

ICPSR 25504

**National Health and Nutrition  
Examination Survey (NHANES),  
2005-2006**

*United States Department of Health and  
Human Services. Centers for Disease  
Control and Prevention. National Center  
for Health Statistics*

NCHS Questionnaire: Family Questionnaire

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**NHANES**

**Family Questionnaire**  
**Hand Cards**

**2005-2006**



# DMQ1

Never attended/kindergarten only

1st grade

2nd grade

3rd grade

4th grade

5th grade

6th grade

7th grade

8th grade

9th grade

10th grade

11th grade

12th grade, no diploma

High school graduate

GED or equivalent

Some college, no degree

Associate degree: Occupational, technical, or vocational program

Associate degree: Academic program

Bachelor's degree (example: BA, AB, BS, BBA)

Master's degree (example: MA, MS, MEng, MEd, MBA)

Professional school degree (example: MD, DDS, DVM, JD)

Doctoral degree (example: PhD, EdD)

## DMQ2

An employee of a **private** company, business, or individual for wages, salary, or commission

A **federal** government employee

A **state** government employee

A **local** government employee

Self-employed in **own** business, professional practice or farm

Working **without pay** in family business or farm

# HOQ1

Brita or other pitcher water filter

Ceramic or charcoal filter

Water softener

Aerator

Reverse osmosis

INQ1

This handcard is no longer in use

## INQ2

U. \$20,000 - \$20,999

V. \$21,000 - \$21,999

W. \$22,000 - \$22,999

X. \$23,000 - \$23,999

Y. \$24,000 - \$24,999

Z. \$25,000 - \$25,999

AA. \$26,000 - \$26,999

BB. \$27,000 - \$27,999

CC. \$28,000 - \$28,999

DD. \$29,000 - \$29,999

EE. \$30,000 - \$30,999

FF. \$31,000 - \$31,999

GG. \$32,000 - \$32,999

HH. \$33,000 - \$33,999

II. \$34,000 - \$34,999

JJ. \$35,000 - \$39,999

KK. \$40,000 - \$44,999

LL. \$45,000 - \$49,999

MM. \$50,000 - \$54,999

NN. \$55,000 - \$59,999

OO. \$60,000 - \$64,999

PP. \$65,000 - \$69,999

QQ. \$70,000 - \$74,999

RR. \$75,000 and over



## INQ3

A.	Less than \$1,000	K.	\$10,000 - \$10,999
B.	\$1,000 - \$1,999	L.	\$11,000 - \$11,999
C.	\$2,000 - \$2,999	M.	\$12,000 - \$12,999
D.	\$3,000 - \$3,999	N.	\$13,000 - \$13,999
E.	\$4,000 - \$4,999	O.	\$14,000 - \$14,999
F.	\$5,000 - \$5,999	P.	\$15,000 - \$15,999
G.	\$6,000 - \$6,999	Q.	\$16,000 - \$16,999
H.	\$7,000 - \$7,999	R.	\$17,000 - \$17,999
I.	\$8,000 - \$8,999	S.	\$18,000 - \$18,999
J.	\$9,000 - \$9,999	T.	\$19,000 - \$19,999

## 2005-06 Questionnaire

### DEMOGRAPHIC BACKGROUND/OCCUPATION – DMQ - FAM

Target Group: ■ Head of CPS Family (Non-SP)  
■ Head of CPS Family Spouse (Non-SP)

#### BOX 1A

##### RULES FOR ADMINISTERING THE DEMOGRAPHIC AND OCCUPATION SECTION OF THE FAMILY QUESTIONNAIRE:

- A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE 16+ AND RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: A CPS FAMILY CAN BE ONE INDIVIDUAL.

#### BOX 1

##### LOOP 1:

ASK DMQ.106 – DMQ.141 AS APPROPRIATE FOR NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE (RELATIONSHIP OF "MARRIED" IN THE SCREENER) OF HEAD OF CPS FAMILY.

- FIRST ASK DMQ.106, 130, AND 141 FOR NON-SP HEAD OF CPS FAMILY.
- NEXT, ASK DMQ.141 FOR NON-SP SPOUSE OF HEAD OF CPS FAMILY.
- EACH TARGET PERSON SHOULD BE ASKED THIS SECTION ONCE.
- IF NO NON-SP HEAD OF CPS FAMILY AND NON-SP SPOUSE, GO TO END OF SECTION.

DMQ.106 In what country {were you/was NON-SP Head} born?

UNITED STATES ..... 1 (DMQ.130)  
MEXICO ..... 2 (DMQ.141)  
OTHER..... 3

DMQ.111

\_\_\_\_\_  
ENTER COUNTRY NAME

REFUSED ..... 7  
DON'T KNOW ..... 9

##### CAP I INSTRUCTION:

FOLLOW THE BASIC FORMAT FOR DIETARY SUPPLEMENT LOOKUP. ONLY ALLOW ENTRY OF 1 COUNTRY. COUNTRY LOOKUP IN SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.115 PRESS BACKSPACE KEY TO START THE LOOKUP.  
SELECT COUNTRY FROM CAPI COUNTRY LIST.  
IF COUNTRY **NOT** ON LIST --  
PRESS BACKSPACE KEY TO DELETE ENTRY  
THEN TYPE '\*\*\*' AND SELECT '\*\*\* COUNTRY NOT ON LIST'.  
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY FIPS COUNTRY LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 COUNTRY FROM THE LIST OR USE THE '\*\*\*' OPTION TO ACCEPT THE ENTRY THEY KEYED. REFUSED AND DON'T KNOW OPTIONS SHOULD BE AVAILABLE TO THE INTERVIEWER AS THE F6 AND F5 KEYS.

