

FAMILY CORE

Section I--FAMILY RELATIONSHIPS and VERIFICATION OF DEMOGRAPHIC INFORMATION

FID.020 **FR: ENTER THE FAMILY NUMBER OF THE FAMILY YOU WISH TO INTERVIEW.**

>FAMINT< Family number: _____ (Go to FID.030)
(N) No one is available to interview now. (Go to FID.035)

FID.030 **[If one person family]**

FR: READ IF NECESSARY:

I would like to speak with {you/name}. {Are/Is} {you/he/she} available?

[If multi-person family]

FR: READ IF NECESSARY:

I would like to speak with someone in this family, preferably an adult who is knowledgeable about the family's health, to complete the interview for their family.

Is {**READ NAMES FROM ROSTER**} available?

>FAMNEW< (1) Yes, continue. (FID.045)
(2) No, arrange a callback (FID.035)

FID.035

>ARRANGE1< I need to call back to finish this family's interview.
What date and time would be best?

**FR: TODAY IS {day and date in words}. ENTER CALLBACK DATE AND TIME,
OR ENTER (A) FOR ANYDAY/ANYTIME, OR ENTER (N) IF CALLBACK BEFORE
CLOSEOUT IS NOT POSSIBLE.**

[If a callback cannot be arranged at FID.035 = <N>, go to FID.040; Else go to FID.020]

FID.040

>FAMNON1< **FR: SPECIFY WHY THIS FAMILY'S INTERVIEW CANNOT BE COMPLETED BEFORE
CLOSEOUT.**

(Go to Check Item FIDCC11)

FID.045

>RELRESP1< **FR: ENTER THE LINE NUMBER OF THE PERSON YOU ARE SPEAKING TO.**

[Enter Person #] []

[If RELRESP1 is 14-17 years old go to RELRESP2; Else go to FID.050]

You have selected a person less than 18 years old.
Is this correct?

- >RELRESP2< (1) Yes, accept this person (FID.050)
- (2) No, select another person (FID.045/RELRESP1)

FID.050

>FAMREF< **FR: {RELRESP1} HAS BEEN SELECTED AS THE FAMILY REFERENCE PERSON FOR THIS FAMILY. IS THIS FAMILY MEMBER AN APPROPRIATE CHOICE? PREFERABLY A CIVILIAN ADULT?**

- >FAMREF_A< (1) Yes, accept this person (FID.060)
- (2) No, select another person (FID.050/FAMREF_B)

>FAMREF_B< [Enter line number of family reference person] []

[If the person number at FID.050/FAMREF_B is 14 to 17 years go to FID.050/FAMREF_C; Else go to FID.060]

You have selected a person less than 18 years old. Is this correct?

- >FAMREF_C< (1) Yes, accept this person (FID.060)
- (2) No, select another person (FID.050/FAMREF_A)

FID.060 **FR: SHOW CARD H1.**

What is {PX-name's/your} relationship to {Family Reference Person name/you}?

- | | | |
|--|--|----------------------|
| <ul style="list-style-type: none"> >FRPREL< (2) Spouse (husband/wife) (3) Unmarried partner (4) Child (biological/adoptive
/in-law/step/foster) (5) Child of partner (6) Grandchild (7) Parent (biological/ adoptive
/in-law/step/foster) (8) Brother/sister(biological/
adoptive/ in-law/step/
foster) | <ul style="list-style-type: none"> (9) Grandparent (grandmother/father) (10) Aunt/uncle (11) Niece/nephew (12) Other relative (13) Housemate/Roommate (14) Roomer/Boarder (15) Other nonrelative (16) Legal guardian (17) Ward (97) Refused (99) Don't know | (Check Item FIDCCI2) |
|--|--|----------------------|

[If FID.060 = <4> go to FID.070, If FID.060=<7> go to FID.080, If FID.060 =<8> go to FID>090, If FID.060 =<13-15> go to FID.063; if there are no more persons go to Check Item FIDCCI2; Else go to FID.060.]

FID.063 Is {name} a relative of {Family Reference Person name}?

- >FRPREL_C<
- (1) Yes, they are relatives, select relationship again
 - (2) No, they are not relatives

[If FRPREL_C = <2>, Set those people with FRPREL= <13-15> is deleted person]

(Go to FID.060)

FID.070 Is {PX-name} {Family Reference Person name}'s biological (natural), adoptive, step, foster {son/daughter} or {son/daughter}-in-law?

- >FDEGREE1<
- (1) Biological [fill son/daughter]
 - (2) Adoptive [fill son/daughter]
 - (3) Step [fill son/daughter]
 - (4) Foster [fill son/daughter]
 - (5) [fill son/daughter]-in-law
 - (7) Refused
 - (9) Don't know

[If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family. If the age difference between the parent and child is less than 12, go to FID.075.]

FID.075 You said that {you are/{name's} is} {subject names}'s biological {mother/father}. There are only {1-11} years age difference between {you/them}. Is this relationship correct?

- >BIOCKF1<
- (1) Yes, continue the interview (FID.060)
 - (2) No, change relationship (FID.070)

FID.080 Is {PX-name} {Family Reference Person name}'s biological (natural), adoptive, step, or foster {mother/father} or {mother/father}-in-law?

- >FDEGREE2<
- (1) Biological [fill mother/father]
 - (2) Adoptive [fill mother/father]
 - (3) Step [fill mother/father]
 - (4) Foster [fill mother/father]
 - (5) [fill mother/father]-in-law
 - (7) Refused
 - (9) Don't know

[If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family. If the age difference between the parent and child is less than 12, go to FID.085.]

FID.085 You said that {you are/PX-name's} is {Family Reference Person name}'s biological {mother/father}. There are only {1-11} years age difference between {you/them}. Is this relationship correct?

- >BIOCKF2<
- (1) Yes, continue the interview (FID.060)
 - (2) No, change the relationship (FID.080)

FID.090 Is {PX-name} { Reference Person name}'s full, half, adoptive, step, or foster {brother/sister} or {brother/sister}-in-law?

- >FDEGREE3< (1) Full [fill brother/sister] (5) Foster [fill brother/sister]
- (2) Half [fill brother/sister] (6) [fill brother/sister]-in-law
- (3) Adopted [fill brother/sister] (7) Refused
- (4) Step [fill brother/sister] (9) Don't know

[If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.]

Check Item FIDCCI2: If more than 1 person in the family with FID.060/FRPREL = {2,3}, for each person, go to FID.091 and verify the relationship to the family reference person. Make corrections of the relationship. At end, go to FID.100.

FID.091 **FR: READ IF NECESSARY:**

I have recorded that

{list [L_NO] [fill name] below}

are the spouses or unmarried partners of {FRP-name}

Which one is correct?

>FSPOUSCK< _____ (Go to FID.060)

FID.100 I have recorded that:

Name	Sex	Age	DOB
{name}	{SEX}	{AGE}	{BMONTH/BDAY/BYEAR}

Race: {RACE}
Origin: {Non-hispanic/HISPAN}

FR: READ THE INFORMATION TO THE RESPONDENT. MAKE CORRECTIONS IF NECESSARY.

Is this information correct?

- >HHCHANGE< (1) Yes, information is correct (Check Item FIDCCI3)
- (2) No, correction(s) needed/ more corrections needed (FID.110)

FID.110 Change(s) needed for {name}

FR: ENTER EACH NUMBER THAT APPLIES. IF A WRONG CHOICE, TYPE THAT CHOICE AGAIN. ENTER (N) FOR NO MORE

>CWHAT2< (M) Mistake -- No correction needed

>CWHAT__1< (1) Name

>CWHAT__2< (2) Age or DOB

>CWHAT__3< (3) Sex

>CWHAT__4< (4) National origin

>CWHAT__5< (5) Race

(Go to Check Item CHG_LOOP)

Check item CHG_LOOP: If CWHAT__1 = <X> [go to FID.120]; If CWHAT__2 = <X> [go to FID.125];
If CWHAT__2 = <X> [go to FID.180]; If CWHAT__4 = <X> [go to FID.190]
If CWHAT__3 = <X> [go to FID.220]; If CWHAT2 = <M> [go to FID.110];
When all change-needed items are corrected or changed, go to FID.100 for the next family member. When no more eligible persons in the family, go to Check Item FIDCCI3.

FID.120 What is {PX-name} correct name?

FR: PROBE FOR MIDDLE NAME OR MIDDLE INITIAL IF NOT REPORTED. INITIALS MAY BE ENTERED FOR EACH FIELD BUT MUST BE FOLLOWED BY PRESS <ENTER> TO SKIP TO LAST NAME IF NO MIDDLE NAME.

[If PX gt <1>]

FR: IF LAST NAME IS THE SAME AS DISPLAYED, PRESS <ENTER>, OTHERWISE, ENTER THE NEW LAST NAME.

[endif]

>CHG_NAM1< FIRST NAME: _____
[equiv NAME_FNA]

>CHG_NAM2< MIDDLE NAME: _____
[equiv NAME_MNA]

>CHG_NAM3< LAST NAME: _____
[equiv NAME_LNA]

(Go to CHG_LOOP)

[If CHG_NAM1 and CHG_NAM3 = <D,R>, go to FID.122; Else go to Check Item CHG_LOOP]

FID.122 How shall I refer to this person for the rest of the interview?

>CHG_ALIAS< _____
[equiv ALIAS]

(Go to CHG_LOOP)

FID.125 What is {your/name's} age and date of birth? Please give month, day, and year for the date of birth.

- | | | |
|--------------|--------------|-----------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |
| | (97) Refused | (99) Don't know |

>CHG_AG01< [] Age/ Number
[equiv AGEDOB_1]

>CHG_AG02< [] Time Period
[equiv AGEDOB_2]

- (1) Day(s)
- (2) Week(s)
- (3) Month(s)
- (4) Year(s)

Date of Birth:

>DOB_M< MONTH: _____
>DOB_BDAY< DAY: _____
>DOB_Y_P< YEAR: _____

(Go to Check Item CHG_AGE1)

Check item CHG_AGE1: C_AGE1 takes information entered in CHG_AG01 and CHG_AG02 and calculates an age.

C_AGE2 takes the date-of birth information entered in FID.125 and calculates an age.

C_AGE3 = current year - birth year -1, C_AGE4 = C_AGE3 + 1. If not enough DOB information was given to calculate an age, "D" will be assigned to C_AGE2.

(Go to Check Item CHG_AGE2)

Check item CHG_AGECK: CHG_AGECK compares the two ages calculated in C_AGE1 and C_AGE2. C_AGE1 and C_AGE2 will either contain an age, or "D" if an age could not be calculated.

