FAMILY CORE

Section I--FAMILY RELATIONSHIPS and VERIFICATION OF DEMOGRAPHIC INFORMATION

[Questions FID.020--FID.090 asked only of multi-family households. Single family households begin at FID.100.]

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?

                  [Else]

                  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 with Family section. (FID.045)
                  (2) No, arrange a callback (FID.035)

FID.035   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.

>ARRANGE1<   (A) Anyday/anytime
                  (N) Callback before closeout is not possible
                  (7) Refused
                  (9) Don't Know

                  [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 FIDCCI1)

FID.045

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

[Enter Person #]   [ ]

[If RELRESP1 is 14-17 years old]

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   **FR: {RELRESP1=s name} 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)

[If FAMREF_A = 2]

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

[If FAMREF_B is 14 to 17 years old display]

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 H3.**

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

>FRRP<   (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)
(9) Grandparent (grandmother/father)
(10) Aunt/uncle
(11) Niece/nephew
(12) Other relative
(13) House-mate / Roommate
(14) Roomer/Boarder
(15) Other nonrelative
(16) Legal guardian
(17) Ward
(97) Refused
(99) Don't know

                                         (Go to 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_CK< (1) Yes, they are relatives, select relationship again
(2) No, they are not relatives

[If FRPREL_CK = 2, Set those people with FRPREL = 13-15 to be 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 (natural){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 the age difference between the parent and child is less than 12, go to FID.075. If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.]

FID.075   **[If age difference gt <0>]**

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

[If age difference eq <0>]

You said that {you/PX-name} {are/is} {Family Reference Person name}≈s biological {mother/father}. However, {you and Family Reference Person-name} are the same age. Is this relationship correct?

[If age difference lt <0>]

You said that {you/PX-name} {are/is} {Family Reference Person name}≈s biological {mother/father}. However, {you/PX-name} {are/is} {1-11} years younger than {Family Reference Person name}. 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 (natural) {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 the age difference between the parent and child is less than 12, go to FID.085. If there are no more persons, go to FID.100; Else go to FID.060 for the next person in the family.]

FID.085 **[If age difference gt <0>]**

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

[If age difference eq <0>]

You said that {you/PX-name} {are/is} {Family Reference Person name}≍s biological {mother/father}. However, {you and Family Reference Person-name} are the same age. Is this relationship correct?

[If age difference lt <0>]

You said that {you/PX-name} {are/is} {Family Reference Person name}≍s biological {mother/father}. However, {you/PX-name} {are/is} {1-11} years younger than {Family Reference Person name}. Is this relationship correct?

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

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

>**FDEGREE3**< (1) Full {fill brother/sister}
(2) Half {fill brother/sister}
(3) Adopted {fill brother/sister}
(4) Step {fill brother/sister}
(5) Foster {fill brother/sister}
(6) {fill brother/sister}-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.]

<u>**Check Item FIDCCI2:**</u> If more than 1 person in the family with FID.060/FRRP = {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 I have recorded that

Line #   Name

are the spouses or unmarried partners of {Family Reference Person Name/You}

Which one is correct?

>**FSPOUSCK**< (01-30) 1-30
(7) Refused
(9) Don't know

Check Item FIDCCI1B: Roster begin PERSONS. If the person has incorrect relationship, go to FID.092. Else, go to next person with incorrect relationship. At end, go to FID.100.

FID.092   **FR: SHOW CARD H3.**

What is {PX-name=s/your} relationship to {Family Reference Person Name/You}?

>**FRPELCK**<	(4) Child (biological/adoptive/in-law/step/foster)
[equiv.	(5) Child of partner
FRRP]	(6) Grandchildren
	(7) Parent (biological/adoptive/in-law/step/foster)
	(8) Brother/sister (biological/adoptive/in-law/step/foster)
	(9) Grandparent (grandmother/father)
	(10) Aunt/uncle
	(11) Niece/nephew
	(12) Other relative
	(13) Housemate/Roommate (FID.093)
	(14) Roomer/Boarder (FID.093)
	(15) Other nonrelative (FID.093)
	(16) Legal guardian
	(17) Ward

(Go to Check item FIDCCI1B)

FID.093   Is {PX-name} a relative of {Family Reference Person-name]?

>**FRPREL_2**<   (1) Yes, they are relatives, select relationships again (FID.092)
                 (2) No, they are not relatives (Check item FIDCCI1B)

FID.100   I have recorded that {your name is/{fill alias} is} {fill full name}, age is {fill age}, date-of-birth is {fill birthdate}, {his/her} national origin is {fill Hispanic origin}, and {his/her} is {fill race}.

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

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 for next person; 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 {your/name=s} 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 A.@ PRESS <ENTER> TO SKIP TO LAST NAME IF NO MIDDLE NAME.**

      [If PX > 1]

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

>**CHG_NAM1**< FIRST NAME: _____
[**equiv NAME_FNA**]

>**CHG_NAM2**< MIDDLE NAME: _____
[**equiv NAME_MNA**]

>**CHG_NAM3**< LAST NAME: _____
[**equiv NAME_LNA**]

      [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 {name/your} 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:
**[equiv
AGEDOB_1]**   [ ] Number

>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: _____

Check item CHG_AGECAL1:   C_AGE1 takes information entered in CHG_AG01 and CHG_AG02 and calculates an age. If age can not be calculated, set C_AGE1 = "D"

C_AGE2 takes the date-of birth information entered in FID.125 and calculates an age. If age can not be calculated, set C_AGE2 = "D"

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.

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 = "D" and C_AGE2 not = "D", set AGE = C_AGE2, go to Check item CHG_LOOP
If C_AGE1 = "D" and C_AGE2 = "D", and C_AGE3 = blank, go to FID.145
If C_AGE1 = "D" and C_AGE2 = "D", and C_AGE3 not = blank, go to FID.140
If C_AGE1 not = "D" and C_AGE2 not = "D", and C_AGE1 = C_AGE2, go to Check item CHG_LOOP
If C_AGE1 not = "D" and C_AGE2 not = "D", and C_AGE1 not = C_AGE2, and CHG_DOBV = <>, go to FID.130
If C_AGE1 not = "D" and C_AGE2 not = "D", and C_AGE1 not = C_AGE2, and CHG_DOBV not = <>, set AGE = C_AGE2, go to Check item CHG_LOOP
If C_AGE1 not = "D" and C_AGE2 = "D", and (C_AGE1 = C_AGE3 or C_AGE1 = C_AGE4); set AGE = C_AGE1; go to Check item CHG_LOOP
If C_AGE1 not = C_AGE3 and C_AGE1 not = C_AGE4 and birth year = blank, go to FID.140
If C_AGE1 not = C_AGE3 and C_AGE1 not = C_AGE4 and birth year not = <>; set AGE = C_AGE1, go to Check item CHG_LOOP.

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}/{BDAY/BYEAR}. Is that {your/name≥s} correct date-of-birth?

>**CHG_DOBV**<   (1) Yes (Check item CHG_LOOP)
[equiv   (2) No (FID.135)
DOBVER]   (7) Refused   (Check item CHG_LOOP)
                  (9) Don't know   (Check item CHG_LOOP)

FID.135   **FR: OLD DATE of BIRTH = {BMONTH/BDAY/BYEAR}**

ASK IF NECESSARY:

What is {your/name≥s} correct 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_DOB1**<   MONTH: _____
[equiv >DOB_M<]

>**CHG_DOB2**<   DAY:_____
[equiv >DOB_BDAY<]

>**CHG_DOB3**<   YEAR: _____
[equiv >DOB_Y_P<]

[If valid birthdate is given, update AGE accordingly. If <D> is given for the birthdate, go to FID.145. If <R> is given for the birthdate, go to FID.150]

FID.140   **[If Respondent]**

Are you

[Else]

Would you say {name} is

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

[If answer is 1 or 2 update AGE accordingly; go to CHG_LOOP.]

FID.145   **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.**

               What is your best guess of {name=s} age?

>CHG_AG07<   [ ] Number
[equiv AGEGES11]

>CHG_AG08<   [ ] Time Period
[equiv AGEGES12]

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

Check item: **[If CHG_AG08 is 3 then AGE = <CHG_AG07/12>;**
               If CHG_AG08 is 4 then AGE = <CHG_AG07>. Go to Check item CHG_LOOP.
               **If birth year is unknown; set BYY1 = <current year-AGE-1> and BYY2 = <current year- AGE> go
               to FID.170;**

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   (2) 18 or older (FID.160)   (9) Don't know (FID.160)
AGEGES2]

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

>CHG_LESS<   Age:_____   (Enter age 0 to 17)
[equiv LESS18]   (Go to CHG_LOOP)

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   (0-120) 0-120
AGERNG_1]

>**CHG_AG12**<   [ ] Time Period _____
[equiv   (03-04) 3-4
AGERNG_3]   (3) Month(s)
            (4) Year(s)

Last/higher

>**CHG_AG11**<   [ ] Number _____
[equiv   (0-120) 0-120
AGERNG_2]

>**CHG_AG13**<   [ ] Time Period
[equiv   (03-04) 3-4
AGERNG_4]   (3) Month(s)
            (4) Year(s)

                               (Go to CHG_LOOP)

[Convert AGERNG_1 and AGERNG_2 into year, set AGE = (AGERNG_1 + AGERNG_2)/2]

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

>**CHG_YEAR**<   (1) [fill BYY1]   (7) Refused
[equiv   (2) [fill BYY2]   (9) Don't Know
YEARPIC]   (N) Neither is correct

                               (Go to CHG_LOOP)

FID.180   **FR: ASK IF NOT APPARENT: IF DON'T KNOW OR REFUSED, ENTER BEST GUESS**

{Are/Is} {you/name} male or female?

>**CHG_SEX**<   (1) Male   (2) Female
[equiv SEX]   (Go to CHG_LOOP)

FID.190   **FR: SHOW CARD H1.**

{Do/Does} {you/name≈s} consider {yourself/himself/herself} to be Hispanic or Latino?

FR: READ IF NECESSARY:

Puerto Rican
Cuban/Cuban American
Dominican (Republic)
Mexican
Mexican American
Central or South American
Other Latin American
Other Hispanic/Latino

(Where did {your/name≈s} ancestors come from?)

>CHG_NATOR<   (1) Yes
[equiv   (2) No
ORIGIN]   (7) Refused
                  (9) Don't know

                                                 (Go to Check item 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
          CHG_NATOR/FID.190 AND CHANGE THE ANSWER FROM "YES" TO "NO".**

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

>CHG_HISPAN<(01) Puerto Rican
                (02) Cuban/Cuban American
                (03) Dominican
                (04) Mexican
                (05) Mexican American
                (06) Central or South America
                (07) Other Latin American
                (08) Other Hispanic/Latino
                (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 = <07> go to FID.210; Else if FID.200 = <08> 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

    FR: **SPECIFY THE OTHER LATIN AMERICAN**

>CHG_HIS6< _____
[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

    FR: **SPECIFY THE OTHER LATIN AMERICAN**

>CHG_HIS7< _____
[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

(01) White   (10) Chinese
(02) Black/African American   (11) Filipino
(03) Indian (American)   (12) Japanese
(04) Alaska Native   (13) Korean
(05) Native Hawaiian   (14) Vietnamese
(06) Guamanian   (15) Other Asian
(07) Samoan   (16) Some other race
(08) Other Pacific Islander   (97) Refused
(09) Asian Indian   (99) Don't know

[ ] CHG_RACE1 [ ] CHG_RACE2 [ ] CHG_RACE3   [ ] CHG_RACE4 [ ] CHG_RACE5

[Equiv RACE1 - RACE5]

[If FID.220 = <08> 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
Samoan
Asian Indian

FR: SPECIFY THE OTHER PACIFIC ISLANDER

>CHG_RAC6<   Other Pacific Islander: _____
[equiv RACSPY1]   (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
        Samoan
        Asian Indian

        FR: SPECIFY THE OTHER ASIAN

>**CHG_RAC7**<   Other Asian: _____
[**equiv RACSPY2**]   (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
        Samoan
        Asian Indian

        FR: SPECIFY THE OTHER RACE

>**CHG_RAC8**<   Other Race: _____
[**equiv RACSPY3**]   (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?