**BOX 2**

**CHECK ITEM DMQ.120:**

IF ANY CODE OTHER THAN 'UNITED STATES', SKIP TO DMQ.141.

DMQ.130 In what state {were you/was NON-SP HEAD} born?

ENTER 2 LETTER STATE ABBREVIATION TO START THE LOOKUP.  
SELECT STATE FROM CAPI STATE LIST.  
PRESS ENTER TO ACCEPT SELECTION.

CAPI INSTRUCTION:

DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

DMQ.141 What is the **highest** grade or level of school {you have/NON-SP HEAD/NON-SP SPOUSE has} **completed** or the **highest degree** {you have/he/she has} **received**?

HAND CARD DMQ1

READ HAND CARD CATEGORIES IF NECESSARY

ENTER HIGHEST LEVEL OF SCHOOL.

NEVER ATTENDED/KINDERGARTEN ONLY.....	0
1ST GRADE .....	1
2ND GRADE.....	2
3RD GRADE.....	3
4TH GRADE.....	4
5TH GRADE.....	5
6TH GRADE.....	6
7TH GRADE.....	7
8TH GRADE.....	8
9TH GRADE.....	9
10TH GRADE .....	10
11TH GRADE .....	11
12TH GRADE, NO DIPLOMA.....	12
HIGH SCHOOL GRADUATE.....	13
GED OR EQUIVALENT.....	14
SOME COLLEGE, NO DEGREE.....	15
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR VOCATIONAL PROGRAM.....	16
ASSOCIATE DEGREE: ACADEMIC PROGRAM.....	17
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA).....	18
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA) .....	19
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD).....	20
DOCTORAL DEGREE (EXAMPLE: PhD, EdD) .....	21
REFUSED .....	77
DON'T KNOW .....	99

### BOX 3

#### END LOOP 1:

- ASK DMQ.106-141 FOR NEXT TARGET PERSON (NON-SP HEAD)
- ASK DMQ.141 FOR NEXT TARGET PERSON (NON-SP SPOUSE – RELATIONSHIP OF "MARRIED" IN THE SCREENER).

IF NO NEXT PERSON, GO TO BOX 4.

**BOX 4**

**LOOP 2:**

ASK OCQ.150 - OCQ.380 FOR NON-SP HEAD IF AGE  $\geq$  16 AND NON-SP SPOUSE (RELATIONSHIP OF 'MARRIED' IN THE SCREENER) OF HEAD IF NON-SP SPOUSE AGE  $\geq$  16.

OCQ.150 The next questions are about {your/NON-SP HEAD'S/NON-SP SPOUSE'S} current job or business. Which of the following {were you/was} {NON-SP HEAD/NON-SP SPOUSE} doing **last week** . . .

working at a job or business, .....	1 (OCQ.261)
with a job or business but not at work, .....	2
looking for work, or .....	3
not working at a job or business? .....	4 (OCQ.380)
REFUSED .....	7
DON'T KNOW .....	9

OCQ.160 Did {you/NON-SP HEAD/NON-SP SPOUSE} do **any** work at a job or business at all **last week** (include unpaid work in a family farm or business)?

YES .....	1
NO .....	2
REFUSED .....	7 (OCQ.380)
DON'T KNOW .....	9 (OCQ.380)

**BOX 5**

**CHECK ITEM DMQ.170:**

IF OCQ.150 IS CODED '2', CONTINUE.  
OTHERWISE, GO TO BOX 7.

OCQ.261 Looking at the card, which of these **best** describes this job or work situation?

ASK IF NOT CLEAR

HAND CARD DMQ2

AN EMPLOYEE OF A <b>PRIVATE</b> COMPANY, BUSINESS, OR INDIVIDUAL FOR WAGES, SALARY, OR COMMISSION.....	1
A <b>FEDERAL</b> GOVERNMENT EMPLOYEE ...	2
A <b>STATE</b> GOVERNMENT EMPLOYEE .....	3
A <b>LOCAL</b> GOVERNMENT EMPLOYEE .....	4
SELF-EMPLOYED IN <b>OWN</b> BUSINESS, PROFESSIONAL PRACTICE OR FARM ....	5
WORKING <b>WITHOUT PAY</b> IN FAMILY BUSINESS OR FARM.....	6
REFUSED .....	7
DON'T KNOW .....	9

<p style="text-align: center;"><b>BOX 6</b></p> <p><b>CHECK ITEM DMQ.270:</b> GO TO BOX 7.</p>
--

OCQ.380      What is the **main** reason {you/NON-SP HEAD/NON-SP SPOUSE} did not work **last week**?

