

ICPSR 22940

Los Angeles Family and Neighborhood Study (L.A.FANS)

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Questionnaire, Adult Module Data, Wave I,
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**Los Angeles Family and Neighborhood Survey
(L.A.FANS)**

ADULT QUESTIONNAIRE

(FOR SAMPLED ADULTS AND PCGs)

Preloads:

- * Whether this R is RSA, PCG or RSA-PCG
- * Whether male or female
- * Is this R the same person who completed HH Roster
- * Name of person who completed HH Roster
- * Does R have a spouse or partner in HH – From List 1
- * Name of spouse/partner
- * Sex of spouse/partner
- * R's first and last name
- * R's marital status
- * Whether R lives alone – From List 1
- * STARTDATE
- * Whether spouse/partner was selected as RSA or PCG
- * R's home phone number

TIME START

SECTION A. INFORMATION CHECK

OBS. INTERVIEWER OBSERVATION: CODE WHAT RACE OR RACES YOU WOULD SAY THE RESPONDENT IS IF YOU DID NOT KNOW

ANYTHING ABOUT HIM/HER

DO NOT ASK RESPONDENT FOR INFORMATION OR HELP!!

CODE ALL THAT APPLY

1. Latino
2. White
3. African-American, Black
4. Asian
5. Pacific Islander
6. Native American/American Indian

OBSa. CHECK xx:

IF OBS = ONE RESPONSE CODE CHECKED, GO TO BEGINNING OF QUESTIONNAIRE

IF OBS = MORE THAN ONE RESPONSE CHECKED, CONTINUE

OBS2. INTERVIEWER OBSERVATION: CODE WHAT SINGLE RACE OR GROUP YOU
WOULD SAY BEST DESCRIBES THE RESPONDENT

IF YOU DID NOT KNOW ANYTHING ABOUT HIM/HER

DO NOT ASK RESPONDENT FOR INFORMATION OR HELP!!

CODE ONLY ONE

1. Latino
2. White
3. African-American, Black
4. Asian
5. Pacific Islander
6. Native American/American Indian

A1. CAPI CHECK: IS R SAME AS RESPONDENT WHO COMPLETED HOUSEHOLD
ROSTER?

1. YES (GO TO SECTION B)
5. NO

A2. I am going to read some information that [NAME OF HH ROSTER RESPONDENT] gave
me about you. Please tell me if it is correct.

Your name is [FIRST NAME OF R] [FAMILY NAME OF R] and you are [R's MARITAL
STATUS FROM HH ROSTER]. This is the household you usually live or stay in. Is this
correct?

INTERVIEWER: VERIFY SPELLING OF RESPONDENT'S NAME

1. YES (GO TO A4)
5. NO

A3. Which information is not correct?

INTERVIEWER: CHOOSE ALL INFORMATION NOT CORRECT FROM THE LIST
BELOW

1. SPELLING OF NAME (NAME CORRECT BUT MISSPELLED)
2. NAME (NAME NOT CORRECT)
3. MARITAL STATUS WRONG

4. NOT WHERE R USUALLY LIVES OR STAYS (R LIVES SOMEWHERE ELSE MOST OF THE TIME)

CREATE LOOPS OF QUESTIONS TO CORRECT INCORRECT INFORMATION.

A4. CHECK PRELOAD: SPOUSE OR PARTNER CURRENTLY IN HH

1. YES
5. NO (GO TO SECTION B)

A5. To make sure my information is current:

Your [FILL APPROPRIATE husband/wife/partner]'s name is [SPOUSE/PARTNER NAME FROM HH ROSTER]. Is that correct?

1. YES
5. NO

TIME END

SECTION B. NEIGHBORHOOD

TIME START

(NOTE: SECTION B GIVEN ONLY TO RSA)

B1. CAPI CHECK PRELOADS:

1. RESPONDENT IS RSA ONLY
2. RESPONDENT IS RSA AND PCG
3. RESPONDENT IS PCG ONLY (GO TO SECTION C)

First, I have some questions about your neighborhood.

B2. When you are talking to someone about your neighborhood, what do you mean? Is it....

- 1 The block or street you live on?
- 2 Several blocks or streets in each direction?
- 3 The area within a 15-minute walk from your house?
- 4 An area larger than a 15-minute walk from your house?

B3. Suppose you were talking to someone who lives here in the same city or town that you do and you were telling them where you live. What name would you use for this neighborhood?

[VERBATIM-LIMITED]_____ (NAME)

B4. Now I have some questions about your neighborhood. For these questions, "neighborhood" includes both the block or street you live on and several blocks or streets in each direction. Please keep this in mind when answering these questions.

All things considered, would you say you are very satisfied, satisfied, dissatisfied or very dissatisfied with your neighborhood as a place to live?

1. VERY SATISFIED
2. SATISFIED
3. (IF VOLUNTEERED) NEUTRAL – NOT SATISFIED OR DISSATISFIED
4. DISSATISFIED
5. VERY DISSATISFIED

B5. About how many adults do you recognize or know by sight in this neighborhood—would you say you recognize no adults, a few, many or most?

1. NO ADULTS
2. A FEW ADULTS
3. MANY ADULTS
4. MOST OR ALL ADULTS

Show Card #1 1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree

B6. Now I am going to read you some statements which may or may not be true of your neighborhood. As I said before, for these questions, your neighborhood includes both the block or street you live on and several blocks or streets in each direction. Please look at this card. For each statement tell me whether you strongly agree, agree, disagree or strongly disagree.

a This is a close-knit neighborhood.

(PROBE: This is a cohesive or unified neighborhood)

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

b There are adults in this neighborhood that children can look up to.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

c People around here are willing to help their neighbors.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

d People in this neighborhood generally don't get along with each other.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

e You can count on adults in this neighborhood to watch out that children are safe and do not get in trouble.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

f People in this neighborhood do not share the same values.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

g People in this neighborhood can be trusted.

1. Strongly Agree
2. Agree
3. Unsure
4. Disagree
5. Strongly Disagree

h Parents in this neighborhood know their children's friends.

1. Strongly Agree
2. Agree
3. Unsure

- 4. Disagree
- 5. Strongly Disagree

i Adults in this neighborhood know who the local children are.

- 1. Strongly Agree
- 2. Agree
- 3. Unsure
- 4. Disagree
- 5. Strongly Disagree

j Parents in this neighborhood generally know each other.

- 1. Strongly Agree
- 2. Agree
- 3. Unsure
- 4. Disagree
- 5. Strongly Disagree

B7. Next I have three other statements. For each one, please tell me if it is very likely, likely, unlikely or very unlikely that people in your neighborhood would do the following.

a. If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it? Would you say:

- 1. Very likely
- 2. Likely
- 3. Unsure
- 4. Unlikely
- 5. Very unlikely

b. If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it? Would you say:

- 1. Very likely
- 2. Likely
- 3. Unsure
- 4. Unlikely
- 5. Very unlikely

c. If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child? Would you say:

- 1. Very likely
- 2. Likely
- 3. Unsure

- 4. Unlikely
- 5. Very unlikely

B8. My next questions are about relatives or friends who live in this neighborhood, but who do not live with you.

a. How many of your relatives or in-laws live in your neighborhood? Would you say none, a few, many or most?

- 1. None
- 2. A few
- 3. Many
- 4. Most or all

b. How many of your friends live in your neighborhood? Would you say none, a few, many or most?

- 1. None
- 2. A few
- 3. Many
- 4. Most or all

B9. While you have lived in this neighborhood, have you or anyone in your household had anything stolen or damaged inside or outside your home, including your cars or vehicles parked on the street?

- 1. YES
- 5. NO

B10. How safe is it to walk around alone in your neighborhood after dark? Is it:

- 1. Completely safe,
- 2. Fairly safe,
- 3. Somewhat dangerous, or
- 4. Extremely dangerous?

B11. Next I am going to ask about some things you might do with people in your neighborhood. For each question, please tell me whether you and others in your neighborhood often do this, sometimes do it, rarely do it or never do it.

PROBE: Just give me your best guess of how often.

a. About how often do you and people in your neighborhood do favors for each other? For example, watch each other's children, help with shopping, lend gardening or house tools. Would you say:

1. Often
2. Sometimes
3. Rarely
4. Never

b. When a neighbor is not at home, how often do you and other neighbors watch over their property? Would you say:

1. Often
2. Sometimes
3. Rarely
4. Never

c. How often do you and other people in the neighborhood ask each other advice about personal things such as child rearing or job openings? Would you say:

1. Often
2. Sometimes
3. Rarely
4. Never

B12. In the past 30 days, that is since [DATE 30 DAYS AGO], how many of your neighbors have you talked with for 10 minutes or more?

Would you say:

1. None
2. 1 or 2
3. 3 to 5
4. 6 or more

Show Card #2 1. CLOSE FRIENDS 2. FRIENDLY, BUT NOT CLOSE 3. ACQUAINTANCES ONLY 4. DON'T GET ALONG WITH NEIGHBORS 5. DON'T KNOW NEIGHBORS OR DON'T HAVE ANY CONTACT

B13. Think about the neighbor you are friendliest with. Please look at this card and tell me how close do you feel you are to this neighbor?

CODE ONE

1. CLOSE FRIENDS
2. FRIENDLY, BUT NOT CLOSE
3. ACQUAINTANCES ONLY
4. DON'T GET ALONG WITH NEIGHBORS (GO TO B15)

5. DON'T KNOW NEIGHBORS OR DON'T HAVE ANY CONTACT (GO TO B15)

B14. How far away from you does this neighbor live?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

1. NEXT DOOR (IN NEXT HOUSE OR APARTMENT)
2. ON THE SAME FLOOR OF THE APARTMENT BUILDING
3. IN THE SAME APARTMENT BUILDING
4. ON THE SAME BLOCK
5. ONE OR TWO BLOCKS OVER
6. SOMEWHERE ELSE IN THE NEIGHBORHOOD

B15. What store do you [FILL IF MORE THAN ONE PERSON IN HH"and others in this household"] normally go to buy groceries?

INTERVIEWER: IF MORE THAN ONE PLACE, ASK : What is the place you generally get most of your groceries?

_____ (NAME OF STORE, SPECIFY LIMITED)

B16. What street is [STORE NAME in B15] on? What is the closest cross-street? What city is that in?

STORE1:

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

B16a. In the past 12 months, was there ever a time when anyone in your household didn't get enough to eat because there wasn't enough money for food?

1. YES
5. NO

B17. In the past 12 months, have you ever gotten emergency food from a church, food pantry, food bank or soup kitchen?

1. YES
5. NO (GO TO B21)

B18. In the past 12 months, how many times did you receive emergency food from a church, food pantry, food bank or soup kitchen?

__ __ __ (NUMBER OF TIMES)
(RANGE 1-365, VERIFY AFTER 180)

B19. Think about the [IF B18=2 OR MORE, FILL "last"] time you got this kind of help. How much do you think you would have to had to pay to buy the food you were given?

\$__ __ __
(RANGE 1-999, VERIFY AT 500)

B20. Where did you get this kind of help [IF B18=2 OR MORE, FILL "the last time"]? Where was this place located?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

B21. In the past 12 months, have you ever stayed at a homeless facility, such as a shelter, hotel, church or mission?

1. YES
5. NO (GO TO B26)

B22. In the last 12 months, how many nights have you spent at a homeless facility, such as a shelter, hotel, church or mission?

__ __ __ (NUMBER OF NIGHTS)
(RANGE 1-365, VERIFY AT 180)

B23. Think about the [IF B22 > 1, FILL "last"] time you stayed at a homeless facility. Where was this shelter located?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

(QUESTIONS B24. AND B25. ARE OMITTED.)

B26. In the past 12 months, have you yourself participated in the following activities? Have you participated in a:

a. Neighborhood or block organization meeting?

1. YES 5. NO

b. Business or civic group? For example, Masons, Elks, Rotary Club?

1. YES 5. NO

c. Nationality or ethnic pride club?

1. YES 5. NO

d. A local or state political organization?

1. YES 5. NO

e. Volunteered in a local organization?

1. YES 5. NO

f. Veterans' group?

1. YES 5. NO

g. Labor union?

1. YES 5. NO

h. Literary, art, study, or discussion groups?

1. YES 5. NO

i. Fraternity, sorority or alumni group?

1. YES 5. NO

B27. I want to ask you about time you spent away from home yesterday. Think about the 24-hour period beginning at midnight [NAME OF DAY BEFORE YESTERDAY] to midnight last night. Out of those 24 hours, about how many hours were you away from your home?

1. NONE. AT HOME THE ENTIRE TIME
2. LESS THAN 5 HOURS (BUT R DID GO OUT AT LEAST ONCE)
3. 5-9 HOURS
4. 10-19 HOURS

- 5. 20 OR MORE HOURS, BUT HOME AT LEAST BRIEFLY
- 6. NOT AT HOME AT ALL

DK
RF

B28. Now let me ask you about this past week, that is since [NAME OF DAY ON WHICH INTERVIEW IS TAKING PLACE] last week. Please think about all the times this past week when you were not at home and not at work. Aside from home or work, what was the one place you spent most time last week? Can you give me the street and city? What is the nearest cross-street?

PROBE (IF RESPONDENT SAYS "DID NOT GO ANYWHERE ELSE"): How about the grocery store, to church, over to a friend's house, to the bank, or anywhere else?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

0. No place else (other than home and work)

B29. What were you doing when you were there?

INTERVIEWER: DO NOT READ ANSWERS. CODE ALL R'S RESPONSES

CODE ALL THAT APPLY

- 1. VISITING FRIENDS OR RELATIVES
- 2. HAVING A DRINK AT A BAR OR RESTAURANT
- 3. EATING OUT AT A RESTAURANT
- 4. EATING AT A FRIEND'S OR RELATIVE'S HOUSE
- 5. EXERCISING/AT THE GYM/WORKOUT
- 6. WALKING/HIKING
- 7. SHOPPING
- 8. SLEEPING
- 9. ENTERTAINMENT (WATCHING TV, SEEING A MOVIE, PLAY, CONCERT, COMEDY, ETC.)
- 10. AT DOCTOR'S, DENTIST'S OR OTHER HEALTH CARE PROVIDER/HOSPITALIZED
- 11. WELFARE OR SOCIAL SERVICE OFFICE
- 12. RELIGIOUS SERVICE/RELIGIOUS ACTIVITIES/SPIRITUAL ACTIVITIES
- 13. ATTENDING A MEETING
- 14. TRANSPORTING CHILDREN
- 15. TAKING CARE OF/WATCHING CHILDREN
- 16. GOING TO CLASSES OR SCHOOL

17. OTHER, SPECIFY LIMITED

TIME END

SECTION C. FAMILY BACKGROUND

TIME START

I would like to ask about your background when you were growing up.

