

SLAITS
Child Well-Being / Welfare Module (CWBW) Questionnaire
as of May 25, 1999

CATI SPECIFICATIONS
Final Minnesota Version @ 11-29-1999

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Reference Periods:

Past Month = Past 30 Days

Past Year = Today's day, one year ago

**SLAITS
WELFARE / CHILD WELL-BEING MODULE
QUESTIONNAIRE**

INTRO_WF

Hi, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention, in collaboration with the Minnesota Department of Human Services. We're conducting a research study regarding the health care, child care, and education of children and young adults.

- CONTINUE WITH INTERVIEW 1
- HUDI - During 1st/2nd sentence 2
- HUDI - After end 2nd sentence 3
- HUDI - After end 3rd sentence 4

S1 Am I speaking to someone who lives in this household who is over 17 years old? (VERIFY AGE IF NECESSARY THROUGH INTERVIEWER INSTRUCTIONS.)

- I AM THAT PERSON 1 [GO TO S_TOTAL]
- THIS IS A BUSINESS 2 We are interviewing only in private residences.
Thank you very much. [TERMINATE INTERVIEW]
- NEW PERSON COMES TO PHONE..... 3 [REPEAT SLAITS_INTRO HERE, VERIFY
PERSON'S AGE AND GO TO S_TOTAL]
- REFUSED 7 [GO TO REFUSAL CONVERSION]
- DOES NOT LIVE IN HOUSEHOLD 8 [CALLBACK]
- NO PERSON AT HOME WHO IS
OVER 17 9

S2_B Does anyone live in your household who is over 17 years old?

- YES 1 [When would be a good time for me to call back and
talk to that person? {SCHEDULE APPOINTMENT}]
- NO 2 [GO TO S_TOTAL]

S_TOTAL

How many people live in this household? Please include all children and anyone who normally lives here even if they aren't living here now, like someone who is away traveling or in a hospital. [HELP: IF A RELATIVE WHO USUALLY LIVES IN THE HOME IS TRAVELING AND NOT THERE AT THE TIME OF THE INTERVIEW, THEY SHOULD BE INCLUDED AS A MEMBER OF THE HOUSEHOLD. IF A CHILD IS AWAY AT COLLEGE AND LIVES AT THE COLLEGE WHILE ATTENDING CLASSES, THIS CHILD SHOULD NOT BE INCLUDED AS A MEMBER OF THE HOUSEHOLD.]

NUMBER IN HOUSEHOLD _____

**IF S_TOTAL > 1 THEN GO TO S_UNDR18
OTHERWISE SKIP TO W_TERM1**

**OTHER OUTCOMES: F9 (NO KIDS) BRINGS UP A CONFIRM SCREEN, THEN CODES 429/939.
WHEN S_TOTAL = 01, ALWAYS CODE 429/939.**

CATI: IF S2_B = 2, SKIP TO W3_LTR. S_TOTAL WILL EQUAL S_UNDR18.

S_UNDR18

Of these [FILL S_TOTAL] people, how many are less than age 18?

NUMBER OF CHILDREN AGED 0 TO 17 _____

CATI: IF S_UNDR18>0, SKIP TO W3_LTR

W_TERM1

For this particular study, we are interviewing only in residences with children. Thank you very much for your time. [TERMINATE INTERVIEW] **CASES TERMINATING HERE ARE DISP=939**

W3_LTR.

A letter describing the survey may have been sent to your home recently. Do you remember seeing the letter?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

WINFO_B

If you will bear with me, I just need to (tell / remind) you what the letter said. Your participation is voluntary, and will have no effect on your benefits. It's all right to skip any questions you don't want to answer. This survey is authorized by Section 306 of the Public Health Service Act. The information you provide will be used for research purposes only and will be held in strict confidence in accordance with Section 308(d) of the Public Health Service Act 42 U.S.Code 242m(d). This survey takes an average of 20-25 minutes. You may end the interview at any time.

W3_EVAL

To improve the quality of the survey, my supervisor may record and listen as I ask the questions. I READ THESE STATEMENTS TO THE RESPONDENT.

YES..... 1

CATI fields CERT_1 through CERT_9 will hold a value describing the type of match achieved for each focal child found in the HH.

- A = Perfect match, both name and birthdate match
- B = Birth date and 1st initial match
- C = Birth date only match
- D = Month, year and first initial
- E = Month and year
- F = Year and first initial
- G = Year
- H = Age and first initial
- I = Age
- J = Perfect name match
- Z = No match

Section W1: Identification of Focal Child and Respondent

W1Q01(H01)

Now, I'd like to ask about the [S_UNDR18] (child/children) living or staying in your household who are under 18 years old.

Please tell me just (this child's/their) first name(s) and birthdate(s). **PROMPT:** Are there any other children under 18 years old living or staying here? Who else?

WELFARE CATI ALLOWS FOR UP TO 9 CHILD NAMES

W1Q01N: _____ W1Q01D : __/__/__
RECORD MM/DD/YYYY 10 DIGITS

96/96/9996 = DK THEN ASK W1Q02
97/97/9997 = RF THEN ASK W1Q02

W1Q02 What is [CHILD]'s age in years? _____ **AGE IN YEARS [SKIP TO W1Q3]**
00 = CHILD IS LESS THAN 1 YES
DK. 96 [SKIP TO W1Q3]
REF. 97 [SKIP TO W1Q3]

CATI: ALLOW FOR 09 TOTAL KIDS. LOOP THROUGH W1Q01-W1Q02 UNTIL N=S_UNDR18, AND ALL CHILDREN IN HH ARE ACCOUNTED FOR.

W1Q03 (CHECK_A1)

SELECTION OF FOCAL CHILDREN, MAXIMUM TWO PER HOUSEHOLD

- IF ONE CHILD IN HOUSEHOLD1 CHILD IS ONLY FOCAL CHILD**
- IF TWO CHILDREN IN HOUSEHOLD2 BOTH CHILDREN ARE FOCAL CHILDREN**
- IF THREE OR MORE CHILDREN,
ALL CHILDREN UNDER SIX YEARS OLD 3 RANDOMLY SELECT TWO FOCAL CHILDREN**
- IF THREE OR MORE CHILDREN,
ALL CHILDREN AT LEAST SIX YEARS OLD ... 4 RANDOMLY SELECT TWO FOCAL CHILDREN**
- IF THREE OR MORE CHILDREN
OF MIXED AGES5 RANDOMLY SELECT TWO FOCAL CHILDREN:
ONE UNDER SIX YEARS OLD, AND ONE AT
LEAST SIX YEARS OLD**
- MATCHED ONE CHILD, RANDOMLY SELECT
THE OTHER.6**

SELECT PREDETERMINED CHILD FROM MEDICAID FILE. IF NO MATCH, SELECT UP TO 2 CHILDREN USING THE SELECTION ROUTINE. FOR VALUES 3, 4, OR 5 CATI ROUTINE FOLLOWS.

**CATI Routine for Selection of CWBW Focal Children
in Households with more than Two Children**

The SLAITS CWBW Module allows for a maximum of two focal children selected from each household. When a household is found to have more than two children, the outline below details the way the CATI system will randomly select two children in a household. The method is *Circular Systematic Sampling*, which gives every child an equal chance of being selected.

All Children in HH Over 6 years of age OR

All Children in HH Under 6 years of age

- I. Select the first child.
 - A. List all children in the household by roster position.
 - B. Create an array of 100 virtual positions, from 0 through 99.
 - C. Assign each child an **equal** number of positions. For households with 3 or 9 children one range will be blank; with 6 or 8 children four ranges are blank; 7 children two ranges will be blank.
Example:

99 Positions, Sampling Interval = 50		100 Positions, Sampling Interval = 50		100 Positions, Sampling Interval = 50		96 Positions, Sampling interval = 48	
3 Children		4 Children		5 Children		6 Children	
CHILD _N	POSITIONS	CHILD _N	POSITIONS	CHILD _N	POSITIONS	CHILD _N	POSITIONS
1	0 thru 32	1	0 thru 24	1	0 thru 19	1	0 thru 15
2	33 thru 65	2	25 thru 49	2	20 thru 39	2	16 thru 31
3	66 thru 98	3	50 thru 74	3	40 thru 59	3	32 thru 47
not assigned	99	4	75 thru 99	4	60 thru 79	4	48 thru 63
				5	80 thru 99	5	64 thru 79
						6	80 thru 95
						not assigned	96 thru 99

- D. Determine the **sampling interval** by dividing the total number of positions assigned by 2, which is the number of children to be selected.
 - E. Generate a random number by saving the system time at the current moment, that is, when the selection screen is encountered. The two-digit hundredths of a second portion of that time is extracted, which is always a number between 0 and 99. Example: 1:24:36.78 PM is 13 hours, 24 minutes, 36 and 78^{100th} seconds. The two digits extracted would be 78.
 - F. Select the child who has the position of the number generated in Step E. For the examples above, in a three-child household, child #3 whose range is 66 through 98, would be selected. In a five-child household, it would be child #4 whose range is 60 thru 79. If the number falls into a range that is not assigned(blank), another number is immediately generated. The selection number is saved as a field in the datafile for analysis and identification purposes.
- II. Select the second child
 - A. The children remain in the same positions as assigned in Step I(C).
 - B. Add the sampling interval created in Step (I)D to the random number generated in Step (I)E. In the example, for a three-child household, add 78+50 = 128. When the result is greater than the possible number of positions, subtract the original number of positions from the result. In this example it would be ((78+50)-99) = 29. In the example using the five-child household it would be ((78+50)-100) = 28.
 - C. Select the child who has the position of the number determined in Step (II)B.

All Children in HH are mixed ages, some under 6 years of age, some 6 and older: Follow the same steps, first selecting one child from the **Under 6** group, then selecting one child from the **6 and Older** group.

CONTINUE

CATI: **Y = YOUNGER/ONLY FOCAL CHILD**
 E = ELDER FOCAL CHILD

WHEN TWINS OCCUR AND BOTH ARE FOCAL CHILDREN, ASSIGN “Y” TO FIRST MENTIONED, “E” TO SECOND MENTIONED

SAVE FIELD WITH RANDOM NUMBER USED FOR SELECTION

SAVE ROSTER NUMBER FROM ENTIRE HH ROSTER

LOOP THROUGH W1Q04-W1Q07 FOR ALL SELECTED FOCAL CHILDREN, Y AND E

WHEN THERE ARE MORE THAN TWO IN HH, ONLY TWO ARE SELECTED, LET THE R KNOW WHICH ONES : W1Q04A: SCREEN TEXT ONLY: Most of the remaining questions will be asked about [FOCAL CHILD] and [FOCAL CHILD].

W1Q04 (H10Y) (ASK OR CONFIRM)

TO CONFIRM, USE: Just to confirm [FOCAL CHILD] is male/female, right?

TO ASK, USE: Is [FOCAL CHILD] male or female?

MALE 1
FEMALE 2
DON'T KNOW 6
REFUSED 7

W1Q05 (H100Y)

Is (FOCAL CHILD) of Spanish or Hispanic descent, that is Mexican, Mexican-American, Chicano, Puerto Rican, or Cuban? **[MARK ALL THAT APPLY]**

W1Q05_01 NO, NOT SPANISH/HISPANIC 01
W1Q05_02 YES, MEXICAN..... 02
W1Q05_03 YES, MEXICAN-AMERICAN..... 03
W1Q05_04 YES, CHICANO 04
W1Q05_05 YES, PUERTO RICAN 05
W1Q05_06 YES, CUBAN 06
W1Q05_07 YES, OTHER SPANISH 07
 DON'T KNOW 96
 REFUSED 97

W1Q06 (RACEY)

Is (FOCAL CHILD) White, Black, American Indian, Asian, or another race?
[MARK ALL THAT APPLY]

W1Q6_X01	WHITE	01
W1Q6_X02	BLACK	02
W1Q6_X03	AMERICAN INDIAN	03
W1Q6_X04	ASIAN	04
W1Q6_X05	OTHER RACE	05
	DON'T KNOW	96
	REFUSED	97

IF MORE THAN ONE ANSWER TO W1Q06, ASK W1Q07. OTHERWISE SKIP TO FRSTNAME.

W1Q07 (MLTRACY)

Which do you feel best describes (FOCAL CHILD)'s race?

WHITE	01
BLACK	02
AMERICAN INDIAN	03
ASIAN	04
OTHER RACE	05
DON'T KNOW	96
REFUSED	97

END OF LOOP FOR ALL FOCAL CHILDREN

W1Q09 (NSAF12Y)

How (is W1REFN/are you) related to (FOCAL CHILD)? (HELP: INCLUDE ADOPTIVE, STEP, AND FOSTER RELATIVES IN SAME CATEGORIES AS BIOLOGICAL RELATIVES.)

- MOTHER 1 [SKIP TO W1Q11]
- FATHER 2 [SKIP TO W1Q11]
- GUARDIAN (MALE) 3 [SKIP TO W1Q11]
- GUARDIAN (FEMALE) 4 [SKIP TO W1Q11]

- BROTHER / SISTER 5
- GRANDPARENT 6
- AUNT / UNCLE 7
- COUSIN 8
- HUSBAND / WIFE / BOYFRIEND / GIRLFRIEND 9 [GO BACK TO W1REFN]
- OTHER RELATIVE 10

- IN-LAW OF ANY TYPE 13

- HOUSEMATE/ROOMMATE/ROOMER/BOARDER 20
- OTHER NONRELATIVE 21

- DON'T KNOW 96
- REFUSED 97

W1Q10 (GUARDY)

Just to confirm, (is W1REFN / Are you) the guardian for (FOCAL CHILD)?