                 **[List all mentioned race in RACE1 to RACE5/FID.220.
                 Fill other specify descriptions if RACE1 to RACE5 = 15 or 16.]**

>**CHG_MLTR**<   (01-16) Race number
[**equiv MULTRAC**]   (Go to Check item CHG_LOOP)

Check item FIDCCI3:   If a screened household and anyone in the household with ORIGIN = <1> (Hispanic Origin)
                            or FID.220/RACE = <2> (Black), then continue the interview.
                            If a screened household with no one with ORIGIN = <1> or RACE = <2>, then set outcome
                            = <236> (screened out household)
                            For all persons in the family, if AGE ge <14> and FID.250 = < > (not pre-filled)go to FID.250;
                            at end, go to Check Item FIDCCI4.

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

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

>**MARITAL**<   (1) Married   (FID.260)
                 (2) Widowed   (Check item FIDCCI4)
                 (3) Divorced   (Check item FIDCCI4)
                 (4) Separated   (Check item FIDCCI4)
                 (5) Never married (Check item FIDCCI4)
                 (6) Living with a partner   (FID.280)
                 (7) Refused   (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
               (97)   Don't know
               (98)   Refused

                                                      (Go to Check Item FIDCCI4)

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

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

               [For FID.280, if FID.300 is not valid (blank), go to FID.300; Else go to 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
               (97) Refused
               (99) Don't know

                                                      (Go to Check Item FIDCCI4)

Check item FIDCCI4:   If AGE(PX) ge <90> go to Check item 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 or {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 and 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?

>BIOCK4<   (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?

>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 and 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 are only
{mother's age - child's age} {years/year} age difference between {you/them}. Is this relationship
correct?

>BIOCK5<   (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 is NO woman 11+ years older than PX, 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)

FR: 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<   _____ Line number of Mother
                 (96) Legal Guardian (FID.360)
                 (00) Person not a household member (Check item FIDCCI5)
                 (01-30) Person number (FID.330)
                 (97) Refused (Check item FIDCCI5)
                 (99) Don't Know   (Check item FIDCCI5)

FR: CHOOSE MOTHER OVER MOTHER-IN-LAW IF BOTH ARE PRESENT.

FID.330   {Are/Is} {you/she} {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 MOTHERCI, go to
MOTHERC2; Else go to Check Item FIDCCI5.]

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

You said that {name(MOTHER)} is the BIOLOGICAL MOTHER of {PX-name}. There is only less
than 12 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 FATHER(PX) ne < > go to Check Item FIDCCI6. If there are NO man 11+ years older
                            than PX go to Check Item FIDCCI6; Else go to FID.340.

FID.340   **FR: ASK OR VERIFY**

Is {PX-name's/your} **father** a household member? (Include father-in-law).

FR: ENTER THE LINE NUMBER OF THE FATHER OR FATHER-IN-LAW.
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<   _____ Line number of Father
(96) Legal Guardian (FID.360)
(00) Person not a household member (Check Item FIDCCI6)
(01-30) Person number (FID.350)
(97) Refused (Check Item FIDCCI6)
(99) Don't Know (Check Item FIDCCI6)

FR: CHOOSE FATHER OVER FATHER-IN-LAW IF BOTH PRESENT

FID.350   {Are/Is} {you/he} {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 Father and child is less than 12 years at FATHERC1,
go to FATHERC2; Else go to Check Item FIDCCI6.]

[If FATHERC1 = 1 and if (AGE(FATHER) - AGE(PX)> lt 12, display:]

You said that {name(FATHER)} is the BIOLOGICAL FATHER of {PX-name}, there is less than 12
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)

FID.360   **FR: PROBE AS NECESSARY AND ENTER THE LINE NUMBER OF {PX name's}**
GUARDIAN. IF THE GUARDIAN IS NOT A HOUSEHOLD MEMBER, ENTER
"00".

>GUARD<   ____ Line number of Guardian
(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 adult present in the family. Go to SASEL.

Check item SASEL: 1. Sort all adults (AGE >=18) of the same FX and NOT flagged AA@ or AD@ in descending age order C from the olde st to the youngest. If no persons in this sorted group, GO TO SCSEL. If one person only in this sorted group, flag with AS@ 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 AA@ AD@ or AE@ in descending age order C 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.

FID.370   **[If a sample adult was selected]**

{Sample Adult name} **IS SELECTED AS THE SAMPLE ADULT FOR FAMILY {family number}.**

[Else]

NO SAMPLE ADULT IS SELECTED FOR FAMILY {family number}

[If a sample child was selected]

{Sample Child name} **IS SELECTED AS THE SAMPLE CHILD FOR THIS FAMILY**.

[Else]

NO SAMPLE CHILD WAS SELECTED FOR THIS FAMILY.

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.

[Store >X' in KNOW 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 UP TO THREE PERSONS. 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.**

[Store >X= in KNOWSC for each person mentioned]

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

FAMILY CORE

Section II-- HEALTH STATUS AND LIMITATION OF ACTIVITIES

FHS.001 **FR: IF ANY PERSONS LISTED BELOW ARE NOT PRESENT, SAY:**

>FINTRO< 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)**. **IF NO ENTER (N)**.

FR: ENTER LINE NUMBER(S) OF FAMILY MEMBERS LISTED BELOW THAT ARE CURRENTLY PRESENT. ENTER UP TO 10 NUMBERS. ENTER (N) FOR NO MORE.

[ ] >**FINTRO_1**<	[ ] >**FINTRO_5**<	[ ] >**FINTRO_9**<
[ ] >**FINTRO_2**<	[ ] >**FINTRO_6**<	[ ] >**FINTRO_10**<
[ ] >**FINTRO_3**<	[ ] >**FINTRO_7**<	
[ ] >**FINTRO_4**<	[ ] >**FINTRO_8**<	

FHS.002 **FR: ASK IF NECESSARY:**

With whom am I speaking?

ENTER THE LINE NUMBER OF THE PERSON YOU CONSIDER TO BE THE MAIN RESPONDENT FOR THIS FAMILY'S HEALTH QUESTIONS.

>**FAMRESP**< [Enter Person #]   [ ]

>**HLTH_BEG**< **FR: READ THE FOLLOWING INTRODUCTION**:

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

(P) Proceed
(R) Refused

Check item FHSCCI1 : **If any family member is less than 5 years old, go to FHS.005; if any family member is greater than or equal to 5 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/Is **(READ NAMES)** 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   (7) Refused (FHS.050)
(2) No (FHS.050)   (9) Don't know (FHS.050)

FHS.010   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO
                     MORE AFTER THE LAST NUMBER.**

               Who is this? (Anyone else?)

>PLAPLYLM<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

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

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

FHS.050   Do any of the following family members, **(READ NAMES)** receive Special Educational or Early
               Intervention Services?

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

               If one person family AND FSPEDEIS eq <1>; go to FHS.065

FHS.060   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO
                     MORE AFTER THE LAST NUMBER**.

               Who is this? (Anyone else?)

>PSPEDEIS<   [ ]   [ ]   [ ]
               [ ]   [ ]   [ ]

FHS.065   {Do/Does} {you/subject's name} receive these services because of an emotional or behavioral
               problem?

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

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?

               **FR: DO NOT INCLUDE FAMILY MEMBERS UNDER 3 YEARS OLD.
                     IF AGE LESS THAN 3, GO TO FHS.210**.

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

               If one person family AND FLAADL eq <1>; go to FHS.090

FHS.080   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who is this? (Anyone else?)

>**PLAADL**<   [ ]   [ ]   [ ]
          [ ]   [ ]   [ ]

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

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

>**LABATH**<   Bathing or showering?
>**LADRESS**<   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?

        **FR: DO NOT INCLUDE FAMILY MEMBERS UNDER 18 YEARS OLD.
              IF AGE LESS THAN 18, GO TO FHS.210**.

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

        If one person family AND FLAIADL eq <1>; go to FHS.170

FHS.160   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who is this? (Anyone else?)

>**PLAIADL**<   [ ]   [ ]   [ ]
          [ ]   [ ]   [ ]

FHS.170   Does a physical, mental, or emotional problem NOW keep {you/anyone in the family/any of these family members} **(READ NAMES)** from working at a job or business?

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

        If one person family AND FLAWKNOW eq <1>; go to FHS.190

FHS.180   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who is this? (Anyone else?)

>**PLAWKNOW**< [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

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

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

If one person family AND FLAWKLIM eq <1>; go to FHS.210

FHS.200   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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   (7) Refused (FHS.230)
                 (2) No (FHS.230)   (9) Don't know (FHS.230)

If one person family AND FLAWALK eq <1>; go to FHS.230

FHS.220   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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   (7) Refused (Check item FHSCCI2)
                 (2) No (Check item FHSCCI2)   (9) Don't know (Check item FHSCCI2)

If one person family AND FLAREMEM eq <1>; go to FHSCCI2.

FHS.240   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO**
                          MORE AFTER THE LAST NUMBER.

               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/any family members} **(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   (7) Refused (Check item FHSCCI3
                 (2) No (Check item FHSCCI3)   (9) Don't know (Check item FHSCCI3)

               If one person family AND FLIMANY eq <1>; gotoFHSCCI3

FHS.260   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO**
                          MORE AFTER THE LAST NUMBER.

               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}'s limitations?

                 FR: SHOW FLASHCARD F1. DO NOT READ. MARK ALL THAT APPLY, BUT DO NOT
                         PROBE. ENTER (N) FOR NO MORE.

>**LAHCC1**<   (1) Vision / problem seeing
>**LAHCC2**<   (2) Hearing problem
>**LAHCC3**<   (3) Speech problem
>**LAHCC4**<   (4) Asthma / breathing problem
>**LAHCC5**<   (5) Birth defect
>**LAHCC6**<   (6) Injury
>**LAHCC7**<   (7) Mental retardation
>**LAHCC8**<   (8) Other developmental problem (e.g. cerebral palsy)
>**LAHCC9**<   (9) Other mental, emotional, or behavioral problem
>**LAHCC10**<   (10) Bone, joint, or muscle problem
>**LAHCC11**<   (11) Epilepsy or seizures
>**LAHCC12**<   (12) Learning disability
>**LAHCC13**<   (13) Attention deficit/Hyperactivity disorder (ADD/ADHD)
>**LAHCC14**<   (14) Other impairment (specify one) (LAHCC@S1)
>**LAHCC15**<   (15) Other impairment (specify one) (LAHCC@S2)

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

> **LAHCC@S1**< Condition: _____

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

>**LAHCC@S2**<   Condition: _____

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

                 FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

>**LCTIME#**<   [ ] NUMBER   (ENTER "96" IF SINCE BIRTH)

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

>**LCUNIT#**<   [ ] 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 condition or health problem causes {subject's name} limitations?