C1. Which city and state did you live in when you were age 14?

INTERVIEWER: IF MORE THAN ONE PLACE: Which was the place you lived for most of the time when you were age 14?

PROBE: Was this in the United States?

_____ TOWN OR CITY

_____ STATE/PROVINCE/ TERRITORY

_____ COUNTRY

C2. About how many times did you move from one address to another before your 14th birthday?

1. ____ (NUMBER OF TIMES
(RANGE 0-99, VERIFY AT 28))

OR

2. ____ TO 3. ____ TIMES
(RANGE 0-99, VERIFY AT 28) (RANGE 0-99, VERIFY AT 28)

C3. Now I have a few questions about your parents.

Did you live with both parents from birth until age 14?

INTERVIEWER: THIS INCLUDES BIRTH PARENTS AND ADOPTIVE PARENTS, BUT NOT STEP PARENTS

1. YES (GO TO C6)
5. NO

C4. Which parent was not living with you all the time between birth and age 14?

1. MOTHER
2. FATHER
3. BOTH

C5. Why didn't you live with [IF C4=1, FILL "your mother", IF C4=2, FILL "your father", ELSE FILL "both parents"] the entire time?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ALL THAT APPLY

1. ONE OR BOTH PARENTS DIED
2. PARENTS WERE SEPARATED OR DIVORCED
3. R LEFT HOME
4. R WAS ADOPTED
5. R'S PARENTS WERE NEVER MARRIED OR NEVER LIVED TOGETHER
6. PARENT IN JAIL OR PRISON
7. PARENTS HAD MARITAL OR PERSONAL PROBLEMS
8. RAISED BY GRANDMOTHER, AUNT OR ANOTHER FAMILY MEMBER
9. OTHER, SPECIFY (LIMITED)

C6. In what year was your mother born?

PROBE: About what year was it? An estimate would be helpful.

__ __ __ __ (YEAR MOTHER WAS BORN)
(RANGE 1870-1970)

C7. How much school did your mother complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

0. NONE
- 1 TO 11 __ __ (GRADES 1 THROUGH 11)(CAPI RANGE 1-11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

C8. Was your mother born in the United States or another country?

1. BORN IN THE UNITED STATES (GO TO C10)
2. BORN IN ANOTHER COUNTRY

IF C8=D OR R, GO TO C10

C9. What country was mother born in?

[LIST OF COUNTRIES]

C10. Now let me ask you about your father.

In what year was your father born?

PROBE: About what year was it? An estimate would be helpful.

___ __ __ __ (YEAR FATHER WAS BORN)
(RANGE 1870-1970)

C11. How much school did your father complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

0. NONE
- 1 TO 11 __ __ (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

C12. Was your father born in the United States or another country?

1. BORN IN THE UNITED STATES (GO TO C14)
2. BORN IN ANOTHER COUNTRY

IF C12=D OR R, GO TO C14

C13. What country was your father born in?

[LIST OF COUNTRIES]

C14. CAPI CHECK C4: DID R LIVE WITH FATHER FROM BIRTH TO AGE 14?

1. NO (C4=2 OR 3)
2. ELSE GO TO C17

C15. Did you live with your father when you were age 14?

1. YES (GO TO C17)
5. NO

C16. Who was the head of the household you lived in when you were age 14? By head of household, I mean the person who was the family's main financial support.

IF R VOLUNTEERS THAT HE/SHE LIVED IN MORE THAN ONE HH AT AGE 14,
PROBE: Tell me about the household you spent most time in when you were age 14.

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE.

CODE ONE

1. MOTHER
2. GRANDMOTHER
3. GRANDFATHER
4. STEPMOTHER
5. STEPFATHER
6. AUNT
7. UNCLE
8. SOMEONE ELSE, SPECIFY LIMITED

C17. When you were about age 14, what kind of work was your [IF C15=1, FILL 'father', ELSE FILL "C16 ANSWER"] doing? (For example: electrical engineer, stock clerk, typist, farmer)

_____ (VERBATIM—LIMITED)

IF C17=D OR R, CONTINUE

C18. What were your [IF C15=1, FILL 'father's', ELSE FILL "C16 ANSWER's"] most important activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, finishing concrete)

_____ (VERBATIM—LIMITED)

IF C18=D OR R, CONTINUE

C19. What kind of business or industry was this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM—LIMITED)

IF C19=D OR R, CONTINUE

C20. Was [IF C15=1 OR C16=3,5,7, FILL 'he', IF C16=1,2,4,6, FILL "she", ELSE FILL "that person"]

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee ?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm?
6. Working without pay in a family business or farm?

IF C20=5, CONTINUE. ELSE GO TO C21

C20a. Was [IF C15=1 OR C16=3,5,7, FILL 'his', IF C16=1,2,4,6, FILL "her", ELSE FILL "that person's"] own business incorporated or not incorporated?

1. Incorporated
 2. Not incorporated
- DK

C21. During the time you were growing up, until you were about 14 years old, did your family ever receive public assistance even one time?

1. YES
5. NO (GO TO C23)

C22. While you were growing up, about how much of the time was your family receiving this public assistance? Was it all of the time, most of the time, or some of the time?

1. ALL OF THE TIME
2. MOST OF THE TIME
3. SOME OF THE TIME

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

C23. Please look at this list and tell me what group or groups describe your race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

[NOTE: DO NOT PUT "OTHER SPECIFY" ON SHOW CARD]

C24. CHECK C23:

- 1= ONLY ONE GROUP CIRCLED (GO TO C26)
2 OR MORE =NUMBER OF GROUPS CIRCLED

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

C25. Which one group on that card best describes your race or national origin?

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO

7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

C26. CAPI CHECK ON C23 AND C25:

IF C23=3 OR C25=3, CONTINUE

ELSE GO TO C28

Show Card #4 1. MEXICAN/MEXICANO 2. MEXICAN AMERICAN/CHICANO 3. CENTRAL AMERICAN 4. PUERTO RICAN 5. CUBAN 6. OTHER LATIN AMERICAN 7. OTHER HISPANIC

C27. Are you a member of any of the national origin or ancestry groups listed on this card?
Which group or groups?

CODE ALL THAT APPLY

1. MEXICAN/MEXICANO
2. MEXICAN AMERICAN/CHICANO
3. CENTRAL AMERICAN
4. PUERTO RICAN
5. CUBAN
6. OTHER LATIN AMERICAN
7. OTHER HISPANIC

C28. Are you Christian, Jewish, Muslim, Buddhist, or something else?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE.

1. CHRISTIAN, PROTESTANT, CATHOLIC, ROMAN CATHOLIC, GREEK, RUSSIAN OR ARMENIAN ORTHODOX, MORMON
2. JEWISH
3. MUSLIM
4. BUDDHIST
5. HINDU
6. BAHAT'

7. AGNOSTIC OR ATHEIST
8. RELIGIOUS BUT DOES NOT BELONG TO PARTICULAR RELIGION
9. NO RELIGION
10. OTHER RELIGION, SPECIFY

IF C28=1, ASK C29, ELSE GO TO C30

C29. What denomination?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONLY ONE

1. ROMAN CATHOLIC, CATHOLIC
2. GREEK, RUSSIAN OR ARMENIAN ORTHODOX
3. BAPTIST
4. METHODIST
5. LUTHERAN
6. PRESBYTERIAN
7. EPISCOPALIAN
8. MORMON
9. JEHOVAH'S WITNESS
10. SEVENTH DAY ADVENTIST
11. EVANGELICAL
12. PENTECOSTAL
13. PROTESTANT – NO SPECIFIC DENOMINATION
14. CHRISTIAN – NO SPECIFIC DENOMINATION
15. OTHER CHRISTIAN, SPECIFY _____

C30. In the past 12 months, about how often have you attended a religious service, like church or synagogue service or mass?

___ TIMES (RANGE 0-20)

CODE UNIT

1. PER WEEK
2. PER MONTH
3. PER YEAR
4. LESS THAN ONCE A YEAR

C31. Are you a member of a church, synagogue, mosque, temple or other religious group?

1. YES
5. NO (GO TO C33)

C32. What street is this church, synagogue, mosque or temple located? What is the nearest cross-street? What city is that?

ON _____ (STREET)

NEAR _____ (STREET)

IN _____ (CITY) _____ (STATE)

C33. What is your birthdate?

__ __ Day __ __ Month __ __ __ __ Year
(RANGE 1-31) (RANGE 1-12) (RANGE 1870-1986)

C34. Where were you born? What city and state?

PROBE: Was this in the United States?

_____ CITY

_____ STATE/PROVINCE/TERRITORY

_____ COUNTRY

C34_4. CAPI CHECK C34: WAS RESPONDENT BORN IN THE UNITED STATES?

- 1. YES (GO TO SECTION D)
- 0. NO

C36. In what year did you first come to the United States to live or work? Please do not include short trips for shopping, vacation or family visits.

__ __ __ __ YEAR
(RANGE 1870-CURRENT YEAR. CANNOT BE BEFORE R WAS BORN)

C37. When was the last time you returned to [HOME COUNTRY FROM C34] for more than two weeks?

- 1. __ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1870-CURRENT YEAR. YEAR CANNOT BE BEFORE YEAR IN C36)

- 2. NEVER

C38. Are you a citizen of the United States?

1. YES (GO TO SECTION D)
5. NO

IF C38=D OR R, GO TO SECTION D

C39. Do you currently have a permanent residence card or a green card?

1. YES (GO TO SECTION D)
5. NO

IF C39=D OR R, GO TO SECTION D

C40. Have you been granted asylum, refugee status, or temporary protected immigrant status, TPS?

1. YES (GO TO SECTION D)
5. NO

IF C40=D OR R, GO TO SECTION D

C41. Do you have a tourist visa, a student visa, a work visa or permit, or another document which permits you to stay in the US for a limited time?

1. YES
5. NO (GO TO SECTION D)

IF C41=D OR R, GO TO SECTION D

C42. Is this visa or document still valid or has it expired?

1. STILL VALID
2. HAS EXPIRED

TIME ENDED

SECTION D. EDUCATIONAL HISTORY

TIME START

Now I would like to talk about your education.

D1. CAPI CHECK C35: WAS RESPONDENT BORN IN THE US?

1. YES (GO TO D11)
5. NO

D2. Have you ever gone to school or college at any time in the United States or gotten a GED in the United States? Please do not include ESL courses, citizenship classes, job training, or Job Club.

INTERVIEWER NOTE: ESL STANDS FOR ENGLISH AS A SECOND LANGUAGE

1. YES (GO TO D11)
5. NO

(THIS SECTION FOR RS WITH SCHOOLING ONLY OUTSIDE THE US)

D3. How much school did you complete outside the United States?

INTERVIEWER: DO NOT READ ANSWERS, CODE R'S RESPONSE

CODE ONE

0. NONE (GO TO D19)
1. SOME PRIMARY
2. COMPLETED PRIMARY
3. SOME SECONDARY OR PREPARATORY (GO TO D5)
4. COMPLETED SECONDARY OR PREPARATORY (GO TO D5)
5. HIGHER LEVEL THAN SECONDARY (COLLEGE, UNIVERSITY, PROFESSIONAL SCHOOL) (GO TO D6)

D4. How many years of primary school have you completed?

__ YEARS COMPLETED
(RANGE 1-9)

ALL GO TO D18

D5. How many years of secondary and preparatory school have you completed?

__ YEARS COMPLETED
(RANGE 1-9)

ALL GO TO D18

D6. Have you attended college or university?

1. YES (GO TO D8)
5. NO

D7. What type of school did you attend after secondary or preparatory school?

_____ (VERBATIM - LIMITED)

ALL GO TO D18

D8. How many years of college or university have you completed?

0. LESS THAN ONE YEAR (GO TO D18)

1. 1
2. 2
3. 3
4. 4
5. 5+

D9. Do you have a college or university degree?

1. YES
5. NO (GO TO D18)

D10. What is the highest college or university degree that you received?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

1. LICENCIA
2. BACHELOR'S OR EQUIVALENT (LICENCIATURA, ETC.)
3. MASTER'S OR EQUIVALENT
4. DOCTORATE
5. LAW DEGREE
6. MEDICAL DOCTOR DEGREE
7. BUSINESS/TECHNICAL SCHOOL DEGREE
8. OTHER, SPECIFY LIMITED

ALL GO TO D18

(THIS SECTION FOR RS WHO HAD SOME OR ALL SCHOOLING IN THE US)

D11. Have you graduated from high school, gotten a GED, or neither one?

1. GRADUATED FROM HIGH SCHOOL (GO TO D14)
2. GOT A GED
3. NEITHER (GO TO D13)

D12. How many grades of school did you finish prior to getting your GED?

[INTERVIEWER: RECORD LAST GRADE FINISHED PRIOR TO RECEIVING GED.]

- 0. NONE
- 1. FIRST GRADE
- 2. SECOND GRADE
- 3. THIRD GRADE
- 4. FOURTH GRADE
- 5. FIFTH GRADE
- 6. SIXTH GRADE
- 7. SEVENTH GRADE
- 8. EIGHT GRADE
- 9. NINTH GRADE
- 10. TENTH GRADE
- 11. ELEVENTH GRADE

ALL GO TO D14

D13. How many grades of school have you finished? [INTERVIEWER: RECORD LAST GRADE FINISHED.]

- 0. NONE (GO TO D18)
- 1. FIRST GRADE (GO TO D18)
- 2. SECOND GRADE (GO TO D18)
- 3. THIRD GRADE (GO TO D18)
- 4. FOURTH GRADE (GO TO D18)
- 5. FIFTH GRADE (GO TO D18)
- 6. SIXTH GRADE (GO TO D18)
- 7. SEVENTH GRADE (GO TO D18)
- 8. EIGHT GRADE (GO TO D18)
- 9. NINTH GRADE
- 10. TENTH GRADE
- 11. ELEVENTH GRADE

D14. Have you attended college?

- 1. YES
- 5. NO (GO TO D18)

D15. How many years of college you have completed?

- 0. LESS THAN ONE YEAR (GO TO D18)
- 1. 1
- 2. 2
- 3. 3
- 4. 4
- 5. 5+

D16. Have you received a college degree?