- TAKING CARE OF HOUSE OR FAMILY ..... 1
- GOING TO SCHOOL ..... 2
- RETIRED..... 3
- UNABLE TO WORK FOR HEALTH REASONS ..... 4
- ON LAYOFF ..... 5
- DISABLED..... 6
- OTHER..... 7
- REFUSED ..... 77
- DON'T KNOW ..... 99

<p style="text-align: center;"><b>BOX 7</b></p> <p><b>END LOOP 2:</b> ASK OCQ.150 - OCQ.380 FOR NEXT TARGET PERSON (NON-SP HEAD OR NON-SP SPOUSE - RELATIONSHIP OF "MARRIED" IN THE SCREENER). IF NO NEXT PERSON, GO TO END OF SECTION.</p>
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## 2005-06 Questionnaire

**FOOD SECURITY – FSQ**  
**Target Group: Household**  
**(Placing: Move whole section to follow INQ)**

**BOX 0**

**CHECK ITEM FSQ.005:**

IF THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD, CONTINUE.  
OTHERWISE, GO TO END OF SECTION.

**BOX 1**

OMITTED

**BOX 1A**

OMITTED

FSQ.032 Now I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was **often** true, **sometimes** true, or **never** true for {you/your household} in the **last 12 months**, that is since last {DISPLAY CURRENT MONTH}.

CAP I INSTRUCTION:

CHECK SCREENER: ASK D AND E ONLY IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17).

DISPLAY INSTRUCTIONS FOR {YOU/YOUR HOUSEHOLD}:

IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "YOU".

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "YOUR HOUSEHOLD".

DISPLAY INSTRUCTIONS FOR {I/WE}, {MY/OUR} AND {I WAS/WE WERE}:

IF ONLY ONE PERSON IN HOUSEHOLD, DISPLAY "I" AND "MY".

IF MORE THAN ONE PERSON IN HOUSEHOLD, DISPLAY "WE" AND "OUR".

DISPLAY INSTRUCTIONS FOR {NAME/THE CHILDREN}:

IF ONLY ONE CHILD IN THE HOUSEHOLD AGE <=17, DISPLAY CHILD'S NAME.

IF MORE THAN ONE CHILD IN HOUSEHOLD AGE <=17, DISPLAY "THE CHILDREN".

RESPONSES: OFTEN TRUE = 1, SOMETIMES TRUE = 2, NEVER TRUE = 3, REFUSED = 7, DON'T KNOW = 9

- a. {I/we} worried whether {my/our} food would run out before {I/we} got money to buy more. \_\_\_\_\_
- b. the food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. \_\_\_\_\_
- c. {I/we} couldn't afford to eat balanced meals. \_\_\_\_\_
- d. (I/we) relied on only a few kinds of low-cost foods to feed {NAME/the children} because (I was/we were) running out of money to buy food. \_\_\_\_\_
- e. (I/we) couldn't feed {NAME/the children} a balanced meal, because (I/we) couldn't afford that. \_\_\_\_\_

**BOX 2**

**CHECK ITEM FSQ.038B:**

IF THE RESPONSE TO FSQ.032 'A', 'B', 'C', 'D' OR 'E' IS 'OFTEN TRUE' (CODE 1) OR 'SOMETIMES TRUE' (CODE 2), CONTINUE.  
OTHERWISE, GO TO FSQ.151.

**BOX 3**

**CHECK ITEM FSQ.039A:**

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE WITH ITEM F.  
OTHERWISE, GO TO FSQ.041.

- f. {NAME was/the children were} not eating enough because (I/we) just couldn't afford enough food. \_\_\_\_\_



FSQ.041 In the **last 12 months**, since last {DISPLAY CURRENT MONTH}, did {you/you or other adults in your household} **ever** cut the size of your meals or skip meals because there wasn't enough money for food?

YES ..... 1  
NO ..... 2 (FSQ.061)  
REFUSED ..... 7 (FSQ.061)  
DON'T KNOW ..... 9 (FSQ.061)

FSQ.052 How often did this happen?

Almost every month, ..... 1  
some months but not every month, or ..... 2  
in only 1 or 2 months? ..... 3  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.061 In the **last 12 months**, did you **ever** eat **less** than you felt you should because there wasn't enough money to buy food?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.071 [In the **last 12 months**], were you **ever** hungry but didn't eat because you couldn't afford enough food?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.081 [In the **last 12 months**], did you lose weight because you didn't have enough money for food?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

**BOX 5**

**CHECK ITEM FSQ.086A:**

IF FSQ.032F IS OFTEN TRUE (CODE 1) OR SOMETIMES TRUE (CODE 2), OR IF 'YES' (CODE 1) IN FSQ.041, FSQ.061, FSQ.071, OR FSQ.081, CONTINUE. OTHERWISE, GO TO FSQ.151.

FSQ.092 [In the **last 12 months**], did {you/you or other adults in your household} **ever** not eat for a whole day because there wasn't enough money for food?

YES ..... 1  
 NO ..... 2 (BOX 4A)  
 REFUSED ..... 7 (BOX 4A)  
 DON'T KNOW ..... 9 (BOX 4A)

FSQ.102 How often did this happen?

Almost every month, ..... 1  
 some months but not every month, or ..... 2  
 in only 1 or 2 months? ..... 3  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

**BOX 4A**

**CHECK ITEM FSQ.085A:**

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <= 17 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 17), CONTINUE.

OTHERWISE, GO TO FSQ.151.

FSQ.111 The next questions are about children living in the household who are under 18 years old.

In the **last 12 months**, since {DISPLAY CURRENT MONTH} of last year, did you **ever** cut the size of {CHILD'S NAME's/any of the children's} meals because there wasn't enough money for food?

CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES ..... 1  
 NO ..... 2  
 REFUSED ..... 7  
 DON'T KNOW ..... 9

FSQ.121 [In the **last 12 months**], did {CHILD'S NAME/any of the children} **ever** skip meals because there wasn't enough money for food?

CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD <= 17, DISPLAY CHILD'S NAME.

YES ..... 1  
 NO ..... 2 (FSQ.141)  
 REFUSED ..... 7 (FSQ.141)  
 DON'T KNOW ..... 9 (FSQ.141)

FSQ.132 How often did this happen?

Almost every month,.....	1
some months but not every month, or .....	2
in only 1 or 2 months? .....	3
REFUSED .....	7
DON'T KNOW .....	9

FSQ.141 In the **last 12 months**, {was CHILD'S NAME/were the children} **ever** hungry but you just couldn't afford more food?

CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FSQ.146 [In the **last 12 months**], did {CHILD'S NAME/any of the children} **ever** not eat for a whole day because there wasn't enough money for food?

CAPI INSTRUCTION:

IF ONLY 1 CHILD IN HOUSEHOLD IS <= 17, DISPLAY CHILD'S NAME.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

FSQ.151 In the **last 12 months**, did {you/you or any member of your household} **ever** get emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 6**

**CHECK ITEM FSQ.155B:**

IF THERE IS AT LEAST 1 CHILD IN THE HOUSEHOLD WHO IS <=5 (OR IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 5) OR THERE IS A FEMALE IN THE HOUSEHOLD WHO IS BETWEEN 12 AND 59 (OR IN THE AGE RANGE THAT INCLUDES OR IS GREATER THAN THE ONE THAT INCLUDES 12 **AND** IN THE AGE RANGE THAT INCLUDES OR IS LESS THAN THE ONE THAT INCLUDES 59), CONTINUE.  
OTHERWISE, GO TO FSQ.170.

FSQ.162 [In the **last 12 months**], did {you/you or any member of your household} receive benefits from the WIC program, that is, the Women, Infants and Children program?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 9

FSQ.170 [In the **last 12 months**], were {you/you or any members of your household} authorized to receive Food Stamps [which includes a food stamp card or voucher, or cash grants from the state for food]?

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

YES ..... 1  
NO ..... 2 (END OF SECTION)  
REFUSED ..... 7 (END OF SECTION)  
DON'T KNOW ..... 9 (END OF SECTION)

**BOX 7**

**CHECK ITEM FSQ.175:**

IF ONLY ONE PERSON IN HOUSEHOLD, FLAG PERSON AS RECEIVING FOOD STAMPS IN FSQ.180 AND GO TO BOX 8 (ASK FSQ.190 AND FSQ.200 FOR THIS PERSON).

OTHERWISE, CONTINUE.

FSQ.180 Who was authorized to receive Food Stamps?

**PROBE:** Anyone else?

CAP I INSTRUCTION:

DISPLAY NAMES OF ALL **HOUSEHOLD** MEMBERS.

SELECT NAME(S) FROM ROSTER

REFUSED ..... 7 (END OF SECTION)  
DON'T KNOW ..... 9 (END OF SECTION)

**BOX 8**

**LOOP 1:**

ASK FSQ.190 AND FSQ.200 FOR EACH PERSON FLAGGED IN FSQ.180 AS RECEIVING FOOD STAMPS.

FSQ.190 In the **last 12 months**, about how many months {were you/was PERSON NAME} authorized to receive Food Stamps?

IF LESS THAN 1 MONTH, ENTER 1

|\_|\_|

ENTER NUMBER OF MONTHS

REFUSED ..... 77

DON'T KNOW ..... 99

FSQ.200 {Are you/Is PERSON NAME} **now** authorized to receive Food Stamps?

YES ..... 1

NO ..... 2

REFUSED ..... 7

DON'T KNOW ..... 9

**BOX 9**

**END LOOP 1:**

ASK FSQ.190 AND FSQ.200 FOR NEXT PERSON.

IF NO NEXT PERSON, CONTINUE.

**BOX 10**

**CHECK ITEM FSQ.209:**

IF FSQ.200 = 1 (YES) FOR ANY HH MEMBER, GO TO FSQ.210.

OTHERWISE, GO TO FSQ.220.

FSQ.210 How much did {you/your household} receive in food stamps benefits last month?

|\_|\_|\_|\_| (END OF SECTION)

ENTER DOLLAR AMOUNT

REFUSED ..... 77777 (END OF SECTION)

DON'T KNOW ..... 99999 (END OF SECTION)

FSQ.220 How much did {you/your household} receive the last month anyone got food stamps benefits?

|\_|\_|\_|\_|

ENTER DOLLAR AMOUNT

REFUSED ..... 77777

DON'T KNOW ..... 99999

## 2005-06 Questionnaire

### HOUSING CHARACTERISTICS – HOQ

Target Group: SPs Family

HOQ.011 I'd like to ask you a few questions about your home.

Is your home . . .

VERIFY OR ASK IF NOT OBVIOUS.

INCLUDE TOWNHOME AS 'HOUSE', EITHER DETACHED OR ATTACHED.

a mobile home, trailer, or manufactured home .....	1 (HOQ.040)
a house detached from any other house, .....	2 (HOQ.040)
a house attached to one or more houses, (duplex, triplex, townhouse, rowhouse) .....	3 (HOQ.040)
an apartment building, or .....	4
a dormitory or similar boarding house? .....	6 (HOQ.040)
REFUSED .....	77 (HOQ.040)
DON'T KNOW .....	99 (HOQ.040)

HOQ.030 How many apartments are in this building? Would you say . . .