        FR: **SHOW FLASHCARD F2. DO NOT READ. MARK ALL THAT APPLY, BUT DO NOT PROBE. ENTER (N) FOR NO MORE.**

>**LAHCA1**<   (1) Vision/ problem seeing
>**LAHCA2**<   (2) Hearing problem
>**LAHCA3**<   (3) Arthritis / rheumatism
>**LAHCA4**<   (4) Back or neck problem
>**LAHCA5**<   (5) Fracture, bone / joint injury
>**LAHCA6**<   (6) Other injury
>**LAHCA7**<   (7) Heart problem
>**LAHCA8**<   (8) Stroke problem
>**LAHCA9**<   (9) Hypertension / high blood pressure
>**LAHCA10**<   (10) Diabetes
>**LAHCA11**<   (11) Lung / breathing problem (e.g. asthma and emphysema)
>**LAHCA12**<   (12) Cancer
>**LAHCA13**<   (13) Birth defect
>**LAHCA14**<   (14) Mental retardation
>**LAHCA15**<   (15) Other developmental problem (e.g. cerebral palsy)
>**LAHCA16**<   (16) Senility
>**LAHCA17**<   (17) Depression / anxiety / emotional problem
>**LAHCA18**<   (18) Weight problem
                (M) More conditions
                (97) Refused
                (99) Don't know/not sure

FHS.290   (What condition or health problem causes your limitations?)

          FR: MARK ALL THAT APPLY, BUT DO NOT PROBE. ENTER (N) FOR NO MORE

          (19) Missing limbs (fingers, toes or digits), amputee
          (20) Kidney, bladder or renal problems
          (21) Circulation problems (including blood clots)
          (22) Benign tumors, cysts
          (23) Fibromyalgia, lupus
          (24) Osteoporosis, tendinitis
          (25) Epilepsy, seizures
          (26) Multiple sclerosis (MS), Muscular Dystrophy (MD)
          (27) Polio (myelitis), paralysis, para/quadriplegia
          (28) Parkinson's disease**,** other tremors
          (29) Other nerve damage, including carpal tunnel syndrome
          (30) Hernia
          (31) Ulcer
          (32) Varicose veins, hemorrhoids
          (33) Thyroid problems, Graves disease, gout
          (34) Knee problems (not arthritis (03), not joint injury (05)
          (35) Migraine headaches (not just headaches)
          (36) Other impairment/problem (Specify one) (LAHCA@S1)
          (37) Other impairment/problem (Specify one) (LAHCA@S2)
          (B) Back-up to previous screen

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

>LAHCA@S1< Condition: _____

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

>LAHCA@S2< Condition: _____

FHS.300   How long {have/has}{you/subject name} had [fill condition(s) entered in FHS.290]?

FR: ENTER NUMBER, PRESS RETURN, AND ENTER TIME PERIOD.

>LATIME#<   [ ] NUMBER

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

>LAUNIT#<   [ ] 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.310   **Ask this question for each member separately:**

Would you say {your/subject name's} health in general is excellent, very good, good, fair, or poor?

>PHSTAT<   (1) Excellent   (5) Poor
(2) Very good   (7) Refused
(3) Good   (9) Don't know
(4) Fair

(Go to next section--Injuries)

Section III -- INJURIES

In this next set of questions, I will ask about INJURIES AND POISONINGS that happened in the PAST THREE MONTHS that REQUIRED MEDICAL ADVICE OR TREATMENT, including calls to a poison control center.

FIJ.010 DURING THE PAST THREE MONTHS, that is since {91 days before today date}, {were/was} {you/anyone in the family} injured or poisoned seriously enough that {you/they} got medical advice or treatment?

>**FINJ3M<** (1) Yes (FIJ.020)   (7) Refused (FAU.010)
       (2) No (FAU.010)   (9) Don't know (FAU.010)

FIJ.020 **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

     Who was this? (Anyone else?)

>**PINJ3M<** [ ]   [ ]   [ ]
       [ ]   [ ]   [ ]

FIJ.030 How many different times in the **PAST THREE MONTHS** {were/was} {you/subject name} injured or poisoned seriously enough to seek medical advice or treatment?

>**IJNO3M_T<** Times Injured (01-94):

     [If IJNO3M_T gt 5]

     FR: DO NOT READ.

     {IJNO3M_T} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>**IJNO3M_M<** (1) Make correction
      (2) Proceed

FIJ.040 **[If IJNO3M_T = 1]**

     Now I'm going to ask a few questions about {your/subject name}'s most recent injury/poisoning. When did it happen?

     FR: SHOW CALENDAR CARD - PROBE FOR SPECIFIC DATE

>**IJDATE_M<** MONTH:
>**IJDATE_D<** DAY:
>**IJDATE_Y<** YEAR:

[If IJNO3M_T gt 1 and the other injuries are asked]

We just talked about {your/subject name}'s injury/poisoning on {recent injury date}. When did {your/subject name}'s injury BEFORE THAT happen?

FR: SHOW CALENDAR CARD - PROBE FOR SPECIFIC DATE

>**IJDATE_M<**   MONTH:
>**IJDATE_D<**   DAY:
>**IJDATE_Y<**   YEAR:

FIJ.045   Where did {you/subject name} receive MEDICAL ADVICE OR TREATMENT for this injury/poisoning? Anywhere else?

FR: SHOW FLASHCARD F2A. MARK ALL THAT APPLY. ENTER (N) FOR NO MORE.

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

>**IJMED_2<**   (2) Phone call to doctor or health care professional
>**IJMED_3<**   (3) Phone call to Poison Control Center
>**IJMED_4<**   (4) Visit to Doctor's Office
>**IJMED_5<**   (5) Visit to Clinic or Outpatient department
>**IJMED_6<**   (6) Visit to Emergency department
>**IJMED_7<**   (7) Visit to Hospital (stayed at least one night) (FIJ.047)

[If IJMED_2 to IJMED_7 equal 2, skip to FIJ.046]

FIJ.046   **FR: PLEASE VERIFY:**

{You/subject name} DID NOT receive any medical treatment or advice for this injury/poisoning - even a phone call to a doctor's office for advice. Is that correct?

>**IJMED_M<**   (1) Make correction
                (2) Proceed

FIJ.047   How many nights {were/was} {you/subject name} in the hospital?

FR: IF "STILL IN HOSPITAL," ASK HOW MANY NIGHTS UP TO TODAY.

>**IHNO<**   (01-94) 01-94 nights
              (95) 95+ nights
              (97) Refused
              (99) Don't Know

[If IHNO gt 60]

FR: DO NOT READ.

{IHNO} is an unusually large number. Verify entry. DO NOT PROBE. MAKE CORRECTIONS IF NECESSARY.

>**IHNO_M**<   (1) Make correction
                  (2) Proceed

[FIJ.050 to FIJ.295 are asked for each injury/poisoning episode as appropriate]

FIJ.050   At the time, what part(s) of {your/subject name}'s body was/were hurt? What kind of injury/poisoning was it? Anything else?

FR: RECORD THE BODY PART, THEN THE KIND OF INJURY. RECORD UP TO FOUR PART/KIND COMBINATIONS. FOR POISONINGS AFFECTING THE WHOLE BODY, INDICATED "WHOLE BODY" UNDER BODY PART AND SUBSTANCE CAUSING THE POISONING UNDER KIND OF POISONING. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

BODY PART

>**IJBODY1**< _____   >**IJBODY2**< _____
>**IJBODY3**< _____   >**IJBODY4**< _____

KIND OF INJURY OR POISONING

>**IJKIND1**< _____   >**IJKIND2**< _____
>**IJKIND3**< _____   >**IJKIND4**< _____

FIJ.070   **FR: VERIFY OR ASK:**

How did {your/subject name}'s injury/poisoning happen? Please describe fully the circumstances or events leading to the injury/poisoning, and any object, substance, or other person involved.

FR: ENTER THE VERBATIM RESPONSE, PROBING FOR AS MUCH DETAIL AS POSSIBLE, INCLUDING SPECIFICALLY WHAT THE PERSON WAS DOING AT THE TIME AND ALL CIRCUMSTANCES SURROUNDING THE EVENT. RECORD ALL VOLUNTEERED INFORMATION. ENTER (N) FOR NO MORE.

>**IJHOW1**<   _____
>**IJHOW2**<   _____
>**IJHOW3**<   _____
>**IJHOW4**<   _____

FIJ.080   **FR: ENTER THE FIRST APPROPRIATE BOX WHICH DESCRIBES THE CAUSE OF
                            THE PERSON'S INJURY/POISONING FROM THE LIST BELOW.**

>CAUSNEW<   (01) Transportation, including motor vehicle/bicycle/motorcycle/pedestrian/train/boat/airplane
                      (FIJ.090)
                  (02) Fire/burn/scald related (FIJ.150)
                  (03) Fall (FIJ.171)
                  (04) Poisoning (FIJ.195)
                  (05) Overexertion/strenuous movements (FIJ.200)
                  (06) Struck by object or person (FIJ.200)
                  (07) Animal or insect bite (FIJ.191)
                  (08) Cut/pierce (FIJ.200)
                  (09) Machinery (FIJ.200)
                  (10) Other (FIJ.200)
                  (97) Refused (FIJ.200)
                  (99) Don't know (FIJ.200)

FIJ.090   **FR: THE NEXT SET OF QUESTIONS ARE ASKED TO VERIFY DETAILS OF THE
                            CIRCUMSTANCES SURROUNDING THE INJURY(S). IF YOU ALREADY
                            KNOW THE ANSWER BECAUSE OF THE VERBATIM RESPONSE FOR HOW
                            THE INJURY(S) OCCURRED, VERIFY THE ANSWER WITH THE
                            RESPONDENT. OTHERWISE, ASK THE QUESTION.**

                  {Were/Was} {you/subject name} injured as the driver of a vehicle, a passenger in a vehicle, a
                  bicycle rider, or as a pedestrian?

>MVWHO<   (1) Driver of a vehicle (FIJ.100)   (4) Pedestrian (FIJ.140)
                  (2) Passenger of a vehicle (FIJ.100)   (7) Refused (FIJ.200)
                  (3) Bicycle rider (FIJ.130)   (9) Don't know (FIJ.200)

FIJ.100   What type of vehicle {were/was} {you/subject name} in?

>MVTYP<   (01) Passenger car (FIJ.120)
                  (02) Light truck (including pickups, vans, and utility vehicles) (FIJ.120)
                  (03) Bus (FIJ.200)
                  (04) Large truck (FIJ.120)
                  (05) Motorcycle (including mopeds, minibikes) (FIJ.130)
                  (06) All terrain vehicle or ski/snow mobile (FIJ.130)
                  (07) Farm equipment (tractor) (FIJ.200)
                  (08) Airplane (FIJ.200)
                  (09) Boat (FIJ.200)
                  (10) Train (FIJ.200)
                  (11) Other (FIJ.200)
                  (97) Refused (FIJ.200)
                  (99) Don't know (FIJ.200)

FIJ.120   **FR: VERIFY OR ASK**

               [If AGE is ge 5]

               {Were/Was} {you/subject name} wearing a safety belt at the time of the accident?

               [Else]

               {Were/Was} {you/subject name} buckled in a car safety seat at the time of the accident?

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

                                                                   (Go to FIJ.200)

FIJ.130   **FR: VERIFY OR ASK:**

               {Were/Was} {you/subject name} wearing a helmet at the time of the accident?

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

                                                                   (Go to FIJ.200)

FIJ.140   What type of vehicle {were/was} {you/subject name} struck by?

>**MVHIT**<   (01) Passenger car
               (02) Light truck (including pickups, vans, and utility vehicles)
               (03) Bus
               (04) Large truck
               (05) Motorcycle (including mopeds and minibikes)
               (06) All terrain vehicle or ski or snow-mobile
               (07) Farm equipment (tractor)
               (08) Bicycle
               (09) Train
               (10) Boat (includes all on water vehicles)
               (11) Other
               (97) Refused
               (99) Don't know
                                                                   (Go to FIJ.200)

FIJ.150   What was it that burned/scalded {you/subject name}?

