# Thank you for agreeing to take part in this follow-up study. The interview we are about to do will give us a picture of your current life situation, but I want to tell you again why we believe this is an important study. You have been part of one of the most important research studies ever carried out to learn whether early childhood education makes a difference in the lives of children. Thirty years ago when this study started, people had many ideas about early childhood programs but there were not many really scientific answers.

**INT\_DATE OBS\_ID AGE21\_JOB\_STYR**

**INT\_NOTES Age21Age AGE21\_JOB\_TITLE**

**INT\_ID AGE21\_Job\_STMN**

**We now know that early childhood programs do help children, and the study that you have been enrolled in is one of the important ones that gave some answers. However, now we need to learn how far into the future any benefit might last. To find out, we need to compare outcomes in those who had the early childhood program and others from similar families who had other early childhood experiences. Both groups of you were very important parts of the study and we need to follow-up as many persons from both groups as we possibly can. We are interested in how groups differ, not in facts about individuals. We will combine your answers with those of the other people in the study. We will publish the findings in scientific journals or books, and present them at professional meetings, but what we share will never contain information that would allow anyone to identify you.**

**We need to find out about your current circumstances, now that you are an adult. We will be discussing your current educational status, your job, your family, how you spend your time, your health, any problems you might have had with the law and your economic circumstances at this age. Some of the questions involve personal information. Remember that you do not have to answer any questions you would rather not, but also remember that your name will not go into the computer.**

**To the extent that we can do a good job of describing the present adult circumstances of those of you who were part of this early childhood study, we can learn how to provide the best programs for the young children who are coming along after you.**

**Do you have any questions?**

# I. Education Questions

1. Are you currently in school? **SINT30\_001**

a) No

b) Yes

What type of school are you in? **SINT30\_001A**

a) In a GED program to get a HS diploma

b) At a vocational/technical school

What is your area of study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_001AOS**

c) Community college

d) Four-year undergraduate college or university

e) In graduate school

f) Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_001OTX**

2. Did you graduate from high school or receive a GED? **SINT30\_002**

a) No

If not, what was the last grade you received credit for? \_\_ **SINT30\_002A**

b) Yes **SINT30\_002MN SINT30\_002YR**

High School Graduate: **OR** GED:

When? (mo/yr) \_\_\_\_\_\_\_\_\_\_\_\_ When? (mo/yr)\_\_\_\_\_\_\_\_\_\_

What high school? **SINT30\_002HS** \_\_ Where?**SINT30\_002GED**

3. Have you ever attended a vocational/ technical school or community college?

a) No *(Go to #4)* **SINT30\_003**

b) Yes

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | a. What vocational or technical school did you attend (next)? | b.When did you begin to attend? (mo/yr) | c. Did you earn a certificate?  No (Ask d, e, f)  Yes (Ask f, g, h) | d. If no, are you still attending?  No  Yes | e. If no, when did you stop attending? | f.What is (was) your area of study? | g. What certificate did you earn? | h. When did you graduate? (mo/yr) |
| 1 | **SINT30\_003\_SCH1-5** | **SINT30\_003\_BMN1-5**  **SINT30\_003\_BYR1-5** | **SINT30\_003\_GR1-5** | **SINT30\_003\_PR1-5** | **SINT30\_003\_EMN1-5**  **SINT30\_003\_EYR1-5** | **SINT30\_003\_AOS1-5** | **SINT30\_003\_CRT1-5**  **SINT30\_003\_GMN1-5**  **SINT30\_003\_GYR1-5** |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