1, .....	1
2, .....	2
3 or 4, .....	3
5 to 9, .....	4
10 to 19, .....	5
20 to 49, or .....	6
50 or more? .....	7
REFUSED .....	77
DON'T KNOW .....	99

HOQ.040 When was this {mobile home/house/building} originally built?

READ CATEGORIES IF NECESSARY.

1990 TO PRESENT, .....	1
1978 TO 1989, .....	2
1960 TO 1977, .....	3
1950 TO 1959, .....	4
1940 TO 1949, OR .....	5
BEFORE 1940? .....	6
REFUSED .....	77
DON'T KNOW .....	99

## 2005-06 Questionnaire

HOQ.050 How many rooms are in this home? Count the kitchen but not the bathroom.

|\_|\_|

ENTER NUMBER OF ROOMS

REFUSED ..... 777777

DON'T KNOW ..... 999999

HOQ.060 How long {have you/has your family} lived at this address?

G/Q/U

|\_|\_|\_|

ENTER NUMBER (OF MONTHS OR YEARS)

LESS THAN ONE MONTH..... 666 (HOQ.065)

REFUSED ..... 777777 (HOQ.065)

DON'T KNOW ..... 999999 (HOQ.065)

ENTER UNIT

MONTHS..... 1

YEARS ..... 2

HOQ.065 Is this {mobile home/house/apartment/dwelling} owned, being bought, rented, or occupied by some other arrangement by {you/you or someone else in your family}?

OWNED OR BEING BOUGHT ..... 1

RENTED..... 2

OTHER ARRANGEMENT ..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

HOQ.070 What is the source of tap water in this home? Is it a private or public water company, a private or public well, or something else?

PRIVATE/PUBLIC WATER COMPANY ..... 1

PRIVATE/PUBLIC WELL ..... 2

SOMETHING ELSE..... 3

REFUSED ..... 7

DON'T KNOW ..... 9

HOQ.080 Are any of the water treatment devices listed on this card used in your home?

HAND CARD HOQ1

YES ..... 1

NO ..... 2 (HOQ.230)

REFUSED ..... 7 (HOQ.230)

DON'T KNOW ..... 9 (HOQ.230)

## 2005-06 Questionnaire

HOQ.083 Which of these water treatment devices are now used in your home?

HAND CARD HOQ1  
CODE ALL THAT APPLY

BRITA OR OTHER PITCHER	
WATER FILTER .....	1
CERAMIC OR CHARCOAL FILTER .....	2
WATER SOFTENER .....	3
AERATOR .....	4
REVERSE OSMOSIS.....	5
REFUSED .....	7
DON'T KNOW .....	9

HOQ.230 In the past 12 months, has your home had a mildew odor or musty smell?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HOQ.240 In the past 12 months, have you seen any cockroaches in your home?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

HOQ.250 Do any dogs, cats or other small furry animals, such as a rabbit, guinea pig or hamster, live or spend time in your home?

YES .....	1
NO .....	2 (HOQ.270)
REFUSED .....	7 (HOQ.270)
DON'T KNOW .....	9 (HOQ.270)

HOQ.260 Which kind of pet is it?

CODE ALL THAT APPLY

DOG .....	1 (END OF SECTION)
CAT .....	2 (END OF SECTION)
SMALL FURRY ANIMAL .....	3 (END OF SECTION)
REFUSED .....	7 (END OF SECTION)
DON'T KNOW .....	9 (END OF SECTION)



## 2005-06 Questionnaire

HOQ.270     **In the last 12 months**, did any dogs, cats or other small furry animals, such as a rabbit, guinea pig or hamster, live or spend time inside your home?

YES .....	1
NO .....	2 (END OF SECTION)
REFUSED .....	7 (END OF SECTION)
DON'T KNOW .....	9 (END OF SECTION)

HOQ.280     **What kind of pet was it?**

CODE ALL THAT APPLY

DOG .....	1
CAT .....	2
SMALL FURRY ANIMAL .....	3
REFUSED .....	77
DON'T KNOW .....	99

**BOX 1**

OMITTED

## **2005-06 Questionnaire**

### **FAMILY QUESTIONNAIRE INCOME SECTION RULES FOR ADMINISTRATION**

FOR THE PURPOSE OF ADMINISTERING THE INCOME SECTION:

- A FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONE OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS "UNRELATED INDIVIDUALS"
- ONE INCOME SECTION IS ADMINISTERED FOR EACH FAMILY AND FOR EACH UNRELATED INDIVIDUAL.
- TOTAL HOUSEHOLD INCOME QUESTIONS ARE ASKED FOR EVERY FAMILY QUESTIONNAIRE COMPLETED WITHIN A HOUSEHOLD (SEE UNNUMBERED BOX)

**INCOME – INQ**  
**Target Group: SP, Family, Household**

INQ.020      The next questions are about {your/your combined family} income. When answering these questions, please remember that by {"income/combined family income"}, I mean {your income/your income **plus** the income of {NAMES OF OTHER NHANES FAMILY MEMBERS} for {LAST CALENDAR YEAR}. Did {you/you or OTHER FAMILY MEMBERS 16+} receive income in {LAST CALENDAR YEAR} from **wages and salaries**?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