- YES 1 (GO TO W1Q11)
- NO 2 (RETURN TO W1REFN)

W1Q11 (CHECK_A2)

IF ONLY ONE FOCAL CHILD, SKIP TO W1Q16.
IF TWO FOCAL CHILDREN, CONTINUE WITH W1Q12 NOW.

W1Q12 (NSAF13a)

Does (ELDER FOCAL CHILD) have the same mother and father as (YOUNGER FOCAL CHILD)? [HELP: WE MEAN THE SAME BIOLOGICAL PARENTS.]

- YES 1 (GO TO W1Q16)
- NO 2 (LOOP BACK TO W1REFN FOR ELDER CHILD)
- DK 6 (LOOP BACK TO W1REFN FOR ELDER CHILD)
- REF 7 (LOOP BACK TO W1REFN FOR ELDER CHILD)

END LOOP FOR EACH FOCAL CHILD

13,14,15 MISSING ON PURPOSE

W1Q16 (CHECK_A4)

IF NO FOCAL CHILDREN IN HOUSEHOLD, THEN GO TO W_TERM2 TO TERMINATE INTERVIEW

IF ONE FOCAL CHILD AND IF W1FRSTN = W1REFN, THEN GO TO W2Q2 IN NEXT SECTION AND CONDUCT INTERVIEW. *RESPONDENT IS THE WIREFN.*

IF TWO FOCAL CHILDREN,
AND YOUNGER W1REFN = ELDER REFNAMEE, AND W1FRSTN = W1REFN, THEN GO TO W2Q2 IN NEXT SECTION AND CONDUCT INTERVIEW. *RESPONDENT IS REFNAME FOR BOTH.*

IF ONE FOCAL CHILD AND W1FRSTN ... W1REFN, THEN SKIP TO CONSENT (W1CNSNT). *RESPONDENT IS NOT THE WIREFN.*

IF TWO FOCAL CHILDREN,
AND YOUNGER W1REFN = ELDER W1REFN,
AND W1FRSTN ... W1REFN, THEN SKIP TO CONSENT.
SAME REFNAME FOR BOTH, BUT IS NOT THE RESPONDENT.

---- TWO FOCAL CHILDREN WITH DIFFERENT REFNAME FOR EACH CHILD ----

IF TWO FOCAL CHILDREN,
AND YOUNGER W1REFN ... ELDER W1REFN, THEN TWO COMPLETE INTERVIEWS WILL BE CONDUCTED FROM THIS POINT. THE SECOND WILL BE DONE ON PAPER.

IF W1FRSTN = W1REFN FOR EITHER CHILD, GO TO W2Q2 IN NEXT SECTION, CONDUCT COMPLETE INTERVIEW

SCHEDULE CALL BACK FOR OTHER FOCAL CHILD.

IF W1FRSTN ... REFNAME FOR EITHER CHILD, GO TO CONSENT(W1CNSNT) FOR YOUNGER FOCAL CHILD

W1CNSNT (CONSENT)

Because the rest of this survey asks about (FOCAL CHILD)'s health care, (IF CHILD AGE < 13, FILL: child care), and education, may I please speak with (W1REFN) now?

YES1 (GO TO NEXT SECTION, BEGIN AT W2Q1)

NO2 (GO TO W1CB TO SCHEDULE APPOINTMENT)

W1CB When would be a good time to call back to speak with (W1REFN)? **INTERVIEWER INSTRUCTION: PRESS < F11 > TO SCHEDULE A CALL BACK.**

CATI: AT THIS POINT WE HAVE BOTH CHILDREN AND REFNAME FOR EACH TO BE USED THROUGHOUT THE INTERVIEW

W_TERM2

For this particular study, we are interviewing only a sample of households in your state. Thank you very much for your time. [TERMINATE INTERVIEW]. CASES TERMINATING HERE ARE DISP=959

Section 2: Parents and Household Composition

W2Q01 NEW PERSON COMES TO THE PHONE

Hi, my name is _____. I'm calling on behalf of the Centers for Disease Control and Prevention, in collaboration with the Minnesota Department of Human Services. We're conducting a study regarding the health care, child care, and education of children and young adults. (W1FRSTN) told me that you were the person to talk with about (FOCAL CHILD(REN))'s health care, (IF CHILD AGE < 13, FILL: child care), and education. I'd like you to know that participation is voluntary, will have no effect on your benefits, and is authorized by section 306 of the U.S. Public Health Service Act. The information you provide will be held in strict confidence and will be summarized for research purposes only. It's all right to skip any questions you don't want to answer.

CATI: IF (S_TOTAL) NUMBER OF PERSONS IN HH ARE ALREADY ACCOUNTED FOR BY CHILD NAME(S) AND REFNAME AND RESPONDENT NAME, SKIP TO W2Q02A.

W2Q02 (H02)

Please tell me the first names of the adult(s) aged 18 years or older who are living or staying here.

ADULT NAMES: _____
CWBW MODULE ALLOWS FOR UP TO 9 ADULT NAMES

W2Q02A (H03)

Just to confirm. I have [READ ALL ROSTER NAMES] living or staying in your household. Are there any other people living or staying here?

YES 1 [BACK TO W2Q02 AND RECONCILE]
NO 2

W2Q03 (H04)

Are any of these people you just named your spouse or partner?

SPECIFIC YES, MY SPOUSE/WIFE/HUSBAND 1
GENERIC YES 2
NO 3 [SKIP TO W2Q5]
DK 6 [SKIP TO W2Q5]
REF 7 [SKIP TO W2Q5]

CATI: WHEN THERE ARE ONLY 2 ADULTS IN THE HOUSEHOLD, YOU ARE SPEAKING TO ONE, AND W2Q03=1 OR 2, THEN DO NO ASK W2Q04

W2Q04 Who is this person? RECORD PERSON NUMBER ____
THIS PERSON BECOMES THE OTHER RELEVANT ADULT IN THE HH

**LOOP -ASK W2Q5 THE RELATIONSHIP OF EVERY PERSON IN THE HH TO EACH OF THE FOCAL CHILDREN. FOR FIRST FOCAL CHILD WITH HIMSELF, ASSIGN NULL VALUE.
-FOR EITHER W1FRSTN OR W1REFN OR REFNAMEE DO NOT ASK FOR THOSE ALREADY KNOWN.
-IF TWO FOCAL CHILDREN AND IF W1Q12 = YES, SAME PARENTS DO NOT ASK W2Q5 FOR THE SECOND CHILD, SHARE ALL DATA .**

W2Q05 (H20) What is {NAME's} relationship to (FOCAL CHILD)? (HELP: INCLUDE ADOPTIVE, STEP, AND FOSTER RELATIVES IN SAME CATEGORIES AS BIOLOGICAL RELATIVES.)

- MOTHER 1
- FATHER 2
- GUARDIAN (MALE) 3
- GUARDIAN (FEMALE) 4
- BROTHER / SISTER 5
- GRANDPARENT 6
- AUNT / UNCLE 7
- COUSIN 8
- HUSBAND / WIFE / BOYFRIEND / GIRLFRIEND 9
- OTHER RELATIVE 10
- UNMARRIED PARTNER OF PARENT/GUARDIAN 11
- UNMARRIED PARTNER OF ANY OTHER RELATIVE 12
- IN-LAW OF ANY TYPE 13

- HOUSEMATE/ROOMMATE/ROOMER/BOARDER 20
- OTHER NONRELATIVE 21
- DON'T KNOW 96
- REFUSED 97

CATI: CREATE TOTAL NUMBER OF FAMILY MEMBERS

TOT_FAM = S_TOTAL MINUS (ANY HH MEMBER WHO HAS A VALUE OF 11, 12, 20, 21, 96, OR 97 TO W2Q05)

[THEN USE TOT_FAM FOR THESE FILLS: W7A05A AND W7A10; W7B05A AND W7B10; W7C05A AND W7C10]

**CATI: BEGIN LOOP: ASK W2Q06 AND W2Q08 ABOUT EACH FOCAL CHILD
ASK W2Q07 ONCE ONLY, THIS IS A HH LEVEL QUESTION**

W2Q06 (NH53a)

During the past 12 months--that is, since (TODAY'S DAY) a year ago today--has (FOCAL CHILD) always lived with you?

- YES 1
- NO 2 [FILL W2Q7 WITH 1 AND SKIP TO W2Q8]
- DK 6
- REF 7

W2Q07 (NH53b)

During the past 12 months, has anyone moved into or out of your household?

- YES 1
- NO 2
- DK 6
- REF 7

W2Q08 (18)

How many times has [FOCAL CHILD] ever moved to a new address?

- _____ TIMES
- DK ... 96
- RF 97

END OF LOOP

BEGIN MOTHER/FATHER LOOP

FIND MOTHER AND FATHER FROM W1Q09=1 OR 2, OR W2Q05=1 OR 2.

ASK W2Q09 FOR EACH PERSON WITH 1 OR 2 IN THOSE FIELDS.

IF NO ONE IDENTIFIED AS MOTHER OR FATHER, THEN SKIP TO W2Q10.

W2Q09 (PARENT3) ASK IN REFERENCE TO EACH FOCAL CHILD

(Is NAME OF PERSON WITH 1 OR 2 / Are you) (CHILD)'s biological, adoptive, step, or foster parent?

- BIOLOGICAL PARENT 1
- ADOPTIVE PARENT 2
- STEP PARENT 3
- FOSTER PARENT 4
- DK 6
- RF 7

CATI: WHEN W2Q09=1 FOR BOTH RESIDENT MOTHER AND FATHER, AND W2Q03 = 1 THEY ARE MARRIED, THEN SKIP W2Q10 AND W2Q11

W2Q10 (PARENT4)

Were (you and (OTHER NAME WITH W2Q9 = 1) / you and (CHILD)'s other biological parent / CHILD's biological parents) ever married to each other?

- YES 1 [GO TO W2Q11]
- NO 2 [SKIP TO W2Q12]
- DK 6 [SKIP TO W2Q12]
- RF 7 [SKIP TO W2Q12]

W2Q11 (PARENT5)

Are (you and (OTHER NAME WITH W2Q09 = 1) / you and (CHILD)'s other biological parent / CHILD's biological parents) still married to each other, or are (you/they) widowed, divorced, or separated from each other?

- STILL MARRIED 1
- WIDOWED 2
- DIVORCED 3
- SEPARATED 4
- MOTHER DECEASED 5 [SKIP TO W2Q13a]
- DK 6
- RF 7

END OF MOTHER/FATHER LOOP

W2Q12.

IF THERE IS A SECOND FOCAL CHILD, AND IF SECOND FOCAL CHILD IS NOT THE BROTHER/SISTER OF FIRST FOCAL CHILD, THEN RETURN TO W2Q9 FOR SECOND CHILD.

IF SECOND FOCAL CHILD IS THE BROTHER/SISTER OF FIRST FOCAL CHILD, THEN ASSIGN ANSWERS FROM W2Q9 - W2Q11 TO BOTH CHILDREN.

THE FOLLOWING DEMOGRAPHIC QUESTIONS REFER TO THE CHILD'S BIOLOGICAL MOTHER ONLY. IF REFNAME = BIOLOGICAL MOTHER (I.E. WE ARE ALREADY SPEAKING TO THE BIOLOGICAL MOTHER), FILL W2Q13 WITH AGE RESPONSE FROM FROM W1Q08, THEN SKIP TO W2Q14, AND USE "YOU" IN ALL FILLS.

W2Q13 (H230_M)

How old is {(CHILD'S BIOLOGICAL MOTHER'S NAME) / (CHILD)'s biological mother} now?

W2Q13A (WHEN BIO-MOTHER IS DECEASED)

How old was (CHILD)'s biological mother when child was born?
 _____AGE IN YEARS

W2Q14 (H100_M)

(Are you / Is NAME / Is (CHILD)'s biological mother) of Spanish or Hispanic descent, that is Mexican, Mexican-American, Chicano, Puerto Rican, or Cuban? **[MARK ALL THAT APPLY]**

- W2Q14_01 NO, NOT SPANISH/HISPANIC 01
- W2Q14_02 YES, MEXICAN 02
- W2Q14_03 YES, MEXICAN-AMERICAN..... 03
- W2Q14_04 YES, CHICANO 04
- W2Q14_05 YES, PUERTO RICAN 05
- W2Q14_06 YES, CUBAN 06
- W2Q14_07 YES, OTHER SPANISH 07
- DON'T KNOW 96
- REFUSED 97

W2Q15 (RACE_M)

(Are you / Is NAME / Is (CHILD)'s biological mother) White, Black, American Indian, Asian, or another race? **[MARK ALL THAT APPLY]**

- W2Q15X01 WHITE 01
- W2Q15X02 BLACK 02
- W2Q15X03 AMERICAN INDIAN 03
- W2Q15X04 ASIAN 04
- W2Q15X05 OTHER RACE 05
- DON'T KNOW 96
- REFUSED 97

IF MORE THAN ONE ANSWER TO W2Q15, ASK W2Q16. OTHERWISE SKIP TO W2Q17.

W2Q16 (MLTRACM)

Which do you feel best describes (your / NAME's / (CHILD)'s biological mother)'s race?

- WHITE 01
- BLACK 02
- AMERICAN INDIAN 03
- ASIAN 04
- OTHER RACE 05
- DON'T KNOW 96
- REFUSED 97

W2Q17 (CHECK_B5)

IF THERE IS A SECOND FOCAL CHILD, AND IF THE BIOLOGICAL MOTHER OF THE SECOND FOCAL CHILD IS THE BIOLOGICAL MOTHER OF THE FIRST FOCAL CHILD, THEN ASSIGN ANSWERS TO BOTH CHILDREN.