If C_AGE1 eq <D> and C_AGE2 ne <D>, set AGE = C_AGE2, go to FID.190
 If C_AGE1 eq <D> and C_AGE2 eq <D>, and C_AGE3 eq blank, go to FID.145
 If C_AGE1 eq <D> and C_AGE2 eq <D>, and C_AGE3 ne blank, go to FID.140
 If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 eq C_AGE2, go to FID.190
 If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 ne C_AGE2, and CHG_DOBV eq <>, go to FID.130
 If C_AGE1 ne <D> and C_AGE2 ne <D>, and C_AGE1 ne C_AGE2, and CHG_DOBV ne <>, set AGE=C_AGE2, go to FID.190
 If C_AGE1 ne <D> and C_AGE2 = <D>, and (C_AGE1 = C_AGE3 or C_AGE1 = C_AGE4); set AGE = C_AGE1; go to FID.190
 If C_AGE1 ne C_AGE3 and C_AGE1 ne C_AGE4 and birth year eq blank, go to FID.140
 If C_AGE1 ne C_AGE3 and C_AGE1 ne C_AGE4 and birth year ne <>; set AGE = C_AGE1, go to FID.190

FID.130 There is a difference between the age the computer calculated from {your/name's} date-of-birth and the age that you gave me. I recorded {your/name's} date-of-birth as {Birth month in words}/{birthday/birthyear}. Is that {your/name's} correct date-of-birth?

>CHG_DOBV< (1) Yes (Go to CHG_LOOP) (2) No (Go to FID.135)
 [equiv DOBVER]

FID.135 What is {your/name's} correct date-of-birth?

FR: OLD DATE of BIRTH = {BIRTHMONTH/BIRTHDAY/BIRTHYEAR} ASK IF NECESSARY:

- | | | |
|--------------|-----------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |
| (97) Refused | (99) Don't know | |

>DOB_M< MONTH: _____
 >DOB_BDAY< DAY: _____
 >DOB_B_P< YEAR: _____

(Go to FID.150)

FID.140 {Are you/Would you} say {name} is

- >CHG_AG06 (1) [fill C_AGE3/message] year(s) old? (Go to CHG_LOOP)
- [equiv AGEPIC] (2) [fill C_AGE4] year(s) old? (Go to CHG_LOOP)
- (N) Neither is correct (Go to FID.145)
- (7) Refused (Go to FID.145)
- (9) Don't Know (Go to FID.145)

[If answer is <1,2>, update AGE accordingly; go to CHG_LOOP.]

FID.145 What is your best guess of {name's} age?

FR: IF THE RESPONDENT DOES NOT KNOW THE AGE, ENTER YOUR BEST ESTIMATE OF THE PERSON'S AGE. ENTER (C) FOR COMPUTE IF THE RESPONSE IS A RANGE OF AGES.

>CHG_AG07< [] Number
[equiv AGEGES11]

>CHG_AG08< [] Time Period
[equiv AGEGES12]

- (3) Month(s) (Check item)
- (4) Year(s) (Check item)
- (6) Compute from range (FID.165)
- (7) Refused (FID.150)
- (9) Don't know (FID.150)

**[If CHG_AG08 is <3> then AGE = <CHG_AG07/12>;
 If CHG_AG08 is <4> then AGE = <CHG_AG07>.
 If DOB_Y_P = <D,R>; set BYY1 eq <current year-AGE1-1> and BYY2 = <current year-AGE> go to FID.170;
 If DOB_Y_P ne <D,R>; set AGE = <C_AGE1>, go to CHG_LOOP.
 If CHG_AG08 = <D,R>, go to FID.150.]**

FID.150 Certain sections of this interview depend on knowing if a person is 18 years old or older. Could you please tell me if {you/name} {are/is} at least 18 years old?

- >CHG_AG09< (1) Less than 18 (FID.155) (7) Refused (FID.160)
- [equiv AGEGES2] (2) 18 or older (FID.160) (9) Don't know (FID.160)

FID.155 **FR: ENTER YOUR BEST ESTIMATE OF {name's} AGE. ENTER "0" IF LESS THAN 1 YEAR OLD.**

>CHG_LESS< Age:_____ (Go to CHG_LOOP)
[equiv LESS18]

FID.160 **FR:** **ENTER YOUR BEST ESTIMATE OF {name's} AGE.**

>CHG_GREA< Age: _____
[equiv GREAT18]

(Go to CHG_LOOP)

FID.165 **FR:** **ENTER FIRST AND LAST AGES OF THE RANGE.**

First/lower:

>CHG_AG10< [] Number _____
[equiv AGERNG_1]

>CHG_AG12< [] Time Period _____
[equiv AGERNG_3]

(3) Month(s)

(4) Year(s)

Last/higher

>CHG_AG11< [] Number _____
[equiv AGERNG_2]

>CHG_AG13< [] Time Period _____
[equiv AGERNG_4]

(3) Month(s)

(4) Year(s)

[Covert CHG_AG10 and CHG_AG11 to year]

[Set AGE = (CHG_AG10 + CHG_AG11) /2]

(Go to CHG_LOOP)

FID.170 Would you say that {name} was born in:

>CHG_YEAR< (1) [fill with 4-digit BYEAR1] (7) Refused
[equiv YEARPIC] (2) [fill with 4-digit BYEAR2] (9) Don't Know
 (N) Neither is correct

(Go to CHG_LOOP)

FID.200 **FR: SHOW CARD H1 .**

Please give me the number of the group that represents {your/name}'s Hispanic origin or ancestry.

**FR: IF A NONHISPANIC GROUP IS NAMED, PRESS "F1" TO RETURN TO
FID.190/CHG_NATO AND CHANGE THE ANSWER FROM "YES" TO "NO".**

ENTER EACH NUMBER THAT APPLIES. ENTER (N) FOR NO MORE.

- >**CHG_HISPAN**< (1) Puerto Rican
 (2) Cuban
 (3) Cuban American
 (4) Mexican
 (5) Mexican American
 (6) Central or South American
 (7) Other Latin American
 (8) Other Spanish or Hispanic
 (97) Refused
 (99) Don't know

CHG_HIS1 **CHG_HIS2** **CHG_HIS3** **CHG_HIS4** **CHG_HIS5**

[Equiv HISPAN_1 to HISPAN_5]

**[If FID.200 = <7> go to FID.210; Else if FID.200 = <8> go to FID>215; Else go to Check Item
CHG_LOOP]**

FID.210 **FR: PROBE FOR THE COUNTRY**

**FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO HISPAN
SCREEN AND CORRECT THE ENTRY.**

- Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American (**REFER TO HELP SCREEN**)

[(H) FOR A LIST OF CENTRAL OR SOUTH AMERICAN COUNTRIES]

FR: SPECIFY OTHER LATIN AMERICAN

>**CHG_HIS_SP2**<Other Latin American: _____
[equiv HIS_SP2]

(Go to FID.200)

FID.215

FR: PROBE FOR THE COUNTRY

FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO HISPAN SCREEN AND CORRECT THE ENTRY.

- Puerto Rican
- Cuban/Cuban American
- Dominican (Republic)
- Mexican
- Mexican American
- Central or South American (**REFER TO HELP SCREEN**)

[(H) FOR A LIST OF CENTRAL OR SOUTH AMERICAN COUNTRIES]

FR: SPECIFY OTHER SPANISH OR HISPANIC

>**CHG_HIS_SP3**<Other Spanish or Hispanic: _____
[equiv **HIS_SP3**]

(Go to FID.200)

FID.220

FR: SHOW CARD H2

What race {does/do} {name/you} consider {himself/herself/yourself} to be? Please select 1 or more of these categories.

FR: ENTER (N) FOR NO MORE

- | | |
|----------------------------|----------------------|
| (1) White | (10) Chinese |
| (2) Black/African American | (11) Filipino |
| (3) Indian (American) | (12) Japanese |
| (4) Alaska Native | (13) Korean |
| (5) Native Hawaiian | (14) Vietnamese |
| (6) Guamanian | (15) Other Asian |
| (7) Samoan | (16) Some other race |
| (8) Other Pacific Islander | (97) Refused |
| (9) Asian Indian | (99) Don't know |

[] CHG_RAC1 [] CHG_RAC2 [] CHG_RAC3 [] CHG_RAC4 [] CHG_RAC5

[Equiv RACE1 - RACE5]

[If FID.220 = <8> go to FID.230; If FID.220 = <15> go to FID.232; If FID.220 = <16> go to FID.234; If multiple entries in FID.220 go to FID.240; Else go to Check Item CHG_LOOP]

FID.230

FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO RACE AND CORRECT THE ENTRY.

White	Chinese
Black/African American	Filipino
Indian (American)	Japanese
Alaska Native	Korean
Native Hawaiian	Vietnamese
Guamanian	(97) Refused
Samoan	(99) Don't know
Asian Indian	

FR: SPECIFY THE OTHER PACIFIC ISLANDER

>CHG_RAC_SP1< Other Pacific Islander: _____
[equiv RACSP1]

(Go to FID.220)

FID.232

FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO RACE AND CORRECT THE ENTRY.

White	Chinese
Black/African American	Filipino
Indian (American)	Japanese
Alaska Native	Korean
Native Hawaiian	Vietnamese
Guamanian	(97) Refused
Samoan	(99) Don't know
Asian Indian	

FR: SPECIFY THE OTHER ASIAN

>CHG_RAC_SP2< Other Asian: _____
[equiv RACSP2]

(Go to FID.220)

FID.234 **FR: IF ANY OF THE FOLLOWING ARE MENTIONED, PRESS F1 TO RETURN TO RACE AND CORRECT THE ENTRY.**

White	Chinese
Black/African American	Filipino
Indian (American)	Japanese
Alaska Native	Korean
Native Hawaiian	Vietnamese
Guamanian	(97) Refused
Samoan	(99) Don't know
Asian Indian	

FR: SPECIFY THE OTHER RACE

>CHG_RAC_SP3< Other Race: _____
[equiv RACSP3]

(Go to FID.220)

FID.240 Which one of these groups, that is (**FR: READ GROUPS**) would you say BEST represents {your/name's} race?

>CHG_MLTR< (01-16) Race number
[equiv MLTRACE]

(Go to CHG_LOOP)

Check item FIDCCI3: If a screened household and anyone in the household with ORIGIN = <1> (Hispanic Origin) or RACE = <2> (Black), then If AGE ge <14> and FID.250 = <> (not pre-filled) go to FID.250; Else go to Check Item FIDCCI4. If a screened household with no one with ORIGIN = <1> or RACE = <2>, then set outcome = <236> (screened out household)

FID.250 **FR: ASK OR VERIFY.**

(Are/Is) {you/PX-name} now married, widowed, divorced, separated, never married, or living with a partner?