               FR: IF RESPONSE IS FIRE OR SMOKE ASK:

               What caused the fire/smoke?

>**BURN**<   (01) Cigarette, cigar, pipe
               (02) Cooking unit
               (03) Heater
               (04) Wiring
               (05) Motor vehicle battery caps, radiator caps
               (06) Fireworks
               (07) Other explosive
               (08) Water or steam
               (09) Food
               (10) Chemicals
               (11) Other
               (97) Refused
               (99) Don't know

                                                              (Go to FIJ.200)

FIJ.171   **FR: VERIFY OR ASK. SHOW FLASHCARD F3. RECORD UP TO 2 RESPONSES:
                           ENTER (N) FOR NO MORE.**

               How did {you/subject name} fall? Anything else?

               On or down, from or into:

>**FALLNEW1**< (01) Stairs, steps, or escalator
>**FALLNEW2**< (02) Floor/level ground
               (03) Curb, including sidewalk
               (04) Ladder or scaffolding
               (05) Playground equipment
               (06) Building or other structure
               (07) Chair, bed, sofa or other furniture
               (08) Bathtub, shower, toilet, or commode
               (09) Hole or other opening
               (10) Other
               (97) Refused
               (99) Don't know

               [ ]   [ ]

FIJ.180   What caused {you/subject name} to fall? Was it due to:

>FWHY<   (1) Slipping, tripping or stumbling
                 (2) Jumping or diving
                 (3) Collision with/pushing, shoving by another person
                 (4) Loss of balance/dizziness/becoming faint/seizure
                 (5) Or something else
                 (7) Refused
                 (9) Don't know

                                      (Go to FIJ.200)

FIJ.191   What type of animal or insect bit {you/subject name}?

>ANIMAL<   (01) Dog
                 (02) Cat
                 (03) Poisonous snake/reptile
                 (04) Nonpoisonous snake/reptile
                 (05) Unknown snake/reptile
                 (06) Poisonous insect
                 (07) Nonpoisonous insect
                 (08) Unknown insect
                 (09) Rodent
                 (10) Other
                 (97) Refused
                 (99) Don't know
                                  (Go to FI J.200)

FIJ.195   FR: SHOW FLASHCARD F4.

                 Did {your/subject name} poisoning result from:

>POITP<   (01) a drug or medicinal substance used mistakenly or in overdose
                 (02) a harmful or toxic solid or liquid substance
                 (03) inhaling gases or vapors
                 (04) eating a poisonous plant or other substance mistaken for food
                 (05) a venomous animal or plant
                 (06) Food poisoning
                 (07) Allergic Reaction
                 (08) Something else
                 (97) Refused
                 (99) Don't know

FIJ.200   **FR: VERIFY OR ASK. SHOW FLASHCARD F5. RECORD UP TO 2 RESPONSES: ENTER (N) FOR NO MORE.**

What {were/was} {you/subject name} doing when the injury/poisoning happened?

>**WHAT_1**<   (01) Driving or riding in a motor vehicle
>**WHAT_2**<   (02) Working at a paid job
                 (03) Working around the house or yard
                 (04) Attending school
                 (05) Unpaid work (including housework, shopping, volunteer work)
                 (06) Sports (organized team or individual sport such as running, biking, skating)
                 (07) Leisure activity (excluding sports)
                 (08) Sleeping, resting, eating, drinking
                 (09) Cooking
                 (10) Being cared for (hands on care from other person)
                 (11) Other
                 (97) Refused
                 (99) Don't know

                 [ ]   [ ]

FIJ.221   **FR: VERIFY OR ASK. SHOW FLASHCARD F6. RECORD UP TO 2 RESPONSES. ENTER (N) FOR NO MORE.**

Where (were/was) {you/subject name} when the injury/poisoning happened?

>**WHERNEW1**<   (01) Home (inside)
>**WHERNEW2**<   (02) Home (outside)
                 (03) School (not residential)
                 (04) Child care center or Preschool
                 (05) Residential institution (excluding hospital)
                 (06) Health care facility (including hospital)
                 (07) Street/highway
                 (08) Parking lot
                 (09) Sport facility, athletic field, or playground
                 (10) Trade and service areas (shopping center, restaurant, store, bank, gas station)
                 (11) Farm
                 (12) Park/recreation area (fields, bike or jog path)
                 (13) River/lake/stream/ocean
                 (14) Industrial or construction area
                 (15) Other public building
                 (16) Other
                 (97) Refused
                 (99) Don't know

                 [ ]   [ ]

Check item FIJCCI1:   If AGE is greater than 13, then go to FIJ.260; Else
If AGE is greater than 4 and less than 14 then go to FIJ.270; Else
If AGE is less than 5 then return to FIJ.040 for next injury/poisoning event or next person.
If there are no more persons and no more injury/poisoning events, go to FAU.010.

FIJ.260   **FR: SHOW FLASHCARD F7.**

As a result of this injury/poisoning, how much work did {you/subject name} miss?

>**WKLS**<   (1) Not employed at the time of the injury/poisoning
(2) None
(3) Less than 1 day
(4) One to five days
(5) Six or more days
(7) Refused
(9) Don't know

FIJ.270   **FR: SHOW FLASHCARD F8.**

As a result of this injury/poisoning, how much school did {you/subject name} miss?

>**SCLS**<   (1) Not in school at the time of the injury/poisoning
(2) None
(3) Less than 1 day
(4) One to five days
(5) Six or more days
(7) Refused
(9) Don't know

FIJ.280   As a result of this injury/poisoning {do/does}{you/subject name} now need the help of other persons with {your/his/her} personal care needs, such as eating, bathing, dressing, or getting around this home?

>**IJADL**<   (1) Yes (FIJ.285)   (7) Refused (FIJ.290)
(2) No (FIJ.290)   (9) Don't know (FIJ.290)

FIJ.285   Do you expect {you/subject name} will need this help for a total of 6 months or longer?

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

FIJ.290   As a result of this injury/poisoning {do/does} {you/subject name} now 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?

>**IJIAD**<   (1) Yes (FIJ.295)   (7) Refused (Check Item FIJCCI1A)
(2) No (Check Item FIJCCI1A)   (9) Don't know (Check Item FIJCCI1A)

FIJ.295   Do you expect {you/subject name} will need this help for a total of 6 months or longer?

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

Check item FIJCCI1A: Return to FIJ.040 for next injury/poisoning episode or next person.
                            If there are no more persons and no more injury episodes, go to FAU.010.

                        (Go to next section--Health Care Access and Utilization.)

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   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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

>**PDMED12M**< [ ]   [ ]   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]   [ ]   [ ]

FAU.030   DURING THE PAST 12 MONTHS, was there any time when {you/someone 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   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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
                  (997) Refused
                  (999) Don't Know

[If HOSPNO gt 10]

FR: **DO NOT READ.**

{HOSPNO} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>HOSPNO_M<   (1) Make correction
                      (2) Proceed

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
                  (997) Refused
                  (999) Don't know

[If HPNITE gt 50]

R: **DO NOT READ.**

{HPNITE} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>HPNITE_M<   (1) Make correction
                   (2) Proceed

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

[fill HPNITE_N} is less than the total number of times just reported that [fill F_DTEMPNAME] 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 [fill F_TEMPNAME] stayed in hospital (FAU.070)
(3) Proceed without correcting (Check item NEXT_HOSP)

Check item: NEXT HOSP: Go back to HOSPNO/FAU.070 for next person listed in FAU.060. When no more people, go to FAU.120.

Part C -- Health Care Contacts

FAU.120   **FR: HAND CALENDER CARD**

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.

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

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

FAU.130   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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

                    [If PHCHMN2W gt 14]

                    FR: DO NOT READ.

{PHCHMN2W} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>**PHCHMN2W_M**<   (1) Make correction
                      (2) Proceed

FAU.150   During those 2 WEEKS, did {you/anyone in the family} get any medical advice or test results over the PHONE from a doctor, nurse, or other health care professional?

Do not include phone calls to make appointments, for billing questions or for prescription refills.

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

FAU.160   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who was the phone call about? (Anyone else?)

>PHCPH2WR<   [ ]   [ ]   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]   [ ]   [ ]

FAU.170   During those 2 WEEKS, how many telephone calls

[If single person family]

did you make?

[else]

were made about {subject's name}?

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

[If PHCPHN2W gt 14]

FR: DO NOT READ.

{PHCPHN2W} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>PHCPHN2W_M<   (1) Make correction
                      (2) Proceed

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.)

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

FAU.190   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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

              [If PHCDVN2W gt 14]

              FR: DO NOT READ.

              {PHCDVN2W} is an unusually large number. Verify entry. DO NOT PROBE. Make corrections if necessary.

>PHCDVN2W_M<   (1) Make correction
                (2) Proceed

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

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

FAU.220   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

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

>P10DVYR<   [ ]   [ ]   [ ]   [ ]   [ ]
             [ ]   [ ]   [ ]   [ ]   [ ]

(Go to next section--Health Insurance)

Section V -- HEALTH INSURANCE

FHI.050   **FR:**   **SHOW CARD F9.**

The next questions are about health insurance.

{Are you/Is anyone} covered by any kind of 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 (FHI.070)   (7) Refused (FHI.075)
               (2) No   (9) Don't know (FHI.075)

If <2> mark HIKIND_N = <X> for all persons in family then go to FHI.075

FHI.070   What kind of health insurance or health care coverage {do/does} {you/subject 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: **ENTER (N) FOR NO MORE ENTER EACH NUMBER THAT APPLIES. PLEASE REFER TO FLASHCARDS F9 AND F10 FOR YOUR STATE.**

[ ] >**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 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) TRICARE/CHAMPUS/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)
[ ] >**HIKINDN**<   (14) No coverage of any type

         (Anything else?)

FHI.075   I have recorded {you/subject name} as being covered by: [refer to HIKIND/FHI.070 for appropriate fill]

Is this correct?

>HICHANGE<   (1) Yes (Check item FHICCI3)
                   (2) No (Go to FHI.070 and make corrections)
                   (7) Refused (Check item FHICCI3)
                   (9) Don't know (Check item FHICCI3)

Check item FHICCI3 :   **(Medicare Coverage)** Loop through every non-deleted and non Armed Forces family member roster:
                           1. If the person in FHI.070 marked 5 and not 4, mark HIKINDD=X and go to Check item FHICCI35.
                           2. If the person in FHI.070 marked 4, go to Check item FHICCI35.
                           3. If the person in FHI.070 did not mark 4, go to Check item FHICCI4

Check item FHICCI35:   If person with Medicare is the family respondent go to FHI.080; else go to FHI.090

FHI.080   Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see {your/subject name} Medicare card to determine the type of coverage and to record the Health Ins. Claim Number?

                 FR: **ENTER THE NUMBERS AND LETTERS**.

This number is needed to allow Medicare records of the centers for Medicare and Medicaid services 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): -
                  (7) Refused
                  (9) Don't know

FHI.090   **If person with Medicare coverage is not family respondent**

Earlier I recorded that {you/subject name} {are/is} covered by Medicare. May I please see {your/subject name} Medicare card to determine the type of coverage?

[ELSE]

FR: FILL IN APPROPRIATE COVERAGE TYPE BELOW

>**MCPART**<   (1) Part A - Hospital Only (Check item FHICCI4)
                (2) Part B - Medical Only (FHI.095)
                (3) Both Part A & Part B (FHI.095)
                (4) Card Not Available (FHI.095)
                (7) Refused (FHI.095)
                (9) Don't know (FHI.095)

FHI.095   {Are/Is} {you/subject name} enrolled in a Medicare Plus Choice plan or option?