OTHERWISE, IF THERE IS A SECOND FOCAL CHILD, AND YOU ARE NOT SPEAKING TO THE BIOLOGICAL MOTHER RETURN TO W2Q13 FOR SECOND FOCAL CHILD'S BIOLOGICAL MOTHER.

OTHERWISE CONTINUE TO THE NEXT SECTION W3

Section W3: Health Insurance

W3Q03 (FHI.070) The next few questions are about health insurance.

READ EACH QUESTION FIRST FOR YOUNGER FOCAL CHILD; WHEN ELSE FOCAL CHILD EXISTS, ADD THE TEXT IN COLUMN 3.

W3Q03a. (FHI.070-A) Is [FOCAL CHILD] covered by Medical Assistance (MA), that is, Minnesota's Medicaid program, a health insurance program for low-income families?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO B	How about [ELDER FOCAL CHILD]?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO B
W3Q03b. (FHI.070-B) Is [FOCAL CHILD] covered by Medicare, a health insurance program for the elderly and persons with disabilities?	YES 1 ASK C NO 2 SKIP TO D DK 6 SKIP TO D REF. 7 SKIP TO D	How about [ELDER FOCAL CHILD]?	YES 1 ASK C NO 2 SKIP TO D DK 6 SKIP TO D REF. 7 SKIP TO D
W3Q03c. (FHI.070-C) Is [FOCAL CHILD] covered by Medicare Supplemental Coverage, also known as Medi-Gap plans?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO D	How about [ELDER FOCAL CHILD]?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO D
W3Q03d. (FHI.070.D) Is [FOCAL CHILD] covered by the Indian Health Service?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO E	How about [ELDER FOCAL CHILD]?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO E
W3Q03e. (FHI.070-E) Is [FOCAL CHILD] covered by Military Health Care, CHAMPUS, CHAMP-VA, or TRICARE?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO F	How about [ELDER FOCAL CHILD]?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO F
W3Q03f. (FHI.070-F) Is [FOCAL CHILD] covered by Private Health Insurance -- that is, health insurance obtained through employment or unions or purchased directly?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO G	How about [ELDER FOCAL CHILD]?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE SKIP TO G
W3Q03g. (FHI.070-G) Is [FOCAL CHILD] covered by any other kind of health insurance or health care plan that pays for hospital and physician services such as Minnesota Care or General Assistance Medical Care (GAMC)?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE ASK W3Q4	How about [ELDER FOCAL CHILD]?	YES 1 NO 2 DK 6 REF. 7 ANY RESPONSE ASK W3Q4
CATI: WHEN ITEMS W3Q03A, W3Q03B, AND W3Q03D THROUGH Q3Q03G ARE ALL NO,DK OR REF FOR ANY FOCAL CHILD, I.E., NO TYPE OF CONVERGE, ASK W3Q03H , OTHERWISE WHEN A FOCAL CHILD HAS ANY CONVERGE, SKIP TO W3Q04			

W3Q03H (CHI100) LOOP FOR EACH FOCAL CHILD WITH NO COVERAGE

It appears that [FOCAL CHILD WITH NO COVERAGE] does not have any health insurance coverage to help pay for services from hospitals, doctors, and other health professionals. Is that correct?

- YES 1 [SKIP TO NEXT SECTION 4]
- NO 2 ASK W3Q03I
- DK 6 [SKIP TO NEXT SECTION 4]
- REF 7 [SKIP TO NEXT SECTION 4]

W3Q03I (CHI105)

What kind of health coverage does [FOCAL CHILD] have? **[MARK ALL THAT APPLY]**

W3Q03_01	MEDICAID	YES 1	NO 2
		DK 6	REF 7
W3Q03_02	MEDICARE	YES 1	NO 2
		DK 6	REF 7
W3Q03_03	MEDIGAP	YES 1	NO 2
		DK 6	REF 7
W3Q03_04	MILITARY	YES 1	NO 2
		DK 6	REF 7
W3Q03_05	INDIAN HEALTH SERVICE	YES 1	NO 2
		DK 6	REF 7
W3Q03_06	PRIVATE INSURANCE	YES 1	NO 2
		DK 6	REF 7
W3Q03_07	SINGLE SERVICE PLAN COVERING ONLY DENTAL, VISION, PRESCRIPTIONS, ETC.	YES 1	NO 2
		DK 6	REF 7
W3Q03_08	SOME OTHER COVERAGE	YES 1	NO 2
		DK 6	REF 7

WHEN EITHER CHILD EXISTS WITH COVERAGE LOOP THROUGH W3Q04

W3Q04 (FHI.300)

In the past 12 months, was there any time when [FOCAL CHILD] was not covered by any health insurance?

- YES 1
- NO 2
- DK 6
- REF 7

Section W4: Child Care Arrangements

IF ALL FOCAL CHILDREN ARE > 12 YEARS, THEN SKIP TO NEXT SECTION.

ASK ALL QUESTIONS IN SECTION W4 OF EACH FOCAL CHILD < 13 YEARS, FOLLOWING ANY IMBEDDED SKIP INSTRUCTIONS.

W4 CARE (CARE_INS)

The next questions are about [NAME(S) OF FOCAL CHILD(REN) < 13 YEARS OLD]'s child care. During a typical week last month, please tell me if you used any of the following arrangements on a regular basis to look after (CHILD/CHILD or CHILD). By regular basis, I mean at least once a week during the past month.

AFTER ITEMS 1A THROUGH 3A, USE THIS STEM ONLY IF NEEDED TO AVOID CONFUSION BY RESPONDENT. QUESTION STEM:			
At least once a week during the past month, was [ONLY/YOUNGER FOCAL CHILD] cared for by . . .			
FOR FOCAL CHILD WHO IS > 5 SKIP TO ITEM 2A. W4Q01a (SIPPCKD1a1) . . .a nursery, preschool, or federally funded Head Start program?	YES. 1 NO 2 DK 6 REF. 7	W4Q01a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7
W4Q02a (SIPPCKD1a2) . . .a before school or after school program?	YES. 1 NO 2 DK 6 REF. 7	W4Q02a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7
W4Q03a (SIPPCKD1a3) . . .an in-home day care provider caring for two or more children outside of your home?	YES. 1 NO 2 DK 6 REF. 7	W4Q03a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7
W4Q04a (SIPPCKD1a4) a child care or day care center?	YES. 1 NO 2 DK 6 REF. 7	W4Q04a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7
W4Q05a (SIPPCKD1a5) . . .a relative, such as a brother, sister, or grandparent?	YES. 1 NO 2 DK 6 REF. 7	W4Q05a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7
W4Q06a (SIPPCKD1a6) . . . a non-relative such as a friend, neighbor, babysitter, nanny, or au pair?	YES. 1 NO 2 DK 6 REF. 7	W4Q06a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7
W4Q07a (SIPPCKD1a7) . . . anyone else?	YES. 1 NO 2 DK 6 REF. 7	W4Q07a2. How about [ELDER FOCAL CHILD]?	YES. 1 NO 2 DK 6 REF. 7

W4Q08 (CARE_PRM)

ASK OF EACH CHILD WHERE MORE THAN ONE TYPE OF CARE IS LISTED IN ITEM (1A-7A).

Of the places mentioned, [FILL WITH RESPONSES FROM W4Q01A THRU W4Q07A=1], in which type of child care does [FOCAL CHILD] spend the most time?

- NURSERY, PRESCHOOL, OR HEAD START PROGRAM 01
- BEFORE SCHOOL OR AFTER SCHOOL PROGRAM 02
- IN-HOME DAY CARE PROVIDER 03
- CHILD CARE OR DAY CARE CENTER 04
- RELATIVE 05
- NON-RELATIVE 06
- ANYONE ELSE 07

- EQUAL TIME SPLIT AMONG PLACES MENTIONED 08
- DK 96
- REF 97

BEGIN LOOP: ASK W4Q09 AND W4Q10 WHEN SENT THERE, OF EACH FOCAL CHILD IN THIS SECTION, <13

W4Q09 (SIPP_24a)

During a typical week last month, did [CHILD <13] care for (himself / herself) for even a small amount of time?

[HELP: THIS QUESTION REFERS ONLY TO TIMES WHEN THE CHILD WAS NOT UNDER THE SUPERVISION OF ANYONE ELSE.]

- YES 1 **[FILL THIS FOCAL CHILD NAME IN W4Q10]**
- NO 2 **[SKIP TO W4Q11 FOR BOTH / DON'T FILL THIS NAME IN W4Q10]**

W4Q10 (SIPP_24c)

Did [FOCAL CHILD NAME = 1 FROM W4Q9] care for (himself/herself) because you had problems arranging child care or keeping a child care arrangement?

- YES 1
- NO 2

END LOOP

W4Q11 (SPD1336A)

At any time in the past month, did you or anyone in the family lose any time from work, school, job search, or a training activity because you had problems arranging child care for (FOCAL CHILD /FOCAL CHILD or FOCAL CHILD) or keeping a child care arrangement? **[HELP: INCLUDE BOTH UNEXPECTED AND ANTICIPATED LOSSES OF CHILD CARE PROVIDERS SUCH AS SCHOOL CLOSINGS AND TEMPORARY ILLNESS OF THE PROVIDER EVEN FOR PART OF THE DAY. IF NOBODY IN THE FAMILY WORKS, GOES TO SCHOOL, SEARCHES FOR JOBS, OR TRAINS, THEN THIS ANSWER SHOULD BE NO BECAUSE NO TIME WOULD BE "LOST" FROM THESE ACTIVITIES.]**

- YES 1
- NO 2

W4Q12 (NH66-7)

At any time in the past year, did you or anyone in the family have to quit a job or not take a job because of problems with child care for (FOCAL CHILD /FOCAL CHILD or FOCAL CHILD)?

- YES 1
- NO 2

W4Q13 (SIPP7a) CATI: IF MORE THAN TWO CHILDREN IN HH, ASK. OTHERWISE IF ALL FOCAL CHILDREN RESPOND ALL 'NO' TO W4Q1-W4Q7, SKIP TO NEXT SECTION W5

Considering all of the child-care arrangements used for (FOCAL CHILD/all of the children in your family), did you or anyone in your family usually make any money payment for any arrangement? [HELP: INCLUDE COST OF PRESCHOOL AND NURSERY SCHOOL, BUT DO NOT INCLUDE TUITION COSTS FOR KINDERGARTEN OR GRADE SCHOOL.]

- YES1
- NO2 [SKIP TO W4Q16]
- DK 6
- REF 7

W4Q14 (SIPP7b)

In a typical week, how much money did you or anyone in your family pay for all of these child care arrangements?

\$ _____ DOLLARS PER WEEK (5 DIGIT FIELD)
RESPONSE IN WHOLE DOLLARS ONLY

WHEN S_UNDR18 <= 2 THEN SKIP TO W4Q16

W4Q15 (NEW7c)

How many children does this payment cover?

_____ NUMBER OF CHILDREN (3 DIGIT FIELD)

W4Q16 (SIPP27-PAYHELP)

Did anyone help you pay for all or part of the cost of child care? By this, I mean a government social service agency, an employer, a charity, a relative, or a friend?

- YES 1
- NO2 [SKIP TO NEXT SECTION W5]
- DK6 [SKIP TO NEXT SECTION W5]
- REF 7 [SKIP TO NEXT SECTION W5]

W4Q17 (SIPP27-WHOPAID)

Who or what agency helped pay for these arrangements? [READ AND CODE ALL THAT APPLY]

W4Q17_X01	A federal, state, or local government agency or welfare office	YES 1 DK 6	NO0 REF7
W4Q17_X02	An employer	YES 1 DK 6	NO0 REF7
W4Q17_X03	A charity	YES 1 DK 6	NO0 REF7
W4Q17_X04	A non-resident parent	YES 1 DK 6	NO0 REF7
W4Q17_X05	Another relative	YES 1 DK 6	NO0 REF7
W4Q17_X06	A friend	YES 1 DK 6	NO0 REF7
W4Q17_X07	Some other agency or person ?	YES 1 DK 6	NO0 REF7

Section 5: Education

ASK QUESTIONS IN THIS SECTION INDIVIDUALLY OF:

- ALL FOCAL CHILDREN AT LEAST 3 YEARS OLD (AGE>2),
- THE RESPONDENT (PRIMARY CARE GIVER (PCG))
- THE RESPONDENT (PRIMARY CARE GIVER (PCG))’S RESIDENT SPOUSE/PARTNER,
- ANY FOCAL CHILD’S RESIDENT PARENTS OR RESIDENT GUARDIANS
- THE SPOUSE/PARTNER OF RESIDENT PARENTS OR RESIDENT GUARDIANS

W5_INTRO: My next few questions are about education.

W5Q01 (SX7)

[Are you / Is NAME] currently enrolled in school? (IF AGE > 12, THEN ADD: Include any type of school, including college and vocational/technical training.) (IF AGE< 6, THEN ADD: Include any type of school, including nursery school or kindergarten.) [HELP: “SCHOOL” INCLUDES NURSERY SCHOOL, KINDERGARTEN, AND HOME-SCHOOLING, BUT DOES NOT INCLUDE ON-THE-JOB TRAINING OR WORLD-OF-WORK EXPERIENCES.]

- YES 1 [GO TO W5Q2] DK 6
- NO 2 RF 7

W5Q01a (SX7)

Will [you / NAME] be enrolled in school in the fall?