>MARITL<	(1) Married (FID.260)	(5) Never married (Check Item FIDCCI4)
	(2) Widowed (Check Item FIDCCI4)	(6) Living with a partner (FID.280)
	(3) Divorced (Check Item FIDCCI4)	(7) Refused (Check Item FIDCCI4)
	(4) Separated (Check Item FIDCCI4)	(9) Don't Know (Check Item FIDCCI4)

FID.260 **FR: ASK OR VERIFY.**

Is {your/PX-name's} spouse living in the household?

>SPOUS<	(1) Yes (FID.270)	(7) Refused (Check Item FIDCCI4)
	(2) No (Check Item FIDCCI4)	(9) Don't Know (Check Item FIDCCI4)

FID.270 **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE SPOUSE.**

>**SPOUS2**< (01-30) Person number (99) Don't know
(97) Refused

(Go to Check Item FIDCCI4)

FID.280 {Have/Has} {you/PX-name} ever been married?

>**COHAB1**< (1) Yes (FID.290) (7) Refused (Check Item FIDCCI4)
(2) No (Check Item FIDCCI4) (9) Don't Know (Check Item FIDCCI4)

FID.290 What is {PX-name's/your} current legal marital status?

>**COHAB2**< (1) Married (4) Separated
(2) Widowed (7) Refused
(3) Divorced (9) Don't know

[For FID.290, if FID.300 is not valid (blank), go to FID.300; Else go to Check Item FIDCCI4.]

FID.300 **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF THE COHABITING PARTNER.**

>**COHAB3**< (01-30) Person number (99) Don't know
(97) Refused

(Go to Check Item FIDCCI4)

Check item FIDCCI4: If AGE(PX) ge <90> [go to FIDCCI6]; Else For Reference person's child:
If Reference person's spouse is male, go to FID.305
If Reference person's spouse is female, go to FID.315
For Reference person's partner's child:
If Reference person's partner is male, go to FID.305
If Reference person's partner is female, go to FID.315
Else go to Check Item FIDCCI4A

FID.305 I noted that {father's fullname} is the father of {child's fullname}. Is child's fullname} his biological, adoptive, step, foster of {son/daughter}-in-law?

>**DEGREE4**< (1) Biological child (5){Son/daughter}-in-law
(2) Adoptive child (7) Refused
(3) Step child (9) Don't know
(4) Foster child

[If DEGREE4 = <1>[if (father's age - child's age) less than 12 go to FID.310]; Else go to Check Item FIDCCI6.]

FID.310 You said that {you/name} {are/is} {PX's name} BIOLOGICAL FATHER. There is only {father's age - child's age} {years/year} age difference between {you/them}. Is this relationship correct?

- >BLOCK4< (1) Yes, continue the interview (HHCCCI6)
(2) No, Change relationship (FID.305)

FID.315 I noted that {mother's fullname} is the mother of {child's fullname}. Is {child's fullname} her biological, adoptive, step, foster child, or {son/daughter}-in-law? (H)

- >DEGREE5< (1) Biological child (5) {son/daughter}-in-law
(2) Adoptive child (7) Refused
(3) Step child (9) Don't know
(4) Foster child

**[If DEGREE5 = <1>[if (mother's age - child's age) less than 12 go to FID.320];
Else go to Check Item FIDCCI6.]**

FID.320 You said that {you/name} {are/is} {PX's name} BIOLOGICAL MOTHER. There is only {mother's age - child's age} {years/year} age difference between {you/them}. Is this relationship correct?

- >BLOCK5< (1) Yes, continue the interview (Check Item FIDCCI6)
(2) No, Change relationship (FID.315)

Check item FIDCCI4A: If MOTHER(PX) ne <> go to Check Item FIDCCI5 (mother already identified); If there are no female family members other than PX with AGE ge <12> go to Check Item FIDCCI5; Else go to FID.325.

FID.325 **FR: ASK OR VERIFY**

Is {PX-name's/your} mother a household member? (Include Mother-in-law)

**ENTER THE LINE NUMBER OF THE MOTHER OR MOTHER-IN-LAW.
IF THE MOTHER OR MOTHER-IN-LAW IS NOT A HOUSEHOLD MEMBER,
ENTER "00". IF THE PERSON HAS NO PARENTS PRESENT BUT HAS A LEGAL
GUARDIAN, ENTER "96."**

- >MOTHER< (00) Person not a household member (FID.340) (96) No parent in household; has legal guardian (FID.360)
(01-30) Person number (FID.330) (97) Refused (Check Item FIDCCI5)
(99) Don't Know (Check Item FIDCCI5)

FID.330 Is {name(mother@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster mother or mother-in-law?

- >MOTHERC1< (1) Biological mother (5) Mother-in-law
(2) Adoptive mother (7) Refused
(3) Step mother (9) Don't know
(4) Foster mother

[If the age difference between the mother and child is less than 12 years at MOTHERC1, go to MOTHERC2; Else go to Check Item FIDCCI5.]

[If MOTHERC1 = <1>; If <AGE(MOTHER) - AGE(PX)> lt <12> display:]

You said that {name(MOTHER@)} is the BIOLOGICAL MOTHER of {PX-name}. There is only {age difference} years age difference between them, is this relationship correct?

- >MOTHERC2< (1) Yes, continue the interview (Check Item FIDCCI5)
(2) No, select different person as MOTHER (FID.325)
(3) No, change relationship (FID.330--MOTHERC1)

Check item FIDCCI5: If AGE(PX) ge <90> go to Check Item FIDCCI6; If FATHER(PX) ne <> go to Check Item FIDCCI6 (father already identified); If there are no male family members other than PX with AGE ge <12> go to Check Item FIDCCI6; Else go to FID.340.

FID.340 Is {PX-name}'s father a household member? (Include father-in-law).

**ENTER THE LINE NUMBER OF THE FATHER.
IF THE FATHER IS NOT A HOUSEHOLD MEMBER, ENTER "00".
IF THE PERSON HAS NO PARENTS PRESENT BUT HAS A LEGAL GUARDIAN, ENTER "96".**

- >FATHER< (00) Person not a household member (Check Item FIDCCI6)
(01-30) Person number (FID.350)
(96) No Parent in Household; Has legal guardian (FID.360)
(97) Refused (Check Item FIDCCI6)
(99) Don't Know (Check Item FIDCCI6)

FID.350 Is {name(father@)/this person} {PX-name}'s biological (natural), adoptive, step, or foster father or father-in-law?

- >FATHERC1<
- | | |
|-----------------------|-------------------|
| (1) Biological father | (5) Father-in-law |
| (2) Adoptive father | (7) Refused |
| (3) Step father | (9) Don't know |
| (4) Foster father | |

[If the age difference between the mother and child is less than 12 years at FATHERC1, go to FATHERC2; Else go to Check Item FIDCCI6.]

[If FATHERC1 = <1>; If <AGE(FATHER) - AGE(PX)> It <12> display:]

You said that {name(FATHER@)} is the BIOLOGICAL FATHER of {PX-name}, there is only {age difference} years difference between them, is this relationship correct?

- >FATHERC2<
- (1) Yes, continue the interview (Check Item FIDCCI6)
 - (2) No, select different person as FATHER (FID.340)
 - (3) No, change relationship (FID.350--FATHERC1)

FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF {px-name's} GUARDIAN. IF THE GUARDIAN IS NOT A HOUSEHOLD MEMBER, ENTER "00".

FID.360

- >GUARD<
- | | |
|-----------------------|-----------------|
| (00) Person number | (97) Refused |
| (01-30) Person number | (99) Don't Know |

(Go to Check Item FIDCCI6)

Check item FIDCCI6: Set HHSTAT4 to <E> (Emancipated minor) in the following conditions:

- (1) If a person is 14-17 years of age and married or cohabiting; or
- (2) If a person is 14-17 years old and no other adults present in the family. Go to SASEL

Check item SASEL:

1. Sort all adults (AGE >= 18) of the same FX and NOT flagged "A" or "D" in descending age order -- from the oldest to the youngest. If no persons in this sorted group, GO TO SCSEL. If one person only in this sorted group, flag with "S" and GO TO SCSEL. Else, GO TO step 2.
2. Generate a random number from 1 to N (number of persons in sort). Set HHSTAT4 of the person whose person number corresponding to the random number to <S> (Sample Adult); GO TO SCSEL.

Check item SCSEL:

1. Sort all children (AGE < 18) of the same FX and NOT flagged "A" or "D" or "E" in descending age order -- from the oldest to the youngest. If no persons in this sort and more than 1 person in family, Go to SAID. If one person only in this sort, set the person's HHSTAT4 to <C>, go to SAID; Else continue with step2.
2. Generate a random number from 1 to N (number of persons in sort). Set HHSTAT4 of the person whose person number corresponding to the random number to <C> (Sample Child); Go to SAID.

[If there is a sample adult selected]

FID.370 **[fill "S" flagged person name] IS SELECTED AS THE SAMPLE ADULT]**

>SAID< **FOR FAMILY [fill FX].**
[endif]

[IF there is a sample child selected]

[fill "C" flagged person name] IS SELECTED AS THE SAMPLE CHILD FOR FAMILY [fill FX].

FID.380 **FR: VERIFY OR ASK.**

>KNOW< Who in the family would you say knows about the health of all the family members?

FR: SELECT ALL THAT APPLY. TO SELECT A PERSON, ENTER THE NUMBER NEXT TO THE PERSON'S NAME. TO UNSELECT A PERSON, RE-ENTER THE NUMBER ENTER <N> FOR NO MORE

[KNOW = 'x' for each person mentioned.]

[If the family has a sample child, go to FID.630; Else go the next section- Family Health Status and Limitation.]

FID.630

>KNOWSC< We select one child in each family for additional health questions. In this family that is {sample child name}. Who in the family would you say knows about the health of {sample child name}?

FR: SELECT ALL THAT APPLY. TO SELECT A PERSON, ENTER THE NUMBER NEXT TO THE PERSON'S NAME. TO UNSELECT A PERSON, RE-ENTER THE NUMBER ENTER <N> FOR NO MORE

[KNOWSC = 'x' for each person mentioned.]

(Go to next section -- Family Health Status and Limitation)

FAMILY CORE

Section II-- HEALTH STATUS AND LIMITATION OF ACTIVITIES

>FINTRO< **FR: IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY:**

We would like to have all adult family members who are at home take part in the interview. Are (READ NAMES BELOW) at home now?