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

FHI.100   **FR: READ: DO YOU HAVE A HEALTH PLAN CARD OF SOMETHING WITH THE PLAN NAME ON IT?**

{Are/Is} {You/subject 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 (FHI.110)   (7) Refused (FHI.114)
                (2) No (FHI.114)   (9) Don't know (FHI.114)

FHI.110   **[If MCHMO = 1]**

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.)

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

FHI.116   Besides {your/subject name} Medicare insurance, {are/is} {you/subject 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) Loop through every non-deleted and non-Armed Forces family member roster. If the person in FHI.070 marked 6 then go to FHI.120; Else go to Check item FHICCI4.1.

FHI.120   **FR: READ: DO YOU HAVE A HEALTH PLAN CARD OF SOMETHING WITH THE PLAN NAME ON IT?**
REFER TO FLASHCARD F10 FOR STATE MEDICAID NAMES

The next questions are about Medicaid coverage. In this State it is also called (state name). {You/subject 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 (FHI.130)   (9) Don't know (FHI.140)
                (3) Doctor is assigned (FHI.130)

[If MACHMD eq <2>]

FHI.130   **FR: ASK or VERIFY:**

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

>**MACHMD_1**< _____

[If MACHMD eq <3>]

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

>**MACHMD_2**< _____

FHI.132   **FR: WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR SOMETHING WITH THE HEALTH PLAN NAME ON IT?**

[This question is only of the FR]

>**MANAM**<   (1) Yes
                (2) No

FHI.140   {Are/Is} {you/subject 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 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

Check item FHICCI4.1:   **(Single Service Coverage)** Loop through every non-deleted and non-Armed Forces family member roster: If any person with Single Service plan (HIKIND_M/FHI.070 = <x>) then go to SSTYPE/FHI.156; Else go to Check item FHICCI5.

FHI.156   **FR:**   **SHOW CARD F11.**

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

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

(Go to Check Item FHICCI5)

FHI.157   **FR:**   **SPECIFIED 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 program or community program.

                        [If more than 1 person has private insurance plan]

                        We have the following persons listed as being covered by such plans:

                        FR: **READ NAMES.**

                        FR: **PRESS (P) TO PROCEED**.

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: READ: DO YOU HAVE YOUR HEALTH PLAN CARD OR SOMETHING WITH
                                   THE PLAN NAME ON IT?**

>HIPNAM_N<   Name: _____

FHI.160.1   **FR: DO NOT READ TO RESPONDENT:
                                WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN
                                CARD OR SOMETHING WITH THE HEALTH PLAN NAME ON IT?**

>**PCARD1**<   (1) Yes
                 (2) No

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

                 FR: MARK "X" ALL THAT APPLY.

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

FHI.171   **FR: ASK IF NECESSARY:**

                 Are there any more health insurance plans?

                 [fill HIPNAM_N]

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

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

>NEXTPNM<   Name: _____

FHI.172.1   **FR: DO NOT READ TO RESPONDENT:
                                WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR
                                SOMETHING WITH THE HEALTH PLAN NAME ON IT?**

>**PCARD2**<   (1) Yes
                 (2) No

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

                 FR: MARK "X" ALL THAT APPLY.

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

FHI.174   **FR: ASK IF NECESSARY:**

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

                 [fill HIPNAM_N]
                 [fill NEXTPNM_N]

>**MORPLAN2**<   (1) Yes (FHI.175)
                 (2) No (Check Item FHCCI7)

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

>**NEXTPNM2**<   Name: _____

FHI.175.1   **FR: DO NOT READ TO RESPONDENT:**
                 WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR
                 SOMETHING WITH THE HEALTH PLAN NAME ON IT?

>**PCARD3**<   (1) Yes
                 (2) No

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

                 FR: MARK "X" ALL THAT APPLY.

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

FHI.177   **FR: ASK IF NECESSARY:**

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

                 [fill HIPNAM_N]
                 [fill NEXTPNM_N]
                 [fill NEXTPNM2_N]

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

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

>**NEXTPNM3**<   Name: _____

FHI.178.1 **FR:** **DO NOT READ TO RESPONDENT:**
WAS THE HEALTH PLAN NAME OBTAINED FROM A HEALTH PLAN CARD OR
SOMETHING WITH THE HEALTH PLAN NAME ON IT?

>**PCARD4**<   (1) Yes
(2) No

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

FR: **MARK "X" ALL THAT APPLY.**

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

<u>Check item FHICCI7</u> :   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 name} is listed as having private insurance but was not mentioned as being covered by
any of the plans we just discussed. Is {subject 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 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

<u>Check item FHICCI8</u> :   **[If the first plan name (ie. from item HIPNAM/FHI.170)]**
Now I am going to ask some questions about the {plan/plans} you just told me about,
{starting with} [fill plan name].

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

FR: **PRESS (P) TO PROCEED.**

If anyone in the family has private health insurance, loop through all the private plans entered; [Else
go to Check item FHICCI95]

FHI.200   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 LINE NUMBER OF FAMILY MEMBER (FROM LIST BELOW).**
                   IN WHOSE NAME THIS PLAN IS HELD.

        (0)   Policyholder outside of family

>FHI200<   [Enter person #]   [ ]
          (7) Refused
          (9) Don't know

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

         FR: **IF "YES" PROBE FOR EMPLOYER OR UNION.**

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

FHI.220   Who pays for this health insurance plan?

         FR: **ENTER ALL THAT APPLY. ENTER (N) FOR NO MORE.**
                   IF GOVERNMENT PROGRAM IS REPORTED, PROBE FOR MEDICARE OR
                   MEDICAID OR CHIP BEFORE ENTERING CODE 7.
                   IF GOVERNMENT IS THE EMPLOYER, **ENTER CODE 2.**

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

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

FHI.230   How much {do you/does your family} currently spend for health insurance premiums for {plan name}? Please include payroll deductions for premiums.

>**HICOSTR1**<   [ ] NUMBER

(1-9,999) $1-$9,999
(99,997) Refused
(99,999) Don't know

>**HICOSTR2**<   [ ] TIME PERIOD

(1) Once a week	(6) Quarterly (Every 3 months)
(2) Once every two weeks	(7) Once a year
(3) Once a month	(8) Twice a year
(4) Twice a month	(97) Refused
(5) Every 2 months	(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), fee-for-service, or indemnity, or is it some other kind of plan?

>**PLNMGD**<   (1) HMO/IPA
(2) PPO
(3) POS
(4) Fee-for-service/indemnity
(5) Other
(7) Refused
(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)
(2) Select from group/list (FHI.246)
(7) Refused (FHI.248)
(9) Don't know (FHI.248)

FHI.244   {Do you/Does/Do 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

(Go to 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 you or a family member with this plan need to go to a different doctor or place for special care, do you or 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 FHICCI95:   Loop through every non-deleted and non-Armed Forces family member roster. If HIKIND/FHI.070 = 7, 11, or 12 go to FHI.250; Else go to Check item FHICC97.

FHI.250   **FR:**   **SHOW CARD F10**.

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

>STNAME<   Plan: _____

Check item FHICCI97:   Loop through each non-deleted family member. If HIKIND/FHI.070 = 14 or only = to 13 then go to FHI.270; else go to FHI.300.

FHI.270   **FR:**   **SHOW CARD F12.**

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

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

FHI.280   **FR: SHOW CARD F13.**

Which of these are reasons {you/subject name} stopped being covered or {do/does} not have
health insurance?

FR: ENTER UP TO 5 REASONS. ENTER (N) FOR NO MORE.

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

             [ ]   [ ]   [ ]
             [ ]   [ ]

                                                                          (Go to FHI.320)

FHI.300   In the PAST 12 MONTHS, was there any time when {you/subject 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 name} without
                 coverage?

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

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

FHI.320   **FR: SHOW CARD F14.**
                 READ EACH CATEGORY IF TELEPHONE INTERVIEW.

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.

>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   Where {were/was} {you/subject name} born?

>PLBORN<

(1) Alabama	(19) Louisiana	(37) Oklahoma
(2) Alaska	(20) Maine	(38) Oregon
(3) Arizona	(21) Maryland	(39) Pennsylvania
(4) Arkansas	(22) Massachusetts	(40) Rhode Island
(5) California	(23) Michigan	(41) South Carolina
(6) Colorado	(24) Minnesota	(42) South Dakota
(7) Connecticut	(25) Mississippi	(43) Tennessee
(8) Delaware	(26) Missouri	(44) Texas
(9) Dist. of Columbia	(27) Montana	(45) Utah
(10) Florida	(28) Nebraska	(46) Vermont
(11) Georgia	(29) Nevada	(47) Virginia
(12) Hawaii	(30) New Hampshire	(48) Washington
(13) Idaho	(31) New Jersey	(49) West Virginia
(14) Illinois	(32) New Mexico	(50) Wisconsin
(15) Indiana	(33) New York	(51) Wyoming
(16) Iowa	(34) North Carolina	(57) United States
(17) Kansas	(35) North Dakota	(state unknown)
(18) Kentucky	(36) Ohio	(99) NOT IN THE U.S.

[If 99 go to POB_FOREIGN (FSD.002); if 1-51 or 57 go to Check item FSDCCI1]

FSD.002

>POB_FOREIGN<

ENTER THE FIRST LETTER OF THE COUNTRY OR PLACE NAME

[@]	<A> [go to A_LIST]	<J> [go to J_LIST]	<S> [go to S_LIST]
	<B> [go to B_LIST]	<K> [go to K_LIST]	<T> [go to T_LIST]
	<C> [go to C_LIST]	<L> [go to L_LIST]	<U> [go to U_LIST]
	<D> [go to D_LIST]	<M> [go to M_LIST]	<V> [go to V_LIST]
	<E> [go to E_LIST]	<N> [go to N_LIST]	<W> [go to W_LIST]
	<F> [go to F_LIST]	<O> [go to O_LIST]	<Y> [go to Y_LIST]
	<G> [go to G_LIST]	<P> [go to P_LIST]	<Z> [go to Z_LIST]
	<H> [go to H_LIST]	<Q> [go to Q_LIST]	
	<I> [go to I_LIST]	<R> [go to R_LIST]	

<X> [clear out entry box, and display error message "FR: THERE ARE NO COUNTRIES LISTED BEGINNING WITH THIS LETTER, PLEASE ENTER ANOTHER ANSWER"]

>A_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(100) ABROAD	(112) ANGOLA	(126) ARUBA DWI
(101) ABU DHABI	(113) ANGUILLA	(127) ARUBA NETHERLANDS
(102) ADEN	(114) ANGUILLA BWI	(128) ASCENSION ISLAND
(103) AFGHANISTAN	(115) ANOJOUAN	(129) ASIA
(104) AFRICA	(116) ANTARCTICA	(130) ASIA MINOR
(105) ALBANIA	(117) ANTIGUA	(131) ASSAM
(106) ALBERTA	(118) ANTIGUA & BARBUDA	(132) AT SEA
(107) ALGERIA	(119) ANTIGUA WI	(133) AUSTRALIA
(108) ALGIERS	(120) ANTILLES	(134) AUSTRIA
(109) ALSACE-LORRAINE	(121) ARAB PALESTINE	(135) AUSTRIA-HUNGARY
(060) AMERICAN SAMOA	(122) ARABIA	(136) AZERBAIJAN
(061) AM SAMOA	(123) ARGENTINA	(137) AZORES ISLANDS
(110) AMSTERDAM	(124) ARMENIA	(688) ANDORRA
(111) ANEGADA	(125) ARUBA	