- YES 1 [GO TO W5Q2]
- NO 2 [IF AGE = 3, 4, OR 5, SKIP TO W5END. ELSE SKIP TO W5Q04.]
- DK 6 [IF AGE = 3, 4, OR 5, SKIP TO W5END. ELSE SKIP TO W5Q04.]
- RF 7 [IF AGE = 3, 4, OR 5, SKIP TO W5END. ELSE SKIP TO W5Q04.]

W5Q02 (SX9)

What grade or year of school [are you/will you be / is NAME/will NAME be] enrolled in? [HELP: IF THE ELEMENTARY OR SECONDARY SCHOOL ATTENDED DOES NOT HAVE GRADES, OR IF THE CHILD IS HOME-SCHOOLED IN A PROGRAM WITHOUT A RIGID GRADE STRUCTURE, ASK: “what grade would [YOU / NAME] be in if [YOU / HE / SHE] were attending a school with regular grades?”]

- NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START 21
- TRANSITIONAL KINDERGARTEN (BEFORE K) 22
- KINDERGARTEN 23
- PREFIRST GRADE (AFTER K) 24
- UNGRADED SCHOOL AND NO KNOWN EQUIVALENT . 25**
- USE PROBE BEFORE RECORDING THIS RESPONSE**
- FIRST GRADE..... 1
- SECOND GRADE 2
- THIRD GRADE 3
- FOURTH GRADE 4
- FIFTH GRADE 5
- SIXTH GRADE 6
- SEVENTH GRADE 7
- EIGHTH GRADE 8
- NINTH GRADE / FRESHMAN IN HIGH SCHOOL 9
- TENTH GRADE / SOPHOMORE IN HIGH SCHOOL 10
- ELEVENTH GRADE / JUNIOR IN HIGH SCHOOL 11
- TWELFTH GRADE / SENIOR IN HIGH SCHOOL..... 12

**FOR ANY RESPONSE 1 THROUGH 12, AND 21 THROUGH 24
SKIP TO W5END**

- VOCATIONAL/TECHNICAL AFTER HIGH SCHOOL 13 [GOTO W5Q04]
- COLLEGE (UNDERGRADUATE) 14 [GOTO W5Q03]
- GRADUATE, PROFESSIONAL SCHOOL 15 [GOTO W5Q04]

DON'T KNOW 96 [GOTO W5Q04]
 REFUSED 97 [GOTO W5Q04]

W5Q03 (SX9a)

In terms of credits earned and requirements fulfilled, what is [your / NAME's] class standing? That is, [are you / is NAME] a freshman, sophomore, junior, or senior? **[HELP: IF PERSON IS ATTENDING A TWO-YEAR COLLEGE, RECORD CLASS STANDING AS FRESHMAN OR SOPHOMORE ONLY.]**

FRESHMAN 1
 SOPHOMORE 2
 JUNIOR 3
 SENIOR 4
 DK 6
 RF 7

W5Q04 (H310)

What is the highest grade or year of regular school {FILL you have/NAME has} ever completed?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

NEVER ATTENDED / KINDERGARTEN 41
 ELEMENTARY 51
 HIGH SCHOOL 61
 COLLEGE 71
 GRADUATE 81
 DON'T KNOW 96
 REFUSED 97

[IF AGE < 16 AND W5Q04 = 0 to 11, 41, OR 51, SKIP TO W5END]

[IF AGE < 16 AND W5Q04 = 96, THEN SKIP TO W5END]

[IF AGE < 16 AND W5Q04 = 97, THEN SKIP TO W5END]

W5Q05 (SX14)

[Do you / Does NAME] have a high school diploma or its equivalent, such as a GED?

YES 1
 NO 2
 DK 6
 RF 7

W5Q06 (H322A)

What is the highest degree or certificate that {FILL you have/NAME has} received?

(READ TO PROBE)

No degree 00
 High school diploma 01
 GED 02
 Vocational, Technical, or Business Certificate 03
 Associate degree: academic program 04
 Bachelor's degree (example: BA, AB, BS, BBA) 05
 Master's degree (example: MA, MS, MEng, MEd, MBA) 06
 Professional school degree (example: MD, DDS, DVM, JD) 07
 Doctoral degree (example: PhD, EdD) 08
 DON'T KNOW 96
 REFUSED 97

W5END (CHECK_END) LOOP BACK TO W5Q01 FOR EACH ADDITIONAL RELEVANT INDIVIDUAL. AFTER LAST PERSON, SKIP TO NEXT SECTION W6.

Section W6: Child Well-Being

**IF ALL FOCAL CHILDREN ARE UNDER SIX YEARS OLD, THEN SKIP TO W6Q5.
BEGIN LOOP ALL FOCAL CHILDREN > 5**

W6_INTRO Now, I have a few more questions about [FOCAL CHILD >5 YEARS OLD]'s schooling.

W6Q01 (138)

Including (CHILD)'s current school, how many schools has (he/she) attended since starting kindergarten?

_____ SCHOOLS

IF FOCAL CHILD NOT CURRENTLY ENROLLED IN SCHOOL (W5Q01 = 2/OR W5Q01a=2) THEN SKIP TO W6Q4.

W6Q02 (143)

Since (TODAY'S DAY), one year ago today, have you or someone in the family ever been contacted by the school regarding any behavioral or academic problems (FOCAL CHILD > 5 YEARS OLD) may have been having? **[HELP: ROUTINE PARENT/TEACHER CONFERENCES SHOULD NOT BE INCLUDED IF THESE CONFERENCES ARE HELD WITH ALL PARENTS. SPECIAL FOLLOW-UP CONFERENCES TO DISCUSS BEHAVIORAL OR ACADEMIC PROBLEMS IN MORE DETAIL, OR TO MONITOR ANY PROBLEMS NOTED IN A ROUTINE CONFERENCE, SHOULD BE INCLUDED.]**

- YES 1
- NO 2 **[SKIP TO W6Q04]**
- DK 6 **[SKIP TO W6Q04]**
- RF 7 **[SKIP TO W6Q04]**

W6Q03 (144)

Approximately how many times were you or anyone in the family contacted in the last year about (FOCAL CHILD >5 YEARS OLD)?

_____ NUMBER OF TIMES (4 DIGIT FIELD)

W6Q04 (SIPP_RPT)

Including kindergarten, has (FOCAL CHILD > 5 YEARS OLD) ever repeated any grades, or been held back, for any reason? **[HELP: DO NOT INCLUDE CHILDREN WHO WERE HELD BACK A YEAR FROM STARTING KINDERGARTEN.]**

- YES 1
- NO 2
- DK 6
- RF 7

END LOOP ALL FOCAL CHILDREN > 5

**WHEN ALL FOCAL CHILDREN >5 YEARS ARE COMPLETE THROUGH W6Q04 SKIP TO W6Q07.
BEGIN LOOP ALL FOCAL CHILDREN <6**

W6Q05 (SIPP10)

Next are a few questions about [FOCAL CHILD]'s activities. How many times in the past week did you or any family member read stories or books to (FOCAL CHILD UNDER 6 YEARS OLD)?

_____ TIMES

- NONE 00
- DK 96
- RF 97

W6Q06 (SIPP11)

How many times in the past month did you or any family member take (FOCAL CHILD UNDER 6 YEARS) on any kind of outing -- out to the park, grocery store, to church, or a playground, etc.?

_____ TIMES [RANGE 00-95, >60 WILL FLASH CONFIRM]

NONE 00
DK 996
RF 997

END LOOP ALL FOCAL CHILDREN < 6

ALL FOCAL CHILDREN COME BACK HERE, ASK W6Q7 OF ALL FOCAL CHILDREN

W6Q07 (JOBS_EE2)

How many times in the past month did (FOCAL CHILD) get together with friends or relatives who don't live with you? [HELP: DO NOT INCLUDE VISITS WITH RELATIVES USED FOR REGULAR DAY CARE, OR VISITS WITH FRIENDS AT SCHOOL DURING SCHOOL HOURS. DO NOT INCLUDE TELEPHONE VISITS. INCLUDE ALL OTHER IN-PERSON VISITS, WHICH CAN OCCUR IN EITHER THE CHILD'S HOME, THE FRIEND/RELATIVE'S HOME, OR ELSEWHERE.]

_____ TIMES [RANGE 00-95, >60 WILL FLASH CONFIRM]

NONE 00
DK 996
RF 997

IF ALL FOCAL CHILDREN ARE UNDER 6 YEARS OLD, SKIP TO W6COMMI.

BEGIN LOOP FOR EACH FOCAL CHILD > 5 YEARS OLD

W6Q08 (95HIS2-C1e)

How many times in the past month did (FOCAL CHILD >5 YEARS OLD) go to church, temple, or another place of worship for services, classes, or social events?

_____ TIMES

NONE, 00
DK 96
RF 97

W6Q09 (SIPP27)

In the past year, was (FOCAL CHILD >5 YEARS OLD) on a sports team either in or out of school?

YES 1
NO 2

W6Q10 (SIPP29)

In the past year, did (FOCAL CHILD >5 YEARS OLD) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Girls or Boys Club? [HELP: INCLUDE ANY SCHOOL CLUBS OR ORGANIZATIONS THAT MEET OR SPONSOR ACTIVITIES BEFORE OR AFTER SCHOOL. DO NOT INCLUDE BEFORE OR AFTER SCHOOL ACTIVITIES THAT ARE NOT PART OF/OR SPONSORED BY A CLUB OR ORGANIZATION.]

YES 1
NO 2

END LOOP FOR EACH FOCAL CHILD > 5 YEARS OLD

W6COMM1 (COMM_INTRO)

Now, for the next five questions, I am going to ask how much you agree or disagree with each of these statements about your neighborhood or community.

W6Q11 (COMM_a)

People in this neighborhood help each other out. Would you say that you **definitely agree, somewhat agree, somewhat disagree, or definitely disagree** with this statement?

- DEFINITELY AGREE, 1
- SOMEWHAT AGREE, 2
- SOMEWHAT DISAGREE, 3
- DEFINITELY DISAGREE 4
- DK 6
- RF 7

W6Q12 (COMM_b)

We watch out for each other’s children in this neighborhood. Would you say that you **definitely agree, somewhat agree, somewhat disagree, or definitely disagree** with this statement?

- DEFINITELY AGREE, 1
- SOMEWHAT AGREE, 2
- SOMEWHAT DISAGREE, 3
- DEFINITELY DISAGREE 4
- DK 6
- RF 7

W6Q13 (COMM_c)

There are people I can count on in this neighborhood. [READ ONLY WHEN NEEDED: Would you say that you **definitely agree, somewhat agree, somewhat disagree, or definitely disagree** with this statement?]

- DEFINITELY AGREE, 1
- SOMEWHAT AGREE, 2
- SOMEWHAT DISAGREE, 3
- DEFINITELY DISAGREE 4
- DK 6
- RF 7

W6Q14 (COMM_d)

There are people in this neighborhood who might be a bad influence on my children. [Would you say that you **definitely agree, somewhat agree, somewhat disagree, or definitely disagree** with this statement?]

- DEFINITELY AGREE, 1
- SOMEWHAT AGREE, 2
- SOMEWHAT DISAGREE, 3
- DEFINITELY DISAGREE 4
- DK 6
- RF 7

W6Q15 (COMM_e)

If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child. [Would you say that you **definitely agree, somewhat agree, somewhat disagree, or definitely disagree** with this statement?]

- DEFINITELY AGREE, 1
- SOMEWHAT AGREE, 2
- SOMEWHAT DISAGREE, 3
- DEFINITELY DISAGREE 4
- DK 6
- RF 7

W6Q16 (NR_INSTR)

For the next few statements, please tell me how often the following statements are true **for you..**

BEGIN LOOP FOR EACH FOCAL CHILD

W6Q17 (N2a) (FOCAL CHILD) is harder to care for than most children (his/her) age. Is this true for you all of the time, most of the time, some of the time, a little of the time, or none of the time?

- ALL OF THE TIME, 1
- MOST OF THE TIME, 2
- SOME OF THE TIME, 3
- A LITTLE OF THE TIME, 4
- OR NONE OF THE TIME?5
- DK.6
- REF.7

W6Q18 (N2b) (FOCAL CHILD) does things that really bother me a lot. Is this true for you all of the time, most of the time, some of the time, a little of the time, or none of the time?

- ALL OF THE TIME, 1
- MOST OF THE TIME, 2
- SOME OF THE TIME, 3
- A LITTLE OF THE TIME, 4
- OR NONE OF THE TIME?5
- DK.6
- REF.7

W6Q19 (N2c) I find myself giving up more of my life to meet (FOCAL CHILD)'s needs than I ever expected. [READ ONLY WHEN NEEDED: Is this true for you all, most, some, a little, or none of the time?]

- ALL OF THE TIME, 1
- MOST OF THE TIME, 2
- SOME OF THE TIME, 3
- A LITTLE OF THE TIME, 4
- OR NONE OF THE TIME?5
- DK.6
- REF.7

W6Q20 (N2d) I feel angry with (FOCAL CHILD). [READ ONLY WHEN NEEDED: Is this true for you all, most, some, a little, or none of the time?]

- ALL OF THE TIME, 1
- MOST OF THE TIME, 2
- SOME OF THE TIME, 3
- A LITTLE OF THE TIME, 4
- OR NONE OF THE TIME?5
- DK.6
- REF.7

END LOOP FOR EACH FOCAL CHILD

W6Q21 Now I am going to ask you some questions about other feelings you may have experienced over the past 30 days. During the past 30 days, how often did you feel...