IF YES, ASK:

Could they join us? (ALLOW TIME)

FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS.

<input type="checkbox"/> >FINTRO01<	<input type="checkbox"/> >FINTRO05<	<input type="checkbox"/> >FINTRO09<
<input type="checkbox"/> >FINTRO02<	<input type="checkbox"/> >FINTRO06<	<input type="checkbox"/> >FINTRO10<
<input type="checkbox"/> >FINTRO03<	<input type="checkbox"/> >FINTRO07<	
<input type="checkbox"/> >FINTRO04<	<input type="checkbox"/> >FINTRO08<	

FR: ASK IF NECESSARY:

With whom am I speaking?

ENTER PERSON NUMBER OF THE RESPONDENT FOR THE FAMILY QUESTIONS FOR THIS FAMILY. IF MORE THAN ONE, ENTER THE NUMBER OF THE ONE YOU CONSIDER TO BE THE MAIN RESPONDENT.

>FAMRESP< [Enter Person #]

>HLTH_BEG< I am now going to ask about { your/the } general health { /of family members } and the effects of any physical, mental, or emotional health problems.

Check item FHSCCII: If any family member is less than 5 years old go to FHS.005; If any family member is greater than 4 and less than 18 years old go to FHS.050; If all family members are greater than 17 go to FHS.070.

FHS.005 Are {fill names of children under 5}/Is {fill in name of child under 5} limited in the kind or amount of play activities he/she/they can do because of a physical, mental, or emotional problem?

>FLAPLYLM< (1) Yes (FHS.010) (7) Refused (FHS.050)
(2) No (FHS.050) (9) Don't know (FHS.050)

FHS.010 Who is this? (Anyone else?)

>PLAPLYLM<	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FHS.020 Is {subject's name listed in PLAYPLYLM} able to take part AT ALL in the usual kinds of play activities done by most children {subject's name}'s age?

- >PLAPLYUN< (1) Yes (FHS.050) (7) Refused (FHS.050)
(2) No (FHS.050) (9) Don't know (FHS.050)

FHS.050 Do any of the following family members, {fill names of children under age 18} receive Special Educational or Early Intervention Services?

- >FSPEDEIS< (1) Yes (FHS.060) (7) Refused (FHS.070)
(2) No (FHS.070) (9) Don't know (FHS.070)

FHS.060 Who is this? (Anyone else?)

- >PSPEDEIS<

FHS.070 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons with PERSONAL CARE NEEDS, such as eating, bathing, dressing, or getting around inside this home?

- >FLAADL< (1) Yes (FHS.080) (7) Refused (FHS.150)
(2) No (FHS.150) (9) Don't know (FHS.150)

FHS.080 Who is this? (Anyone else?)

- >PLAADL<

FHS.090 {Do/Does} {you/subject's name} need the help of other persons with?

- (1) Yes (FHS.150) (7) Refused (FHS.150)
(2) No (FHS.150) (9) Don't know (FHS.150)

>LABATH< Bathing or showering?

>LADDRESS< Dressing?

>LAEAT< Eating?

>LABED< Getting in or out of bed or chairs?

>LATOILT< Using the toilet, including getting to the toilet?

>LAHOME< Getting around inside the home?

FHS.150 Because of a physical, mental, or emotional problem, {do/does} {you/anyone in the family} need the help of other persons in handling ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- >FLAIADL< (1) Yes (FHS.160) (7) Refused (FHS.170)
(2) No (FHS.170) (9) Don't know (FHS.170)

FHS.160 Who is this? (Anyone else?)

>PLAIADL<

FHS.170 Does a physical, mental, or emotional problem NOW keep {you/anyone in the family (fill in names of family members aged 18 and older)} from working at a job or business?

>FLAWKNOW< (1) Yes (FHS.180) (7) Refused (FHS.190)
(2) No (FHS.190) (9) Don't know (FHS.190)

FHS.180 Who is this? (Anyone else?)

>PLAWKNOW<

FHS.190 {Are/(Other than the persons mentioned), are any of these family members} {you/repeat adult names if needed} limited in the kind OR amount of work {you/they} can do because of a physical, mental or emotional problem?

>FLAWKLIM< (1) Yes (FHS.200) (7) Refused (FHS.210)
(2) No (FHS.210) (9) Don't know (FHS.210)

FHS.200 Who is this? (Anyone else?)

>PLAWKLIM<

FHS.210 Because of a health problem, {do/does} {you/anyone in the family} have difficulty walking without using any special equipment?

>FLAWALK< (1) Yes (FHS.220) (7) Refused (FHS.230)
(2) No (FHS.230) (9) Don't know (FHS.230)

FHS.220 Who is this? (Anyone else?)

>PLAWALK<

FHS.230 {Are/is} {you/anyone in the family} LIMITED IN ANY WAY because of difficulty remembering or because {you/they} experience periods of confusion?

>FLAREMEM< (1) Yes (FHS.240) (7) Refused (Check item FHSCCI2)
(2) No (Check item FHSCCI2) (9) Don't know (Check item FHSCCI2)

FHS.240 Who is this? (Anyone else?)

>PLAREMEM<

Check item FHSCCI2: For family members NOT in the entry in FHS.010, FHS.060, FHS.080, FHS.160, FHS.180, FHS.200, FHS.220, or FHS.240 go to FHS.250; Otherwise, go to Check item FHSCCI3.

FHS.250 Are {you/anyone in the family (list names of persons without limitation if needed)} LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

>FLIMANY< (1) Yes (FHS.260) (7) Refused (Check item FHSCCI3)
 (2) No (Check item FHSCCI3) (9) Don't know (Check item FHSCCI3)

FHS.260 Who is this? (Anyone else?)

>PLIMANY<

Check item FHSCCI3: For family members with an entry in FHS.010 through FHS.260: If AGE is less than 18 go to FHS.270; Else go to FHS.290. If none with entry in FHS.010 through FHS.260, or the family roster is exhausted go to FHS.310.

FHS.270 What conditions or health problems cause {subject's name} limitations?

FR: SHOW CARD F1. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

>LAHCC< (1) Vision/ problem seeing (9) Other mental, emotional, or behavioral problem
 (2) Hearing problem (10) Bone, joint, or muscle problem
 (3) Speech problem (11) Epilepsy
 (4) Asthma/breathing problem (12) Other impairment/problem (specify one)(FHS.271)
 (5) Birth defect (13) Other impairment/problem (specify one)(FHS.272)
 (6) Injury (97) Refused
 (7) Mental retardation (99) Don't know/not sure
 (8) Other developmental problem (e.g. cerebral palsy)

(Go to FHS.280)

FHS.271 **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACCSPEC< CONDITION: _____

FHS.272 **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACCSPEC_1< CONDITION: _____

FHS.280 How long {have/has}{you/subject's name} had [fill condition entered in FHS.270]?

>LHCCLN< [] NUMBER

- (01-94) 1-94 times (97) Refused
- (95) 95+ times (99) Don't know
- (96) Since birth

>LHCCLT< [] TIME PERIOD

- (1) Days(s) (6) Since Birth
- (2) Week(s) (7) Refused
- (3) Month(s) (9) Don't know
- (4) Year(s)

[Go back to Check item FHSCCI3 for next family member. If no more family members go to FHS.310.]

FHS.290 What conditions or health problems cause {subject's name} limitations?

FR: SHOW CARD F2. DO NOT READ. CODE ALL THAT APPLY, UP TO 5, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.

>LAHCA<

- (1) Vision/ problem seeing (12) Cancer
- (2) Hearing problem (13) Birth defect
- (3) Arthritis/rheumatism (14) Mental retardation
- (4) Back or neck problem (15) Other developmental problem (e.g. cerebral palsy)
- (5) Fractures, bone/joint injury (16) Senility
- (6) Other injury (17) Depression/anxiety/emotional problem
- (7) Heart problem (18) Weight problem
- (8) Stroke problem (19) Other impairment/problem (specify one)(FHS.291)
- (9) Hypertension/high blood pressure (20) Other impairment/problem (specify one)(FHS.292)
- (10) Diabetes (97) Refused
- (11) Lung/breathing problem (99) Don't know/not sure

[] [] []
 [] [] []

(Go to FHS.300)

FHS.291 **FR: SPECIFY CONDITION CAUSING LIMITATION. THIS SHOULD BE THE NAME OF A SPECIFIC CONDITION THAT IS NOT ON THE CONDITION LIST.**

>LACASPEC< CONDITION: _____

Section IV -- HEALTH CARE ACCESS AND UTILIZATION

Part A -- Access To Care

FAU.010 The following questions are about the use of health care. Do not include dental care.

DURING THE PAST 12 MONTHS, has medical care been delayed for {you/anyone in the family} because of worry about the cost?

- >FDMED12M< (1) Yes (FAU.020) (7) Refused (FAU.030)
(2) No (FAU.030) (9) Don't know (FAU.030)

FAU.020 For which family member was medical care delayed? (Anyone else?)

- >PDMED12M<

FAU.030 DURING THE PAST 12 MONTHS, was there any time when {you/anyone in the family} needed medical care, but did not get it because {you/the family} couldn't afford it?

- >FNMED12M< (1) Yes (FAU.040) (7) Refused (FAU.050)
(2) No (FAU.050) (9) Don't know (FAU.050)

FAU.040 Who didn't get needed care? (Anyone else?)

- >PNMED12M<

Part B -- Hospital Utilization

FAU.050 DURING THE PAST 12 MONTHS {were/was} {you/anyone in the family} a patient in a hospital OVERNIGHT? (Do not include an overnight stay in the emergency room.)

[If there is a child <1 year old in the family add]

Remember to include any new mothers and/or babies who were hospitalized for the baby's birth.

>FHOSPYR< (1) Yes (FAU.060) (7) Refused (FAU.120)
(2) No (FAU.120) (9) Don't know (FAU.120)

FAU.060 Who was in a hospital overnight? (Anyone else?)

>PHOSPYR< [] [] [] [] []
[] [] [] [] [] []

FAU.070 How many different times did {you/subject's name} stay in any hospital overnight or longer DURING THE PAST 12 MONTHS?

>HOSPNO< (001-365) 1-365 Times (999) Don't know
(997) Refused

FAU.110 Altogether how many nights {were/was} {you/subject's name} in the hospital DURING THE PAST 12 MONTHS?