1. YES
5. NO (GO TO D18)

D17. What is the highest college or advanced degree you have received?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

1. ASSOCIATE'S/AA
2. BACHELOR'S/BA/BS
3. MASTER'S/MA/MS/MBA
4. DOCTORATE/PH.D.
5. LLB, JD (LAW DEGREE)
6. MD, DDS, DVM, DO (MEDICAL DEGREE)
7. HONORARY DEGREE
8. OTHER, SPECIFY LIMITED

D18. Think about the highest grade of regular school or highest degree that you completed. In what year did you complete this grade or degree?

__ __ __ __ YEAR COMPLETED
(RANGE 1880 – CURRENT YEAR) (YEAR CANNOT BE BEFORE R WAS BORN)

D19. Are you currently in school?

1. YES
5. NO (GO TO D21)

D20. What year of school are you currently in?

1. __ __ GRADE (GRADES 1 THRU 12)

OR

2. __ __ YEAR OF COLLEGE
(RANGE 1-15, VERIFY AT 8)

OR

3. __ __ YEAR OF GRADUATE OR PROFESSIONAL SCHOOL
(RANGE 1-15, VERIFY AT 8)

OR

4. OTHER, SPECIFY LIMITED

D21. Have you received any other degree or a certificate through a vocational school, a training school, or an apprenticeship program? Please do not include ESL, citizenship classes or Job Club.

1. YES
5. NO (GO TO SECTION E)

D22. What type of degree or certificate was that?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. VOCATIONAL SCHOOL DEGREE
2. COMMUNITY OR JUNIOR COLLEGE DEGREE
3. DEGREE OR CERTIFICATE FROM BUSINESS OR SECRETARIAL SCHOOL
4. TRAINING IN THE ARMED FORCES, SPECIFY
5. REGISTERED NURSING DEGREE
6. LICENSED NURSING DEGREE
7. MEDICAL TECHNICIAN TRAINING
8. OTHER HEALTH CARE TRAINING, SPECIFY
9. BEAUTICIAN, COSMETOLOGY, BARBER TRAINING
10. POLICE/FIREFIGHTER TRAINING
11. JOB TRAINING THROUGH A GOVERNMENT OR PRIVATE PROGRAM
12. RELIGIOUS INSTRUCTION AND TRAINING
13. OTHER, SPECIFY LIMITED

TIME END

SECTION E. FERTILITY AND MARRIAGE/COHABITATION HISTORY

TIME START

E1. Now I have some questions about marriage and relationships. I want to ask first about marriages. Just to make sure my information is correct, what is your current marital status? Are you currently legally married, separated, widowed, divorced, or never legally married?

INTERVIEWER NOTE: SEPARATION INCLUDES LEGAL AND INFORMAL SEPARATION

1. CURRENTLY (LEGALLY) MARRIED
2. SEPARATED FROM A MARRIAGE OR MARRIED AND LIVING WITH A PARTNER (OTHER THAN SPOUSE) (GO TO E7)
3. WIDOWED (GO TO E7)
4. DIVORCED (GO TO E7)

5. NEVER (LEGALLY) MARRIED (GO TO E41)

(SECTION FOR CURRENTLY MARRIED)

E2. When did you and your [IF R MALE, FILL "wife", ELSE FILL "husband"] get married?
What month and year?

___ MONTH ___ ___ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (YEAR CANNOT BE BEFORE R
WAS BORN)

E3. CAPI CHECK E2:

1. R'S MARRIAGE DATE IS BEFORE [STARTDATE] (GO TO E62)
2. R'S MARRIAGE DATE IS AFTER [STARTDATE]

E4. Did you live with your [IF R MALE, FILL "wife", ELSE FILL "husband"] before you got married?

1. YES
5. NO (GO TO E13)

E5. When did you start living with your [IF R MALE, FILL "wife", ELSE FILL "husband"]?

___ MONTH ___ ___ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE AFTER DATE
IN E2)

E6. CAPI CHECK:

1. DATE IN E5 IS BEFORE [STARTDATE] (GO TO E62)
5. DATE IN E5 IS AFTER [STARTDATE] (GO TO E13)

(SECTION FOR THOSE WHO ARE SEPARATED/ DIVORCED/ WIDOWED)

E7. (IF E1=2 OR 4, SHOW "When did you and your [IF R MALE, FILL "wife", ELSE FILL "husband"] stop living together?" IF E1=3, SHOW "When did your [IF R MALE, FILL "wife", ELSE FILL "husband"] die?")

___ MONTH ___ ___ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E8. When did you and your [IF R MALE, FILL "wife", ELSE FILL "husband"] get married?

___ MONTH ___ ___ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E9. CAPI CHECK E8:

1. DATE IN E8 IS BEFORE STARTDATE (GO TO E30)
5. DATE IN E8 IS AFTER STARTDATE

E10. Did you live with your [IF R MALE, FILL "wife", ELSE FILL "husband"] before you got married?

1. YES
5. NO (GO TO E13)

E11. When did you start living with your [IF R MALE, FILL "wife", ELSE FILL "husband"]?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E12. CAPI CHECK:

1. DATE IN E11 IS BEFORE [STARTDATE] (GO TO E30)
5. DATE IN E11 IS AFTER [STARTDATE]

(THIS SECTION COLLECTS INFORMATION ON MARRIAGES AND RELATIONSHIPS
BEFORE CURRENT OR MOST RECENT MARRIAGE AND

[SINCE STARTDATE]

E13. Before your [IF E1=1, FILL "current", ELSE FILL "most recent"] marriage, were you ever married to someone else or did you ever live together with someone else in a relationship?

INTERVIEWER INSTRUCTION: DO NOT INCLUDE LIVING TOGETHER WITH
CURRENT HUSBAND/WIFE

1. YES
5. NO (GO TO E30)

E14. Aside from your [IF E1=1, FILL "current", ELSE FILL "most recent"] marriage, when was the last time you got married or starting living with someone in a relationship? What was the date?

[INTERVIEWER INSTRUCTION: IF R LIVED WITH SOMEONE AND THEN MARRIED
HIM/HER, RECORD DATE OF MARRIAGE.]

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E15. Were you married or did you live together without being married?

1. MARRIED
2. LIVED TOGETHER WITHOUT BEING MARRIED
3. [IF VOLUNTEERED]: LIVED TOGETHER AND THEN MARRIED

E16. When did you stop living with that [IF E15=1 OR 3 AND R MALE, FILL "wife", IF E15=1 OR 3 AND R FEMALE, FILL "husband", IF E15=2, FILL "that person"].

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE DATE IN E14)

E17. CAPI CHECK: CHECK E14 AND E15

1. DATE IN E14 IS BEFORE [STARTDATE] (GO TO E30)
2. DATE IN E14 IS AFTER [STARTDATE] AND E15 = 2 (GO TO E21)
3. DATE IN E14 IS AFTER [STARTDATE] AND E15= 1 OR 3

E18. Before that marriage, [IF E15=1, FILL "did you live with your"] [IF E15=3, FILL "you lived with your "] [IF R MALE, FILL "wife", ELSE FILL "husband"] without being married?

1. YES
5. NO (GO TO E21)

E19. When did you begin living together with your [IF R MALE, FILL "wife", ELSE FILL "husband"] in a relationship?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E20. CAPI CHECK: CHECK E19

1. DATE IN E19 IS BEFORE [STARTDATE] (GO TO E30)
0. DATE IN E19 IS AFTER [STARTDATE]

E21. Before that [IF E15=1 OR 3, FILL "marriage", IF E15=2, FILL "relationship"] were you ever married to someone else or did you ever live together with someone else in a relationship?

1. YES
5. NO (GO TO E30)

E22. When did you get married or starting living together that time? What was the date?

INTERVIEWER INSTRUCTION: IF R LIVED WITH SOMEONE AND THEN MARRIED HIM/HER, RECORD DATE OF MARRIAGE.

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E23. Were you married or did you live together without being married?

1. MARRIED
2. LIVED TOGETHER WITHOUT BEING MARRIED
3. [IF VOLUNTEERED] LIVED TOGETHER AND THEN MARRIED

E24. When did you stop living with that [IF E23=1 OR 3 AND R MALE, FILL "wife", IF E23=1 OR 3 AND R FEMALE, FILL "husband", IF E23=2, FILL "person"].

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E22)

E25. CAPI CHECK: CHECK E22 AND E23

1. DATE IN E22 IS BEFORE [STARTDATE] (GO TO E30)
2. DATE IN E22 IS AFTER [STARTDATE] AND E23 = 2 (GO TO E29)
3. DATE IN E22 IS AFTER [STARTDATE] AND E23= 1 OR 3

E26. Before that marriage, [IF E23=1, FILL "did you live with your"] [IF E23=3, FILL "you lived with your"] [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] without being married. Is that correct?

1. YES
5. NO (GO TO E29)

E27. When did you begin living together with your [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] in a relationship?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E28. CAPI CHECK: CHECK E27:

1. DATE IN E27 IS BEFORE [STARTDATE] (GO TO E30)
2. DATE IN E27 IS AFTER [STARTDATE]

E29. CONTINUE TO ASK E21 THRU E27 UNTIL E25=1 or E28=1 OR 10 LOOPS COMPLETED

(THIS SECTION COLLECTS INFORMATION ON RELATIONSHIPS AFTER MOST RECENT MARRIAGE ENDED)

E30. CAPI CHECK:

1. R IS CURRENTLY MARRIED (GO TO E62)
2. R IS CURRENTLY DIVORCED, SEPARATED OR WIDOWED

E31. (IF NECESSARY SAY "Just to verify what you said...") Since [IF E1=2, FILL "you were separated" IF E1=4, FILL "you were divorced" IF E1=3, FILL, "your [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] died"], have you lived with anyone in a relationship without being married?

1. YES
5. NO (GO TO E62)

E32. (IF NECESSARY SAY "Just to verify what you said...") Are you currently living with someone in a relationship?

1. YES
5. NO (GO TO E36)

E33. When did you start living with this person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

34. CAPI CHECK:

1. DATE IN E33 IS BEFORE STARTDATE (GO TO E62)
0. DATE IN E33 IS AFTER STARTDATE

E35. Since [IF E1=2, FILL "you were separated" IF E1=4, FILL "you were divorced" IF E1=3, FILL, "your [IF R MALE, FILL "wife", IF R FEMALE FILL "husband"] died"], have you lived with anyone else in a relationship without being married?

1. YES
5. NO (GO TO E62)

LOOP BEGIN

E36. (IF LOOP 1, FILL "Let's start with the [IF E32=1, FILL "previous time", ELSE FILL "most recent time"] you lived with someone.") When did you start living with (IF LOOP 1, FILL "this", ELSE FILL "that") person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E37. When did you stop living with this person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E36)

E38. CAPI CHECK:

1. DATE IN E36 IS BEFORE [STARTDATE] (GO TO E62)
2. DATE IN E36 IS AFTER [STARTDATE]

E39. Was there anyone else you lived with in a relationship since your marriage ended?

1. YES
5. NO (GO TO E62)

E40. LOOP END. CONTINUE TO ASK E36 TO E39 UNTIL E38=1 OR 10 LOOPS COMPLETED

ALL GO TO E62

(SECTION FOR THOSE WHO HAVE NEVER BEEN LEGALLY MARRIED)

E41. Are you currently living with someone in a relationship without being married?

1. YES
5. NO (GO TO E53)

E42. When did you and this person begin living together?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E43. CAPI CHECK:

1. DATE IN E42 IS BEFORE [STARTDATE] (GO TO E63)
5. DATE IN E42 IS AFTER [STARTDATE]

E44. Have you ever lived with someone else in a relationship without being married?

1. YES
5. NO (GO TO E63)

E45. Think of the person you lived with most recently before your current relationship. When did you start living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E46. When did you stop living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E45)

E47. CAPI CHECK:

1. DATE IN E45 IS BEFORE [STARTDATE] (GO TO E63)
5. DATE IN E45 IS AFTER [STARTDATE]

LOOP BEGIN

E48. Did you live with someone else in a relationship without being married before that?

1. YES
5. NO (GO TO E63)

E49. When did you start living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E50. When did you stop living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E49)

E51. CAPI CHECK:

1. DATE IN E49 IS BEFORE [STARTDATE] (GO TO E63)
2. DATE IN E49 IS AFTER [STARTDATE]

E52. LOOP END. GO TO E48 AND ASK E48 TO E50 UNTIL E51=1 OR 10 LOOPS COMPLETED

(THIS SECTION FOR NEVER MARRIED AND NOT COHABITING)

E53. Have you ever lived with someone in a relationship without being married?

1. YES
5. NO (GO TO E63)

E54. Think of the person you lived with most recently in a relationship. When did you start living with this person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E55. When did you stop living with that person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E54)

E56. CAPI CHECK:

1. DATE IN E54 IS BEFORE [STARTDATE] (GO TO E63)
5. DATE IN E54 IS AFTER [STARTDATE]

LOOP BEGIN

E57. Have you ever lived with someone else in a relationship without being married?

1. YES
5. NO (GO TO E63)

E58. Think of the [IF LOOP 1, FILL "next to last", ELSE FILL "previous"] person you lived with in a relationship. When did you start living with this person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E59. When did you stop living with this person?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E58)

E60. CAPI CHECK:

1. DATE IN E58 IS BEFORE [STARTDATE] (GO TO E63)
2. DATE IN E58 IS AFTER [STARTDATE]

E61. LOOP END. CONTINUE WITH E57 AND ASK E57 THRU E59 UNITL E60=1 OR 10
LOOPS COMPLETED

E62. [IF E1=FILL, "Including your current marriage, how", ELSE FILL "How"] many times
have you been married in total?

__ __ NO. OF TIMES MARRIED
(RANGE 1-10, VERIFY AT 6)

E63. INTERVIEWER CHECK: IS R CURRENTLY MARRIED OR COHABITATING, BUT NO SPOUSE/PARTNER IN HH?

1. YES, CURRENTLY MARRIED, BUT NO SPOUSE IN HH [(A4=5 AND E1=1) OR E1=2]
2. YES, COHABITATING, BUT NO PARTNER IN HH [A4=5 AND (E32=1 OR E41=1)]
3. ALL OTHERS (GO TO E67)

E64. I've recorded that you are [IF E1=1, FILL "married", IF E32=1 OR E41=1, FILL "living together"], but your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] is not living here now. Why is that?