>B_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(138) BAHAMAS	(155) BERMUDA	(172) BRITISH GUIANA
(139) BAHAMAS UK	(156) BESSARABIA	(173) BRITISH GUYANA
(140) BAHRAIN	(157) BHUTAN	(174) BRITISH HONDURAS
(141) BAJA CAL	(158) BOHEMIA	(175) BRITISH HONG KONG
(142) BAJA CAL SUR	(159) BOLIVIA	(176) BRITISH ISLES
(062) BAKER ISLAND	(160) BONAIRE	(177) BRITISH VI
(143) BALBOA	(161) BORNEO	(178) BRITISH VIRGIN IS
(144) BANGLADESH	(162) BOSNIA	(179) BRITISH WEST INDIES
(145) BARBADOS	(163) BOSNIA & HERZEGOVINA	(180) BRITISH WI
(146) BARBUDA	(164) BOTSWANA	(181) BRUNEI
(147) BAVARIA	(165) BRASIL	(182) BULGARIA
(148) BELARUS	(166) BRAZIL	(183) BURKINA FASO
(149) BELFAST	(167) BRAZZAVILLE	(184) BURMA
(150) BELGIAN CONGO	(168) BREMEN	(185) BURUNDI
(151) BELGIUM	(169) BRITAIN	(186) BWI
(152) BELIZE	(170) BRITISH COLUMBIA	(187) BYELARUS
(153) BENIN	(171) BRITISH EAST AFRICA	(188) BYELORUSSIA
(154) BERLIN		(689) BRITISH INDIAN OCEAN TERRITORY

>C_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(189) CAICOS ISLANDS	(206) CEYLON	(222) CORAL SEA ISLANDS
(190) CAM PHA	(207) CHAD	(223) CORK
(191) CAM RANH	(208) CHANNEL ISLANDS	(224) CORSICA
(192) CAMBODIA	(209) CHIAPAS	(225) COSTA RICA
(193) CAMEROON	(210) CHIHUAHUA	(226) COTE D'IVORIE
(194) CAN THO	(211) CHILE	(227) CRETE
(195) CANADA	(212) CHINA	(228) CRIMEA
(196) CANAL ZONE	(213) CHINA HONG KONG	(229) CRISTOBAL
(197) CANARY ISLANDS	(214) CHRISTMAS ISLAND	(230) CROATIA
(198) CANTON & ENDERBURY IS	(215) CHRISTMAS ISLAND, INDIAN OCEAN	(231) CUBA
(199) CANTON ISLAND		(232) CURACAO
(200) CAPE VERDE	(216) COAHUILA	(233) CYPRUS
(201) CARIBBEAN	(217) COLIMA	(234) CZ
(202) CAYMAN ISLANDS	(218) COLOMBIA	(235) CZECH REPUBLIC
(203) CENTRAL AFRICA	(219) COMOROS	(236) CZECHOSLOVAKIA
(204) CENTRAL AFRICAN REP	(220) CONGO	
(205) CENTRAL AMERICA	(221) COOK ISLANDS	

>D_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(237) DA LAT	(248) DOMINICA
(238) DA NANG	(249) DOMINICA BWI
(239) DAKAR	(250) DOMINICA WI
(240) DANZIG	(251) DOMINICAN REPUBLIC
(241) DELHI	(252) DUBAI
(242) DEMO PEOPLE'S REP OF KOREA	(253) DUBLIN
	(254) DURANGO
(243) DEMO REP OF CONGO	(255) DUTCH EAST INDIES
(244) DENMARK	(256) DUTCH GUIANA
(245) DISTRITO FEDERAL	(257) DUTCH INDONESIA
(246) DJIBOUTI	(258) DUTCH NEW GUINEA
(247) DOM REP	(690) DEUTSCHLAND

>E_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(259) EAST PAKISTAN   (268) EQUATORIAL GUINEA
(260) EAST PRUSSIA   (269) ERITREA
(261) EASTER ISLAND   (270) ESPANA
(262) EASTERN AFRICA   (271) ESTONIA
(263) ECUADOR   (272) ETHIOPIA
(264) EGYPT   (273) EUROPA ISLAND
(265) EIRE   (274) EUROPE
(266) EL SALVADOR
(267) ENGLAND

>F_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(275) FALKLAND ISLANDS
(276) FAROE ISLANDS
(277) FEDERAL DISTRICT
(278) FEDERAL REPUBLIC OF YUGOSLAVIA
(279) FEDERATED STATES OF MICRONESIA
(280) FIJI
(281) FILIPINES
(282) FINLAND
(283) FOREIGN COUNTRY
(284) FORMOSA
(285) FRANCE
(286) FRANKFURT
(287) FRENCH GUIANA
(288) FRENCH MOROCCO
(289) FRENCH POLYNESIA
(691) FRENCH SOUTHERN AND ANTARCTIC LANDS

>G_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(290) GABON	(306) GREAT COMORE
(291) GALAPAGOS ISLANDS	(307) GREECE
(292) GALWAY	(308) GREENLAND
(293) GAMBIA	(309) GRENADA
(294) GAZA STRIP	(310) GUADALAJARA
(295) GEORGIA	(311) GUADELOUPE
(296) GERMANY	(063) GUAM
(297) GHANA	(312) GUANAJUATO
(298) GIA DINH	(313) GUATEMALA
(299) GIBRALTER	(314) GUERNSEY
(300) GLORIOSO ISLANDS	(315) GUERRERO
(301) GOA	(316) GUIANA
(302) GRAND BAHAMA	(317) GUINEA
(303) GRAND CAYMAN	(318) GUINEA -BISSAU
(304) GRAND TURK	(319) GUYANA
(305) GREAT BRITAIN	(692) GRENADINES, THE

>H_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(320) HA DONG	(330) HIDALGO
(321) HAI PHONG	(331) HIGH SEAS
(322) HAITI	(332) HOLLAND
(323) HAMBURG	(333) HONDURAS
(324) HANOI	(334) HONG KONG
(325) HANOVER	(064) HOWLAND ISLAND
(326) HAVANA	(335) HUNGARY
(327) HEARD & MCDONALD ISLANDS	(336) HYDERABAD
(328) HERZEGOVINA	
(329) HESSE	

>I_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

        (337) ICELAND
        (338) INDIA
        (339) INDONESIA
        (340) INTERNATIONAL WATERS
        (341) IRAN
        (342) IRAQ
        (343) IRELAND
        (344) IRIAN JAYA
        (345) IRISH REPUBLIC
        (346) ISLE OF MAN
        (347) ISRAEL
        (348) ITALY
        (349) IVORY COAST

>J_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

        (350) JALISCO
        (351) JAMAICA
        (352) JAN MEYAN
        (353) JAPAN
        (065) JARVIS ISLAND
        (354) JAVA
        (355) JERSEY
        (356) JIBUTI
        (066) JOHNSTON ATOLL
        (357) JORDAN
        (358) JUAN DE NOVA ISLAND
        (359) JUGOSLAVIA

>K_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(360) KALININGRAD
(361) KAMPUCHEA
(362) KASHMIR
(363) KAZAKHSTAN
(364) KENYA
(365) KHANH HUNG
(067) KINGMAN REEF
(366) KINSHASA
(367) KIRIBATI
(368) KOREA
(369) KORO ISLAND
(370) KUWAIT
(371) KWAJALEIN
(372) KWANTUNG
(373) KYRGYZSTAN
(693) KOSOVO

>L_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(374) LABRADOR
(375) LABUAN
(376) LAOS
(377) LATAKIA
(378) LATIN AMERICA
(379) LATVIA
(380) LEBANON
(381) LEEWARD ISLANDS
(382) LESOTHO
(383) LIBERIA

(384) LIBYA
(385) LIECHTENSTEIN
(386) LITHUANIA
(387) LOAS
(388) LONDONDERRY
(389) LONG XUYEN
(390) LORRAINE
(391) LUBECK
(392) LUXEMBOURG

>M_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(393) MACAO	(407) MACHURIA	(420) MIDDLE EAST
(394) MACAU	(408) MANICA	(069) MIDWAYISLANDS
(395) MACEDONIA	(409) MANILA	(421) MOLDAVIA
(396) MADAGASCAR	(410) MANITOBA	(422) MOLDOVA
(397) MADEIRA ISLANDS	(068) MANUA ISLANDS	(423) MONACO
(398) MAINLAND CHINA	(411) MARSHALL ISLANDS	(424) MONAGAS
(399) MAJORCA	(412) MARTINIQUE	(425) MONGOLIA
(400) MALAGASY REPUBLIC	(413) MAURITANIA	(426) MONTENEGRO
(401) MALAWI	(414) MAURITIUS	(427) MONTSERRAT
(402) MALAYSIA	(415) MAYOTTE ISLAND	(428) MORELOS
(403) MALDIVES	(416) MELANESIA	(429) MOROCCO
(404) MALI	(417) MEXICO	(430) MOZAMBIQUE
(405) MALLORCA	(418) MICHOACAN	(431) MY THO
(406) MALTA	(419) MICRONESIA	(694) MYANMAR

>N_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(432) N. IRELAND	(443) NEW CALEDONIA	(455) NORTH AFRICA
(433) NAM DINH	(444) NEW GUINEA	(456) NORTH AMERICA
(434) NAMIBIA	(445) NEW HEBRIDES	(457) NORTH KOREA
(435) NAURU	(446) NEW SOUTH WALES	(458) NORTH VIETNAM
(070) NAVASSA ISLAND	(447) NEW ZEALAND	(459) NORTHERN IRELAND
(436) NAYARIT	(448) NEWFOUNDLAND	(071) NORTHERN MARIANAS
(437) NEPAL	(449) NHA TRANG	(460) NORTHERN TERRITORY
(438) NETHERLANDS	(450) NICARAGUA	(461) NORWAY
(439) NETH. ANTILLES	(451) NIGER	(462) NOVA SCOTIA
(440) NETH. EAST INDIES	(452) NIGERIA	(463) NUEVO LEON
(441) NEVIS ISLAND	(453) NIUE ISLAND	(695) NORTHWEST TERRITORY
(442) NEW BRUNSWICK	(454) NORFOLK ISLAND	(696) NUNAVUT TERRITORY

>O_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(464) OAXACA
(465) OCEANIA
(466) OKINAWA
(467) OMAN
(468) ONTARIO
(469) OVERSEAS

>P_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(470) PAKISTAN	(485) PITCAIRN ISLAND
(471) PALAU	(486) POLAND
(472) PALESTINE	(487) POLYNESIA
(072) PALMYRA ATOLL	(488) PONAPE
(473) PANAMA	(489) PORTUGAL
(474) PANAMA CANAL ZONE	(490) PORTUGUESE INDIA
(475) PAPUA NEW GUINEA	(491) PRINCE EDWARD ISLAND
(476) PARACEL ISLANDS	(492) PRINCIPE ISLAND
(477) PARAGUAY	(493) PROVIDENCIA
(478) PELAGOSA	(494) PRUSSIA
(479) PEOPLE'S REP. OF CHINA	(495) PUEBLA
(480) PEOPLE'S REP. OF CONGO	(073) PUERTO RICO
(481) PERSIA	(496) PUNJAB
(482) PERU	(497) PUNJAB, INDIA
(483) PHAN THIET	(498) PUNJAB, PAKISTAN
(484) PHILIPPINES	

>Q_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(499) QATAR
(500) QUANG LONG
(501) QUEBEC
(502) QUEENSLAND
(503) QUERETARO
(504) QUI NHON