>HPNITE< (001-365) 1-365 Nights (999) Don't know
(997) Refused

[If FAU.070 < FAU.110 go to NEXT_HOSP; Else go to FAU.115]

FAU.115 **FR: DO NOT READ ALOUD:**

[fill HPNITE_N] is less than the total number of times just reported that {you/subject's name} was in the hospital overnight. PROBE TO CORRECT.

>HPVER< (1) Increase total number of nights in hospital (FAU.110)
(2) Decrease total number of times [you/subject's name] stayed in hospital (FAU.070)
(3) Proceed without correcting (NEXT_HOSP)

Check item: NEXT_HOSP: Go back for next person listed in FAU.060. When no more people, go to FAU.120.

Part C -- Health Care Contacts

These next questions are about health care received during the 2 WEEKS outlined on that calendar. Include care from ALL types of medical doctors, such as dermatologists, psychiatrists, ophthalmologists, and general practitioners. Also include care from OTHER health professionals such as nurses, physical therapists, and chiropractors. DO NOT INCLUDE DENTAL CARE.

FAU.120 **[If FAU.050 = 1, add:]**

Do not include care while an overnight patient in a hospital.

[Else, continue to read:]

During those 2 WEEKS, did {you/anyone in the family} receive care AT HOME from a nurse or other health care professional?

[Exclude children born during interview week]

>FHCHM2W< (1) Yes (FAU.130) (7) Refused (FAU.150)
(2) No (FAU.150) (9) Don't know (FAU.150)

FAU.130 Who received care at home? (Anyone else?)

>PHCHM2W<

FAU.140 How many home visits did {you/subject's name} receive during those 2 WEEKS?

>PHCHMN2W< (01-49) 1-49 Visits (97) Refused
(50) 50+ Visits (99) Don't know

FAU.150 During those 2 WEEKS, did {you/anyone in the family} talk over the PHONE with a doctor, nurse, or other health care professional about a member of this family? Include phone calls for medical advice, prescriptions or test results, but do NOT include phone calls to make appointments.

[Exclude children born during interview week]

>FHCPH2W< (1) Yes (FAU.160) (7) Refused (FAU.180)
(2) No (FAU.180) (9) Don't know (FAU.180)

FAU.160 Who was the phone call about? (Anyone else?)

>PHCPH2W<

FAU.170 During those 2 WEEKS, how many telephone calls were made about {you/subject's name}?

>PHCPHN2W< (01-49) 1-49 Calls (97) Refused
(50) 50+ Calls (99) Don't know

FAU.180 During those 2 WEEKS, did {you/anyone in the family} see a doctor or other health care professional at a doctor's OFFICE, a clinic, an emergency room, or some other place? (Do not include times during an overnight hospital stay.)

[Exclude children born during interview week]

>FHCDV2W< (1) Yes (FAU.190) (7) Refused (FAU.210)
(2) No (FAU.210) (9) Don't know (FAU.210)

FAU.190 Who received care? (Anyone else?)

>PHCDV2W<

FAU.200 How many times did {you/subject's name} visit a doctor or other health care professional during those 2 WEEKS?

>PHCDVN2W< (01-49) 1-49 Times (97) Refused
(50) 50+ Times (99) Don't know

FAU.210 During the past 12 MONTHS did {you/anyone in the family} receive care from doctors or other health care professionals 10 or more times?

>F10DVYR< (1) Yes (FAU.220) (7) Refused (FHL.010)
(2) No (FHL.010) (9) Don't know (FHL.010)

FAU.220 Who received care 10 or more times (exclude telephone calls)? (Anyone else?)

>P10DVYR<

(Go to next section--Health Insurance)

Section V -- HEALTH INSURANCE

FHL010 The next questions are about health insurance.

Are you familiar with the family's health care coverage?

>HRFHI< (1) Yes (FHL050) (7) Refused (FHL020)
(2) No (FHL020) (9) Don't know (FHL020)

FHL020 Who else in the family could answer questions about the family's health insurance?

>PHIWHO< [Enter person #s] [] [] [] [] [] [] [] []

FHL030 Is {the person/anyone that} you just mentioned available now to answer questions about health insurance?

>FAVAIL< (1) Yes (FHL040) (7) Refused (FHL050)
(2) No (FHL050) (9) Don't know (FHL050)

FHL040 **FR: SELECT APPROPRIATE PERSON TO ANSWER DETAILED HEALTH INSURANCE QUESTIONS.**

>FAVAIL31< [Enter person #] []

Check item FHICCI1 : If FHL040 has more than 1 input: show message "FR: PLEASE MARK ONLY ONE RESPONDENT. <1> Back up and make a correction", go back to FHL040 for correction.

FHL050 **FR: SHOW CARD F9.**

[If FAVAIL = <1>]

The next questions are about health insurance.

[If FAVAIL ne <1>]

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

{Are you/Is anyone} covered by health insurance or some other kind of health care plan?

FR: READ IF NECESSARY: INCLUDE HEALTH INSURANCE OBTAINED THROUGH EMPLOYMENT OR PURCHASED DIRECTLY AS WELL AS GOVERNMENT PROGRAMS LIKE MEDICARE AND MEDICAID THAT PROVIDE MEDICAL CARE OR HELP PAY MEDICAL BILLS.

>FHICOV< (1) Yes (FHL060) (7) Refused (Check Item FHICCI9)
(2) No (Check Item FHICCI9) (9) Don't know (Check Item FHICCI9)

FHL060 Who has coverage? (Anyone else?)

>PHICOV< [Enter person #s] [] [] [] [] [] [] [] []

[For members who were not marked in FHL060, go to FHICCI9; Those family members who were marked in FHL060, go to FHL070.]

FHL070 What kind of health insurance or health care coverage {do/does} {you/subject's name} have? INCLUDE those that pay for only one type of service (nursing home care, accidents, or dental care), exclude private plans that only provide extra cash while hospitalized.

FR: SHOW CARD F9 AND CARD F10. MARK "X" ALL THAT APPLY.

- >HIKINDA< (01) Private health insurance plan from employer or workplace
- >HIKINDB< (02) Private health insurance plan purchased directly
- >HIKINDC< (03) Private health insurance plan through a State or local government program or community program
- >HIKINDD< (04) Medicare
- >HIKINDE< (05) Medi-GAP
- >HIKINDF< (06) Medicaid
- >HIKINDG< (07) CHIP (Children's Health Insurance Program)
- >HIKINDH< (08) Military health care/VA
- >HIKINDI< (09) CHAMPUS/TRICARE/CHAMP-VA
- >HIKINDJ< (10) Indian Health Service
- >HIKINDK< (11) State-sponsored health plan
- >HIKINDL< (12) Other government program
- >HIKINDM< (13) Single Service Plan (e.g. dental, vision, prescriptions)

Check item FHICCI3: (Medicare Coverage) Loop through every non-deleted and non Armed Forces family member roster:

1. If the person in FHL070 marked 5 and not 4, mark HIKINDD=X and go to FHL080.
2. If the person in FHL070 marked 4, go to FHL080.
3. If the person in FHL070 did not mark 4, go to Check item FHICCI4

FHL080 Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see {your/subject's name} Medicare card to determine the type of coverage and to record the Health Ins. Claim Number? This number is needed to allow Medicare records of the Health Care Financing Administration to be easily and accurately located and identified for statistical or research purposes. We may also need to link it with other records in order to re-contact you. Except for these purposes, NCHS will not release your Health Insurance Claim Number to anyone, including any other government agency. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. Whether the number is given or not, there will be no effect on your benefits. This number will be held in strict confidence.

FR: READ IF NECESSARY: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.

>MCNO_1< Claim Number (only numbers): ____ - ____ - ____
>MCNO_2< (any characters): - ____

FHI.090 **FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW**

- >MCPART< (1) Part A - Hospital Only (Check item FHICCI4) (4) Card Not Available (FHI.100)
(2) Part B - Medical Only (FHI.100) (7) Refused (FHI.100)
(3) Both Part A & Part B (FHI.100) (9) Don't know (FHI.100)

FHI.100 {Are/Is} {You/subject's name} under a Medicare managed care arrangement, such as an HMO, that is, a Health Maintenance Organization? (With an HMO, you must generally receive care from HMO doctors, otherwise the expense is not covered unless you were referred by the HMO or there was a medical emergency).

- >MCHMO< (1) Yes (7) Refused
(2) No (9) Don't know

[If answer = 1, ask:]

FHI.110 What is the name of the HMO?

>MCHMO_NA< Name: _____

FHI.114 If {you/subject's name} {need/s} to go to a different doctor or place for special care, {do/does} {you/she/he} need approval or a referral? (Do not include emergency care.)

- >MCREP< (1) Yes (7) Refused
(2) No (9) Don't know

FHI.116 Besides {your/subject's name} Medicare insurance, {are/is} {you/subject's name} paying an additional monthly or yearly premium to receive a more comprehensive health benefit plan?

- >MCPAYPRE< (1) Yes (7) Refused
(2) No (9) Don't know

Check item FHICCI4: (Medicaid Coverage) If the person in FHI.070 marked 6 then go to FHI.120; Else go to Check item FHICCI4.5.

FHI.120 **FR: SHOW CARD F10 FOR STATE MEDICAID NAMES**

The next questions are about Medicaid coverage. In this State it is also called (state name). {You/subject's name} {are/is} listed as having Medicaid coverage. Can {you/subject's name} go to ANY doctor who will accept Medicaid or MUST {you/he/she} choose from a book or list of doctors or is a doctor assigned?

- >MACHMD< (1) Any doctor (FHI.140) (7) Refused (FHI.140)
(2) Select from book/list (MACHMD_1) (9) Don't know (FHI.140)
(3) Doctor is assigned (MACHMD_2)

FHI.130 [If answer = 2, ask:]

What is the name of the health plan that provided the book or list?

>MACHMD_1< Name: _____ (FHI.140)

[If answer = 3, ask:]

What is the name of the health plan that assigned the doctor?

>MACHMD_2< Name: _____ (FHI.140)

FHI.140 {Are/Is} {you/subject's name} required to sign up with a certain primary care doctor, group of doctors, or certain clinic which {you/he/she} must go to for all of {your/his/her} routine care? (Do not include emergency care or care from a specialist {you/he/she} was referred to).

>MAPCMD< (1) Yes (7) Refused
(2) No (9) Don't know

FHI.150 If {you/subject's name} {need/needs} to go to a different doctor or place for special care, (do/does) {you/he/she} need approval or a referral? (Do not include emergency care.)

>MAREF< (1) Yes (7) Refused
(2) No (9) Don't know

[When roster exhausted go to Check item FHICCI4.5.]