INQ.012      Did {you/you or **any** family members 16 and older} receive income in {LAST CALENDAR YEAR} from **self-employment** including business and farm income?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1B**

OMITTED

**BOX 1C**

OMITTED

INQ.030      When answering the next questions about different kinds of income members of your family might have received in {LAST CALENDAR YEAR}, please consider that we also want to know about family members less than 16 years old. Did {you/you or **any** family members living here, that is: you or NAME(S) OF OTHER FAMILY MEMBERS} receive income in {LAST CALENDAR YEAR} from **Social Security** or **Railroad Retirement**?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 1D**

OMITTED

BOX 1E

OMITTED

INQ.060 Did {you/you or **any** family members living here} receive **any disability** pension [other than Social Security or Railroad Retirement] in {LAST CALENDAR YEAR}?

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

BOX 2A

OMITTED

INQ.080 Did {you/you or **any** family members living here} receive **retirement or survivor pension** [other than Social Security or Railroad Retirement or disability pension] in {LAST CALENDAR YEAR}?

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

BOX 2B

OMITTED

INQ.090 Did {you/you or **any** family members living here} receive **Supplemental Security Income** [SSI] in {LAST CALENDAR YEAR}?

- YES ..... 1
- NO ..... 2
- REFUSED ..... 7
- DON'T KNOW ..... 9

BOX 2C

OMITTED

BOX 3A

OMITTED

INQ.132 Did {you/you or **any** family members living here} receive any **cash** assistance from a state or county welfare program such as {DISPLAY SPECIFIC STATE PROGRAMS} in {LAST CALENDAR YEAR}?

CAPI INSTRUCTION:

DISPLAY FULL NAMES OF ALL STATE PROGRAMS FOR STATE IN WHICH INTERVIEW IS BEING CONDUCTED. NAMES FOR EACH STATE WILL BE SENT TO PROGRAMMING IN A SEPARATE FILE.

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 3AA**

OMITTED

**BOX 3B**

OMITTED

INQ.140 Did {you/you or **any** family members living here} receive **interest** from savings or other bank accounts or income from dividends received from stocks or mutual funds or net rental income from property, royalties, estates, or trusts in {LAST CALENDAR YEAR}?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 3C**

OMITTED

INQ.150 Did {you/you or **any** family members living here} receive income in {LAST CALENDAR YEAR} from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

YES .....	1
NO .....	2
REFUSED .....	7
DON'T KNOW .....	9

**BOX 3D**

OMITTED

**BOX 4A**

OMITTED

**BOX 4C**

OMITTED

**BOX 4B**

OMITTED

**BOX 5**

OMITTED

**BOX 7**

ASK INQ.200 – 230 FOR EACH CPS FAMILY IN THE FAMILY.

FOR THE PURPOSE OF ADMINISTERING THE QUESTIONS ABOUT TOTAL INCOME:

- A CPS FAMILY INCLUDES INDIVIDUALS AND GROUPS OF INDIVIDUALS WHO ARE RELATED BY BIRTH, MARRIAGE OR ADOPTION. STEP CHILDREN, PARENTS OR SIBLINGS ARE INCLUDED. IT ALSO INCLUDES UNMARRIED PARTNERS IF THEY HAVE A BIOLOGICAL OR ADOPTIVE CHILD IN COMMON. IT DOES NOT INCLUDE UNMARRIED PARTNERS WHO DO NOT HAVE A CHILD IN COMMON, FOSTER PARENTS OR FOSTER CHILDREN. NOTE: INDIVIDUALS LIVING ALONG OR WITH OTHER UNRELATED INDIVIDUALS ARE REFERRED TO AS “UNRELATED INDIVIDUALS”.
- TOTAL INCOME IS ADMINISTERED FOR THE CPS FAMILY AND FOR THE ENTIRE HOUSEHOLD.

INQ.200 Now I am going to ask about the **total income** for {you/NAME(S) OF CPS FAMILY MEMBERS} in {LAST CALENDAR YEAR}, 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?

CAPI INSTRUCTIONS:

- DISPLAY "YOU" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

\$ | | | | | | | | | | (GO TO BOX 8A)

REFUSED ..... 7777777777 (INQ.220)

DON'T KNOW ..... 9999999999 (INQ.220)

CAPI INSTRUCTION:

- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:  
 "INCOME FOR {NAMES OF FAMILY MEMBERS} HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.200} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

<b>BOX 5A</b>
OMITTED

INQ.220 You may not be able to give us an exact figure for {your/NAME(S) OF CPS FAMILY MEMBERS} income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

**PROBE:** 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.

CAPI INSTRUCTIONS:

- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

\$20,000 or more, or ..... 1  
 less than \$20,000? ..... 2  
 REFUSED ..... 7 (BOX 8)  
 DON'T KNOW ..... 9 (BOX 8)

INQ.230  
a/b

Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF FIRST/NEXT CPS FAMILY MEMBERS} income in {LAST CALENDAR YEAR}?

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED FAMILY INCOME.

CAPI INSTRUCTIONS:

- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE FAMILY.
- DISPLAY "NAMES OF FIRST/NEXT CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE FAMILY.

|\_|\_|

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	
H	P	X	FF	NN	

REFUSED ..... 77

DON'T KNOW ..... 99

**BOX 6**

OMITTED

**BOX 8**

**END LOOP 2:**

ASK INQ.200 – INQ.230 FOR NEXT CPS FAMILY.