>R_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(505) RACH GIA	(517) RHODESIA
(506) RAJASTHAN	(518) ROC
(507) RED CHINA	(519) ROK
(508) REPUBLIC OF CHINA	(520) ROMANIA
(509) REPUBLIC OF CYPRUS	(074) ROTA
(510) REPUBLIC OF IRELAND	(521) ROTTERDAM
(511) REPUBLIC OF KOREA	(522) RUMANIA
(512) REPUBLIC OF PANAMA	(523) RUSSIA
(513) REP. OF PHILIPPINES	(524) RUSSIAN FEDERATION
(514) REP. OF SOUTH AFRICA	(525) RWANDA
(515) REPUBLICA DOMINICANA	
(516) REUNION ISLAND	

>S_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(526) SAIGON	(538) SAXONY	(552) SLAVONIA
(075) SAIPAN	(539) SCOTLAND	(553) SLOVAK REPUBLIC
(527) SALVADOR	(540) SENEGAL	(554) SLOVAKIA
(528) SAMOA	(541) SEOUL	(555) SLOVENIA
(529) SAN ANDRES	(542) SERBIA	(556) SOLOMAN ISLANDS
(530) SAN LUIS POTOSI	(543) SEYCHELLES	(557) SOMALIA
(531) SAN MARINO	(544) SHANGHAI	(558) SONORA
(532) SAN SALVADOR	(545) SHARJAH	(559) SOUTH AFRICA
(076) SAND ISLAND	(546) SIBERIA	(560) SOUTH AMERICA
(533) SAO TOME ISLAND	(547) SICILY	(561) SOUTH AUSTRALIA
(534) SAO TOME & PRINCIPE	(548) SIERRA LEONE	(562) SOUTH KOREA
(535) SARAWAK	(549) SIKKIM	(563) SOUTH VIETNAM
(536) SASKATCHEWAN	(550) SINALOA	(564) SOUTH WALES
(537) SAUDI ARABIA	(551) SINGAPORE	(565) SOUTH YEMEN
(566) SOUTHEAST ASIA	(577) ST EUSTATIUS	(587) SUDAN
(567) SOUTHERN AFRICA	(578) ST HELENA	(588) SUMATRA
(568) SOUTHERN RHODESIA	(078) ST JOHN	(589) SURINAM
(569) SOVIET UNION	(579) ST KITTS	(590) SURINAME
(570) SPAIN	(580) ST KITTS-NEVIS	(591) SVALBARD
(571) SPRATLEY ISLANDS	(581) ST LUCIA	(592) SWAZILAND
(572) SRI LANKA	(582) ST MAARTEN	(593) SWEDEN
(573) ST BARTHELEMY	(583) ST MARTIN	(594) SWITZERLAND
(574) ST BARTS	(584) ST PIERRE & MIQUELON	(595) SYRIA
(575) ST CHRISTOPHER	(079) ST THOMAS	(596) SYRIAN ARAB REP
(576) ST CHRISTOPHER-NEVIS	(585) ST VINCENT	
(077) ST CROIX	(586) ST VINCENT & THE GRENADINES	

>T_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK TO UP POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(597) TABASCO	(611) TIBET	(624) TRINIDAD
(598) TADZHIK	(612) TIJUANA	(625) TRINIDAD & TOBAGO
(599) TAHITI	(080) TINIAN	(626) TRIPOLI
(600) TAIWAN	(613) TLAXCALA	(627) TROMELIN ISLAND
(601) TAIWAN ROC	(614) TOBAGO	(628) TRUK
(602) TAJIKISTAN	(615) TOGO	(629) TUNIS
(603) TAMAULIPAS	(616) TOGOLAND	(630) TUNISIA
(604) TANGANYIKA	(617) TOKELAU	(631) TURKEY
(605) TANGIER	(618) TONGA	(632) TURKMENISTAN
(606) TANZANIA	(619) TORTOISE ISLANDS	(633) TURKS & CAICOS IS
(607) TASMANIA	(620) TORTOLA	(634) TURK ISLANDS
(608) THAILAND	(621) TRANSVAAL	(635) TUVALU
(609) THANH HOA	(622) TRANSYLVANIA	(636) TUY HOA
(610) THE GRENADINES	(623) TRIESTE	

>U_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(637) UGANDA   (646) UPPER VOLTA
(638) UK   (647) URUGUAY
(639) UKRAINE   (081) US OUTLYING AREA
(640) UKRAINIA   (082) US VIRGIN ISLANDS
(641) UNION ISLANDS   (648) USSR
(642) UNION OF SOUTH AFRICA   (083) USVI
(643) UNION OF SOVIET SOCIALIST REPUBLICS   (649) USBEKISTAN
(644) UNITED ARAB EMIRATES
(645) UNITED KINGDOM

>V_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(650) VANCOUVER
(651) VANUATU
(652) VATICAN CITY
(653) VENEZUELA
(654) VERACRUZ
(655) VICTORIA
(656) VIETNAM
(657) VINH LONG
(084) VIRGIN ISLANDS
(658) VUNG TAU

>W_LIST<   ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT
LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER
APPROPRIATE COUNTRY CODE.

(085) WAKE ISLAND
(659) WALES
(660) WALLIS & FUTUNA ISLANDS
(661) WEST AFRICA
(662) WEST BANK
(663) WEST BENGAL
(664) WEST INDIES
(665) WEST PAKISTAN
(666) WESTERN AUSTRALIA
(667) WESTERN SAHARA
(668) WESTERN SAMOA
(669) WHITE RUSSIA
(670) WINDWARD ISLANDS
(671) WINNIPEG
(672) WURZBERG

>Y_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(673) YAP
(674) YAR
(675) YEMEN
(676) YEMEN ARAB REPUBLIC
(677) YEREVAN
(678) YUCATAN
(679) YUGOSLAVIA
(680) YUKON TERRITORY

>Z_LIST< ENTER APPROPRIATE 3-DIGIT CODE BASED UPON COUNTRY NAME. IF COUNTRY NOT LISTED, PRESS F1 TO BACK UP TO POB_FOREIGN. THEN, AT POB_FOREIGN, ENTER APPROPRIATE COUNTRY CODE.

(681) ZACATECAS
(682) ZADAR
(683) ZAIRE
(684) ZAMBIA
(685) ZANZIBAR
(686) ZIMBABWE
(687) ZURICH
(997) Refused
(998) Not ascertained
(999) Don't know

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

Earlier I recorded {your/subject name's] date of birth as {month in words, 2-digit day, 4-digit year}.

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

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

FSD.004 About how long {have/has} {you/subject name} been in the United States?

FR: READ IF NECESSARY:

Earlier I recorded that {you/subject name} {are/is} {AGE} years old.

FR: ENTER 95 FOR 95 OR MORE YEARS. IF LESS THAN 1 YEAR GIVEN AS A RESPONSE, CODE THE ANSWER AS " 0".

>USLONG< (01-94) 01-94 years
(95) 95+ years
(97) Refused
(99) Don't know

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

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

>**CITIZEN**< (1) Yes, born in one of the 50 United States or the District of Columbia
(2) Yes, born in Puerto Rico, Guam, American Virgin Islands, or other U.S. territory
(3) Yes, born abroad to American parents
(4) Yes, U.S. citizen by naturalization
(5) No, not a citizen of the United States
(7) Refused
(9) Don't know

Check item FSDCCI1: If AGE is less than or equal to 6, go to FSD.006, else if AGE is less than or equal to 17, goto FSD.007. When no more family members, and AGE is less than or equal to 17, then goto FSD.010.

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

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

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

>**HEADSTV1**< (1) Yes (7) Refused
(2) No (9) Don't know

FSD.010 **FR: SHOW CARD F16.**

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

FR: ENTER HIGHEST LEVEL OF SCHOOL:

>**EDUC**< (0) Never attended / kindergarten only
(1) 1st grade
(2) 2nd grade
(3) 3rd grade
(4) 4th grade
(5) 5th grade
(6) 6th grade
(7) 7th grade
(8) 8th grade
(9) 9th grade
(10) 10th grade
(11) 11th grade
(12) 12th grade, no diploma
(13) GED or equivalent
(14) HIGH SCHOOL GRADUATE
(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)
(97) Refused
(99) Don't know

<0 -21, 97, 99> goto FSD.041

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 Corps, or Coast Guard? (If so, who? Anyone else?)

FR: ENTER UP TO SEVEN LINE NUMBERS.
ENTER "N" AFTER THE LAST ONE, OR IF NONE.
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 equal 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 name} doing LAST WEEK?

>**DOINGLW**<   (1) Working for pay at a job or business (FSD.070)
                 (2) With a job or business but not at work (FSD.060)
                 (3) Looking for work (FSD.100)
                 (4) Working, but not for pay, at a job or business (FSD.070)
                 (5) Not working at a job or business AND not looking for work (FSD.060)
                 (7) Refused (FSD.100)
                 (9) Don't know (FSD.100)

FSD.060   **[If FSD.050 = 2, display]**

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

                 [Else, display]

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

>**WHYNOWRK**<   (1) Taking care of house or family (FSD.100)
                 (2) Going to school (FSD.100)
                 (3) Retired (FSD.100)
                 (4) On a planned vacation from work (FSD.070)
                 (5) On family or maternity leave (FSD.070)
                 (6) Temporarily unable to work for health reasons (FSD.070)
                 (7) On layoff (FSD.100)
                 (8) Disabled (FSD.100)
                 (9) Have job/contract; off-season (FSD.100)
                 (10) Other (FSD.100)
                 (97) Refused (FSD.100)
                 (99) Don't know (FSD.100)

                 NOTE: Information from the ASD section is used to create DOINGLW1 (from DOINGLW) and WHYNOWK1 (from WHYNOWRK).

FSD.070   **[If DOINGLW eq <1> or DOINGLW eq <4>, display]**

                 How many hours did {you/subject name} work LAST WEEK at ALL jobs or businesses?

                 [Else, display]

                 How many hours {do/does} {you/subject name} USUALLY work at all jobs or businesses?

                 FR: ENTER 95 IF THE REPORTED HOURS ARE GREATER THAN OR EQUAL TO 95 HOURS.

>**WRKHRS**<   (01-94) 1-94 hours   (97) Refused
                 (95) 95 hours +   (99) Don't know

                 [If WRKHRS lt <35> goto FSD.080; else goto FSD.100]

FSD.080   {Do/Does} {you/subject 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

FSD.100   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 name} have at least one job or business?

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

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

FSD.120   What is your best estimate of {your/subject name's} 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) $000001-$999994 dollars
               (999995) $999,995+
               (999997) Refused
               (999999) Don't know

Check item FSDCCI3:   If FSD.050 equals 1, 2, or 4, 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   Regarding {your/his/her} job or work last week, was health insurance offered to {you/subject name} through {your/his/her} workplace?

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

(Go to next section--Income and Assets)

Section VII -- INCOME AND ASSETS

Part A -- Sources of Income

FIN.030   **[If FINAVAIL = 2, display]**

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, display]

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

[else, display]

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   (7) Refused
                    (2) No   (9) Don't know

[(If one person family and FSAL eq <1>) or FSAL eq <2,7,9>] go to FIN.050;
[Else go to FIN.040]

FIN.040   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who received this? (Anyone else?)

                    FR: **INDICATE EACH FAMILY MEMBER WITH THIS INCOME.**

>PSAL<   [ ]   [ ]   [ ]
                    [ ]   [ ]   [ ]

FIN.050   **[If one person family, display]**

Did you receive income in {last year in 4 digit format} from... self-employment including business and farm income?

[else, display]

Did any family member 18 and older, that is **(READ NAMES)** receive income in {last year in 4 digit format} from ... self-employment including business and farm income?