CODE ALL THAT APPLY

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

1. BECAUSE OF WORK/SCHOOL/ MILITARY SERVICE/ HOSPITALIZATION / JAIL OR PRISON
2. PREFER TO MAINTAIN SEPARATE HOUSEHOLDS
3. LIVES WITH SOMEONE ELSE (GIRLFRIEND/BOYFRIEND, ANOTHER WOMAN/MAN, PARTNER)
4. MARITAL PROBLEMS
5. NO LONGER ROMANTICALLY INVOLVED
6. OTHER, SPECIFY LIMITED
7. SPOUSE/PARTNER ACTUALLY IS LIVING HERE (GO TO E67)

E65. Where does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] live or stay? Can you give me the city and state?

_____CITY

_____STATE

_____COUNTRY

E66. How often do you see your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]?

1. EVERYDAY

OR

2. ____ TIMES
(RANGE 0-20)

CODE UNIT

1. PER WEEK
2. PER MONTH
3. PER YEAR
4. OTHER, SPECIFY LIMITED

E67. INTERVIEWER: IS RESPONDENT CURRENTLY MARRIED OR COHABITING?

1. CURRENTLY MARRIED
2. COHABITING OR SEPARATED
3. NEITHER MARRIED NOR COHABITING (GO TO E69)

E68. Taking things all together, how would you describe your [IF E1=1, FILL "marriage, ELSE FILL "relationship"] with your [IF E1=1 AND R MALE, FILL "wife', IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]? Please use a scale from 1 to 10 where 1 is extremely unhappy and 10 is extremely happy.

__ __ (NUMBER FROM 1 TO 10)

E69. Now I want to ask you about something else.

Have you ever legally adopted a child?

1. YES
5. NO (GO TO E79)

E70. How many children have you legally adopted?

__ __ CHILDREN
(RANGE 1-20, VERIFY AT 8)

[SEQUENCE OF QUESTIONS E71 THRU E78 IS REPEATED FOR EACH ADOPTED CHILD (I.E., SAME NUMBER OF TIMES AS E70 RESPONSE)]

LOOP START

E71. (IF LOOP 1, FILL "Here are a few questions about your adopted [IF E70=1, FILL "child", ELSE FILL "children"]). [IF E70 >1, FILL "Let's start with the first child you adopted."], ELSE FILL "Now I'd like to ask you about your next adopted child."

What is this child's first name?

_____ (VERBATIM – LIMITED)

E72. How old is [CHILDNAME FROM E71]?

1. ____ MONTHS (INTERVIEWER: USE ONLY IF CHILD LESS THAN 1 YEAR OLD)
(RANGE 1-11)

OR

2. ____ YEARS
(RANGE 1-99)

OR

3. CHILD NO LONGER ALIVE (GO TO LOOP END BELOW E78)

DATE MUST BE EITHER MONTHS OR YEARS, NOT BOTH

E73. Does [CHILDNAME FROM E71] live in this household?

- 1. YES (GO TO LOOP END BELOW E78)
- 5. NO

E74. Where does [CHILDNAME FROM E71] live? What city and state?

_____ CITY

____ STATE _____ COUNTRY

IF E74=D OR R, GO TO E77

E75. [ASK ONLY IF NECESSARY]: Is this in Southern California?

INTERVIEWER: CODE THIS WHETHER OR NOT YOU ASK THE QUESTION

- 1. YES
- 5. NO (GO TO E77)

E76. What street does child live on in [CITY FROM E71]? What is closest cross-street?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

E77. CAPI CHECK: IS CHILD 17 OR YOUNGER?

- 1. YES
- 5. NO (GO TO LOOP END BELOW E78)

E78. Who is [CHILDNAME FROM E71] currently living with?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSES(S)

CODE ALL THAT APPLY

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED
DON'T KNOW

LOOP END. RETURN TO E71 FOR NEXT KID, ELSE CONTINUE

E79. My next questions are about children you may have [IF R MALE, FILL "fathered", ELSE FILL "given birth to"], even if the children are no longer living.

Have you ever [IF R MALE, FILL "fathered", ELSE FILL "given birth to"], a child?

1. YES
5. NO (GO TO E90)

IF E79=D OR R, GO TO E90

E80. How many children have you ever [IF R MALE, FILL "fathered", ELSE FILL "given birth to"]?

(CAPI SHOW IF R MALE: "INTERVIEWER: IF R UNSURE, SAY "Please think of the children you do know about."

__ __ BIRTHS
(RANGE 1-20, VERIFY AT 15)

[SEQUENCE OF QUESTIONS E81 THRU E89 IS REPEATED FOR EACH CHILD (I.E., SAME NUMBER OF TIMES AS E80 RESPONSE)]

LOOP START

E81. (IF LOOP 1, FILL "Here are a few questions about the [IF E80=1, FILL "child", ELSE FILL "children"] you have [IF R MALE, FILL "fathered", ELSE FILL "given birth to"]) [IF E80>1, FILL "Let's start with your first child."], ELSE FILL "Now I'd like to ask about your next child.")

What is this child's first name?

_____ (VERBATIM – LIMITED)

E82. When was [CHILD NAME FROM E81] born? What month and year?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1880 – CURRENT YEAR)

E83. Does [CHILDNAME FROM E81] live in this household?

1. YES (GO TO LOOP END BELOW E89)
2. NO
3. CHILD IS NO LONGER ALIVE (GO TO E89)

E84. Where does [CHILDNAME FROM E81] live? What city and state?

_____ CITY

__ __ STATE _____ COUNTRY

IF E84=D OR R, GO TO E87

E85. [ASK ONLY IF NECESSARY]: Is this in Southern California?

INTERVIEWER: CODE THIS WHETHER OR NOT ASKED

1. YES
5. NO (GO TO E87)

E86. What street does child live on in [CITY FROM E84]? What is nearest cross-street?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

E87. INTERVIEWER CHECK: IS CHILD 17 OR YOUNGER?

1. YES
5. NO (GO TO LOOP END BELOW E89)

E88. Who is [CHILDNAME FROM E81] currently living with?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSES(S)

CODE ALL THAT APPLY

DK. DON'T KNOW

1. BIOLOGICAL MOTHER
2. BIOLOGICAL FATHER
3. ADOPTIVE MOTHER
4. ADOPTIVE FATHER
5. STEPMOTHER
6. STEPFATHER
7. MOTHER'S BOYFRIEND/PARTNER
8. FATHER'S GIRLFRIEND/PARTNER
9. GRANDMOTHER
10. GRANDFATHER
11. AUNT
12. UNCLE
13. SISTER (INCLUDING HALF SISTER, STEP SISTER)
14. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
15. HUSBAND/WIFE
16. OTHER RELATIVES
17. FOSTER PARENTS, FOSTER FAMILY, FOSTER CARE
18. FRIENDS
19. WITH HIS/HER BOYFRIEND/GIRLFRIEND
20. LIVING BY HIMSELF/HERSELF
21. LIVING IN A SCHOOL DORMITORY
22. IN JAIL, PRISON, OR JUVENILE DETENTION CENTER
23. SOMEWHERE ELSE, SPECIFY LIMITED

ALL GO TO LOOP END BELOW E89

(ONLY FOR KIDS WHO HAVE DIED)

E89. When did [CHILDNAME FROM E81] die?

__ __ MONTH __ __ __ __ YEAR

(RANGE 1-12) (RANGE 1880 – CURRENT YEAR) (DATE CANNOT BE BEFORE E82)

LOOP END. RETURN TO E81 FOR NEXT KID, ELSE CONTINUE TO E90.

E90. Next I'd like to ask you about anything you may be doing to delay or prevent pregnancy.

Show Card #5 1. CONDOM (RUBBER) 2. FOAM, JELLY, CREAM, SPONGE, SUPPOSITORIES 3. WITHDRAWAL (PULLING OUT) 4. DIAPHRAGM (WITH OR WITHOUT JELLY) 5. RHYTHM (SAFE TIME, AVOIDING SEX AT CERTAIN TIMES OF THE MONTH) 6. BIRTH CONTROL PILLS 7. IUD (INTRAUTERINE DEVICE) 8. NORPLANT, DEPO-PROVERA OR INJECTABLES 9. YOU OR PARTNER/SPOUSE HAS HAD OPERATION/ VASECTOMY/TUBES TIED/STERILIZATION 10. METHOD NOT LISTED ABOVE

Are you [IF E1=1 AND R MALE, FILL "and your wife", IF E1=1 AND R FEMALE, FILL "and your husband", IF E32=1 OR E41=1, FILL "and your partner"] currently using any of these types of contraception or any method of preventing pregnancy? This includes having an operation to avoid becoming pregnant.

1. YES
2. NO (GO TO E92)
3. [IF VOLUNTEERED] NOT CURRENTLY SEXUALLY ACTIVE, NO CONTRACEPTION NEEDED (GO TO E92)

Show Card #5 1. CONDOM (RUBBER) 2. FOAM, JELLY, CREAM, SPONGE, SUPPOSITORIES 3. WITHDRAWAL (PULLING OUT) 4. DIAPHRAGM (WITH OR WITHOUT JELLY) 5. RHYTHM (SAFE TIME, AVOIDING SEX AT CERTAIN TIMES OF THE MONTH) 6. BIRTH CONTROL PILLS 7. IUD (INTRAUTERINE DEVICE) 8. NORPLANT, DEPO-PROVERA OR INJECTABLES 9. YOU OR PARTNER/SPOUSE HAS HAD OPERATION/ VASECTOMY/TUBES TIED/STERILIZATION 10. METHOD NOT LISTED ABOVE

E91. Please look at this card and tell me what method or methods are you using?

CODE ALL THAT APPLY

1. CONDOM (RUBBER)
2. FOAM, JELLY, CREAM, SPONGE, SUPPOSITORIES

3. WITHDRAWAL (PULLING OUT)
4. DIAPHRAGM (WITH OR WITHOUT JELLY)
5. RHYTHM (SAFE TIME, AVOIDING SEX AT CERTAIN TIMES OF THE MONTH)
6. BIRTH CONTROL PILLS
7. IUD (INTRAUTERINE DEVICE)
8. NORPLANT, DEPO-PROVERA OR INJECTABLES
9. R OR PARTNER/SPOUSE HAS HAD OPERATION / VASECTOMY/ TUBES TIED/ STERILIZATION
10. METHOD NOT LISTED ABOVE, SPECIFY

Show Card #6 1. STRONGLY APPROVE 2. APPROVE 3. DISAPPROVE 4. STRONGLY DISAPPROVE

E92. Now let me ask you about the following situations. Please look at this card and tell me whether you strongly approve, approve, disapprove, or strongly disapprove of the following:

1. A teenage girl has a baby without being married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

2. A woman in her twenties has a baby without being married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

3. A man in his twenties fathers a child without being married to the baby's mother.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

4. A father who cannot find a job goes on welfare to support his family.

1. Strongly Approve
2. Approve

3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

5. A young man without children cannot find a job and goes on welfare.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

6. A divorced woman goes on welfare to stay home with her young children.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

7. An unmarried woman goes on welfare to stay at home with her young children.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

8. A man and a woman live together before they decide about getting married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

9. A man and a woman decide to live together even though they do not intend to get married.

1. Strongly Approve
2. Approve
3. Neither Approve or Disapprove
4. Disapprove
5. Strongly Disapprove

TIME END

SECTION F. SPOUSE/PARTNER PROXY QUESTIONS

TIME START

Note: This section will be asked for spouses and partners only when they are not sampled respondents

F1. CAPI CHECK:

1. RESPONDENT'S SPOUSE OR PARTNER IS PCG (GO TO SECTION G)
2. RESPONDENT'S SPOUSE/PARTNER IS RSA (GO TO SECTION G)
3. RESPONDENT'S SPOUSE/PARTNER IS NEITHER THE PCG OR RSA BUT IS IN HH (GO TO F2a)
4. RESPONDENT'S SPOUSE/PARTNER IS NOT IN HH
5. RESPONDENT HAS NO SPOUSE/PARTNER (GO TO SECTION G)

Next, I have a few questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"].

F2. How much school has your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] completed?

0. NONE

1 to 11__ __ GRADE (GRADES 1 THRU 11)

12. HIGH SCHOOL GRADUATE OR COMPLETED GED

13. SOME VOCATIONAL SCHOOL

14. COMPLETED VOCATIONAL SCHOOL

15. SOME COLLEGE

16. ASSOCIATES' DEGREE (AA)

17. BACHELORS' DEGREE (BA, BS)

18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)

19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

F2a. (SHOW CARD #3) Please look at this list and tell me what group or groups describe your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s race or ethnic origin.

CODE ALL THAT APPLY

1. BLACK/AFRICAN-AMERICAN
2. WHITE
3. LATINO/ HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN
11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

F2b. CHECK F2a:

1. ONLY ONE GROUP IS CIRCLED (GO TO F3a)
2. 2 OR MORE: NUMBER OF GROUPS CIRCLED (GO TO F3a)

F3. Which one group on that card best describes your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] 's race or national origin?

Show Card #3 1. BLACK/AFRICAN-AMERICAN 2. WHITE 3. LATINO/HISPANIC/LATIN AMERICAN 4. ASIAN INDIAN/SOUTH ASIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. OTHER ASIAN 11. NATIVE AMERICAN/AMERICAN INDIAN 12. INUIT/ESKIMO/ALEUT 13. HAWAIIAN 14. PACIFIC ISLANDER

CODE ONLY ONE

1. BLACK/AFRICAN-AMERICA
2. WHITE
3. LATINO/HISPANIC/ LATIN AMERICAN
4. ASIAN INDIAN/SOUTH ASIAN
5. CHINESE
6. FILIPINO
7. JAPANESE
8. KOREAN
9. VIETNAMESE
10. OTHER ASIAN

11. NATIVE AMERICAN/ AMERICAN INDIAN
12. INUIT/ESKIMO/ALEUT
13. HAWAIIAN
14. PACIFIC ISLANDER
15. OTHER, SPECIFY

IF F2/F3 NOT ASKED, SHOW "Next, I have a few questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]."

F3a. Is your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] currently working, looking for work, retired, keeping house, a student, at home with your children or something else?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

1. WORKING NOW
2. TEMPORARILY LAID OFF, SICK LEAVE, MATERNITY LEAVE
3. LOOKING FOR WORK, UNEMPLOYED
4. RETIRED
5. DISABLED (PERMANENTLY OR TEMPORARILY)
6. KEEPING HOUSE, RAISING CHILDREN (GO TO F11)
7. STUDENT (GO TO F11)
8. OTHER, SPECIFY - LIMITED (GO TO F11)

F4. Next I have some questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s [IF F3=1 OR 2 FILL "current", ELSE FILL "most recent"] job.