4. Have you ever attended a four-year college or university? **SINT30\_004**

a) No *(Go to #6)*

b) Yes

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | a. What undergraduate college or university did you attend (next)? | b.When did you begin to attend? (mo/yr) | c. Did you earn a degree?  No (Ask d, e, f)  Yes (Ask f, g, h) | d. If no, are you still attending?  No  Yes | e. If no, when did you stop attending? (mo/yr) | f.What is (was) your area of study? | g.What degree did you earn? | h. When did you graduate? (mo/yr) |
| 1 | **SINT30\_004\_SCH1-3** | **SINT30\_004\_BMN1-3**  **SINT30\_004\_BYR1-3** | **SINT30\_004\_GR1-3** | **SINT30\_004\_PR1-3** | **SINT30\_004\_EMN1-3**  **SINT30\_004\_EYR1-3** | **SINT30\_004\_AOS1-3** | **SINT30\_004\_DEG1-3** | **SINT30\_004\_GMN1-3**  **SINT30\_004\_GYR1-3** |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

5. If graduated from a four-year college/university, have you attended graduate school?

a) No **SINT30\_005**

b) Yes

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | a. What graduate school did you attend (next)? | b.When did you begin to attend? (mo/yr) | c. Did you earn a degree?  No (Ask d, e, f)  Yes (Ask f, g, h) | d. If no, are you still attending?  No  Yes | e. If no, when did you stop attending? (mo/yr) | f.What is (was) your area of study? | g.What degree did you earn? | h. When did you graduate? (mo/yr) |
| 1 |  |  |  |  |  |  |  |  |
| 2 | **SINT30\_005\_SCH1-3** | **SINT30\_005\_BMN1-3**  **SINT30\_005\_BYR1-3** | **SINT30\_005\_GR1-3** | **SINT30\_005\_PR1-3** | **SINT30\_005\_EMN1-3**  **SINT30\_005\_EYR1-3** | **SINT30\_005\_AOS1-3** | **SINT30\_005\_DEG1-3** | **SINT30\_005\_GMN1-3**  **SINT30\_005\_GYR1-3** |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

6. Do you plan to go any further in school? *(This question refers to the plans of the Subject as of today’s date.)*

a) No **SINT30\_006**

b) Yes **SINT30\_006\_ITEMS1- SINT30\_006\_ITEMS7**

How far do you intend to go? (Check all that apply)

\_\_\_Obtain a GED

\_\_\_Complete vocational/technical training

\_\_\_Obtain a certificate at community college

\_\_\_Some college

\_\_\_College/university graduation

\_\_\_Get a graduate or professional degree

\_\_\_Other (Please specify)\_\_\_\_\_\_\_\_ **SINT30\_006G\_OTX**\_\_\_\_\_

7. How did you do (are you doing) in your school work overall? **SINT30\_007**

a) Much better than others in my classes

b) A little better than the others

c) About the same

d) A little worse than the others

e) Much worse than the others (could not keep up)

*8. Enter the code that corresponds with the subject’s educational attainment.*

a) Less than 9th grade

**SINT30\_008**

b) 9th to 12th grade

c) GED enrolled

d) GED obtained/ no college

e) Some community college/technical school

f) Completed community college/technical school/associate’s degree

g) Some four-year college

h) Completed four-year college degree (B.A., B.S.)

i) Some graduate school

j) Completed master’s training (M.A., M.S., M.Ed., Ed.S., MBA)

k) Completed Ph.D., Ed.D., M.D., J.D

**II. Household Composition and Residence History**

* 1. Please tell me about your present living circumstances. Where are you living now? Please give me your exact full address.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_013\_STREET**

(Street address) **SINT30\_013\_CITY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_013\_STATE**

(City) (State) (Zip) **SINT30\_013\_ZIP**

Is this…? **SINT30\_009**

a) In own home

Do you rent or own your home? **SINT30\_009A**

a) Rent

b) Own

b) In parent’s home **SINT30\_009B**

Do you pay rent to your parent(s) or contribute to household expenses?

a) No

b) Yes **SINT30\_009B\_AMT SINT30\_009B\_TIM**

How much $\_\_\_\_\_\_\_\_\_ per \_\_\_\_\_\_\_\_\_(month, week, or year?)

c) In someone else’s home (Please specify) **SINT30\_009C**

a) Relative

b) Friend

c) Spouse or partner

d) Employer

e) Other (Please specify)\_\_\_\_\_\_ **SINT30\_009C\_OTX** \_\_\_

Do you pay rent to them? **SINT30\_009C\_RNT**

a) No

b) Yes **SINT30\_009C\_AMT SINT30\_009C\_TIM**

How much $\_\_\_\_\_\_\_per\_\_\_\_\_\_\_\_ (month, week, or year?)