IF NO NEXT CPS FAMILY, CONTINUE.

**BOX 9**

**CHECK ITEM INQ.240:**

IF THERE IS MORE THAN ONE FAMILY IN THE HOUSEHOLD, CONTINUE.

OTHERWISE, GO TO END OF SECTION.



INQ.250 Now I am going to ask you about the total **household** income for the persons we have talked about plus NAMES OF ALL OTHER PERSONS IN ADDITIONAL FAMILIES (MEMBERS OF FAMILIES WHO ARE NOT INCLUDED IN THIS QUESTIONNAIRE) in {LAST CALENDAR YEAR}, 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?

\$ | | | | | | | | | | (GO TO END OF SECTION)

REFUSED ..... 7777777777 (INQ.260)

DON'T KNOW ..... 9999999999 (INQ.260)

CAPI INSTRUCTION:

- REQUIRE DOUBLE ENTRY OF INCOME.
- SCREEN SHOULD READ:  
 "INCOME FOR YOUR HOUSEHOLD HAS BEEN RECORDED AS {INCOME ENTERED IN INQ.250} DOUBLE ENTRY OF INCOME REQUIRED."
- IF ENTRIES DO NOT MATCH, DISPLAY BOTH ENTRIES. INTERVIEW SHOULD SELECT ENTRY TO CORRECT.

INQ.260 You may not be able to give us an exact figure for your total household income, but can you tell me if this income in {LAST CALENDAR YEAR} was . . .

**PROBE:** 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.

\$20,000 or more, or ..... 1  
 less than \$20,000? ..... 2  
 REFUSED ..... 7 (END OF SECTION)  
 DON'T KNOW ..... 9 (END OF SECTION)

INQ.270 Of these income groups, can you tell me which letter **best** represents your total household income in {LAST CALENDAR YEAR}?

HAND CARD {INQ2/INQ3}

ENTER LETTER(S) CORRESPONDING TO TOTAL COMBINED HOUSEHOLD INCOME.

| | | |

A	I	Q	Y	GG	OO
B	J	R	Z	HH	PP
C	K	S	AA	II	QQ
D	L	T	BB	JJ	RR
E	M	U	CC	KK	
F	N	V	DD	LL	
G	O	W	EE	MM	
H	P	X	FF	NN	

REFUSED ..... 77

DON'T KNOW ..... 99

END OF SECTION

## INQ3

A.	Less than \$1,000	K.	\$10,000 - \$10,999
B.	\$1,000 - \$1,999	L.	\$11,000 - \$11,999
C.	\$2,000 - \$2,999	M.	\$12,000 - \$12,999
D.	\$3,000 - \$3,999	N.	\$13,000 - \$13,999
E.	\$4,000 - \$4,999	O.	\$14,000 - \$14,999
F.	\$5,000 - \$5,999	P.	\$15,000 - \$15,999
G.	\$6,000 - \$6,999	Q.	\$16,000 - \$16,999
H.	\$7,000 - \$7,999	R.	\$17,000 - \$17,999
I.	\$8,000 - \$8,999	S.	\$18,000 - \$18,999
J.	\$9,000 - \$9,999	T.	\$19,000 - \$19,999

## INQ2

U.	\$20,000 - \$20,999	GG.	\$32,000 - \$32,999
V.	\$21,000 - \$21,999	HH.	\$33,000 - \$33,999
W.	\$22,000 - \$22,999	II.	\$34,000 - \$34,999
X.	\$23,000 - \$23,999	JJ.	\$35,000 - \$39,999
Y.	\$24,000 - \$24,999	KK.	\$40,000 - \$44,999
Z.	\$25,000 - \$25,999	LL.	\$45,000 - \$49,999
AA.	\$26,000 - \$26,999	MM.	\$50,000 - \$54,999
BB.	\$27,000 - \$27,999	NN.	\$55,000 - \$59,999
CC.	\$28,000 - \$28,999	OO.	\$60,000 - \$64,999
DD.	\$29,000 - \$29,999	PP.	\$65,000 - \$69,999
EE.	\$30,000 - \$30,999	QQ.	\$70,000 - \$74,999
FF.	\$31,000 - \$31,999	RR.	\$75,000 and over

## 2005-06 Questionnaire

### SMOKING – SMQ Target Group: Household

SMQ.410 I would now like to ask you a few questions about smoking.

Does **anyone** who lives here smoke cigarettes, cigars, or pipes **anywhere inside** this home?

YES .....	1
NO .....	2 (END OF SECTION)
REFUSED .....	7 (END OF SECTION)
DON'T KNOW .....	9 (END OF SECTION)

SMQ.420 Who smokes?  
**PROBE:** Anyone else?

CAPI INSTRUCTION:  
DISPLAY **HOUSEHOLD** ROSTER

SELECT NAMES FROM HOUSEHOLD ROSTER

SELECT .....	1
REFUSED .....	7
DON'T KNOW .....	9

#### BOX 1

**LOOP 1:**  
ASK SMQ.430 FOR EACH PERSON SELECTED FROM HOUSEHOLD ROSTER AS  
SMOKING INSIDE THE HOME.

SMQ.430 How many cigarettes **per day** {do you/does PERSON} usually smoke **anywhere inside** the home?