PROBE: If your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] [IF F3=1 OR 2, FILL "has", ELSE FILL "had"] more than one job, please think about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s main job.

What kind of work [IF F3=1 OR 2, FILL "is", ELSE FILL "was"] your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] doing? (For example: electrical engineer, stock clerk, typist, farmer)

_____ (VERBATIM-LIMITED)

F5. What [IF F3=1 OR 2 FILL "are", ELSE FILL "were"] your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] most important activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, finishing concrete)

_____ (VERBATIM-LIMITED)

F6. What kind of business or industry [IF F3=1 OR 2, FILL "is", ELSE FILL "was"] this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM-LIMITED)

F7. [IF F3=1 OR 2, FILL "Is", ELSE FILL "Was"] your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]...

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm?
6. Working without pay in a family business or farm?

IF F7=5, CONTINUE. ELSE GO TO F8

F7a. [IF F3=1 OR 2, FILL "Is", ELSE FILL "Was"] your [IF E1=1 AND R MALE, FILL "wife's", IF E1=1 AND R FEMALE, FILL "husband's", IF E32=1 OR E41=1, FILL "partner's"] own business incorporated or not incorporated?

1. Incorporated
 2. Not incorporated
- DK

F8. CHECK F3:

1. SPOUSE/PARTNER IS CURRENTLY EMPLOYED (F3=1 OR 2)
2. SPOUSE/PARTNER IS NOT CURRENTLY EMPLOYED (GO TO F11)

F9. About how many hours a week on average does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] work at this job (IF F3=2, FILL "when your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] is working")?

___ ___ AVERAGE HOURS PER WEEK
(RANGE 1-120 VERIFY AT 80)

F10. How much is your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] paid, on average, at this job, before taxes are taken out, including any tips or commissions (IF F3=2, FILL "when your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband",

IF E32=1 OR E41=1, FILL "partner"] is working")?

1. ____ DOLLARS

2. CODE UNIT

1. PER HOUR
2. PER DAY
3. PER WEEK
4. PER MONTH
5. PER YEAR

F11. Now I have a few questions about your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s health. Would you say your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"]'s health in general is excellent, very good, good, fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

F12. Does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] have any physical, psychological or nervous condition that limits the type of work or the amount of work your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] can do?

1. YES
5. NO

F13. Does your [IF E1=1 AND R MALE, FILL "wife", IF E1=1 AND R FEMALE, FILL "husband", IF E32=1 OR E41=1, FILL "partner"] smoke cigarettes?

1. YES
5. NO

TIME ENDED

SECTION G. SOCIAL TIES AND NETWORKS

TIME START

(THIS SECTION ONLY FOR RSA)

G1. INTERVIEWER CHECK:

1. THIS R THE RSA ONLY
2. THIS R THE RSA AND PCG
3. THIS R THE PCG ONLY (GO TO SECTION H)

(THIS QUESTION SEQUENCE FROM G2 TO G6 IS FOR THE RESPONDENT'S (1) FATHER, (2) MOTHER, (3) STEPFATHER, AND (4) STEPMOTHER. ASK SEQUENCE ONCE FOR EACH OF THESE FOUR PEOPLE)

Now I have some questions about your family. The first questions are about parents and step-parents.

G2. Do you have a stepmother or a stepfather?

1. STEPMOTHER
2. STEPFATHER
3. BOTH
4. NEITHER

ASK THESE QUESTIONS FIRST FOR FATHER AND MOTHER AND THEN FOR STEPFATHER AND STEPMOTHER. SKIP STEPFATHER AND STEPMOTHER LOOPS IF DOES NOT HAVE A STEPMOTHER OR A STEPFATHER

CHECK C4 AND C5: IF MOTHER OR FATHER DIED, DO NOT ASK G3-G6.

LOOP BEGIN

G3. During the past 12 months, about how often have you seen your [FILL APPROPRIATE father/mother/stepfather/stepmother]?

1. EVERYDAY
2. ___ TIMES
(RANGE 0-20)

CODE UNIT

PER WEEK: 1
PER MONTH: 2
PER YEAR: 3

3. LIVES HERE IN THIS HH (GO TO LOOP END AFTER G6)
4. NO LONGER ALIVE (GO TO LOOP END AFTER G6)

G4. Where does your [father/mother/stepfather/stepmother] live? What city and state?

1. _____ CITY _____ STATE _____
COUNTRY

2. SAME PLACE AS MOTHER
3. SAME PLACE AS FATHER

G5. [IF NECESSARY, ASK:] Is this in Southern California?

INTERVIEWER CODE THE CORRECT RESPONSE EVEN IF QUESTION IS NOT ASKED

1. YES
5. NO (GO TO LOOP END BEFORE G7)

G6. Can you tell me what street your [father/mother/stepfather/stepmother] lives on? What is the nearest cross-street?

ON _____ (STREET)
NEAR _____ (CROSS-STREET)

LOOP END – RETURN TO G3 FOR NEXT PARENT TYPE

Now I have some questions about your brothers and sisters.

G7. How many full brothers and sisters have you had in total, including any who may no longer be living?

[INTERVIEWER: FULL BROTHERS AND SISTERS HAVE THE SAME BIOLOGICAL OR ADOPTIVE MOTHER AND FATHER]

1. ____ TOTAL NUMBER OF FULL BROTHERS AND SISTERS (IF ZERO, GO TO G19)
(RANGE 1-20, VERIFY AT 14)

G8. [IF G7=1 FILL "Is your brother or sister still living?", ELSE FILL "Are all your full brothers and sisters still living?"]

1. YES
5. NO

IF G8=1,D,R GO TO G9, ELSE CONTINUE

G8a. How many are no longer living?

(RANGE 1-20) (AMOUNT CANNOT BE MORE THAN G7)

G9. INTERVIEWER CHECK:

1. R HAS NO FULL BROTHERS AND SISTERS STILL ALIVE (GO TO G19)
2. R HAS ONE BROTHER OR SISTER STILL ALIVE

3. R HAS MORE THAN ONE BROTHER OR SISTER STILL ALIVE (GO TO G14)

G10. Do you have a brother or a sister?

1. BROTHER
2. SISTER

G11. How old is your [IF G10=1 FILL "brother", IF G10=2 FILL "sister"]?

__ __ MONTHS (USE ONLY IF AGE LESS THAN 1 YEAR) (RANGE 1-11)

__ __ __ YEAR
(RANGE 1-120)

G12. How much school did your [IF G10=1 FILL "brother", IF G10=2 FILL "sister"] complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

0. NONE
- 1-11. GRADE (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL
14. COMPLETED VOCATIONAL SCHOOL
15. SOME COLLEGE
16. ASSOCIATES' DEGREE (AA)
17. BACHELORS' DEGREE (BA, BS)
18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

G13. Does this [IF G10=1 FILL "brother", IF G10=2 FILL "sister"] live in Southern California?

1. YES
5. NO

ALL GO TO G19

G14. Think of your brother or sister who is closest to you in age. How much school did he or she complete?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

0. NONE
- 1 to 11 __ __ GRADE (GRADES 1 THROUGH 11)
12. HIGH SCHOOL GRADUATE OR COMPLETED GED
13. SOME VOCATIONAL SCHOOL

- 14. COMPLETED VOCATIONAL SCHOOL
- 15. SOME COLLEGE
- 16. ASSOCIATES' DEGREE (AA)
- 17. BACHELORS' DEGREE (BA, BS)
- 18. SOME GRADUATE OR PROFESSIONAL SCHOOL (AFTER COMPLETING COLLEGE)
- 19. COMPLETED GRADUATE/PROFESSIONAL DEGREE

G15. Is this person who is closest to you in age, a brother or a sister?

- 1. Brother
- 2. Sister

G16. How old is this [IF G15=1 FILL "brother", IF G15=2 FILL "sister"]?

__ __ MONTHS (USE ONLY IF AGE LESS THAN 1 YEAR)
(RANGE 1-11)

__ __ __ YEARS
(RANGE 1-120)

G17. Do any of your full brothers and sisters live in Southern California?

INTERVIEWER NOTE: INCLUDES BROTHERS AND SISTERS LIVING IN THE SAME HOUSEHOLD AS RESPONDENT.

FULL BROTHERS AND SISTERS HAVE BOTH THE SAME MOTHER AND THE SAME FATHER

- 1. YES
- 5. NO (GO TO G19)

G18. How many of your full brothers and sisters live in Southern California?

__ __ NUMBER IN SOUTHERN CALIFORNIA
(RANGE 1-20) (AMOUNT CANNOT BE MORE THAN G7)

G19. How many half- and step- brothers and sisters do you have?

INTERVIEWER:

HALF-BROTHERS AND SISTERS HAVE THE ONE PARENT WHO IS THE SAME AND ONE WHO IS DIFFERENT.

STEP-SIBLINGS HAVE DIFFERENT PARENTS, BUT ARE RELATED BECAUSE THEIR PARENTS MARRIED EACH OTHER.

1. ____ TOTAL NUMBER OF HALF- AND STEP- BROTHERS AND SISTERS (IF ZERO, GO TO SECTION H)

(RANGE 0-30, VERIFY AT 14)

G20. How many of your half and step brothers and sisters live in Southern California?

INTERVIEWER NOTE: THIS INCLUDES SIBLINGS LIVING IN THE SAME HOUSEHOLD AS R

____ TOTAL NUMBER OF HALF- AND STEP- SIBS IN SO. CAL.

(RANGE 0-30, AMOUNT CANNOT BE MORE THAN G19)

TIME ENDED

SECTION H. 24-MONTH EVENT HISTORY CALENDAR

Event History INTRODUCTION TO CALENDAR SECTION: In this section we are especially interested where you have lived, worked, and related issues. All the questions are for the past two years, that is, since [CALENDAR START DATE].

SECTION H. POP-UP QUESTIONS

Pop-up Questions for Landmarks

To begin with, please tell me about major events in your life that occurred since [CALENDAR START DATE]. These should be events that you know the dates of. I have recorded: [EVENT 1] on [DATE 1]; [EVENT 2] on [DATE 2]; etc. Can you please give me one or two other major events that have happened since [CALENDAR START DATE]?

Examples include: births, deaths, divorces, marriages, a vacation, an accident, a major purchase, a promotion or pay raise, a residential or job change.

Pop-up Questions for Residential History

Now I want to ask you about all the places you lived or stayed since [START DATE]. This includes any place you lived or stayed for one month or more. I have recorded that you currently live here at [PRELOADED STREET ADDRESS]. When did you move to this address?

PREVIOUS RESIDENCE: Where did you live before that?

TIME LINE: When did you move into that place? When did you move out of that place?

ADDRESS: What was the address at that place? [Street number, street name, city, state, zip code, country]

Pop-up Questions for Employment

Next I will ask you about all the jobs you have held since [START DATE]. This includes any times you worked for others for pay, were self-employed, or worked in a family business.

CURRENT JOBS: Are you currently working? How many jobs do you currently have?

TIME LINE: When did you start working at this job? When did you stop working at this job?

EMPLOYER NAME: What is/was the name of your employer, the company you work/worked for, or this business?

EMPLOYER ADDRESS: What is/was the address of your employer, the company you work/worked for, or this business?

OCCUPATION: What is/was your occupation at this job?

TYPE OF JOB: What sort of work do/did you do?

WAGE/SALARY: What is/was your wage rate or salary?

FULL/PART TIME: Do/did you work full-time or part-time at this job?

HOURS PER WEEK: How many hours per week on average do/did you work at this job?

PROFIT/LOSS: How much total income (profits) do/did you receive from this business? How much was your loss?

POSITION CHANGES: Did you have any changes in position or salary at this job?

Pop-Up Questions on Unemployment and Absent from Work

NON-WORK PERIODS: From the calendar, it looks like you were not working between ____ and _____. Is that correct?

MAKING MONEY: Did you do anything to make money during this period?

REASON NOT WORKING: Why weren't you working? Were you fired or laid off from a job, temporarily absent, on maternity or paternity leave, on disability, or something else?

LOOKING FOR WORK: Were you looking for work during this period?

Drop Down Lists for Unemployment and Absent from Work

MAKING MONEY (Answers to the question: "Did you do anything to make money during this period?")

1. No, did not do anything to make money
2. Received unemployment payments only
3. Worked at temporary or odd jobs
4. Worked at temporary or odd jobs & received unemployment payments
5. Other, please specify

REASON NOT WORKING (Answers to the question: "Why weren't you working?")

1. Fired or laid off from a job
2. Temporarily absent from a job
3. On maternity or paternity leave
4. On disability
5. Sick or hospitalized
6. On vacation
7. Other, please specify

LOOKING FOR WORK Answer categories are Yes/No

Pop-Up Questions for Public Assistance

Note: This section should appear after the unemployment section but before the health insurance section. Also note new title for pop-up question box.

Next, let's talk about any times since [START DATE] that you received public assistance. First let's talk about Food Stamps.

FOOD STAMPS RECEIPT: Are you [or your children] currently receiving Food Stamps?

TIME LINE: When did you start receiving Food Stamps? When did you stop? Any other times?

AFDC, CalWORKS, TANF: Are you [or your children] currently receiving AFDC, CalWORKS or TANF?

TIME LINE: When did you start receiving AFDC/CalWORKS/TANF? When did you stop? Any other times?

GENERAL RELIEF: Are you currently receiving General Relief or General Assistance?

TIME LINE: When did you start receiving General Relief or General Assistance? When did you stop? Any other times?

SSI: Are you [or any of your children] currently receiving SSI?

TIME LINE: When did you [or your child] start receiving SSI? When did you stop? Any other times?

Pop-Up Questions for Health Insurance

CURRENT COVERAGE: Are (you/[FIRST CHILD NAME]/[SECOND CHILD NAME]) currently covered by any type of health insurance, including insurance through an employer or job, a plan you or someone else purchased, or a program like Medicare, MediCal or Healthy Families?

TIME LINE: When did this health insurance start? When did this health insurance end?

TYPE: What type of health insurance are/were (you/[FIRST CHILD NAME]/[SECOND CHILD NAME]) covered by? (RECORD PRIMARY INSURANCE)

NONCOVERAGE: Between ____ and ____, what was the main reason (you/[FIRST CHILD NAME]/[SECOND CHILD NAME]) were/was not covered by health insurance?