Check item FHICCI4.5: If any person in FHI.070 marked 13, then go to FHI.156; else go to Check item FHICCI5.

FHI.156 What type of service or care do {your/subject name's} single service plan or plans pay for? (Mark all that apply)

FR: SHOW CARD F11.

>SSTYPE< (1) Accidents (Check Item FHICCI5)
(2) AIDS care (Check Item FHICCI5)
(3) Cancer treatment (Check Item FHICCI5)
(4) Catastrophic care (Check Item FHICCI5)
(5) Dental care (Check Item FHICCI5)
(6) Disability Insurance (cash payments when unable to work for health reasons) (Check Item FHICCI5)
(7) Hospice care (Check Item FHICCI5)
(8) Hospitalization only (Check Item FHICCI5)
(9) Long-term care (nursing home care) (Check Item FHICCI5)
(10) Prescriptions (Check Item FHICCI5)
(11) Vision care (Check Item FHICCI5)
(12) Other - specify (FHI.157)
(97) Refused (Check Item FHICCI5)
(99) Don't know (Check Item FHICCI5)

FHI.157 **FR: SPECIFY OTHER TYPE OF SERVICE**

>SSOTHER< Service: _____

Check item FHICCI5: Loop through the family member roster:
If any person with -
- Private health insurance plan from employer or workplace (in FHI.070 marked 1),
- Private health insurance plan purchased directly (in FHI.070 marked 2),
- Private health insurance plan through a State or local government program or community program (in FHI.070 marked 3)
- Medi-gap (in FHI.070 marked 5),
Then go to Check item FHICCI6; Else go to Check item FHICCI7.

Check item FHICCI6: The next questions are about private health insurance plans obtained through work, purchased directly, or through a State or local government or community program.

[If more than 1 person has private insurance plan say:]

We have the following persons listed as being covered by such plans {read names}.

FHI.160 It is important that we record the complete and accurate name of each health insurance plan. What is the COMPLETE name of the first plan?

FR: REMIND RESPONDENT IF NECESSARY:

Do NOT include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as nursing home care, accidents, or dental care.

FR: IF NECESSARY:

Do you have something with the plan name on it?

>HIPNAM_N< Name: _____

FHI.170 Which family members are covered by that plan?

>HIPNAM_B< [Enter person #s] [] [] [] [] [] [] [] []

FHI.171 Are there any more health insurance plans?

>MORPLAN< (1) Yes (FHI.172) (2) No (Check Item FHICCI7)

FHI.172 What is the name of the next plan?

>NEXTPNM< Name: _____

FHI.173 Which family members are covered by that plan?

>NEXTPNM_B< [Enter person #s] [] [] [] [] [] [] [] []

FHI.174 Are there any more health insurance plans in addition to those already mentioned?

>MORPLAN2< (1) Yes (FHI.175) (2) No (Check Item FHICCI7)

FHI.175 What is the name of the next plan?

>NEXTPNM2< Name: _____

FHI.176 Which family members are covered by that plan?

>NEXTPNM2_B< [Enter person #s] [] [] [] [] [] [] [] []

FHI.177 Are there any more health insurance plans in addition to those already mentioned?

>MORPLAN3< (1) Yes (FHI.178) (2) No (Check Item FHICCI7)

FHI.178 What is the name of the next plan?

>NEXTPNM3< Name: _____

FHI.179 Which family members are covered by that plan?

>NEXTPNM3_B< [Enter person #s] [] [] [] [] [] [] [] []

Check item FHICCI7: If any private insurance covered person wasn't listed on any of the above plans, go to FHI.180. If there are no such persons, go to Check item FHICCI8.

FHI.180 {Subject's name} is listed as having private insurance but was not mentioned as being covered by any of the plans we just discussed. Is {subject's name} covered by private insurance?

>HIVER1< (1) Yes (FHI.190) (7) Refused (FHI.070)
(2) No (FHI.070) (9) Don't know (FHI.070)

FHI.190 Is the health insurance plan of {subject's name} the same as one of those already mentioned?

FR: MARK "X" ANY THAT APPLY (fill in from FHI.170: HIPNAM, NEXTPNM, NEXTPNM2.).

>HIVER2_1< []1 [fill HIPNAM]
>HIVER2_2< []2 [fill NEXTPNM] (if available)
>HIVER2_3< []3 [fill NEXTPNM2] (if available)
>HIVER2_4< []4 [fill NEXTPNM3] (if available)
>HIVER2_5< []5 Some other plan not already mentioned

[If anyone in the family has private health insurance, loop through all the private plans; Else go to Check item FHICCI9]

Check item FHICCI8: FHI.200-FHI.248 are repeated for each health plan.

FHI.200

[If multiple plan names (i.e. from FHI.160 - FHI.179), read:]

Now I am going to ask some questions about the {plan/plans} you just told me about, {/starting with} [fill plan name].

[else read]

Next I would like to ask you about [fill plan name].

[Read to everyone]

Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. In whose name is this plan?

FR: ENTER (0) FOR POLICYHOLDER OUTSIDE OF FAMILY.

>WHONAM< [Enter person #] []

FHI.210 Was this plan originally obtained through the workplace, such as through a present or former employer or union?

- >PLNWRK<
- | | |
|--|----------------|
| (1) Employer | (5) No |
| (2) Union | (7) Refused |
| (3) Through workplace, but Don't know if employer or union | (9) Don't know |
| (4) Through workplace, self-employed or professional association | |

FHI.220 Who pays for this health insurance plan?

FR: ENTER ALL THAT APPLY. IF GOVERNMENT PROGRAM IS REPORTED, PROBE FOR MEDICARE OR MEDICAID BEFORE ENTERING CODE 7. IF GOVERNMENT IS THE EMPLOYER, ENTER CODE 2.

- >PLNPAY<
- | | |
|---|--|
| (1) Self or Family (FHI.230) | (6) CHIP (Children's Health Insurance Plan) (FHI.240) |
| (2) Employer or Union (FHI.240) | (7) State or local government or community program (FHI.240) |
| (3) Someone outside the household (FHI.240) | (97) Refused (FHI.240) |
| (4) Medicare (FHI.240) | (99) Don't know (FHI.240) |
| (5) Medicaid (FHI.240) | |

[]	[]	[]
[]	[]	[]

FHI.230 During the PAST 12 MONTHS, how much did {you/your family} spend for health insurance premiums for {plan name}? Please include payroll deductions for premiums.

>HICOSTNO< [] NUMBER

(1-9,999) Less than \$500
(99,997) Refused
(99,999) Don't know

>HICOSTTP< [] TIME PERIOD

(1) Week (5) Bi-yearly
(2) Bi-weekly (6) Yearly
(3) Month (97) Refused
(4) Quarter (99) Don't know

FHI.240 Is {plan name} an HMO (Health Maintenance Organization), an IPA (Individual Practice Association), a PPO (Preferred Provider Organization), a POS (Point-of-Service), or is it some other kind of plan?

>PLNMGD< (1) HMO/IPA (4) Other
(2) PPO (7) Refused
(3) POS (9) Don't know

FHI.242 Under this plan, can {you/the family member(s) with this plan} choose ANY doctor or MUST {you/they} choose one from a specific group or list of doctors?

>MGCHMD< (1) Any doctor (FHI.244) (7) Refused (FHI.248)
(2) Select from group/list (FHI.246) (9) Don't know (FHI.248)

FHI.244 Do {you/the family member(s) with this plan} have the option of choosing a doctor from a preferred or select list at a lower cost?

>MGPRMD< (1) Yes (7) Refused
(2) No (9) Don't know (FHI.248)

FHI.246 If {you/the family member(s) with this plan} select a doctor who is not in the plan, will {plan name} pay for any part of the cost?

>MGPYMD< (1) Yes (7) Refused
(2) No (9) Don't know

FHI.248 When a family member with this plan needs to go to a different doctor or place for special care, does the family member need approval or a referral? (Do not include emergency care.)

>MGPREF< (1) Yes (7) Refused
(2) No (9) Don't know

Check item FHICCI8A: If there are more health plans, return to Check Item FHICCI8; Else go to Check Item FHICCI9.

Check item FHICCI9: Loop through each non-deleted family member: If any family member is in the armed forces, go to FHI.320; Else if any member with no entry marked in FHI.060, go to FHI.260; Else if any member marked FHI.070 with 7, 11, or 12 go to FHI.250; Else if any member FHI.070 only 13 marked, go to FHI.260. Else go to FHI.300.

FHI.250 Earlier I recorded that {you/subject's name} {are/is} covered by a state-sponsored or other public program (other than Medicaid) that pays for health care. What is the name of the plan?

>STNAME< Plan: _____

FHI.260 Just to verify, other than single service plans, {do/does} {you/he/she} have Medicare, Medicaid, CHIP (Children's Health Insurance Program), CHAMPUS, or CHAMPVA ... or any private insurance?

FR: READ STATE NAME FOR MEDICAID AND STATE SPONSORED HEALTH INSURANCE PROGRAM FROM CARDS F9 AND F10.

>HICHECK< (1) Yes (FHI.060) (7) Refused (FHI.270)
(2) No (FHI.270) (9) Don't know (FHI.270)

FHI.270 Not including Single Service Plans, about how long has it been since {subject's name} last had health care coverage?

FR: SHOW CARD F12.

>HILAST< (1) 6 months or less (4) More than 3 years
(2) More than 6 months, but not more than 1 year ago (5) Never
(3) More than 1 year, but not more than 3 years ago (7) Refused
(9) Don't know

FHI.280 Which of these are reasons {you/subject's name} stopped being covered or do not have health insurance?

FR: SHOW CARD F13.

(1) Person in family with health insurance lost job or changed employers	(7) Medicaid/Medical plan stopped after pregnancy
(2) Got divorced or separated/death of spouse or parent	(8) Lost Medicaid/Medical plan because of new job or increase in income
(3) Became ineligible because of age/left school	(9) Lost Medicaid (other)
(4) Employer does not offer coverage/ Or not eligible for coverage	(10) Other (specify) _____
(5) Cost is too high	(97) Refused
(6) Insurance company refused coverage	(99) Don't know

>HISTOP< [] [] []
[] [] []

(Go to FHI.320)

FHI.300 In the PAST 12 MONTHS, was there any time when {subject's name} did NOT have ANY health insurance or coverage?

>HINOTYR< (1) Yes (FHI.310) (7) Refused (FHI.320)
(2) No (FHI.320) (9) Don't know (FHI.320)

FHI.310 In the PAST 12 MONTHS, about how many months {were/was} {you/subject's name} without coverage?