1 PACK EQUALS 20 CIGARETTES  
IF NONE, ENTER 0  
IF LESS THAN 1 PER DAY, ENTER 1

|\_|\_|\_|  
ENTER NUMBER OF CIGARETTES

REFUSED .....	777777
DON'T KNOW .....	999999

#### BOX 2

**END LOOP 1:**  
ASK SMQ.430 FOR EACH PERSON SELECTED FROM HOUSEHOLD ROSTER AS  
SMOKING INSIDE THE HOME.  
IF NO NEXT PERSON, GO TO END OF SECTION.

**FI\_SMQ**

## 2005-06 Questionnaire

### TRACKING AND TRACING – TTQ Target Group: Family

#### BOX 1

##### LOOP 1:

ASK TTQ.010 - TTQ.040 FOR 2 CONTACT PERSONS.

TTQ.005      The United States Public Health Service may wish to contact you again to obtain additional health related information. Please give me the names, addresses, and telephone numbers of 2 relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give me the names of persons not currently living in the household.)

PRESS F6 IF RESPONDENT REFUSES {ALL/SECOND} CONTACT INFORMATION  
PRESS F5 IF RESPONDENT DOESN'T KNOW {ANY/SECOND} CONTACT INFORMATION  
PRESS ENTER TO ADD {FIRST/SECOND} CONTACT INFORMATION

REFUSED ..... 7 (END OF SECTION)  
DON'T KNOW ..... 9 (END OF SECTION)

TTQ.010      **REFERRING TO PERSON {1/2}**

VERIFY SPELLING.

\_\_\_\_\_  
ENTER FIRST NAME

REFUSED ..... 7  
DON'T KNOW ..... 9

PROBE FOR MIDDLE NAME IF NOT REPORTED  
ENTER "NMN" FOR NO MIDDLE NAME

\_\_\_\_\_  
ENTER MIDDLE NAME

REFUSED ..... 7  
DON'T KNOW ..... 9

\_\_\_\_\_  
ENTER LAST NAME

REFUSED ..... 7  
DON'T KNOW ..... 9

TTQ.020 **REFERRING TO PERSON {1/2}**

What is this person's address? [If there is more than one address, please give us the address used most often.]

ENCOURAGE RESPONDENT TO USE PHONE BOOK OR OTHER DOCUMENTATION IF AVAILABLE.

\_\_\_\_\_  
ENTER STREET NUMBER                      ENTER STREET NAME                      ENTER APARTMENT NUMBER

REFUSED ..... 7                      REFUSED ..... 7                      REFUSED ..... 7  
DON'T KNOW ..... 9                      DON'T KNOW ..... 9                      DON'T KNOW ..... 9

\_\_\_\_\_  
ENTER TOWN OR CITY NAME                           
ENTER 2 LETTER STATE ABBREVIATION TO TO START THE LOOKUP.  
\_\_\_\_\_  
ENTER POSTAL CODE OR ZIPCODE

SELECT STATE FROM CAPI STATE LIST.  
PRESS ENTER TO ACCEPT SELECTION.

REFUSED ..... 7                      REFUSED ..... 77                      REFUSED ..... 77777  
DON'T KNOW ..... 9                      DON'T KNOW ..... 99                      DON'T KNOW ..... 99999

CAPI INSTRUCTION:

DISPLAY FIPS STATE LIST. INTERVIEWER SHOULD ONLY BE ABLE TO SELECT 1 STATE FROM THE LIST. DON'T KNOW AND REFUSED SHOULD BE VALID OPTIONS. THE STATE LOOKUP IN THE SP AND FAMILY QUESTIONNAIRES SHOULD WORK EXACTLY THE SAME.

TTQ.030 **REFERRING TO PERSON {1/2}**

What is this person's telephone number, beginning with the area code?

REPEAT AREA CODE  
REPEAT PHONE NUMBER  
REPEAT EXTENSION

ENTER AREA CODE                         -      
ENTER TELEPHONE NUMBER                             
ENTER EXTENSION

NO PHONE ..... 666 (TTQ.040)                      REFUSED ..... 7777777                      REFUSED ..... 7777  
REFUSED ..... 777 (TTQ.040)                      DON'T KNOW ..... 9999999                      DON'T KNOW ..... 9999  
DON'T KNOW ..... 999 (TTQ.040)

TTQ.040      **REFERRING TO PERSON {1/2}**

What is the relationship of this contact person to you?

SPOUSE/EX-SPOUSE NOT LIVING IN HH..	1
UNMARRIED PARTNER NOT LIVING IN HH.	2
CHILD .....	3
GRANDCHILD .....	4
PARENT (MOTHER OR FATHER) .....	5
BROTHER OR SISTER.....	6
GRANDPARENT .....	7
OTHER RELATIVE.....	8
LEGAL GUARDIAN .....	9
FRIEND .....	10
CO-WORKER .....	11
NEIGHBOR .....	12
OTHER .....	13
REFUSED .....	77
DON'T KNOW .....	99

**BOX 2**

**END LOOP 1:**

ASK TTQ.010 - TTQ.040 FOR SECOND CONTACT PERSON.

IF SECOND CONTACT PERSON INFORMATION COLLECTED, GO TO TTQ.050.

TTQ.050      This is the end of the Family Interview. Thank you very much for your cooperation.

PRESS F10 TO SAVE AND EXIT FORM