Drop-down categories for Health Insurance Questions

TYPE: (One answer only)

1. Employer/union provided (through R's job)
2. Employer/union provided (through a family member's job)
3. Purchased directly plan—not employer/union (through R's plan)
4. Purchased directly plan—not employer/union (through family member's plan)
5. Medicare
6. Medicare with supplemental coverage
7. Medicaid
8. CHAMPUS/TRICARE/CHAMPVA
9. Military Health
10. Indian Health Service
11. Healthy Families
12. Other government health insurance plan, please specify
13. Covered by someone outside this household
14. Not covered by health insurance

NONCOVERAGE: (One answer only)

1. Too expensive; can't afford health insurance.
2. No health insurance offered by employer of self, spouse, or parent
3. Not working at a job long enough to qualify
4. Job layoff, job loss, or any reason related to unemployment
5. Not eligible because working part time or temporary job
6. Can't obtain insurance because of poor health, illness, age, or pre-existing condition
7. Dissatisfied with previous insurance or don't believe in insurance

8. Have been healthy; not much sickness in family; haven't needed health insurance
9. Able to go to VA or military hospital for medical care
10. Covered by some other health plan, such as Medicaid (GO BACK AND CORRECT CALENDAR)
11. No longer covered by parent's policy
12. Other, please specify

SECTION I. INTENTIONALLY MISSING

SECTION J. RESIDENTIAL HISTORY FOLLOW-UP

TIME START

(NOTE: SECTION J GIVEN ONLY TO RSA)

J1. INTERVIEWER CHECK A1:

1. RESPONDENT IS RSA ONLY
2. RESPONDENT IS RSA AND PCG
3. RESPONDENT IS PCG ONLY (GO TO J8)

J2. CAPI CHECK CALENDAR RESPONSES: DID R MOVE SINCE [CALENDAR START DATE]?

1. YES (GO TO J6)
5. NO

[QUESTION ASKED ONLY FOR THOSE WHO DID NOT MOVE IN LAST TWO YEARS]

J3. What was your previous address before the place you now live?

_____ STREET ADDRESS

_____ CITY _____ STATE

_____ COUNTRY

J5. CAPI CHECK: CHECK EHC DATA FOR DATE R MOVED TO CURRENT RESIDENCE.

IF [DATE R MOVED TO CURRENT RESIDENCE] IS GREATER THAN OR EQUAL TO [DATE EXACTLY 5 YEARS BEFORE INTERVIEW], CONTINUE.

ELSE GO TO J8

Show Card #7 1. WANTED A BETTER NEIGHBORHOOD 2. WANTED A NICER HOUSE OR APARTMENT 3. TO BE CLOSER TO WORK/NEW JOB/BECAUSE OF WORK 4. BECAUSE OF HUSBAND/WIFE/PARTNER'S JOB 5. TO BE CLOSER TO SCHOOL OR COLLEGE 6. SCHOOLS WERE POOR/WANTED BETTER SCHOOL FOR KIDS 7. TO BE CLOSER TO FAMILY OR FRIENDS 8. TO LIVE WITH PARENTS OR OTHER FAMILY 9. TRANSPORTATION PROBLEMS 10. FINANCIAL SITUATION GOT WORSE 11. FINANCIAL SITUATION GOT BETTER 12. WANTED LESS EXPENSIVE PLACE TO LIVE 13. DISASTER LOSS (FIRE, FLOOD EARTHQUAKE, ETC.) 14. TO MOVE INTO OWN APARTMENT OR HOUSE 15. NEEDED A LARGER HOUSE OR APARTMENT 16. MOVED IN WITH GIRLFRIEND OR BOYFRIEND 17. GOT MARRIED 18. BROKE UP WITH HUSBAND, WIFE, BOYFRIEND OR GIRLFRIEND 19. GOT DIVORCED 20. HAD A NEW BABY 21. MOVED TO LOS ANGELES/TO THE USA 22. OTHER

J6. Think about the place where you lived before moving your current address. Please look at this card and tell me why did you decide to move from that place?

PROBE: Any other reason?

(CODE ALL THAT ARE MENTIONED)

1. WANTED A BETTER NEIGHBORHOOD
2. WANTED A NICER HOUSE OR APARTMENT
3. TO BE CLOSER TO WORK/NEW JOB/BECAUSE OF WORK
4. BECAUSE OF HUSBAND/WIFE/PARTNER'S JOB
5. TO BE CLOSER TO SCHOOL OR COLLEGE
6. SCHOOLS WERE POOR/ WANTED BETTER SCHOOL FOR KIDS
7. TO BE CLOSER TO FAMILY OR FRIENDS
8. TO LIVE WITH PARENTS OR OTHER FAMILY
9. TRANSPORTATION PROBLEMS
10. FINANCIAL SITUATION GOT WORSE
11. FINANCIAL SITUATION GOT BETTER
12. WANTED LESS EXPENSIVE PLACE TO LIVE
13. DISASTER LOSS (FIRE, FLOOD, EARTHQUAKE, ETC.)
14. TO MOVE INTO OWN APARTMENT OR HOUSE
15. NEEDED A LARGER HOUSE OR APARTMENT
16. MOVED IN WITH GIRLFRIEND OR BOYFRIEND
17. GOT MARRIED
18. BROKE UP WITH HUSBAND, WIFE, BOYFRIEND OR GIRLFRIEND
19. GOT DIVORCED
20. HAD A NEW BABY
21. MOVED TO LOS ANGELES/ TO THE USA
22. OTHER, SPECIFY - LIMITED

Show Card #8 1. QUIET, CLEAN NEIGHBORHOOD 2. LOW CRIME NEIGHBORHOOD 3. CENTRALLY LOCATED NEIGHBORHOOD/ CLOSE TO STORES, ETC. 4. CLOSE TO MOUNTAINS OR BEACH 5. NEIGHBORHOOD HAS FAMILIES WITH KIDS 6. GOOD NEIGHBORHOOD TO RAISE CHILDREN 7. CLOSE TO YOUR WORK OR SCHOOL 8. CLOSE TO SPOUSE/PARTNER'S WORK OR SCHOOL 9. CLOSE TO KIDS' SCHOOL 10. SCHOOLS ARE GOOD 11. CLOSE TO FAMILY OR FRIENDS 12. MOVED HERE TO LIVE WITH PARENTS OR OTHER FAMILY 13. MOVED HERE TO LIVE WITH SPOUSE OR PARTNER 14. GOOD TRANSPORTATION 15. ETHNICITY/NATIONALITY OF NEIGHBORHOOD 16. LIVED HERE BEFORE/ALREADY KNOW THE NEIGHBORHOOD 17. HOUSING RENTS OR PRICES ARE REASONABLE 18. LIKED THIS PARTICULAR HOUSE OR APARTMENT 19. THERE WAS AN APARTMENT OR HOUSE AVAILABLE HERE 20. EASY TO FIND A HOUSE OR APARTMENT 21. OTHER

J7. Now let me ask you about your move to this address. Please look at this other card and tell me why did you choose this neighborhood?

PROBE: Any other reason?

CODE ALL THAT APPLY

1. QUIET, CLEAN NEIGHBORHOOD
2. LOW CRIME NEIGHBORHOOD
3. CENTRALLY LOCATED NEIGHBORHOOD/CLOSE TO STORES, ETC.
4. CLOSE TO MOUNTAINS OR BEACH
5. NEIGHBORHOOD HAS FAMILIES WITH KIDS
6. GOOD NEIGHBORHOOD TO RAISE CHILDREN
7. CLOSE TO YOUR WORK OR SCHOOL
8. CLOSE TO SPOUSE/PARTNER'S WORK OR SCHOOL
9. CLOSE TO KIDS' SCHOOL
10. SCHOOLS ARE GOOD
11. CLOSE TO FAMILY OR FRIENDS
12. MOVED HERE TO LIVE WITH PARENTS OR OTHER FAMILY
13. MOVED HERE TO LIVE WITH SPOUSE OR PARTNER
14. GOOD TRANSPORTATION
15. ETHNICITY/NATIONALITY OF NEIGHBORHOOD
16. LIVED HERE BEFORE/ALREADY KNOW THE NEIGHBORHOOD
17. RENTS OR HOUSING PRICES ARE REASONABLE
18. LIKED THIS PARTICULAR HOUSE OR APARTMENT
19. THERE WAS AN APARTMENT OR HOUSE AVAILABLE HERE
20. EASY TO FIND A HOUSE OR APARTMENT
21. OTHER, SPECIFY - LIMITED

J8. Do you plan to move in the next year or two?

1. YES
5. NO

IF J8=D OR R, GO TO END

J9. How sure are you that you will [IF J8=5, FILL "not"] move? Are you:

1. Very sure
2. Moderately sure
3. Not at all sure?

TIME ENDED

SECTION K. EMPLOYMENT

TIME START

K1. CAPI: CHECK CALENDAR INFORMATION FOR WHETHER R IS CURRENTLY WORKING?

1. YES (GO TO K8)
5. NO

K2. CHECK: WAS ANY SPELL OF EMPLOYMENT RECORDED IN THE CALENDAR?

1. YES (GO TO K6)
5. NO

K3. When was the last time you were working for pay, full time or part time?

1. ____ MONTH ____ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER WORKED FOR PAY (GO TO SECTION L)

K4. Think about the last time you worked for pay. What kind of work were you doing? (For example: electrical engineer, stock clerk, typist, farmer)

____ (VERBATIM-LIMITED)

K5. What were your most important activities or duties at this job? (For example: typing, keeping account books, filing, selling cars, operating printing press, finishing concrete)

____ (VERBATIM-LIMITED)

K6. [IF K2=1, FILL "Think about the last time you worked for pay."] What kind of business or industry was this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM-LIMITED)

K7. Were you....

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm?
6. Working without pay in a family business or farm?

IF K7=5, CONTINUE. ELSE GO TO SECTION L

K7a. Was your own business incorporated or not incorporated?

1. Incorporated
 2. Not incorporated
- DK

ALL GO TO SECTION L

(SECTION FOR THOSE CURRENTLY EMPLOYED)

Now I have a few more questions about your current job.

K8. CAPI CHECK CALENDAR:

1. R CURRENTLY HAS 1 JOB (GO TO K10)
2. R CURRENTLY HAS MORE THAN 1 JOB

K9. You told me that you have two or more jobs currently. Which one would you say is your main job? What is the name of the employer at that job?

LIST ALL CURRENT EMPLOYER NAMES FROM CALENDAR

K10. What kind of business or industry is this? (For example: TV and radio manufacturing, retail shoe store, State Labor Dept.)

_____ (VERBATIM-LIMITED)

K11. Are you....

1. An employee of a private company, business, or individual for wages, salary or commission?
2. A FEDERAL government employee ?
3. A STATE government employee?
4. A COUNTY OR LOCAL government employee?
5. Self-employed in own business, profession, practice or farm ?
6. Working without pay in a family business or farm?

IF K11=5, CONTINUE. ELSE GO TO K12

K11a. Is your own business incorporated or not incorporated?

1. Incorporated
2. Not incorporated
- DK

K12. For this job, do you usually work at one location, two different locations, or three or more different locations?

1. ONE LOCATION
2. TWO LOCATIONS
3. THREE OR MORE LOCATIONS

K13. Is your employer's address that you gave me before the same place where you work most of the time?

1. YES (GO TO K15)
5. NO

K14. What is the address of the place you actually work most of the time?

1. _____ (STREET NUMBER AND NAME)

_____ (CITY)

_____ (STATE AND COUNTRY)

OR

2. ON _____ (STREET) NEAR _____ (STREET)

IN _____ (CITY)

_____ (STATE AND COUNTRY)

OR

3. THERE IS NO MAIN PLACE R WORKS

K15. How do you usually get to work at this job: by driving your own car, by riding in someone else's car, by bus, by Metrorail, subway or train, or some other way?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE

CODE ONE

1. OWN CAR
2. SOMEONE ELSE DRIVES
3. CARPOOL/VANPOOL
4. BUS
5. METRORAIL/SUBWAY/TRAIN
6. BICYCLE
7. WALK
8. WORKS AT HOME
9. OTHER, SPECIFY - LIMITED

TIME ENDED

SECTION L. WELFARE

TIME START

L1. CHECK CALENDAR INFORMATION:

1. R HAS NOT RECEIVED TANF/CALWORKS IN PAST TWO YEARS AND HAS CHILDREN
2. R HAS NOT RECEIVED TANF/CALWORKS IN PAST TWO YEARS AND HAS NO CHILDREN (GO TO SECTION M)
3. R IS CURRENTLY RECEIVING TANF/CALWORKS (GO TO L4)
4. R IS NOT CURRENTLY RECEIVING TANF/CALWORKS, BUT HAS RECEIVED SOMETIME IN PAST TWO YEARS (GO TO L11)

(SECTION FOR THOSE WHO DID NOT GET CalWORKS IN LAST TWO YEARS BUT DO HAVE KIDS)

L2. Have you ever received AFDC, CalWORKS, TANF, or cash assistance for yourself and for your children?

1. YES
5. NO (GO TO SECTION M)

L3. When was the last time you received AFDC, CalWORKS, TANF, or cash assistance?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE 1930-CURRENT YEAR)

ALL GO TO SECTION M

(SECTION FOR THOSE CURRENTLY RECEIVING CalWORKS)

Now I have a few questions about public assistance.

L4. Has your welfare worker or case manager told you that you are exempt from working?

- 1. YES
- 5. NO (GO TO L6)

L5. Why did they say you are exempt?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

- 1. PREGNANT AND UNABLE TO WORK
- 2. CARETAKER/PARENT OF CHILD 6 MONTHS OR YOUNGER
- 3. IN SCHOOL FULL TIME
- 4. PHYSICAL DISABILITY (OTHER THAN PREGNANCY)
- 5. MENTALLY DISABLED
- 6. CARETAKER OF DISABLED FAMILY MEMBER
- 7. NEED ALCOHOL OR OTHER DRUG TREATMENT
- 8. AGE
- 9. NON-PARENT RELATIVE CARETAKER OF AN AT-RISK CHILD
- 10. DOMESTIC ABUSE
- 11. DEFERRAL (TEMPORARY EXEMPTION) FOR SICK RELATIVE
- 12. DEFERRAL (TEMPORARY EXEMPTION) FOR LACK OF CHILD CARE
- 13. OTHER (SPECIFY-LIMITED)

L6. To the best of your knowledge, are you currently meeting the CalWORKs requirements to work or go to school, or to look for a job?