W6Q21A (ACN471-1)	. . .so sad that nothing could cheer you up? Would you say all of the time, most of the time, some of the time, A little of the time, or none of the time?	ALL OF THE TIME,.....1 [FLAG] MOST OF THE TIME,.....2 [FLAG] SOME OF THE TIME,.....3 [FLAG] A LITTLE OF THE TIME,4 OR NONE OF THE TIME?5
W6Q21B (ACN471-2)	. . .nervous? Would you say all of the time, most of the time, some of the time, A little of the time, or none of the time?	ALL OF THE TIME,.....1 [FLAG] MOST OF THE TIME,.....2 [FLAG] SOME OF THE TIME,.....3 [FLAG] A LITTLE OF THE TIME,4 OR NONE OF THE TIME?5
W6Q21C (ACN471-3)	. . .restless and fidgety? (Would you say...all of the time, most of the time, some of the time, A little of the time, or none of the time?)	ALL OF THE TIME,.....1 [FLAG] MOST OF THE TIME,.....2 [FLAG] SOME OF THE TIME,.....3 [FLAG] A LITTLE OF THE TIME,4 OR NONE OF THE TIME?5
W6Q21D (ACN471-4)	. . . hopeless? (Would you say..all of the time, most of the time, some of the time, A little of the time, or none of the time?)	ALL OF THE TIME,.....1 [FLAG] MOST OF THE TIME,.....2 [FLAG] SOME OF THE TIME,.....3 [FLAG] A LITTLE OF THE TIME,4 OR NONE OF THE TIME?5

IF ANY OF THE RESPONSES TO W6Q21A,B,C, OR D ARE 1-3[FLAGED], THEN ASK W6Q22. OTHERWISE, SKIP TO NEXT SECTION W7.

W6Q22 (ACN530)

We just talked about a number of feelings you had during the past 30 days. Altogether, how much did these feelings interfere with your life or activities? Would you say . .

- A lot, 1
- Some 2
- A little, 3
- or not at all? 4

SectionW7: Welfare Program Participation

W7_INTRO

The next questions are about experiences with government assistance programs. For each of the following, please indicate whether, since [TODAY'S DAY], a year ago today, you or anyone in the family received any of the following assistance because your income was low.

AS NECESSARY, FOR EACH ITEM REPEAT THE QUESTION INSERTING THE ITEM IN THE TEXT: "Since [TODAY'S DAY], one year ago today, did you or anyone in the family receive [PROGRAM] because your income was low?"

W7A.(AA)	Welfare or public assistance payments from the Minnesota Family Investment Program, that is MFIP, or AFDC, because your income was low?	YES 1 NO 2 DK 6 REF. 7
W7B.(AB)	General Assistance (GA), General Relief, or any other monthly or periodic cash welfare benefits. . . because . . . ?	YES 1 NO 2 DK 6 REF. 7
W7C. (AC)	Food stamps . . . because . . . ?	YES 1 NO 2 DK 6 REF. 7
W7D. (AD)	Assistance through WIC, the Women, Infants, and Children Nutrition Program. . . because . . . ?	YES 1 NO 2 DK 6 REF. 7
W7E.(AE)	Government food assistance other than food stamps or WIC. . . because . . . ? [HELP: INCLUDE BAGS OF GROCERIES OR PACKAGED FOODS AND MEALS FROM A SHELTER OR SOUP KITCHEN ONLY IF PROVIDED BY A GOVERNMENT PROGRAM. DO NOT INCLUDE ANY ASSISTANCE FROM PRIVATE CHARITY.]	YES 1 NO 2 DK 6 REF. 7
W7F.(AF)	Government transportation assistance, such as gas vouchers, bus passes, or money to help register, repair, or insure a car. . . because . . . ? [HELP: INCLUDE RIDES TO SCHOOL, WORK, DOCTORS' OFFICES, OR MEDICAL APPOINTMENTS ONLY IF THEY WERE OBTAINED THROUGH A GOVERNMENT ASSISTANCE PROGRAM FOR PEOPLE WITH LOW INCOME.]	YES 1 NO 2 DK 6 REF. 7
W7H.(AH)	Assistance from a government program that provides free or reduced price electricity, gas, or heating. . . because . . . ?	YES 1 NO 2 DK 6 REF. 7
W7I.(AI)	A government program that provides free or reduced price child care services, or vouchers or coupons to be used toward child care . . because . . . ?	YES 1 NO 2 DK 6 REF. 7

W7J.(AJ) At any time since (TODAY'S DAY), one year ago today, did your family have lower rent because a government program for persons with low income was paying part of the cost?

- YES 1
- NO 2 [SKIP TO W7A1_INST]
- DK 6 [SKIP TO W7A1_INST]
- REF. 7 [SKIP TO W7A1_INST]

W7K. (AK) Was this lower rent possible because of a program called Section 8?

- YES 1
- NO 2
- DK 6
- REF 7

CATI NOTE: WHEN INTERVIEW COMPLETED THROUGH HERE, THIS CASE IS CONSIDERED A PARTIAL COMPLETE

CATI AND INTERVIEWER INSTRUCTION:

FOR ALL DATES ASSOCIATED WITH STARTING/ENDING WELFARE BENEFITS, THE MONTH AND YEAR ARE REQUIRED. DO NOT SPEND TIME TRYING TO GET A RESPONDENT TO RECALL A SPECIFIC DATE. YOU MAY PRESS F3 TO ENTER 96 FOR THE DAY OF THE MONTH.

**7A1_INST: IF (W7A=1) THEN BEGIN WITH QUESTION W7A1.
IF (W7A=2,6,7) THEN SKIP TO W7B1_INSTRUCTIONS.**

W7A01.(A1) Next, I have a few questions about MFIP, or AFDC. Is anyone in the family now receiving welfare or public assistance payments from MFIP, or AFDC?

YES 1
NO 2 (SKIP TO QUESTION W7A07)

W7A02.(A2)

Thinking only about the current payments that someone in the family is receiving from MFIP, or AFDC, when did these payments begin? [HELP: IF FAMILY HAS HAD MORE THAN ONE SPELL OF WELFARE BENEFITS, THEN THIS QUESTION REFERS TO THE START OF THE MOST RECENT SPELL, NOT TO THE FIRST TIME THE FAMILY EVER RECEIVED BENEFITS.]

RECORD DATE: __/__/____ FIELD IS MM/DD/YYYY 10 CHARACTERS

IF W7A02 DATE IS MORE THAN 12 MONTHS AGO, FILL THE NEXT FIELD W7A03 WITH '12' AND SKIP TO W7A4. BEFORE 1940 WILL FLASH ERROR.

W7A03. (A3)

How many months during the past 12 month period did anyone in the family receive payments from MFIP, or AFDC?

NUMBER OF MONTHS: _____

W7A04. (A4)

Why did someone in the family start receiving these welfare payments? [IF ANSWERED WITH "Because we needed it," ASK: "What circumstances led to this need?" IF RESPONDENT IS STILL UNCLEAR, SAY: "For example, some people might need these payments because they lost a job or got divorced or had a new baby."]

CODE ALL THAT APPLY.

W7A4_X01	LOST JOB/FIRED OR LAID OFF	YES 1 NO 0
W7A4_X02	QUIT JOB	YES 1 NO 0
W7A4_X03	REDUCED HOURS OR REDUCED PAY AT JOB	YES 1 NO 0
W7A4_X04	LOST SOME PERSONAL ASSETS	YES 1 NO 0
W7A4_X05	NEW CHILD IN FAMILY OR DEPENDENT CHILD RETURNED HOME	YES 1 NO 0
W7A4_X06	DIVORCE	YES 1 NO 0
W7A4_X07	OTHER CHANGE IN FAMILY STRUCTURE	YES 1 NO 0
W7A4_X08	PROGRAM REQUIREMENTS OR RULES CHANGED	YES 1 NO 0
W7A4_X09	BEGAN FOLLOWING WORK OR TRAINING REQUIREMENTS	YES 1 NO 0
W7A4_X10	BEGAN COOPERATING WITH CHILD SUPPORT REQUIREMENTS	YES 1 NO 0
W7A4_X11	BEGAN COOPERATING WITH SUBSTANCE ABUSE REQUIREMENTS	YES 1 NO 0
W7A4_X12	BECAME A U.S. CITIZEN OR CHANGED IMMIGRATION STATUS	YES 1 NO 0
W7A4_X13	CHANGES IN HEALTH OR DISABILITY	YES 1 NO 0

W7A4_X14	SOME OTHER REASON NOT MENTIONED	YES1 NO0
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W7A05.(A5)

About how much is your payment each month? (IF NECESSARY, PROBE: If the amount changed over that period due to a change in earnings, household, or program regulations, please tell me the most recent monthly amount received.)

\$ _____ **WHOLE DOLLAR AMOUNTS, 5-DIGIT FIELD [SKIP TO W7A06]**

NON-CASH BENEFITENTER "NCB" **[SKIP TO W7A06]**

DK 96 **[ASK W7A05a]**

REF 97 **[ASK W7A05a]**

W7A05a. (A5A)

Is it above or below [TOT_FAM * \$57.00]?

ABOVE 1

BELOW 2

EQUAL TO [TOT_FAM * \$57.00] 3

DK 6

REF 7

W7A06.(A6)

In order to receive these welfare payments, are you or anyone in the family required to work, look for work, go to school, perform volunteer service, or get job training?

YES 1

NO 2

DK 6

REF 7

----- ALL RESPONDENTS WHO LAND HERE, SKIP AHEAD TO W7B1_INST -----

THIS SERIES W7A07 THROUGH W7A11 IS FOR RESPONDENTS WHO ARE NOT CURRENTLY RECEIVING THIS TYPE OF BENEFIT

W7A07.(A7)

How many months during the past 12-month period did anyone in the family receive payments from MFIP, or AFDC?

NUMBER OF MONTHS: _____

W7A08.(A8)

Thinking about the last time someone in the family received payments from MFIP, or AFDC, when did these payments begin?

DATE: _____ / YYYY_____

W7A09.(A9)

When was the last time someone in your family received these payments from MFIP, or AFDC?

DATE: _____ / YYYY_____ **CANNOT BE IN THE FUTURE OR BEFORE W7A08 DATE**

W7A10.(A10)

The last time that someone in the family received these welfare benefits, about how much was your payment each month? (IF NECESSARY, PROBE: If the amount changed over that period due to a change in earnings, household, or program regulations, please tell me the most recent monthly amount received.)

\$ _____ **WHOLE DOLLAR AMOUNTS, 5 DIGIT FIELD [SKIP TO W7A11]**

NON-CASH BENEFIT	ENTER "NCB" [SKIP TO W7A11]
DK.	96 [ASK W7A10a]
REF.	97 [ASK W7A10a]

W7A10a. (A10A)

Was it above or below [TOT_FAM * \$57.00]?

ABOVE	1
BELOW	2
EQUAL TO [TOT_FAM * \$57.00]	3
DK	6
REF	7

W7A11. (A11)

Was anyone in the family required to work, look for work, go to school, perform volunteer service, or get job training in order to receive these welfare payments?

YES	1
NO	2
DK	6
REF	7

**W7B1_INST: IF (W7B=1) THEN BEGIN WITH QUESTION W7B01.
IF (W7B=2,6,7) THEN SKIP TO W7C1_INST.**

W7B01.(B1)

Next, I have a few questions about General Assistance or General Relief. Is anyone in the family now receiving welfare payments from General Assistance or General Relief?

YES 1
NO 2 (SKIP TO QUESTION W7B07)

W7B02.(B2)

Thinking only about the current payments that someone in the family is receiving from General Assistance or General Relief, when did these payments begin? [HELP: IF FAMILY HAS HAD MORE THAN ONE SPELL OF WELFARE BENEFITS, THEN THIS QUESTION REFERS TO THE START OF THE MOST RECENT SPELL, NOT TO THE FIRST TIME THE FAMILY EVER RECEIVED BENEFITS.]

RECORD DATE: ____/____/____ FIELD IS MM/DD/YYYY 10 CHARACTERS

IF W7B02 DATE IS MORE THAN 12 MONTHS AGO, FILL NEXT FIELD W7B3 WITH '12' AND SKIP TO W7B4. BEFORE 1940 WILL FLASH ERROR.

W7B03.(B3) How many months during the past 12-month period did you [or anyone in the family] receive payments from General Assistance or General Relief?

NUMBER OF MONTHS: _____

W7B04.(B4)

Why did someone in the family start receiving these welfare payments? [IF ANSWERED WITH "Because we needed it," ASK: "What circumstances led to this need?" IF RESPONDENT IS STILL UNCLEAR, SAY: "For example, some people might need these payments because they lost a job or got divorced or had a new baby." CODE ALL THAT APPLY.