d) College housing (Please specify, e.g., dorm, apartment, fraternity, sorority)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_009D\_OTX**

e) Military base

f) Group home, half-way house, or social rehabilitation facility

g) Physical rehabilitation facility or nursing home

h) Prison

i) Homeless

If homeless, have you been staying at a shelter in the past week?

a) No **SINT30\_009I**

b) Yes

j) Other (Please specify) \_\_\_\_\_\_\_\_\_\_ **SINT30\_009J\_OTX** \_\_\_\_\_\_\_\_\_\_\_

2. What type of dwelling do you live in? **SINT30\_010**

a) House

b) Apartment

c) Mobile home or trailer

d) Duplex/townhouse

e) Condo

f) Dorm room

g) Prison cell

h) Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_010\_OTX**

i) Not applicable because homeless *(Go to # 6)*

3. How many rooms are there in the home or the part of the home you live in?

*Enter coded list: LR= Living Room, DR= Dining Room, BR= Bedroom, LA= Laundry Room, K= Kitchen, FR= Family Room. Write other types of rooms out.*

**SINT30\_011**

Enter number of rooms in house\_\_\_\_\_\_ *(Do not include bathrooms in this number)*

**SINT30\_011A**

Number of bathrooms\_\_\_\_\_\_\_\_ **SINT30\_011B**

4. Do you live there alone or with others? **SINT30\_012**

a) Alone *(Go to # 6)*

How long have you lived alone?\_\_\_\_\_\_\_\_ (months) **SINT30\_012A**

b) With others

How many people live with you? Count those who usually live there even if they are away temporarily. Enter number (including interviewee) \_\_\_\_\_\_\_\_\_

**SINT30\_012B**

5. Please list for me everyone who lives where you live, beginning with the oldest person. Use first names or nicknames only.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) What relation is (name) to you? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(code relationship code list)*

b) What is his or her gender? Male Female

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year)

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_PIH\_NICK1- SINT30\_PIH\_NICK20**

a) What relation is (name) to you? **SINT30\_PIH\_REL1-20,**

**SINT30\_PIH\_REL\_OTX1-20**

b) What is his or her gender? Male Female **SINT30\_PIH\_GEN1-20**

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year) **SINT30\_PIH\_BD1-20**

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)* **SINT30\_PIH\_AGE1-20**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) What relation is (name) to you? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(code relationship code list)*

b) What is his or her gender? Male Female

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year)

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) What relation is (name) to you? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(code relationship code list)*

b) What is his or her gender? Male Female

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year)

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) What relation is (name) to you? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(code relationship code list)*

b) What is his or her gender? Male Female

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year)

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) What relation is (name) to you? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(code relationship code list)*

b) What is his or her gender? Male Female

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year)

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a) What relation is (name) to you? *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(code relationship code list)*

b) What is his or her gender? Male Female

c) What is his or her birthdate? \_\_\_\_\_(mo/day/year)

If don’t know, can you tell me how old he or she is in years?\_\_\_\_\_

*(Enter 0 for children less than 1 year old)*

6. Please tell me the places you have lived since we last interviewed you at *(age at last interview)* years old. First, let’s talk about where you are living now. Then, we’ll go back to the information we have from when you last were interviewed and go forward from there until we get to your current living situation again. Please include any time you lived in a group home, in prison, or may have been homeless if this applies to you.