- 1. YES
- 5. NO

L7. What are you currently required to do as part of your welfare-to-work plan?

INTERVIEWER: DO NOT READ RESPONSES.

CODE ALL THAT APPLY

PROBE: Anything else?

WORK/TRAINING

1. PREPARING TO LOOK FOR A JOB
2. LOOKING FOR A JOB
3. CONTINUE WITH JOB
4. GET WORK EXPERIENCE FOR BASIC SKILLS OR ON-THE-JOB TRAINING
5. COMMUNITY SERVICE
6. GO TO POST-EMPLOYMENT/JOB RETENTION CLASSES (BUDGETING, SUPPORT GROUPS)
7. FIND CHILD CARE
8. WORK MORE HOURS OR WORK A SECOND JOB

EDUCATION

9. WORK-STUDY, THROUGH THE SCHOOL
10. SELF-INITIATED PROGRAM (SIP) APPROVED TRAINING FOR WORK
11. ADULT BASIC EDUCATION OR HIGH SCHOOL CLASSES
12. GED CLASSES (HIGH SCHOOL EQUIVALENCY CERTIFICATE)
13. ENGLISH AS A SECOND LANGUAGE (ESL)
14. CLASSROOM OR HANDS-ON TRAINING FOR AN OCCUPATION

OTHER SERVICES

15. MENTAL HEALTH ASSESSMENT, CASE MANAGEMENT, COUNSELING OR TREATMENT
16. ALCOHOL AND/OR DRUG ABUSE ASSESSMENT, CASE MANAGEMENT, OR SERVICES
17. PHYSICAL VIOLENCE IN YOUR HOME (DOMESTIC VIOLENCE) ASSESSMENT, CASE MANAGEMENT, OR SERVICES

OTHER COMMITMENTS

18. CHILD PROTECTIVE SERVICES MANDATE
19. CRIMINAL JUSTICE MANDATE
20. OTHER, SPECIFY-LIMITED

L8. Do you think that you are putting in enough time to meet the requirements in your welfare-to-work plan?

1. Yes

5. No
DK

L9. Is there a time limit on how long you and your children can stay on welfare?

- 1. YES
- 5. NO (GO TO L13)

IF L9=D OR R, CONTINUE

L10. How much time do you have left before you reach this time limit?

__ __ MONTHS
(RANGE 1-12)

__ __ YEARS
(RANGE 1-15), VERIFY AFTER 5)

ALL GO TO L13

(SECTION FOR THOSE WHO WERE ON WELFARE DURING PAST 2 YEARS BUT NOT CURRENTLY)

Now I have a few questions about public assistance.

L11. If you went back on welfare, would there be a limit to the time you or your children could be on welfare?

- 1. YES
- 5. NO (GO TO L13)

IF L11=D OR R, CONTINUE

L12. How much time would you have left before you reach this time limit?

__ __ MONTHS
(RANGE 1-12)

__ __ YEARS
(RANGE 1-15), VERIFY AFTER 5)

L13. During the past two years, has your aid ever been reduced or denied by the welfare office?

INTERVIEWER: IF YES, ASK "Was it reduced or denied?"

- 1. YES, DENIED

2. YES, REDUCED
3. NO (GO TO L16)

L14. Why did the welfare office say your benefits were reduced or denied?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. NOT ELIGIBLE BECAUSE R's OR OTHER FAMILY MEMBER'S INCOME
2. GOT MARRIED AND SPOUSE'S INCOME TOO HIGH
3. NOT ELIGIBLE BECAUSE OF IMMIGRATION STATUS
4. NOT ELIGIBLE, NO REASON GIVEN
5. DID NOT FILE CA7 (MONTHLY EARNINGS REPORT)
6. R DID NOT PROVIDE ALL THE INFORMATION REQUESTED
7. CHILD TURNED 18
8. CHILD MOVED TO ANOTHER HOUSEHOLD
9. R EARNED MORE MONEY FROM A JOB
10. FAMILY MEMBER EARNED MORE MONEY FROM A JOB
11. NOT ATTENDING MEETINGS WITH CASEWORKER
12. NOT PARTICIPATING IN PROGRAMS
13. NOT COOPERATING WITH CHILD SUPPORT REQUIREMENTS
14. NOT COOPERATING WITH CHILD IMMUNIZATION OR SCHOOL ATTENDANCE REQUIREMENTS
15. NOT LIVING IN AN ADULT-SUPERVISED HOUSEHOLD
16. CONVICTED OF A DRUG FELONY
17. HAD ALREADY RECEIVED MAXIMUM ASSISTANCE (TIME AND MONEY LIMITS)
18. OTHER, SPECIFY-LIMITED

L15. What did you do to get by when your benefits were reduced or denied?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ALL THAT APPLY

1. CUT BACK ON NECESSITIES
2. CUT BACK ON EXTRAS
3. DELAYED OR STOPPED PAYING BILLS
4. GOT A JOB/WORKED MORE HOURS
5. GOT MONEY FROM FRIENDS OR FAMILY
6. CHILD SUPPORT OR IN KIND HELP
7. GOT BENEFITS FROM ANOTHER PROGRAM
8. GOT HELP FROM CHARITY
9. GOT CHEAPER HOUSING, MOVED IN WITH OTHERS
10. PUT CHILD(REN) IN SOMEONE ELSE'S CARE

- 11. WENT TO A SHELTER
- 12. OTHER, SPECIFY-LIMITED

L16. During the last two years, did you ever voluntarily go off welfare?

- 1. YES
- 5. NO (GO TO L18)

L17. The last time you voluntarily went off welfare, what was the main reason?

INTERVIEWER: DO NOT READ ANSWERS. CODE R'S RESPONSE(S)

CODE ONE

- 1. REACHED A TIME LIMIT
- 2. GOT A JOB
- 3. SPOUSE OR OTHER FAMILY MEMBER GOT A JOB
- 4. EARNINGS FROM JOBS GOT TOO HIGH
- 5. ASSETS WERE TOO HIGH
- 6. YOUNGEST CHILD TURNED 18
- 7. RECEIVED CHILD SUPPORT
- 8. RECEIVED BENEFITS FROM ANOTHER PROGRAM
- 9. MOVED OUT OF THE AREA R WAS LIVING IN (including out of US)
- 10. GOT MARRIED
- 11. WANTED TO SAVE UP ELIGIBILITY FOR MONTHS WHEN R MIGHT NEED IT
- 12. RULES WERE TOO MUCH OF A HASSLE
- 13. TOO MUCH PAPERWORK
- 14. RETURN OF PARENT/FAMILY REUNIFICATION
- 15. CHILD UNDER 18 MOVED OUT OF HOUSEHOLD
- 16. OTHER, SPECIFY-LIMITED

L18. Have you ever been required to attend job club?

- 1. YES
- 5. NO (GO TO SECTION M)

L19. Did you go the first time you were required to go?

- 1. YES
- 5. NO (GO TO L21)

L20. Did you complete job club?

- 1. YES (GO TO SECTION M)
- 5. NO

L21. Why didn't you [IF L19=5, SHOW "go", IF L20=5, SHOW "complete, job club"]?

1. R WAS SICK AND COULD NOT GET THERE
2. SICK CHILD
3. HAD TO CARE FOR OTHER SICK FAMILY MEMBER
4. NO TRANSPORTATION
5. CHILD CARE PROBLEM
6. SCHEDULING CONFLICT (WAS SCHEDULED TO DO SOMETHING ELSE)
7. DOMESTIC ABUSE
8. HOMELESS
9. R DID NOT RECEIVE LETTER TELLING HER TO ATTEND OR RECEIVED LETTER TOO LATE
10. R TRIED UNSUCCESSFULLY TO RESCHEDULE THIS ACTIVITY
11. DID NOT UNDERSTAND THAT IT WAS REQUIRED (INCLUDING BECAUSE OF LANGUAGE)
12. GETTING A JOB WAS EASIER/WANTED TO WORK RATHER THAN ATTEND
13. DID NOT WANT TO SIT IN CLASSROOM
14. DID NOT WANT TO WORK
15. OTHER, SPECIFY

L22. Did you go later?

1. YES
5. NO

TIME ENDED

SECTION M. HEALTH STATUS

TIME START

[NOTE: NEED TO RETRANSLATE "FAIR" IN RESPONSES TO M1 AND M2 – SEE MEMO ON QUESTIONNAIRE CHANGES]

M1. Now I have a few questions about your health. Would you say your health in general is excellent, very good, good, fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

M2. Think about your health while you were growing up, from birth to age 14. Would you say that your health during that time was excellent, very good, good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR

M3. Do you have any physical, psychological or nervous condition that limits the type of work or the amount of work you can do?

1. YES
5. NO

M4. Has a doctor ever told you that you have....

a. High blood pressure or hypertension?

1. YES
5. NO

b. Diabetes or high blood sugar?

1. YES
5. NO

c. Cancer or a malignant tumor, excluding skin cancer?

1. YES
5. NO

d. Chronic lung disease such as chronic bronchitis or emphysema?

1. YES
5. NO

e. A heart attack?

1. YES
5. NO

f. Coronary heart disease, angina, congestive heart failure or other heart problems?

1. YES
5. NO

g. Any emotional, nervous, or psychiatric problems?

1. YES
5. NO

h. Arthritis or rheumatism?

1. YES
5. NO

i. Asthma?

1. YES 5. NO

j. Permanent loss of memory or loss of mental ability?

1. YES 5. NO

k. A learning disorder?

1. YES 5. NO

l. Excess weight? That you need to lose weight?

1. YES 5. NO

m. Major depression?

1. YES 5. NO

M5. Do you smoke cigarettes?

1. YES

5. NO (GO TO M8)

M6. On the average, how many cigarettes per day do you usually smoke?

___ __ NUMBER PER DAY

(RANGE 0-100, VERIFY AT 60 IF UNIT IS CIGARETTES. VERIFY AT 5 IF THE UNIT IS PACKS)

CODE UNIT

1. PACKS

2. CIGARETTES

M7. How old were you when you first smoked cigarettes regularly?

___ __ YEARS OLD

AMOUNT CANNOT BE MORE THAN R'S AGE

(ALL GO TO M11)

M8. Did you ever smoke cigarettes?

1. YES
5. NO (GO TO M11)

M9. On the average, how many cigarettes per day did you usually smoke?

__ __ __ NUMBER PER DAY

(RANGE 0-100, VERIFY AT 60 IF UNIT IS CIGARETTES. VERIFY AT 5 IF THE UNIT IS PACKS)

CODE UNIT

1. PACKS
2. CIGARETTES

M10. How old were you when you first smoked cigarettes regularly?

__ __ YEARS OLD

AMOUNT CANNOT BE MORE THAN R'S AGE

M11. In the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

1. YES
5. NO (GO TO M15)

IF M11=D, GO TO M12

IF M11=R, GO TO M15

M12. In the past 30 days, how many days did you drink any alcoholic beverage?

__ __ DAYS IN THE LAST 30 DAYS

(RANGE 1-30)

IF M12=0, ASK M12VER: You told me in the last question that you did have at least one drink of alcohol in the last 30 days, but here you say you have not. Which one is correct?

1. Had at least 1 drink of alcohol (you'll be taken back to M12)
5. Have not had a drink in last 30 days (you'll be taken back to M11)

IF M12=D, GO TO M13

IF M12=R, GO TO M15

M13. On the days your drank alcohol, about how many drinks did you have on average? A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

__ __ DRINKS
(RANGE 1-30)

OR

__ __ TO __ __ DRINKS
(RANGE 1-30)

ANSWER CAN ONLY BE NUMBER OF DRINKS OR RANGE, NOT BOTH

IF M13=D, GO TO M14
IF M13=R, GO TO M15

M14. In the past 30 days, how many times did you have 5 or more drinks on one occasion?

__ __ NUMBERS OF TIMES
(RANGE 0-60)

M15. Now let me ask about another topic.

About how much do you weigh?

__ __ __ AMOUNT
(RANGE 35-999, VERIFY AT 500)

CODE UNIT

1. POUNDS
2. KILOS

M16. How tall are you?

__ FEET __ INCHES
(RANGE 3-7) (RANGE 0-11)

OR

__ __ __ CENTIMETERS
(RANGE 100-250)

the next questions are about health care.

M17. Is there a place that you usually go to when you are sick or need advice about your health?

INTERVIEWER: IF YES, ASK "Do you have one place, or more than one place?"

1. YES, ONE PLACE
2. YES, MORE THAN ONE PLACE
3. NO (GO TO M22)

M18. [IF M17 EQUALS 1 ASK:] What kind of place is it? Is it a...

[IF M17 EQUALS 2 ASK:] What kind of place do you go to most often? Is it a...

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or
5. some other place?? SPECIFY

IF M18=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

- d. DON'T KNOW
- r. REFUSED (GO TO M21)

M19. What is the name of this place?

_____ (VERBATIM-LIMITED)

M20. Where is this place located? What street is it on? What is the nearest cross-street? What city is it in?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

IN _____(CITY) _____(STATE)

M21. Is that the same place you usually go when you need routine or preventive care, such as physical examination or check up?

1. YES (GO TO M25)
2. NO

M22. What kind of place do you go to when you need routine preventive care, such as a physical examination or check-up? Is it a...

1. clinic, health center or HMO,
2. doctor's office,
3. hospital emergency room,
4. hospital outpatient department, or

5. some other place?? SPECIFY

IF M22=5, SHOW "TYPE IN OTHER TYPE OF PLACE (VERBATIM)"

D. DON'T KNOW

R. REFUSED (GO TO M25)

6. DOESN'T GET PREVENTIVE CARE ANYWHERE

IF M22=6, GO TO M25

M23. What is the name of this place?

_____ (VERBATIM-LIMITED)

M24. Where is this place located? What street is it on? What is the nearest cross-street? What city is it in?

ON _____ (STREET)

NEAR _____ (CROSS-STREET)

IN _____ (CITY) _____ (STATE)

M25. During the past 2 years, that is since [MONTH AND YEAR EXACTLY TWO YEARS BEFORE THE INTERVIEW], how many different times have you been hospitalized? This includes any times you stayed in a regular hospital or mental health facility overnight or longer.

99 NOT HOSPITALIZED IN PAST 2 YEARS.

__ __ (NUMBER OF TIMES)
(RANGE 1-24, VERIFY AT 10)

IF M25=99 GO TO M28

M26. When was the last time you were hospitalized for any reason?

