	DUE TO LANGUAGE?01
	DUE TO IMPAIRMENT? 02
P6.	Thank you very much. Those are all the questions I have right now. Thank you again for the time you have spent on this very important study.
	Please hand the phone back to the interviewer. ³
	INTERVIEWER: CONFIRM WITH FIELD INTERVIEWER THAT SM HAS BEEN PAID.
	YES, SM WAS PAID01
	NO, SM NOT PAID00

Thank you very much. Those are all the questions I have right now. Thank

P5.

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