W7B4_X01	LOST JOB/FIRED OR LAID OFF	YES 1 NO 0
W7B4_X02	QUIT JOB	YES 1 NO 0
W7B4_X03	REDUCED HOURS OR REDUCED PAY AT JOB	YES 1 NO 0
W7B4_X04	LOST SOME PERSONAL ASSETS	YES 1 NO 0
W7B4_X05	NEW CHILD IN FAMILY OR DEPENDENT CHILD RETURNED HOME	YES 1 NO 0
W7B4_X06	DIVORCE	YES 1 NO 0
W7B4_X07	OTHER CHANGE IN FAMILY STRUCTURE	YES 1 NO 0
W7B4_X08	PROGRAM REQUIREMENTS OR RULES CHANGED	YES 1 NO 0
W7B4_X09	BEGAN FOLLOWING WORK OR TRAINING REQUIREMENTS	YES 1 NO 0
W7B4_X10	BEGAN COOPERATING WITH CHILD SUPPORT REQUIREMENTS	YES 1 NO 0
W7B4_X11	BEGAN COOPERATING WITH SUBSTANCE ABUSE REQUIREMENTS	YES 1 NO 0
W7B4_X12	BECAME A U.S. CITIZEN OR CHANGED IMMIGRATION STATUS	YES 1 NO 0

W7B4_X13	CHANGES IN HEALTH OR DISABILITY	YES1 NO0
W7B4_X14	SOME OTHER REASON NOT MENTIONED	YES1 NO0

W7B05(B5) About how much is your payment each month? (IF NECESSARY, PROBE: If the amount changed over that period due to a change in earnings, household, or program regulations, please tell me the most recent monthly amount received.)

\$ _____ **WHOLE DOLLAR AMOUNTS, 5 DIGIT FIELD [SKIP TO W7B6]**

NON-CASH BENEFITENTER "NCB" **[SKIP TO W7B06]**
DK. 96 **[ASK W7B05a]**
REF. 97 **[ASK W7B05a]**

W7B05a.(B5A)
Is it above or below [TOT_FAM * \$57.00]?

ABOVE 1
BELOW 2
EQUAL TO [TOT_FAM * \$57.00] 3
DK 6
REF 7

W7B06.(B6) In order to receive these welfare payments, are you [or anyone in the family] required to work, look for work, go to school, perform volunteer service, or get job training?

YES 1
NO 2

----- ALL RESPONDENTS WHO LAND HERE, SKIP AHEAD TO W7 C1_INSTR -----

THIS SERIES W7B07 THROUGH W7B11 IS FOR RESPONDENTS WHO ARE NOT CURRENTLY RECEIVING THIS TYPE OF BENEFIT

W7B07.(B7) How many months during the past 12 month period did you [or anyone in the family] receive payments from General Assistance or General Relief?

NUMBER OF MONTHS: _____

W7B08.(B8) Thinking about the last time you [or someone in the family] received payments from General Assistance or General Relief, when did these payments begin?

DATE: _____ / YYYY_____

W7B09.(B9) When was the last time that you [or someone in your family] received these payments from General Assistance or General Relief?

DATE: _____ / YYYY_____ **CANNOT BE IN THE FUTURE OR BEFORE W7B08 DATE**

W7B10.(B10)

The last time that you [or someone in the family] received these welfare benefits, about how much was your payment each month? (IF NECESSARY, PROBE: If the amount changed over that period due to a change in earnings, household, or program regulations, please tell me the most recent monthly amount received.)

\$ _____ **WHOLE DOLLAR AMOUNTS, 5 DIGIT FIELD [SKIP TO W7B11]**

NON-CASH BENEFITENTER "NCB" **[SKIP TO W7B11]**
DK. 96 **[ASK W7B10a]**
REF. 97 **[ASK W7B10a]**

W7B10a. (B10A)

Is it above or below [TOT_FAM * \$57.00]?

ABOVE 1
BELOW 2
EQUAL TO [TOT_FAM * \$57.00] 3
DK 6
REF 7

W7B11.(B11)

Were you or anyone in the family required to work, look for work, go to school, perform volunteer service, or get job training in order to receive these welfare payments?

YES 1
NO 2
DK 6
REF 7

W7C1_INST: IF (W7C=1) THEN BEGIN WITH QUESTION W7C1.
IF (W7C=2, 6, 7) THEN SKIP TO W7D1_INST.

W7C01.(C1)

Next I have a few questions about food stamps. Is anyone in the family now receiving food stamps?

YES 1
NO 2 (SKIP TO QUESTION W7C07)

W7C02.(C2)

Thinking only about the current food stamps that someone in the family is receiving, when did you begin receiving these food stamps? [HELP: IF FAMILY HAS HAD MORE THAN ONE SPELL OF FOOD STAMPS, THEN THIS QUESTION REFERS TO THE START OF THE MOST RECENT SPELL, NOT TO THE FIRST TIME THE FAMILY EVER RECEIVED FOOD STAMPS.]

RECORD DATE: ____/YYYY____ FIELD IS MM/DD/YYYY 10 CHARACTERS

IF W7C02 DATE IS MORE THAN 12 MONTHS AGO, FILL NEXT FIELD W7C3 WITH '12' AND SKIP TO W7C4. BEFORE 1940 WILL FLASH ERROR.

W7C03.(C3) How many months during the past 12-month period did anyone in the family receive food stamps?

NUMBER OF MONTHS: _____

W7C04.(C4) Why did someone in the family start receiving food stamps? [IF ANSWERED WITH "Because we needed it," ASK: "What circumstances led to this need?" IF RESPONDENT IS STILL UNCLEAR, SAY: "For example, some people might need these payments because they lost a job or got divorced or had a new baby."]

CODE ALL THAT APPLY.

W7C4_X01	LOST JOB/FIRED OR LAID OFF	YES 1 NO 0
W7C4_X02	QUIT JOB	YES 1 NO 0
W7C4_X03	REDUCED HOURS OR REDUCED PAY AT JOB	YES 1 NO 0
W7C4_X04	LOST SOME PERSONAL ASSETS	YES 1 NO 0
W7C4_X05	NEW CHILD IN FAMILY OR DEPENDENT CHILD RETURNED HOME	YES 1 NO 0
W7C4_X06	DIVORCE	YES 1 NO 0
W7C4_X07	OTHER CHANGE IN FAMILY STRUCTURE	YES 1 NO 0
W7C4_X08	PROGRAM REQUIREMENTS OR RULES CHANGED	YES 1 NO 0
W7C4_X09	BEGAN FOLLOWING WORK OR TRAINING REQUIREMENTS	YES 1 NO 0
W7C4_X10	BEGAN COOPERATING WITH CHILD SUPPORT REQUIREMENTS	YES 1 NO 0
W7C4_X11	BEGAN COOPERATING WITH SUBSTANCE ABUSE REQUIREMENTS	YES 1 NO 0
W7C4_X12	BECAME A U.S. CITIZEN OR CHANGED IMMIGRATION STATUS	YES 1 NO 0
W7C4_X13	CHANGES IN HEALTH OR DISABILITY	YES 1 NO 0
W7C4_X14	SOME OTHER REASON NOT MENTIONED	YES 1 NO 0

W7C05(C5) About how much do you receive in food stamps each month? (IF NECESSARY, PROBE: If the amount changed over that period due to a change in earnings, household, or program regulations, please tell me the most recent monthly amount received.)

\$ _____ **WHOLE DOLLAR AMOUNTS, 5-DIGIT FIELD [SKIP TO W7C06]**

NON-CASH BENEFITENTER "NCB" **[SKIP TO W7C06]**
DK.96 **[ASK W7C05a]**
REF.97 **[ASK W7C05a]**

W7C05a.(C5A)
Is it above or below [TOT_FAM * \$71.00]?

ABOVE 1
BELOW 2
EQUAL TO [TOT_FAM * \$71.00] 3
DK 6
REF 7

W7C06.(C6) In order to receive these food stamps, are you [or anyone in the family] required to work, look for work, go to school, perform volunteer service, or get job training?

YES 1
NO 2

----- ALL RESPONDENTS WHO LAND HERE, SKIP AHEAD TO W7 D1_INSTR -----

THIS SERIES W7D07 THROUGH W7DB11 IS FOR RESPONDENTS WHO ARE NOT CURRENTLY RECEIVING THIS TYPE OF BENEFIT

W7C07.(C7) How many months during the past 12-month period did you [or anyone in the family] receive food stamps?

NUMBER OF MONTHS: _____

W7C08.(C8) Thinking about the last time you [or someone in the family] received food stamps, when did you begin receiving these food stamps?

DATE: _____ / YYYY_____

W7C09.(C9) When was the last time that you [or someone in your family] received food stamps?

DATE: _____ / YYYY_____ **CANNOT BE IN THE FUTURE OR BEFORE W7C08 DATE**

W7C10.(C10)

The last time that someone in the family received food stamps, about how much did you receive in food stamps each month? (IF NECESSARY, PROBE: If the amount changed over that period due to a change in earnings, household, or program regulations, please tell me the most recent monthly amount received.)

\$ _____ **WHOLE DOLLAR AMOUNTS, 5-DIGIT FIELD [SKIP TO W7C11]**

NON-CASH BENEFITENTER "NCB" **[SKIP TO W7C11]**
DK.96 **[ASK W7C10a]**
REF.97 **[ASK W7C10a]**

W7C10a (C10A).

Was it above or below [TOT_FAM * \$71.00]?

- ABOVE 1
- BELOW 2
- EQUAL TO [TOT_FAM * \$71.00] 3
- DK 6
- REF 7

W7C11.(C11)

Was anyone in the family required to work, look for work, go to school, perform volunteer service, or get job training in order to receive food stamps?

- YES 1
- NO 2

W7D1_INST:

IF (W7A, W7B, W7C, W7D, W7E, W7F, W7H, W7I, OR W7J = 1(YES)) I.E. ANY PARTICIPATION IN GOVERNMENT ASSISTANCE PROGRAMS

/ OR /

(W3Q03A=1(YES) I.E. IF ANY FOCAL CHILD IS COVERED BY MEDICAID

/ OR /

(W3Q03I = 02 IS CHECKED) IF ANY FOCAL CHILD IS COVERED BY MEDICAID THEN CONTINUE WITH QUESTION W7D01. ELSE SKIP TO NEXT SECTION W8.

W7D01 (SWR7)

At any time since [TODAY'S DAY] a year ago today, did social services or a welfare office provide job training, a Job Club, a job search program, or anything else to help anyone in the family try to find a new job?

- YES 1
- NO 2
- DK 6
- REF 7

W7D02 (SWR9)

At any time since [TODAY'S DAY] a year ago today, did anyone in the family attend schooling or training because social services or a welfare office paid for, referred, or sent them there?

- YES 1
- NO 2
- DK 6
- REF 7

W7D03 (SWR11)

At any time since [TODAY'S DAY] a year ago today, did social services or a welfare office have anyone in the family do any community service or work in an unpaid job?

- YES 1
- NO 2
- DK 6
- REF 7

Section W8: Employment and Earnings

W8Q01 (G1)

The next questions are about paid employment. During the last year, has anyone in the family worked at a job or business. (**HELP: EXCLUDE ANY PAYMENT (IE., ALLOWANCE) MADE TO A CHILD BY THEIR PARENT UNLESS IT IS FOR EMPLOYMENT IN A FAMILY BUSINESS. DO NO INCLUDE UNPAID EXPERIENCE.**)

- YES 1 SKIP TO W8Q01A
- NO2 ASK W8Q01B
- RF 6 SKIP TO SECTION W9
- DK7 SKIP TO SECTION W9

W8Q01B

A lot of people have irregular jobs or do extra work to make ends meet. Has anyone in the family done any work like that for pay since [TODAY'S DAY], a year ago today?

- YES 1 ASK W8Q01A
- NO2 **FILL W8Q01A WITH '2' FOR ALL SKIP TO W8Q26**
- RF 6 SKIP TO SECTION W9
- DK7 SKIP TO SECTION W9

CATI: THIS SHOULD BE A PICK LIST OF ALL PERSONS IN THIS HH, FROM BOTH ROSTERS. WHEN A "YES" RESPONSE IS GIVEN FOR ANY OF THE RELEVANT PERSONS, FOLLOW THEM THROUGH THE SECTION.

THE RELEVANT PERSONS IN THIS HOUSEHOLD WOULD INCLUDE

- ANY FOCAL CHILD
- THE RESPONDENT (PRIMARY CARE GIVER)
- THE RESPONDENT'S RESIDENT SPOUSE/PARTNER
- ANY FOCAL CHILD'S OTHER RESIDENT PARENT/GUARDIAN
- SPOUSE/PARTNER OF OTHER RESIDENT PARENT/GUARDIANS

W8Q01A (G1a)

Who has worked for pay since [TODAY'S DAY], a year ago today?

RECORD A '1' FOR EACH PERSON NUMBER WITH A "YES" RESPONSE

BEGIN LOOP W8Q02 THROUGH W8Q17 FOR RELEVANT INDIVIDUALS WHO HAVE WORKED FOR PAY IN THE PAST YEAR W8Q01A =1.

W8Q02 (G2)

During the last year, how many months (have you/has NAME) worked for pay?

_____ MONTHS (00= LESS THAN ONE MONTH)

03, 04 MISSING ON PURPOSE

W8Q05 (G5)

In the past week, did (FILL you/NAME) work for pay?

- YES 1 **[SKIP TO W8Q07]**
- NO 2
- DK 6 **[SKIP TO W8Q09]**
- REF..... 7 **[SKIP TO W8Q09]**

W8Q06 (FSD090)

What is the main reason {you/NAME} did not work at a job or business last week? {Were you/was NAME}....

- Keeping house, 01 [SKIP TO W8Q09]
- Going to school, 02 [SKIP TO W8Q09]
- Retired, 03 [SKIP TO W8Q09]
- Disabled, 04 [SKIP TO W8Q09]
- Unable to work for other health reasons, 05 [SKIP TO W8Q09]
- Looking for work, 06 [SKIP TO W8Q09]
- On layoff, 07 [SKIP TO W8Q09]
- On vacation from work or, 08 [ASK W8Q07]
- Something else? 09 [SKIP TO W8Q09]
- DON'T KNOW 96 [SKIP TO W8Q09]
- REFUSED 97 [SKIP TO W8Q09]

W8Q07 (G7)

How many jobs (do you/does NAME) currently have? Please count each employer as a separate job.
(HELP: SELF-EMPLOYMENT AND TEMPORARY OR "TEMP" WORK COUNTS AS ONE JOB.)