__ __ (MONTH)
(RANGE 1-12)

__ __ __ (YEAR)
(2 YEARS AGO-CURRENT YEAR)

M27. What was the reason for this hospitalization?

1. HAD A BABY, CHILDBIRTH

2. OTHER PROBLEMS DURING PREGNANCY (NOT CHILDBIRTH)

3. OTHER, SPECIFY (LIMITED)

M28. When was the last time you saw a doctor, nurse or other health care professional for illness, injury or a routine check-up?

1. ___ MONTH ___ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER (GO TO M31)

M29. For what illness, injury or other reason did you see the doctor, nurse, or other health care professional?

1. ROUTINE CHECK-UP OR PHYSICAL
2. OTHER REASON, SPECIFY (LIMITED)

M30. In the past 12 months, that is since [FILL MONTH4] last year, about how many times have you seen a doctor, nurse, or other health professional about your health?

1. ___ NUMBER OF TIMES
(RANGE 1-50, VERIFY AT 12)

0. NEVER

RSAM30ver. I want to verify that you said you have seen a doctor, nurse or other health care professional [FILL M30] times in the past 12 months. Is that correct?

CHECK: IF M29=1 GO TO M32, ELSE CONTINUE

M31. Not including visits for illness or injury, when was the last time you saw a doctor or clinic for a routine health check-up?

1. ___ MONTH ___ YEAR
(RANGE 1-12) (YEAR OF BIRTH-CURRENT YEAR)

5. NEVER, DON'T GET CHECK-UPS

M32. During the past 12 months, have you ever gone to see any of the following types of people about a health problem or for a check-up:

a. Dentist?

1. YES 5. NO

b. Optometrist or Ophthalmologist or Eye Doctor?

1. YES 5. NO

c. Psychiatrist, psychologist, or a counselor?

1. YES 5. NO

d. Pharmacist?

1. YES 5. NO

e. Healer?

1. YES 5. NO

f. Specialist in biofeedback, energy healing or hypnosis?

1. YES 5. NO

g. Acupuncturist?

1. YES 5. NO

h. Homeopath?

1. YES 5. NO

i. Herbalist or Chinese medicine specialist?

1. YES 5. NO

j. Chiropractor?

1. YES 5. NO

k. Massage therapist?

1. YES 5. NO

Finally, I have a question on your opinions about different things.

M33. People differ in whether or not they disapprove of certain things. Would you disapprove of people who are 18 or older doing each of the following?

INTERVIEWER: IF DISAPPROVE, ASK "Would you disapprove or strongly disapprove?"

1. Smoking one or more packs of cigarettes per day?

1. Don't Disapprove

2. Disapprove

3. Strongly Disapprove

2. Trying marijuana once or twice?

1. Don't Disapprove

2. Disapprove

3. Strongly Disapprove

3. Smoking marijuana occasionally?

1. Don't Disapprove
2. Disapprove
3. Strongly Disapprove

4. Smoking marijuana regularly?

1. Don't Disapprove
2. Disapprove
3. Strongly Disapprove

5. Taking 1-2 drinks of an alcoholic beverage occasionally, that is beer, wine or liquor?

1. Don't Disapprove
2. Disapprove
3. Strongly Disapprove

6. Taking 1-2 drinks nearly every day?

1. Don't Disapprove
2. Disapprove
3. Strongly Disapprove

7. Taking 4-5 drinks nearly every day?

1. Don't Disapprove
2. Disapprove
3. Strongly Disapprove

TIME ENDED

SECTION N.

TIME STARTED

That's all the survey questions I have, but now I need to get some information to help us contact you in the future. As I mentioned at the beginning, we would like to interview you again around this time next year. This information, like your responses to all questions in the interview, is completely confidential.

IF NECESSARY: You are very important to this study. Your experiences over the next year will be very important in understanding how families and neighborhoods in Los Angeles are changing. We will only contact you about the survey, and you can decide if you want to participate at that time.

N1. Is your mailing address the same as your home address?

- 1. YES (GO TO N3)
- 5. NO

N2. What is your mailing address?

_____ STREET ADDRESS

_____ CITY _____ STATE

_____ COUNTRY

_____ ZIPCODE

N3. May I have your home telephone number?

- 1. YES
- 3. NO, does not want to give out phone number (GO TO N6)
- 5. NO, does not have a phone (GO TO N7)

N4. What is your correct telephone number, including area code?

|_|_|_| (Area Code) |_|_|_| - |_|_|_|_|

N5. Is this telephone number listed in your name?

- 1. YES (GO TO N7)
- 5. NO

N6. In whose name is the telephone number listed?

INTERVIEWER: WRITE FULL NAME VERBATIM. CHECK WITH R TO MAKE SURE
YOU HAVE FULL NAME AND CORRECT SPELLING

_____ (VERBATIM-LIMITED)

N7. Do you have an e-mail address you use at home?

- 1. YES
- 5. NO (GO TO N9)

N8. What is this e-mail address?

_____ @ _____ (END SHOULD BE .com, .edu, .gov, .net, .org)

N9. Earlier you told me that you have (IF J8=5, D, R, FILL "no") plans to move in the next year or two. Is that correct?"

1. YES
5. NO

IF J8=1 AND N9=1, GO TO N12

IF J8=5, D, R AND N9=1, CONTINUE

IF J8=1 AND N9=5, CONTINUE

IF J8=5, D, OR R AND N9=5, GO TO N12

IF N9=D, GO TO N12

IF N9=R, CONTINUE

N10. Will your address next [TIME PERIOD NEXT YEAR] be the same as this one?

CAPI NOTE: [TIME PERIOD NEXT YEAR] IS A CAPI FILL WHICH CONSISTS OF THE MONTH NAME IN WHICH THIS INTERVIEW IS

CURRENTLY TAKING PLACE PLUS THE MONTH BEFORE AND AFTER. SO IF THE INTERVIEW IS TAKING PLACE IN FEBRUARY 2000,

THIS FILL WILL BE "January, February and March."

1. YES (GO TO N14)
2. NO (GO TO N12)
3. NOT SURE

N11. Is there another place either inside or outside the United States where you might be living at this time next year?

1. YES
5. NO (GO TO N14)

IF N11=D, CONTINUE

IF N11=R, GO TO N14

N12. [(IF N9=D) OR N11=1 OR D, FILL "If you are living at another address at this time next year,"] what address [(IF N9=D) OR N11=1 OR D, FILL "would", ELSE FILL "will"] you be living at about this time next year?

INTERVIEWER: IF RESPONDENT DOES NOT KNOW THE EXACT ADDRESS, ASK:
What city, town, or state would you be living in?

_____ STREET ADDRESS

_____ CITY _____ STATE/PROVINCE

_____ COUNTRY

N13. When do you think you would start living at this address this address in [CITY NAME FROM N12]?

__ __ MONTH __ __ __ __ YEAR
(RANGE 1-12) (RANGE CURRENT YEAR – 2002)

N14. CAPI CHECK CALENDAR: IS R CURRENTLY WORKING?

1. YES
5. NO (GO TO N21)

N15. If we are unable to reach you at home next year, is it ok if we contact you at work?

PROBE: We would contact you at work only to set up an appointment for an interview.

1. YES
2. PREFER NOT TO BE CONTACTED AT WORK
3. DEFINITELY DOES NOT WANT TO BE CONTACTED AT WORK (GO TO N21)

N16. [IF N15=2, FILL "Alright, we won't contact you at work unless we absolutely have to, but just in case, let me check some information."] We have recorded your employer's name and address as [EMPLOYERS NAME AND ADDRESS]. Is that the best place to contact you at work?

1. YES (GO TO N18)
5. NO

N17. What is the best place to contact you at work?

_____ (EMPLOYER'S NAME)

_____ (EMPLOYER'S STREET ADDRESS)

_____ (CITY) _____ (STATE)

N18. What is your telephone number at work?

(____) _____ - _____ EXT _____

N19. Do you have an e-mail address at work where we can contact you?

1. YES
5. NO (GO TO N21)

N20. What is your e-mail address at work?

1. SAME EMAIL AS HOME EMAIL

OR

2. _____@_____ (END SHOULD BE .com, .edu, .gov, .net, .org)

N21. CAPI CHECK:

1. R IS MARRIED OR LIVING WITH A PARTNER
2. R IS NOT MARRIED AND NOT LIVING WITH A PARTNER (GO TO N27)

N22. If we are unable to reach you at home next year, is it ok if we contact your [FILL APPROPRIATE husband/wife/partner] at work?

PROBE: We would contact your [FILL APPROPRIATE husband/wife/partner] at work only to find out how to reach you to set up an interview.

1. YES
2. PREFER SPOUSE/PARTNER NOT TO BE CONTACTED AT WORK
3. DEFINITELY DOES NOT WANT SPOUSE/PARTNER TO BE CONTACTED AT WORK (GO TO N27)
4. SPOUSE NOT CURRENTLY EMPLOYED (GO TO N27)

N23. [IF N22=2, FILL "Alright, we won't contact your [FILL APPROPRIATE husband/wife/partner] at work unless we absolutely have to, but just in case, let me get some information."] Can you give me the name and address of your [FILL APPROPRIATE husband/wife/partner]'s employer?

_____ (EMPLOYER'S NAME)

_____ (EMPLOYER'S STREET ADDRESS)

_____ (CITY) _____ (STATE)

N24. What is your [FILL APPROPRIATE husband/wife/partner]'s telephone number at work?

(____) _____ - _____ EXT _____

N25. Does your [FILL APPROPRIATE husband/wife/partner] have an e-mail address at work?

1. YES
5. NO (GO TO N27)

N26. What is your [FILL APPROPRIATE husband/wife/partner]'s e-mail address at work?

_____@_____ (END SHOULD BE .com, .edu, .gov, .net, .org)

N27. In case we have difficulty getting in touch with you in the future, could you give me the name, address, and phone number of two people not currently living with you who will always know your whereabouts?

PROBE: This might be a family member or a close friend or someone else who knows where you are.

IF NECESSARY: We would only get in touch with these people if we could not reach you.

1. YES
5. NO (GO TO N30)

NOTE: ASK N28 AND N29 FOR EACH OF TWO PEOPLE

N28. What is the name, address, and phone number of the person who will always know how to contact you?

_____ (NAME)

_____ (ADDRESS)

_____ (CITY) _____ (STATE)

_____ (COUNTRY)

(____) _____ - _____ EXT. _____ (PHONE NUMBER)

N29. How is this person related to you?

DO NOT READ ANSWERS. CODE R'S RESPONSE.

INTERVIEWER NOTE: THIS SHOULD BE A PERSON NOT CURRENTLY LIVING WITH R

1. MOTHER
2. FATHER

3. STEPMOTHER
4. STEPFATHER
5. GRANDMOTHER
6. GRANDFATHER
7. DAUGHTER
8. SON
9. AUNT
10. UNCLE
11. SISTER (INCLUDING HALF SISTER, STEP SISTER)
12. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
13. OTHER RELATIVES
14. FRIEND
15. GIRLFRIEND (NOT LIVING WITH R)
16. BOYFRIEND (NOT LIVING WITH R)
17. COWORKER
18. HUSBAND/WIFE (NOT LIVING WITH R)
19. EX-HUSBAND OR WIFE
20. OTHER, SPECIFY-LIMITED

N30. (IF NECESSARY, SAY "You may have told me this already, but ...") Is there any chance that you will move outside of the United States in the next year?

1. YES
2. NO (GO TO N36)
3. MAYBE, UNCERTAIN

N31. If you moved outside of the United States, where would you move to?

PROBE: What country would you most likely move to?

_____ (TOWN OR CITY)

_____ (COUNTRY)

N32. CAPI CHECK: IS N31 COUNTRY THE SAME COUNTRY THAT PERSON IN N28 LIVES IN?

1. YES (GO TO N36)
5. NO

N33. Can you give me the name and address of a person in [COUNTRY IN N31] who will always know how to contact you?

1. YES
5. NO (GO TO N36)

N34. What is the name, address, and phone number of the person in [COUNTRY IN N31] who will always know how to contact you?

_____ (NAME)

_____ (ADDRESS)

_____ (CITY) _____ (STATE)

_____ (COUNTRY)

(____) _____ - _____ EXT. _____ (PHONE NUMBER)

N35. How is this person related to you?

DO NOT READ ANSWERS. CODE R'S RESPONSE.

1. MOTHER
2. FATHER
3. STEPMOTHER
4. STEPFATHER
5. GRANDMOTHER
6. GRANDFATHER
7. DAUGHTER
8. SON
9. AUNT
10. UNCLE
11. SISTER (INCLUDING HALF SISTER, STEP SISTER)
12. BROTHER (INCLUDING HALF BROTHER, STEP BROTHER)
13. OTHER RELATIVES
14. FRIEND
15. GIRLFRIEND (NOT LIVING WITH R)
16. BOYFRIEND (NOT LIVING WITH R)
17. COWORKER
18. HUSBAND/WIFE (NOT LIVING WITH R)
19. EX-HUSBAND OR WIFE
20. OTHER, SPECIFY-LIMITED

N36. Do you ever use a nickname or any first or last names other than [NAME OF R]? [IF R CURRENTLY MARRIED AND FEMALE, FILL "For example, do you use both your maiden name and your married name on different occasions?"]

1. YES
5. NO (GO TO N38)

N37. What nicknames or other names do you use?

PROBE: Any others?

_____(VERBATIM-LIMITED)

N38. May we have your Social Security number? We often find it is useful when trying to locate people for their next interview.

PROBE: We would only use your Social Security number if we couldn't contact you in any other way. Like all other information, it will be kept completely confidential.

1. YES, NUMBER IS ____ - ____ - ____
2. NO, DOESN'T WANT TO PROVIDE THE SSN
3. NO, DOESN'T HAVE AN SSN
4. NO, DOESN'T KNOW SSN

N39. Can you give me your driver's license number?

1. YES, IT'S ____
2. NO, DOESN'T HAVE A DRIVER'S LICENSE
3. NO. DOESN'T WANT TO PROVIDE DRIVER'S LICENSE.

IF N39=2, 3, OR D, GO TO END

N40. Which state is that from?

____ STATE

Thank you for providing this information. You have been very helpful.

Here is a card I want to leave with you. Please hold on to it. If you move or plan to move in the next year, please send us your new address on this card. I also have this magnet that has our phone number on it. The card and this magnet give information about how to contact us if you are moving or have questions.

TIME ENDED

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