>HINOTMYR< (01-12) 1-12 months (97) Refused (99) Don't know

FHI.320 During the PAST 12 MONTHS, about how much did {you/your family} spend for medical care, including dental care? Do NOT include the cost of health insurance premiums, over the counter remedies, or any costs for which you expect to be reimbursed.

FR: SHOW CARD F14.

>HCSPFYR< (0) Zero (4) \$3,000-\$4,999
(1) Less than \$500 (5) \$5,000 or more
(2) \$500-\$1,999 (7) Refused
(3) \$2,000-\$2,999 (9) Don't know

(Go to next section--Socio-Demographic Background)

Section VI -- SOCIO-DEMOGRAPHIC BACKGROUND

[FSD.001 to FSD.130 are asked for each person in the family.]

FSD.001 In what country {were/was} {you/subject's name} born?

- >PLBORN<**
- | | | |
|---|-------------------|--------------------|
| (001) United States | (010) Ecuador | (022) India |
| (002) Puerto Rico | (011) El Salvador | (023) Iran |
| (003) Outlying Area of the U.S.
(American Samoa, Guam, U.S.
Virgin Islands, Northern Marianas,
Other U.S. Territory) | (012) England | (024) Ireland/Eire |
| | (013) France | (025) Italy |
| | (014) Germany | (026) Jamaica |
| (004) Canada | (015) Greece | (027) Japan |
| (005) Cambodia | (016) Guatemala | (997) Refused |
| (006) China | (017) Guyana | (999) Don't know |
| (007) Colombia | (018) Haiti | |
| (008) Cuba | (019) Honduras | |
| (009) Dominican Republic | (020) Hong Kong | |
| | (021) Hungary | |

OTHER COUNTRIES FOR NATIVITY

- >PLBORN2<**
- | | | |
|-------------------------|-------------------|----------------------|
| (028) Laos | (041) Vietnam | (300) Bermuda |
| (029) Mexico | (042) Yugoslavia | (376) Bolivia |
| (030) Nicaragua | (200) Afghanistan | (377) Brazil |
| (031) Peru | (375) Argentina | (205) Burma |
| (032) Philippines | (185) Armenia | (378) Chile |
| (033) Poland | (102) Austria | (311) Costa Rica |
| (034) Portugal | (501) Australia | (155) Czech Republic |
| (035) Russia | (130) Azores | (105) Czechoslovakia |
| (036) Scotland | (333) Bahamas | (106) Denmark |
| (037) Korea/South Korea | (202) Bangladesh | (338) Dominica |
| (038) Taiwan | (334) Barbados | (415) Egypt |
| (039) Thailand | (310) Belize | (417) Ethiopia |
| (040) Trinidad & Tobago | (103) Belgium | (507) Fiji |

OTHER COUNTRIES FOR NATIVITY

- >PLBORN3<**
- | | | |
|---------------------|------------------------|----------------------------|
| (108) Finland | (224) Malaysia | (156) Slovakia/Slovak Rep. |
| (421) Ghana | (436) Morocco | (449) South Africa |
| (138) Great Britain | (128) Netherlands | (134) Spain |
| (340) Grenada | (514) New Zealand | (136) Sweden |
| (126) Holland | (440) Nigeria | (137) Switzerland |
| (211) Indonesia | (142) Northern Ireland | (237) Syria |
| (213) Iraq | (127) Norway | (240) Turkey |
| (214) Israel | (229) Pakistan | (195) Ukraine |
| (216) Jordan | (253) Palestine | (387) Uruguay |
| (427) Kenya | (317) Panama | (180) USSR |
| (183) Latvia | (132) Romania | (388) Venezuela |
| (222) Lebanon | (233) Saudi Arabia | (353) Caribbean |
| (184) Lithuania | (234) Singapore | (318) Central America |

OTHER REGIONS/CONTINENTS FOR NATIVITY

>PLBORN4<	(389) South America	(252) Middle East	(555) Asia
	(304) North America	(468) North Africa	(462) Pacific Islands
	(148) Europe	(527) Other Africa	(245) Elsewhere

If PLBORN=1 go to FSD.002; all others go to FSD.003.

FSD.002 In what state {were/was} {you/subject's name} born?

>USBORN< State: _____ (Go to FSDCCI1)

FSD.003 **FR: READ IF NECESSARY:**

Earlier I recorded {your/subject's name} date of birth as {fill in date of birth}.

In what year did {you/subject's name} come to the United States to stay?

>USYR< Year: _____
(1900-1999) 1900-1999 years (FSD.005)
(9997) Refused (FSD.004)
(9999) Don't know (FSD.004)

FSD.004 **FR: READ IF NECESSARY:**

Earlier I recorded that {you/subject's name} {are/is} _____ years old.

About how long {have/has} {you/subject's name} been in the United States?

FR: ENTER 95 FOR 95 OR MORE YEARS. IF LESS THAN 1 YEAR, GIVEN AS A RESPONSE, CODE THE ANSWER AS "1".

>USLONG< Years: _____
(0-95) 0-95 years
(97) Refused
(99) Don't know

FSD.005 **FR: SHOW CARD F15.**

{Are/Is} { you/subject's name } a CITIZEN of the United States?

- >**CITIZEN**<
- (1) Yes, born in the United States
 - (2) Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
 - (3) Yes, born aboard to American parent(s)
 - (4) Yes, U.S. citizen by naturalization
 - (5) No, not a citizen of the United States
 - (7) Refused
 - (9) Don't know

Check item FSDCC11: If AGE is less than or = to 6, go to FSD.006. When no more family members AGE is less than or = 6, then go to FSD.010.

FSD.006 Is { subject's name } now attending Head Start?

- >**HEADST**<
- (1) Yes (FSD.010)
 - (2) No (FSD.007)
 - (7) Refused (FSD.007)
 - (9) Don't know (FSD.007)

FSD.007 Has { subject's name } ever attended Head Start?

- >**HEADSTEV**<
- (1) Yes
 - (2) No
 - (7) Refused
 - (9) Don't know

FSD.010 What is the HIGHEST level of school { you/subject's name } { have/has } completed or the highest degree { you/subject's name } { have/has } received? Please tell me the number from the card. Enter highest level of school:

FR: SHOW CARD F16.

- >**EDUC**<
- (00) Never attended/
kindergarten only
 - (01) 1st grade
 - (02) 2nd grade
 - (03) 3rd grade
 - (04) 4th grade
 - (05) 5th grade
 - (06) 6th grade
 - (07) 7th grade
 - (08) 8th grade
 - (09) 9th grade
 - (10) 10th grade
 - (11) 11th grade
 - (12) 12th grade, no diploma
 - (13) HIGH SCHOOL GRADUATE
 - (14) GED or equivalent
 - (15) Some college, no degree
 - (16) Associate degree: occupational,
technical, or vocational program
 - (17) Associate degree: academic program
 - (18) Bachelor's degree
(Example: BA, AB, BS, BBA)
 - (19) Master's degree
(Example: MA, MS, MEng, MEd, MBA)
 - (20) Professional School degree
(Example: MD, DDS, DVM, JD)
 - (21) Doctoral degree (Example: PhD, EdD)
 - (22) Child under 5 years old
 - (97) Refused
 - (99) Don't know

FSD.041 {Have you/Has anyone in the family} ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corp, or Coast Guard? (If so, who? Anyone else?)

FR: SERVICE IN NATIONAL GUARD OR RESERVES IS NOT CONSIDERED ACTIVE DUTY

>MILTRYDS<

Check item FSDCCI2: Go through all non-deleted family members, If AGE greater than or = to 18 go to FSD.050; Else go to next section (Income and Assets). When the family roster is exhausted, go to next section (Income and Assets).

FSD.050 Which of the following {were/was} {you/subject's name} doing LAST WEEK?

>DOINGLW< (1) Working at a job or business (FSD.070) (7) Refused (FSD.060)
(2) With a job or business but not at work (FSD.060) (9) Don't know (FSD.060)
(3) Looking for work (FSD.060)
(4) Not working at a job or business (FSD.090)

FSD.060 Did {you/subject's name} do any work at a job or business at all LAST WEEK (includes unpaid work in family farm or business)?

>WRKLW< (1) Yes (FSD.070) (7) Refused (FSD.100)
(2) No (If FSD.050=3 Go to FSD.100; Else FSD.090) (9) Don't know (FSD.100)

FSD.070 How many hours did {you/subject's name} work LAST WEEK at ALL jobs or businesses?

>WRKHRS< Hours: _____
(01-34) 1-34 hours (FSD.080) (97) Refused (FSD.080)
(35-95) 35-95 hours (FSD.110) (99) Don't know (FSD.080)

FSD.080 {Do/Does} {you/subject's name} USUALLY work 35 hours or more per week in total at ALL jobs or businesses?

>WRKFTALL< (1) Yes (7) Refused
(2) No (9) Don't know

(Go to FSD.110)

FSD.090 [If FSD.050 = 2, ask:]

What is the main reason {you/subject's name} did not work last week?

[Else, ask:]

What is the main reason {you/subject's name} did not have a job or business last week?

- >WHYNOWRK<
- | | |
|---------------------------------------|----------------|
| (1) Taking care of house or family | (5) On layoff |
| (2) Going to school | (6) Disabled |
| (3) Retired | (7) Refused |
| (4) Unable to work for health reasons | (9) Don't know |

FSD.100 [If FSD.060 = 7 or 9, ask:]

Did {you/he/she} work for pay at any time in {last year in 4 digit format}?

[Else, ask:]

Although you reported that {you/subject's name} did not work at any time in the LAST week, did {you/he/she} work for pay at any time in {last year in 4 digit format}?

- >WRKLYR<
- | | |
|-----------------------------|-------------------------------------|
| (1) Yes (FSD.110) | (7) Refused (Check item FSDCCI3) |
| (2) No (Check item FSDCCI3) | (9) Don't know (Check item FSDCCI3) |

FSD.110 How many months in {last year in 4 digit format} did {you/subject's name} have at least one job or business?

FR: IF LESS THAN ONE MONTH, ENTER (1).

- >WRKMYR<
- | | |
|---------------------|-----------------|
| (01-12) 1-12 months | (99) Don't know |
| (97) Refused | |

FSD.120 What is your best estimate of {your/subject's name} earnings (include hourly wages, salaries, tips and commissions) before taxes and deductions from ALL jobs and businesses in {last year in 4 digit format}?

FR: ENTER 999,995 IF THE REPORTED INCOME IS GREATER THAN \$999,995.