>FSEINC<   (1) Yes (FIN.060)   (7) Refused (FIN.070)
                          (2) No (FIN.070)   (9) Don't know (FIN.070)

[(If one person family and FSEINC eq <1>) or FSEINC eq <2,7,9>] go to FIN.070;
[Else go to FIN.060]

FIN.060   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
                ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.**

Who received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PSEINC<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.070   Did {you/any family members living here} receive income in {last year in 4 digit format} from Social
                Security or Railroad Retirement?

FR: READ IF NECESSARY:

Social Security checks are either automatically deposited in the bank or mailed to arrive on the 3rd of
every month. If mailed, they are sent in a yellow/gold colored envelope.

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

**[If one person family and FSSRR eq <1>] go to FINCCI2;
[Else if FSSRR eq <2,7,9>] go to FIN.090;
[Else go to FIN.080]**

FIN.080 **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S). ENTER (N) FOR NO MORE AFTER
                THE LAST NUMBER.**

Who received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PSSRR<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

Check item FINCCI2:   If AGE le 64 go to FIN.082; Else if AGE ge 65 go to FIN.090.

FIN.082   Was {your/any family member's} (**READ NAMES**) Social Security or Railroad Retirement income
                received as a disability benefit?

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

**[If one person family and FSSRRD eq <1>, go to FIN.086]
[If FSSRRD eq <2,7,9>, go to FIN.090]
[Else go to FIN.084]**

FIN.084   **FR:**   **ASK OR VERIFY.**
                          ENTER APPLICABLE LINE NUMBER(S).
                          ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

                 Who received Social Security or Railroad Retirement as a disability benefit? (Anyone else?)

>PSSRRDB<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.086   Did {you/subject name listed in PSSRRDB/FIN.084} receive this benefit because {you are/he is/she
                 is} is disabled?

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

FIN.090   Did {you/any family members living here} receive income from...any disability pension {other than
                 Social Security or Railroad Retirement}?

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

                 [(If one person family and FPENS eq <1>) or FPENS eq <2,7,9>] go to FIN.102;
                 [Else go to FIN.100]

FIN.100   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
                          ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

                 Who received this? (Anyone else?)

                 FR: **INDICATE EACH FAMILY MEMBER WITH THIS INCOME.**

>PPENS<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.102   Did {you/any family members living here} receive income from...any retirement or survivor pension
                 {fill "other than Social Security or Railroad Retirement" if FSSRR = 1 and FPENS ne 1;
                 or fill "other than disability pension" if FPENS = 1 and FSSRR ne 1; or fill "other than Social
                 Security or Railroad Retirement or disability pension" if FSSRR = 1 and FPENS = 1; or No Fill if
                 FSSRR ne 1 and FPENS ne 1)?

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

                 [(If one person family and FOPENS eq <1>) or FOPENS eq <2,7,9>] go to FIN.110;
                 [Else go to FIN.104]

FIN.104   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
               ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

Who received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>POPENS<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

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   (7) Refused
                (2) No   (9) Don't know

               [If one person family and FSSI eq <1>, go to FIN.122];
               [Else if FSSI eq <2,7,9>, go to FIN.150];
               [Else go to FIN.120]

FIN.120   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
               ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

Who in the family received this? (Anyone else?)

FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PSSI<   [ ]   [ ]   [ ]
                [ ]   [ ]   [ ]

FIN.122   Did {you/subject name listed in PSSI/FIN.120} 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 CASH assistance from a state or county welfare program such as {specific program name}?

> FR: SHOW CARD F17. PLEASE DO NOT INCLUDE FOOD STAMPS, SSI, ENERGY ASSISTANCE, OR MEDICAL ASSISTANCE PAYMENTS.

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

[(If one person family and FTANF eq <1>) or FTANF eq <2,7,9>] go to FIN.164;
[Else go to FIN.160]

FIN.160   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
           ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

           Who in the family received this? (Anyone else?)

           FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PTANF<   [ ]   [ ]   [ ]
           [ ]   [ ]   [ ]

FIN.164   At any time during {last year in 4 digit format}, did {you/anyone in your 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?

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

[(If one person family and FOWBEN eq <1>) or FOWBEN eq <2,7,9>] go to FIN.170;
[Else go to FIN.166]

FIN.166   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
           ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

           Who received this? (Anyone else?)

           FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>POWBEN<   [ ]   [ ]   [ ]
           [ ]   [ ]   [ ]

FIN.170   Did {you/any family members living here} receive income from interest bearing checking accounts, saving accounts, IRA's or certificates of deposit, money market funds, treasury notes, bonds, or any other investments that earn interest?

FR: DO NOT INCLUDE DIVIDENDS.

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

[(If one person family and FINTRST eq <1>) or FINTRST eq <2,7,9>] go to FIN.190;
[Else go to FIN.180]

FIN.180   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER (S).**
               ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

               Who received this? (Anyone else?)

               FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PINTRSTR<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.190   Did {you/any family members living here} receive income from... dividends received from stocks or mutual funds, or net rental income from property, royalties, estates or trusts?

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

[(If one person family and FDIVD eq <1>) or FDIVD eq <2,7,9>] go to FIN.210;
[Else go to FIN.200]

FIN.200   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
               ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

               Who received this? (Anyone else?)

               FR: INDICATE EACH FAMILY MEMBER WITH THIS INCOME.

>PDIVD<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.210   Did {you/any family members living here} receive income from... child support?

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

[(If one person family and FCHLDSP eq <1>) or FCHLDSP eq <2,7,9>] go to FIN.230;
[Else go to FIN.220]

FIN.220   **FR:**   **ASK OR VERIFY.**

Who received this? (Anyone else?)

FR: **ENTER LINE NUMBERS OF CHILDREN FOR WHOM CHILD SUPPORT WAS
RECEIVED. IF THAT CHILD IS NO LONGER RESIDING WITH THIS FAMILY, ENTER
LINE NUMBER OF CUSTODIAL PARENT. ENTER (N) FOR NO MORE.**

>PCHLDSP<   [ ]   [ ]   [ ]
[ ]   [ ]   [ ]

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

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

**[(If one person family and FINCOT eq <1>) or FINCOT eq <2,7,9>] go to FIN.250;
[Else go to FIN.240]**

FIN.240   **FR:**   **ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
ENTER (N) FOR NO MORE AFTER THE LAST NUMBER**.

Who received this? (Anyone else?)

FR: **INDICATE EACH FAMILY MEMBER WITH THIS INCOME.**

>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.**

        FR: **ENTER 999,996 IF THE REPORTED INCOME IS GREATER THAN $999,995**

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

FIN.260   You may not be able to give us an exact figure for {your /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}?

FR: ENTER NUMBER CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

>**FINCCAT**<

(00) A.	Less than $1,000	(23) X	$23,000 - $23,999
(01) B.	$1,000 - $1,999	(24) Y.	$24,000 - $24,999
(02) C.	$2,000 - $2,999	(25) Z.	$25,000 - $25,999
(03) D.	$3,000 - $3,999	(26) AA.	$26,000 - $26,999
(04) E.	$4,000 - $4,999	(27) BB.	$27,000 - $27,999
(05) F.	$5,000 - $5,999	(28) CC.	$28,000 - $28,999
(06) G.	$6,000 - $6,999	(29) DD.	$29,000 - $29,999
(07) H.	$7,000 - $7,999	(30) EE.	$30,000 - $30,999
(08) I.	$8,000 - $8,999	(31) FF.	$31,000 - $31,999
(09) J.	$9,000 - $9,999	(32) GG.	$32,000 - $32,999
(10) K.	$10,000 - $10,999	(33) HH.	$33,000 - $33,999
(11) L.	$11,000 - $11,999	(34) II.	$34,000 - $34,999
(12) M.	$12,000 - $12,999	(35) JJ.	$35,000 - $39,999
(13) N.	$13,000 - $13,999	(36) KK.	$40,000 - $44,999
(14) O.	$14,000 - $14,999	(37) LL.	$45,000 - $49,999
(15) P.	$15,000 - $15,999	(38) MM.	$50,000 - $54,999
(16) Q.	$16,000 - $16,999	(39) NN.	$55,000 - $59,999
(17) R.	$17,000 - $17,999	(40) OO.	$60,000 - $64,999
(18) S.	$18,000 - $18,999	(41) PP.	$65,000 - $69,999
(19) T.	$19,000 - $19,999	(42) QQ.	$70,000 - $74,999
(20) U.	$20,000 - $20,999	(43) RR.	$75,000 & over
(21) V.	$21,000 - $21,999	(97) Refused	
(22) W.	$22,000 - $22,999	(99) Don't know	

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 (FINCCI3)	(7) Refused (FINCCI3)
(2) Rented (FIN.282)	(9) Don't know (FINCCI3)
(3) Other arrangement (FINCCI3)	

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	(7) Refused
(2) No	(9) Don't know

Part C -- Program Participation

Check item FINCCI3:   If all family members receive SSI then they should skip over question FIN.300 and go to FIN.330.

FIN.300   **[If one person family, display]**

Have you EVER applied for Supplemental Security Income or SSI, even if the claim was denied?

[Else, display]

Have any 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   (7) Refused
                 (2) No   (9) Don't know

[(If one person family and FSSAPL eq <1>) or FSSAPL eq <2,7,9>] go to FIN.330;
[Else go to FIN.310]

FIN.310   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
            ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

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

FR: INDICATE EACH FAMILY MEMBER WHO APPLIED FOR SSI BENEFITS.

>**PSSAPL**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.330   **[If one person family, di splay]**

Have you EVER APPLIED for disability benefits from Social Security, even if the claim was denied?

[Else, display]

Have any 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   (7) Refused
                 (2) No   (9) Don't know

[(If one person family and FSSAPL eq <1>) or FSSAPL eq <2,7,9>] go to FINCCI4;
[Else go to FIN.340]

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

                 **FR: INDICATE EACH FAMILY MEMBER WHO APPLIED FOR SOCIAL SECURITY
                           DISABILITY BENEFITS. ENTER (N) FOR NO MORE AFTER THE LAST SUMMER.**

>**PSDAPL**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

Check item FINCCI4 : If persons not in FIN.160, go to FIN.360; Else go to FIN.350.

FIN.350   Earlier I recorded that {you/subject name} received cash assistance from a state or county welfare
                 program in {last year in 4 digit format}. During {last year in 4 digit format}, about how many
                 months did {you/subject's name} receive this assistance?

                 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   (7) Refused
                 (2) No   (9) Don't know

                 **[If one person family and FFSTIP eq <1>] go to FIN.380;
                 [Else if FFSTIP eq <2,7,9>] go to FINCCI5;
                 [Else go to FIN.370]**

FIN.370   **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).
                           ENTER (N) FOR NO MORE AFTER THE LAST NUMBER**.

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

                 **FR: INDICATE FAMILY MEMBERS WHO WERE AUTHORIZED TO RECEIVE FOOD
                           STAMPS**.

>**PFSTP**<   [ ]   [ ]   [ ]
                 [ ]   [ ]   [ ]

FIN.380   During {last year in 4 digit format}, about how many months {were/was} {you/subject 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

Check item FINCCI5: If any female in family between 12 and 55 OR any child in family between 0 and 5, go to FIN.384; Else go to end of section.

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

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

[(If one person family and FINWIC eq <1>) or FINWIC eq <2,7,9>] go to end of section;
[Else go to FIN.385]

FIN.385 **FR: ASK OR VERIFY. ENTER APPLICABLE LINE NUMBER(S).**
         ENTER (N) FOR NO MORE AFTER THE LAST NUMBER.

         Who received this? (Anyone else?)

         FR: INDICATE FAMILY MEMBERS WHO WERE AUTHORIZED TO RECEIVE WIC BENEFITS.

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

(Go to next questionnaire)