_____ NUMBER OF JOBS
 DK. 96
 REF. 97

08 MISSING ON PURPOSE

CURRENT/MOST RECENT JOB											
READ QUESTIONS DOWN FOR EACH PERSON:											
<p>W8Q09 (G9) IF W8Q07 > 1: FILL WITH</p>	<p>(A) Now I'd like to ask you some questions about the job at which (you/NAME) usually work the most hours. [IF RESPONDENT SAYS THAT THE HOURS ARE THE SAME, THEN SAY: Then I'd like to ask you some questions about the job at which (you have/NAME has) worked the longest.]</p>										
<p>IF W8Q07 = 1, DK, OR REF: FILL WITH</p>	<p>(B) Now I'd like to ask you some questions about (your/NAME's) job with (your/NAME'S) current employer.</p>										
<p>IF W8Q07 WAS SKIPPED: FILL WITH</p>	<p>(C) Now I'd like to ask you some questions about (your/NAME's) most recent employer.</p>										
<p>W8Q10A (G10) For how long (have you worked/did you work/has NAME worked/did NAME work) at this job?</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">_____</td> <td style="border: none; text-align: center;">W8Q10B UNIT</td> </tr> <tr> <td style="border: none; text-align: center;">NUMBER</td> <td style="border: none; text-align: center;">9 DAYS</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">9 WEEKS</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">9 MONTHS</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">9 YEARS</td> </tr> </table>	_____	W8Q10B UNIT	NUMBER	9 DAYS		9 WEEKS		9 MONTHS		9 YEARS
_____	W8Q10B UNIT										
NUMBER	9 DAYS										
	9 WEEKS										
	9 MONTHS										
	9 YEARS										
<p>W8Q11A (G11a) Including overtime, how many hours per week (do you/did you/does NAME/did NAME) work on this job? (HELP: IF MORE THAN 60 HOURS, VERIFY ANSWER IS HOURS PER WEEK.)</p>	<p style="text-align: center;">_____ HRS/WK</p> <p>USE CODE "ALL" TO INDICATE 24 HRS/DAY LIKE A NANNY OR AN AU PAIR</p>										

CURRENT/MOST RECENT JOB

READ QUESTIONS DOWN FOR EACH PERSON:	
W8Q11B (G11b) How many days per week (FILL do you/did you/does NAME/did NAME) work at this job?	_____ DAYS/WK
W8Q14 (G14) How long (did/does) it usually take (you/NAME) to get to this job? That is, how many minutes (did/does) it take (you/NAME) to travel from (your/NAME's) front door to the door of (your/NAME'S) work, one way?	_____ MINUTES RANGE 000-180 MINUTES DK/VARIES = 996 REK = 997
W8Q15 (G15) Is it easier for you to tell me (your/NAME's) earnings by the hour, day, week, month, or year?	PER HOUR 01 PER DAY 02 PER WEEK 03 EVERY 2 WEEKS 04 TWICE A MONTH 05 PER MONTH 06 PER YEAR 07 [SKIP]OTHER UNIT 08 DK . 96 [SKIP TO ENP OF LOOP] REF . 97 [SKIP TO END OF LOOP]
W8Q16 (G16) Before taxes, how much (are/were) (your/NAME's) (hourly / daily / weekly /biweekly/semimonthly/ monthly / yearly) earnings (now / just before [you/NAME] left)? Please include tips, commissions, and regular overtime pay.	\$1 2 3 4 5 6 7 8 \$ _____ RECORD DOLLAR AMOUNTS. 8 DIGIT FIELD DK . 9999996 [SKIP TO END OF LOOP] REF . 9999997 [SKIP TO END OF LOOP]
W8Q17 (G17) (INTERVIEWER, CONFIRM:) That was (W8Q16 DOLLAR AMOUNT) dollars per (hour / day / week / month /every two weeks/ twice a month/ year) before taxes. Is that correct?	YES 1 NO, THE UNIT IS INCORRECT 2 GO BACK TO W8Q15 TO CONFIRM NO, THE DOLLAR AMOUNT IS INCORRECT 3 GO BACK TO W8Q16 TO CONFIRM NO, IT'S AFTER TAXES 4

**END OF LOOP: RETURN TO W8Q02 FOR NEXT RELEVANT INDIVIDUAL.
 IF RELEVANT INDIVIDUALS EXIST WHO HAVE NOT WORKED FOLLOW NEXT LOOP FOR THEM.**

OTHERWISE, WHEN COMPLETE SKIP TO NEXT SECTION W9. THIS SHOULD NOT INCLUDE ANY FOCAL CHILD UNLESS W8Q01A=1 FOR THE FOCAL CHILD.

BEGIN LOOP W8Q26 THROUGH W8Q27 RELEVANT ADULTS INDIVIDUALS WHO HAVE NOT WORKED FOR PAY IN PAST YEAR. THIS SHOULD NOT INCLUDE ANY FOCAL CHILDREN.

W8Q26 (G26)

What is the main reason (FILL you have/NAME has) not worked for pay in the past year? (FILL Were you/was NAME)....

- Keeping house, 01
- Going to school, 02
- Retired, 03
- Disabled, 04
- Unable to work for other health reasons, ... 05
- Looking for work, 06
- On layoff, or 07
- NO CHOICE 8 ON PURPOSE
- Something else? 09
- DON'T KNOW 96
- REFUSED 97

W8Q27(G27)

When was the last time that (FILL you/NAME) worked at a job or business?

RECORD DATE: ____ / YYYY ____ **FIELD IS MM/DD/YYYY 10 CHARACTERS**

IF THE RESPONSE IS NEVER WORKED FILL THE FIELD WITH "11/11/1111"

END OF LOOP. RETURN TO W8Q26 FOR RELEVANT INDIVIDUALS WHO HAVE NOT WORKED FOR PAY IN PAST YEAR.

WHEN COMPLETE SKIP TO NEXT SECTION W9

Section W9: Income

W9Q01(FIN250)

Please think about your total combined family income during 1998 for all members of the family. Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also, include income from interest, dividends, net income from business, farm, or rent, and any other money income received. Can you tell me that amount before taxes?

\$, , **RECORD VALUE AND CONFIRM W9Q01_V**

DON'T KNOW 6 GO TO W9Q02
 REFUSED 7 GO TO W9Q02

W9Q01_V

Just to confirm that I entered the number correctly, the total combined family income was [RESPONSE FROM W9Q01 IN DISPLAYED BACK IN TEXT].

YES 1 **SKIP TO W9Q13**
 NO 2 [RETURN TO W9Q01]

W9Q02(I1)

For the purposes of this survey, it is important to get at least a range for the total income received by all members of your family in 1998. Would you say that the total combined income, before taxes, was above or below \$20,000?

MORE THAN \$20,000 1 GO TO W9Q06
 \$20,000 2 GO TO W9Q13
 LESS THAN \$20,000 3 GO TO W9Q03
 DON'T KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q03(I4)

Was the total combined family income more or less than \$10,000?

MORE THAN \$10,000 1 GO TO W9Q05
 \$10,000 2 GO TO W9Q13
 LESS THAN \$10,000 3 GO TO W9Q04
 DON'T KNOW .. 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q04(I5)

Was it more than \$7,500?

YES 1 GO TO W9Q12
 NO 2 GO TO W9Q12
 DON'T KNOW .. 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q05(I6)

Was it more than \$15,000?

YES 1 GO TO W9Q05A
 NO 2 GO TO W9Q05B
 DON'T KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q05A(I8) Was it more than \$17,500?

YES 1 GO TO W9Q12
 NO 2 GO TO W9Q12
 DON'T KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q05B(I7) Was it more than \$12,500?

YES 1 GO TO W9Q12
 NO 2 GO TO W9Q12
 DON'T KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q06. Was the total combined family income more or less than \$40,000?

MORE THAN \$40,000 1 GO TO W9Q06A
 \$40,000 2 GO TO W9Q13
 LESS THAN \$40,000 3 GO TO W9Q07
 DONT KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q06A Was the total combined family income more or less than \$60,000?

MORE THAN \$60,000 1 GO TO W9Q08
 \$60,000 2 GO TO W9Q13
 LESS THAN \$60,000 3 GO TO W9Q06B
 DONT KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q06B(I9) Was the total combined family income more or less than \$50,000?

MORE THAN \$50,000 1 GO TO W9Q12
 \$50,000 2 GO TO W9Q13
 LESS THAN \$50,000 3 GO TO W9Q06C
 DONT KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q06C Was the total combined family income more or less than \$45,000?

MORE THAN \$45,000 1 GO TO W9Q12
 LESS THAN \$45,000 2 GO TO W9Q12
 DONT KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q07(I10) Was the total combined family income more or less than \$30,000?

MORE THAN \$30,000 1 GO TO W9Q07A
 \$30,000 2 GO TO W9Q13
 LESS THAN \$30,000 3 GO TO W9Q07B
 DONT KNOW 6 GO TO W9Q13
 REFUSED 7 GO TO W9Q13

W9Q07A Was the total combined family income more or less than \$35,000?

MORE THAN \$35,000	1	GO TO W9Q12
LESS THAN \$35,000	2	GO TO W9Q12
DONT KNOW	6	GO TO W9Q13
REFUSED	7	GO TO W9Q13

W9Q07B Was the total combined family income more or less than \$25,000?

MORE THAN \$25,000	1	GO TO W9Q12
LESS THAN \$25,000	2	GO TO W9Q12
DONT KNOW	6	GO TO W9Q13
REFUSED	7	GO TO W9Q13

W9Q08(I11) Was the total combined family income more or less than \$75,000?

MORE THAN \$75,000	1	GO TO W9Q12
\$75,000	2	GO TO W9Q13
LESS THAN \$75,000	3	GO TO W9Q12
DONT KNOW	6	GO TO W9Q13
REFUSED	7	GO TO W9Q13

W9Q12 (CHECK_I12)

BASED ON THE RANGE ALREADY IDENTIFIED, THIS NEXT QUESTION WILL BE FILLED WITH A DOLLAR AMOUNT THAT FALLS WITHIN THE RANGE AND IS EQUIVALENT TO 50%, 100%, 133%, 150%, 185%, 200%, 300%, OR 400% OF THE FEDERAL POVERTY LEVEL BASED ON THE NUMBER OF FAMILY MEMBERS. IF THE RANGE IDENTIFIED IS NARROW ENOUGH THAT NONE OF THESE POVERTY LEVEL CUTOFFS FALL WITHIN THE RANGE, THEN SKIP TO W9Q13. FOR A FEW RANGES, TWO ADDITIONAL QUESTIONS WILL BE NEEDED.

Would you say this income was above or below [\$REF] ?

MORE THAN [\$REF]	1 [WHEN INDICATED, ASK W9Q12A]
EXACTLY [\$REF]	2 [GO TO W9Q13]
LESS THAN [\$REF]	3 [GO TO W9Q13]
DONT KNOW	6 [GO TO W9Q13]
REFUSED	7 [GO TO W9Q13]

W9Q12a.

Would you say this income was above or below [\$REF] ?

MORE THAN [\$REF]	1 [GO TO W9Q13]
EXACTLY [\$REF]	2 [GO TO W9Q13]
LESS THAN [\$REF]	3 [GO TO W9Q13]
DONT KNOW	6 [GO TO W9Q13]
REFUSED	7 [GO TO W9Q13]

THE PAGES FOLLOWING CONTAIN THE LOGIC FOR USING W9Q12 AND W9Q12A

FIRST GET WHERE THE CASE FALLS OUT OF THE CASCADE QUESTIONS. THIS IS THE **INCOME LEVEL**.