- >ERNYR<
- | | |
|----------------------------------|---------------------|
| (000001-999994) 1-999994 dollars | (999997) Refused |
| (999995) \$999,995+ | (999999) Don't know |

Check item FSDCCI3: If FSD.050 = 1 or 2, go to FSD.130; Else, go to Check item FSDCCI2 for next person. When roster exhausted, go to next section (Income and Assets).

FSD.130 Was health insurance offered to {you/subject's name} through {your/his/her} workplace?

>HIEMPOF<

- (1) Yes
- (2) No

- (7) Refused
- (9) Don't know

(Go to next section--Income and Assets)

Section VII -- INCOME AND ASSETS

Part A -- Sources of Income

>INTROINC< **FR: READ THE FOLLOWING:**

The next questions are about {your/your combined family} income. Each income question refers to income received in {last calendar year}.

FIN.010 When answering these questions, please remember that by "combined family income", I mean your income PLUS the income of all family members living in this household (including cohabiting partners, and armed forces members living at home) BEFORE TAXES.

Are you knowledgeable about your family's finances?

>FCINC< (1) Yes (FIN.030) (7) Refused (FIN.011)
(2) No (FIN.011) (9) Don't know (FIN.011)

FIN.011 Who else in the family could answer questions about the family's finances?

>PINWHO< [] [] [] [] []

FIN.012 Is anyone that you just mentioned available now to answer questions about finances?

>FINAVAIL< (1) Yes (FIN.013) (7) Refused (Check item FINCCI1)
(2) No (Check item FINCCI1) (9) Don't know (Check item FINCCI1)

FIN.013 Person number of respondent for detailed income questions.

>PNINDT< [Enter person #s] [] [] [] [] [] [] [] []

Check item FINCCI1: If an entry in FIN.011 = respondent, set SAINFLG = 1 (SAINFLG = Sample Adult Income Flag), go to FIN.030.

FIN.030 **[If FINAVAIL = <2>, ask:]**

Since no one else is available to answer these questions, we can just continue. Just give the best answers you can.

[If one person family, ask:]

Did you receive income in {last year in 4 digit format} from... Wages and Salaries?

[else, ask:]

Did any family members 18 and older, that is (READ NAMES), receive income in {last year in 4 digit format} from... Wages and Salaries?

>FSAL< (1) Yes (FIN.040) (7) Refused (FIN.050)
(2) No (FIN.050) (9) Don't know (FIN.050)

FIN.110 Did {you/any family members living here} receive Supplemental Security Income (SSI)?

FR: READ IF NECESSARY:

Federal SSI checks are either automatically deposited in the bank or mailed to arrive on the first of every month. If mailed, they are sent in a blue colored envelope.

>FSSI< (1) Yes (FIN.120) (7) Refused (FIN.150)
(2) No (FIN.150) (9) Don't know (FIN.150)

FIN.120 Who in the family received this? (Anyone else?)

>PSSI<

FIN.122 Did {you/subject's name listed in FIN.120/PSSI} receive SSI because {you/he/she} {have/has} a disability?

>PSSID< (1) Yes (7) Refused
(2) No (9) Don't know

FIN.150 At any time during {last year in 4 digit format}, even for one month, did {you/any family member living here} receive any government payments because your income was low, such as welfare, public assistance, AFDC, or some other program?

>FTANF< (1) Yes (FIN.160) (7) Refused (FIN.170)
(2) No (FIN.170) (9) Don't know (FIN.170)

FIN.160 Who in the family received this? (Anyone else?)

>PTANF<

FIN.164 At any time during {fill year}, did {you/anyone in the family} receive any OTHER kind of welfare assistance such as help with getting a job, placement in education or job training programs, or help with transportation or child care?

>FOWEN< (1) Yes (FIN.166) (7) Refused (FIN.170)
(2) No (FIN.170) (9) Don't know (FIN.170)

FIN.166 Who received this? (Anyone else?)

>POWEN<

FIN.170 Did {you/anyone in the family} receive interest from savings or other bank accounts?

>FINTRST< (1) Yes (FIN.180) (7) Refused (FIN.190)
(2) No (FIN.190) (9) Don't know (FIN.190)

FIN.180 Who received this? (Anyone else?)

>PINTRST<

FIN.190 Did {you/anyone in the family} receive income from... dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

>FDIVD< (1) Yes (FIN.200) (7) Refused (FIN.210)
(2) No (FIN.210) (9) Don't know (FIN.210)

FIN.200 Who received this? (Anyone else?)

>PDIVD<

FIN.210 Did {you/anyone in the family} receive income from... child support?

>FCHLDSP< (1) Yes (FIN.200) (7) Refused (FIN.230)
(2) No (FIN.230) (9) Don't know (FIN.230)

FIN.220 Who received this? (Anyone else?)

>PCHLDSP<

FIN.230 Did {you/anyone in the family} receive income from any other source such as alimony, contributions from family/others, VA payments, Worker's Compensation, or unemployment compensation?

>FINCOT< (1) Yes (FIN.240) (7) Refused (FIN.250)
(2) No (FIN.250) (9) Don't know (FIN.250)

FIN.240 Who received this? (Anyone else?)

>PINCOT<

Part B -- Amounts and Home Ownership

FIN.250 Now I am going to ask about the total combined income {for you/of your family} in {last year in 4 digit format}, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

FR: IF NECESSARY REMIND RESPONDENT THAT TOTAL COMBINED FAMILY INCOME IS THEIR INCOME PLUS THE INCOME OF ALL FAMILY MEMBERS INCLUDING COHABITING PARTNERS AND ARMED FORCES MEMBERS LIVING AT HOME BEFORE TAXES.

>FAMINC< (0-999995) 0-999,995 dollars (FIN.280) (999997) Refused (FIN.260)
(999996) 999,995+ dollars (FIN.280) (999999) Don't know (FIN.260)

FIN.260 You may not be able to give us an exact figure for your { /total combined family} income, but can you tell me, if your income in {last year in 4 digit format} was

>FINC20< (1) \$20,000 or more (FIN.270) (7) Refused (FIN.280)
(2) Less than \$20,000 (FIN.270) (9) Don't know (FIN.280)

**FR: IF ANSWER FOR FIN.260 = 1, SHOW CARD F18.
IF ANSWER FOR FIN.260 = 2, SHOW CARD F19.
READ IF NECESSARY: INCOME IS IMPORTANT IN ANALYZING THE HEALTH INFORMATION WE COLLECT. FOR EXAMPLE, THIS INFORMATION HELPS US TO LEARN WHETHER PERSONS IN ONE INCOME GROUP USE CERTAIN TYPES OF MEDICAL SERVICES OR HAVE CERTAIN CONDITIONS MORE OR LESS OFTEN THAN THOSE IN ANOTHER GROUP.**

FIN.270 Of those income groups, can you tell me which letter best represents {your/the total combined FAMILY} income during {last year in 4 digit format}?

>FINCCAT< (00) A (08) I (16) Q (24) Y (32) GG (40) OO
(01) B (09) J (17) R (25) Z (33) HH (41) PP
(02) C (10) K (18) S (26) AA (34) II (42) QQ
(03) D (11) L (19) T (27) BB (35) JJ (43) RR
(04) E (12) M (20) U (28) CC (36) KK (97) Refused
(05) F (13) N (21) V (29) DD (37) LL (99) Don't know
(06) G (14) O (22) W (30) EE (38) MM
(07) H (15) P (23) X (31) FF (39) NN

FIN.280 Is this house/apartment owned, being bought, rented or occupied by some other arrangement by {you/someone in the family}?

>HOUSEOWN< (1) Owned or being bought (FIN.300) (7) Refused (FIN.300)
(2) Rented (FIN.282) (9) Don't know (FIN.300)
(3) Other arrangement (FIN.300)

FIN.282 {Are/Is} {you/anyone in your family} paying lower rent because the Federal, State, or local government is paying part of the cost?

>FGAH<

(1) Yes
(2) No

(7) Refused
(9) Don't know

Part C -- Program Participation

FIN.300 Have {you/any of these family members living here} EVER applied for Supplemental Security Income or SSI? This includes people who applied for benefits even if the claim was denied.

>FSSAPL< (1) Yes (FIN.310) (7) Refused (FIN.330)
(2) No (FIN.330) (9) Don't know (FIN.330)

FIN.310 Who in the family applied for it? (Anyone else?)

>PSSAPL<

FIN.330 Have {you/any of these family members living here} EVER applied for disability benefits from Social Security? This includes people who applied for benefits even if the claim was denied.

>FSDAPL< (1) Yes (FIN.340) (7) Refused (Check Item FINCCI3)
(2) No (Check Item FINCCI3) (9) Don't know (Check Item FINCCI3)

FIN.340 Who in the family applied for it? (Anyone else?)

>PSDAPL<

Check item FINCCI3: If persons not in FIN.160, go to FIN.360; Else go to FIN.350.

FIN.350 Earlier I recorded that {you/subject's name} received government payments from programs such as welfare or public assistance {last year in 4 digit format}. During {last year in 4 digit format}, about how many months did {you/subject's name} receive those payments?

FR: IF LESS THAN 1 MONTH, ENTER (1).

>TANFMYR< (01-11) 1-11 months (97) Refused
(12) 12 months or all (99) Don't know

FIN.360 {Were/Was} {you/anyone in the family} authorized to receive food stamps (which includes a food stamp card or voucher, or cash grants from the state for food) at anytime during {last year in 4 digit format}?

FR: AN AUTHORIZED PERSON IS ONE WHOSE NAME APPEARS ON A CERTIFICATION CARD

>FFSTIP< (1) Yes (single person family FIN.380; else FIN.370) (7) Refused (next questionnaire)
(2) No (next questionnaire) (9) Don't know (next questionnaire)

FIN.370 Who was authorized to receive Food Stamps? (Anyone else?)

>PFSTP<

FIN.380 During {last year in 4 digit format}, about how many months {were/was} {you/subject's name} authorized to receive Food Stamps?

FR: IF LESS THAN 1 MONTH, ENTER (1).

>FSTPMYR< (01-11) 1-11 months (97) Refused
(12) 12 months or all (99) Don't know

FIN.384 At any time during {last year in 4 digit format} did {you/anyone in the family} receive benefits from the WIC program, that is, the Women, Infants, and Children program?

>FINWIC< (1) Yes (single person family go to next question; Else FIN.385)
(2) No (Go to next questionnaire)
(7) Refused (Go to next questionnaire)
(9) Don't know (Go to next questionnaire)

FIN.385 Who in your family received this? (Anyone else?)

>PWIC< [] [] []
[] [] []

(Go to next questionnaire)