Logic for Determining Income Level from Section W9 Income Cascading Questions							
Income							Level
when	W9Q04	=	2	income	=	Less than \$7,500	1
when	W9Q04	=	1	income	=	\$7,501 -> \$10,000	2
when	W9Q05b	=	2	income	=	\$10,001 -> \$12,500	3
when	W9Q05b	=	1	income	=	\$12,501 -> \$15,000	4
when	W9Q05a	=	2	income	=	\$15,001 -> \$17,500	5
when	W9Q05a	=	1	income	=	\$17,501 -> \$20,000	6
when	W9Q07b	=	2	income	=	\$20,001 -> \$25,000	7
when	W9Q07b	=	1	income	=	\$25,001 -> \$30,000	8
when	W9Q07a	=	2	income	=	\$30,001 -> \$35,000	9
when	W9Q07a	=	1	income	=	\$35,001 -> \$40,000	10
when	W9Q06c	=	2	income	=	\$40,001 -> \$45,000	11
when	W9Q06c	=	1	income	=	\$45,001 -> \$50,000	12
when	W9Q06b	=	1	income	=	\$50,001 -> \$60,000	13
when	W9Q08	=	3	income	=	\$60,001 -> \$75,000	14
when	W9Q08	=	1	income	=	Greater than \$75,000	15

Poverty Ranges Based on Total Family Members																
Total Family Members/ Size	AA	50%	A	100%	B	133%	C	150%	D	185%	E	200%	F	300%	G	400%
2		\$5,500		\$11,100		\$14,700		\$16,600		\$20,500		\$22,100		\$33,200		\$44,200
3		\$6,900		\$13,900		\$18,500		\$20,800		\$25,700		\$27,800		\$41,600		\$55,500
4		\$8,400		\$16,700		\$22,200		\$25,100		\$30,900		\$33,400		\$50,100		\$66,800
5		\$9,800		\$19,500		\$26,000		\$29,300		\$36,100		\$39,000		\$58,600		\$78,100
6		\$11,200		\$22,300		\$29,700		\$33,500		\$41,300		\$44,700		\$67,000		\$89,400

7	\$12,600	\$25,200	\$33,500	\$37,700	\$46,500	\$50,300	\$75,500	\$100,600
8	\$14,000	\$28,000	\$37,200	\$42,000	\$51,800	\$56,000	\$83,900	\$111,900
9	\$15,400	\$30,800	\$41,000	\$46,200	\$57,000	\$61,600	\$92,400	\$123,200
10	\$16,800	\$33,600	\$44,700	\$50,400	\$62,200	\$67,200	\$100,900	\$134,500

NEXT GET THE FAMILY SIZE FROM PREVIOUS CATI VARIABLE TOT_FAM. FIND THE CELL THAT INTERSECTS THE FAMILY SIZE AND THE INCOME LEVEL. **WHEN CELL CONTAINS A NUMERICAL VALUE, USE THAT AS THE FILL FOR [\$REF] AT W9Q12/ W9Q12A. WHEN CELL CONTAINS A LETTER, THAT IS THE INTERVAL THIS INCOME LEVEL WILL FIT INTO, NO FURTHER QUESTIONS NEEDED**

Decision Matrix for W9Q12 and Q12a															
Locate Family Size, follow across to Income Level determined from cascade questions.															
When cell contains a numerical value, use that as the fill for [\$REF] at W9Q12/ W9Q12a															
When cell contains a letter, that is the interval this income level will fit into, no further questions needed															
	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7	Income Level 8	Income Level 9	Income Level 10	Income Level 11	Income Level 12	Income Level 13	Income Level 14	Income Level 15
	< 7,500	7,501-10,000	10,001-12,500	12,501-15,000	15,001-17,500	17,501-20,000	20,001-25,000	25,001-30,000	30,001-35,000	35,001-40,000	40,001-45,000	45,001-50,000	50,001-60,000	60,001-75,000	75,001+
Family Size															
2	5,500	A	11,100	14,700	16,600	D	20,500 / 22,100	F	33,200	G	44,200	value >400%	value >400%	value >400%	value >400%
3	6,900	A	A	13,900	B	18,500	20,800	25,700 / 27,800	F	F	41,600	G	55,500	value >400%	value >400%
4	AA	8,400	A	A	16,700	B	22,200	D	30,900 / 33,400	F	F	F	G	66,800	value >400%
5	AA	AA	A	A	A	19,500	B	26,000 / 29,300	D	36,100 / 39,000	F	F	58,600	G	78,000
6	AA	AA	11,200	A	A	A	22,300	29,700	33,500	D	41,300 / 44,700	F	F	67,000	89,400
7	AA	AA	AA	A	A	A	A	B	33,500	37,700	D	46,500	50,300	F	75,500 / 100,600
8	AA	AA	AA	14,000	A	A	A	28,000	B	37,200	42,000	D	51,800 / 56,000	F	83,900 / 111,900
9	AA	AA	AA	AA	15,400	A	A	A	30,800	B	41,000	46,200	57,000	61,600	92,400 / 123,200
10	AA	AA	AA	AA	16,800	A	A	A	33,600	B	44,700	C	50,400	62,200 / 67,200	100,900 / 134,500

ALL CASES COME BACK HERE

W9Q13 (FCS1) Now I have some questions about some of the various sources of income your family may receive.
IF NO FAMILY MEMBERS WORKED IN 1998 (W8Q01B = 2) /OR/ DETAILED INCOME W9Q01 = 96, 97 SKIP TO W9Q15A, OTHERWISE CONTINUE WITH W9Q14

W9Q14 (EARN1)

Thinking just about jobs, about how much money did your family earn from all jobs in 1998, before taxes and other deductions? [**HELP:** IF MEMBERS OF THE FAMILY ARE SELF-EMPLOYED OR IF MEMBERS OF THE FAMILY OWN THEIR OWN BUSINESS, INCLUDE THAT INCOME HERE AS WELL.]

AMOUNT \$ _____ **RECORD WHOLE DOLLARS, 7-DIGIT FIELD**

W9Q15A (J1A) In 1998, did anyone in the family receive any income or benefits from child support--including any child support that you, your child, or other family member received directly from the parent or through the welfare or child support agency?	YES .. 1 [ASK W9Q15B] NO ... 2 [SKIP TO W9Q16] DF ... 6 REF ... 7
W9Q15B (J1B) For how many months in 1998 did you or anyone in the family receive this income?	_____ MONTHS [1 - 12 RANGE] [ASK W9Q15C]
W9Q15C (J1C) How much did you and your family receive each month? (IF DK, PROBE: Do you think it was closer to \$100, \$200, \$400, \$600, \$800, \$1000, or \$1500 or more? ENTER THAT AMOUNT)	AMOUNT \$ _____
QUESTION STEM FOR W9Q16 THROUGH W9Q22. READ FOR W9Q16, W9Q17, THEN AS NEEDED TO REMIND RESPONDENT. In 1998, did you or anyone in the family receive any income or benefits from...	
W9Q16 (J2) Alimony?	YES .. 1 NO ... 2 DK .. 6 REF... 7
W9Q17 (J3) Retirement income from Social Security or any other kind of private or government pensions?	YES .. 1 NO ... 2 DK .. 6 REF... 7
W9Q18 (J4) Supplemental Security Income--that is, SSI or aid for persons with disabilities?	YES .. 1 NO ... 2 DK .. 6 REF... 7
W9Q19 (J5) Unemployment insurance?	YES .. 1 NO ... 2 DK .. 6 REF... 7
W9Q20 (J6) Worker's Compensation?	YES .. 1 NO ... 2 DK .. 6 REF... 7
W9Q21 (J7) Refugee Assistance?	YES .. 1 NO ... 2 DK .. 6 REF... 7
W9Q22 (J8) Foster child payments?	YES .. 1 NO ... 2 DK .. 6 REF... 7

W9Q23 (J9a) In 1998, did you or anyone in the family receive any money from family or friends **outside the household** to help pay for living expenses? [**IF W9Q15A AND/OR W9Q16 = 1, THEN ADD:** Do not include the (child support / alimony / child support and alimony) that you just told me about.]

- YES 1
- NO 2
- DK 6
- REF 7

Section 10: Miscellaneous

W0Q01 (PLACBRN) We just have a few more questions about your family. Was anyone in the family born outside of the United States?

- YES 1
- NO 2 [SKIP TO W0Q5]
- DON'T KNOW 6 [SKIP TO W0Q5]
- REFUSED 7 [SKIP TO W0Q5]

W0_X01-W0_X18 (IMMWHO)

Who was born outside the United States? Anyone else?

[MARK PERSON(S)] [] [] [] [] [] 0 or 1 values

CATI: ASK THIS QUESTION FOR ALL HOUSEHOLD MEMBERS

ASK W0Q03 AND W0Q04 FOR EACH PERSON WHERE W0_X_{xx} = 1

W0Q03 (IMMWHEN) When did {FILL you/NAME OF PERSON IN W0Q2} come to live in the United States? (**READ IF NECESSARY: the last time**)

- _____ YEAR YYYY
- CANNOT BE IN THE FUTURE OR BEFORE D.O.B. OF FOCAL CHILD/WREFN**
- DON'T KNOW 9996
- REFUSED 9997

W0Q04 (CITIZEN) {FILL Are you/Is NAME} a U.S. Citizen?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7

W0Q05 (C20) The next questions are about the telephone numbers in your household. Do you have any other home phone numbers in addition to [FILL VAR: AREA CODE/TELEPHONE NUMBER FROM SAMPLE TELEPHONE NUMBER].

- YES 1
- NO 2 [SKIP TO W0Q11]
- DON'T KNOW 6 [SKIP TO W0Q11]
- REFUSED 7 [SKIP TO W0Q11]

W0Q06 (C21) Is this second number for home use only, for business use only, or for both home and business use?

- HOME ONLY 1
- BUSINESS ONLY 2 [SKIP TO W0Q8]
- BOTH HOME AND BUSINESS 3
- DON'T KNOW 6 [SKIP TO W0Q11]
- REFUSED 7 [SKIP TO W0Q11]

W0Q07 (C21A)

Is this second number used only for computer or fax communications?

- YES 1
- NO 2
- DON'T KNOW 6
- REFUSED 7 [SKIP TO W0Q11]

W0Q08 (C22)

Do you have a third home phone number in addition to the two you have already told me about?

- YES 1
- NO 2 [SKIP TO W0Q11]
- DON'T KNOW 6 [SKIP TO W0Q11]
- REFUSED 7 [SKIP TO W0Q11]

W0Q09 (C23)

Is this third number for home use only, for business use only, or for both home and business use?

- HOME ONLY 1
- BUSINESS ONLY 2 [SKIP TO W0Q11]
- BOTH HOME AND BUSINESS 3
- DON'T KNOW 6 [SKIP TO W0Q11]
- REFUSED 7 [SKIP TO W0Q11]

W0Q10 (C23A)

Is this third number used only for computer or fax communications?

- YES 1
- NO 2 [SKIP TO W0Q11]
- DON'T KNOW 6 [SKIP TO W0Q11]
- REFUSED 7 [SKIP TO W0Q11]

W0Q11 (CNOSERV)

During the past 12 months, has your household been without telephone service for 1 week or more?

- YES 1
- NO 2 [SKIP TO CID040]
- DON'T KNOW 6 [SKIP TO CID040]
- REFUSED 7 [SKIP TO CID040]

W0Q12 (CHOWLONG)

For how long was your household without telephone service in the past 12 months?
ENTER NUMBER. IF ONE WEEK OR LESS, ENTER 0 FOR THE NUMBER.

NUMBER _____

W0Q13 ENTER PERIOD _____ (CHOWLON2)

- DAY(S) 1
- WEEK(S) 2
- MONTH(S) 3
- DON'T KNOW 6
- REFUSED 7

**LOOP THROUGH W0Q40 THROUGH W0Q44 FOR EACH FOCAL CHILD
ENTER NEW INFORMATION WHEN INDICATED**

W0Q40 (CID040)

Before we end, let me just verify some information that I have for [FILL YOUNGER FOCAL CHILD'S NAME/ FILL YOUNGER FOCAL CHILD'S NAME and ELDER FOCAL CHILD'S NAME].

W0Q41 (CID040a)

[CHILD'S NAME] is (male/female). Correct?

YES 1 **SKIP TO W0Q42**
NO 2

W0Q41A (NEWSEX)

Is [FOCAL CHILD'S NAME] male or female?

MALE 1
FEMALE 2

W0Q42 (CID040b)

[CHILD'S NAME] is (# YEARS/MONTHS) (years/months) old. Correct?

YES 1 **SKIP TO W0Q43**
NO 2

W0Q42A (NEWAGE)

How old is [FOCAL CHILD'S NAME]?

___ YEARS OLD

W0Q43 (CID040c)

CATI: IF THE ACTUAL DATE OF BIRTH IN W1Q01 IS 99/9/9996 OR 97/97/9997 SKIP TO W0Q44.

[CHILD'S NAME] was born on (SPOKEN WORD DAY FORMAT). Correct?

YES 1 **SKIP TO W0Q50**
NO 2

W0Q44 (NEWDOB)

What is [FOCAL CHILD]'s birthday?

___ / ___ / ___ **[VERIFY THAT AGE AND BIRTHDAY ARE CONSISTENT. IF NOT, GO
BACK TO W0Q42.**

END OF LOOP. WHEN COMPLETE SKIP TO W0Q50.

Note to reviewers - Use of SSN for the Minnesota test is to aid in identifying appropriate sample child. No post-survey match to Minnesota records is planned (unlike Texas).

W0Q50 (SSN_PRE (SSN-PREAMBLE))

We also need [YOUNGER FOCAL CHILD'S NAME / YOUNGER FOCAL CHILD'S NAME and ELDER FOCAL CHILD'S NAME]'s full (name/names) and social security (number/numbers). The Department of Health and Human Services will use [this name and social security number / these names and social security numbers] to conduct health-related research by matching your survey data with Minnesota Department of Human Services coverage information. Except for this purpose, the Department of Health and Human Services will not release this information to anyone, including any government agency. Under the authority of the Public Health Service Act, providing this information is voluntary and has no effect on anyone's benefits. [HELP: THE PUBLIC HEALTH SERVICE ACT IS TITLE 42, UNITED STATES CODE, SECTION 242K.]

LOOP THROUGH W0Q51 THROUGH W0Q54 FOR EACH FOCAL CHILD.

INTERVIEWER CAN USE <ALT-H> HERE TO INDICATE RESPONDENT REFUSED TO GIVE INFORMATION OR REFUSED FOR THEIR INFORMATION TO BE LINKED. THEY WILL SKIP FORWARD TO W0Q55 [FIELD = LINK]

W0Q51 (FCNAME)

What is [FOCAL CHILD]'s full first name: _____

W0Q52 What is [FOCAL CHILD]'s middle name: _____

W0Q53 What is [FOCAL CHILD]'s last name: _____

W0Q54 (SSN)

What is [FOCAL CHILD]'s Social Security Number? _____ - _____ - _____

SSN CANNOT BE LESS THAN 9 DIGITS

END OF LOOP.

W0Q55 What county do you live in? _____ **COUNTY NAME**

W0Q56

(ZIPCODE) Finally, please tell me your zip code.

- - - - -

W_END Thank you very much for your time and cooperation.