**\*\* Enter information on Life History Calendar\*\***

a) Present residence: **SINT30\_013\_MON, SINT30\_013\_YR**

When did you move in to your present residence? \_\_\_\_\_\_\_\_ (mo/yr)

**AGE21RES = RES\_LOC1**

b) When we last saw you, you lived at \_\_\_\_\_\_\_\_\_ **RES\_LOC1-RES\_LOC20**

When did you move in?\_\_\_\_\_\_\_\_\_\_\_(mo/yr) **RES\_STMN1-20, RES\_STYR1-20**

When did you move out? \_\_\_\_\_\_\_\_\_\_(mo/yr) **RES\_ENDMN1-20, RES\_ENDYR1-20**

What type of residence were you living in? **RES\_TYPE1-20**

a) In own home

Did you rent or own your home? **RES\_RENT1-20**

a) Rent

b) Own

b) In parent’s home **RES\_PAY1-20**

Did you pay rent to your parent(s) or contribute to household expenses?

a) No

b) Yes

c) In someone else’s home (Please specify) **RES\_ELSE\_REL1-20**

a) Relative

b) Friend

c) Spouse or partner

d) Employer

e) Other (Please specify)\_\_\_**RES\_ELSE\_REL\_OTX1-20**\_\_\_\_\_

Did you pay rent to them or contribute to the household expenses?

a) No **RES\_ELSE\_REL\_PAY1-20**

b) Yes

d) College housing (Please specify, e.g., dorm, apartment, fraternity, sorority)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RES\_DORM\_OTX1-20**

e) Military base

f) Group home, half-way house, or social rehabilitation facility

g) Physical rehabilitation facility or nursing home

h) Prison

i) Homeless

j) Other (Please specify) \_\_\_**RES\_OTHER\_OTX1-20**\_\_\_\_\_\_\_\_\_\_

What type of housing did you live in? **RES\_DWELL1-20**

a) House f) Dorm room

b) Apartment g) Prison cell

c) Mobile home or trailer h) Other (Please specify)**RES\_DWELL\_OTX1-20**

d) Duplex/townhouse i) Not applicable because homeless

e) Condo

Why did you leave?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **RES\_LEAVE1-20**\_\_\_\_\_\_\_\_\_\_\_\_

\*\***Complete one of these pages for each residence\*\***

b) After that where did you live?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you move in?\_\_\_\_\_\_\_\_\_\_\_(mo/yr)

When did you move out? \_\_\_\_\_\_\_\_\_\_(mo/yr)

What type of residence were you living in?

a) In own home

Did you rent or own your home?

a) Rent

b) Own

b) In parent’s home

Did you pay rent to your parent(s) or contribute to household expenses?

a) No

b) Yes

c) In someone else’s home

a) Relative

b) Friend

c) Spouse or partner

d) Employer

e) Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you pay rent to them or contribute to the household expenses?

a) No

b) Yes

d) College housing (Please specify, e.g., dorm, apartment, fraternity, sorority)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e) Military base

f) Group home, half-way house, or social rehabilitation facility

g) Physical rehabilitation facility or nursing home

h) Prison

i) Homeless

j) Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of dwelling did you live in?

a) House f) Dorm room

b) Apartment g) Prison cell

c) Mobile home or trailer h) Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Duplex/townhouse i) Not applicable because homeless

e) Condo

Why did you leave?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Go to Life History Calendar\*\***

**III. Military**

1. Have you ever been in the military? **SINT30\_014**

a) No *(Go to next section)*

b) Yes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| a. What branch of the military?  (Army, Coast Guard, Air Force, Marines, Navy) | b. Was that reserve or active duty? | c. When did you begin? (mo/yr) | d. What was your rank when you began? | e. Are you still with this branch?  No (Ask f, g)  Yes (Ask h) | f. When did you end? (mo/yr) | g. What was your rank at discharge? | h.What is your current rank? |
| **SINT30\_014\_BR1-6** | **SINT30\_014\_BMN1-6**  **SINT30\_014\_BYR1-6**  **SINT30\_014\_DT1-6** |  | **SINT30\_014\_SR1-6** | **SINT30\_014\_PR1-6** | **SINT30\_014\_EMN1-6**  **SINT30\_014\_EYR1-6** | **SINT30\_014\_DR1-6** | **SINT30\_014\_CR1-6** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**\*\* Go to the Life History Calendar\*\***

**IV. Labor Market**

Now I want to ask you about the places you have worked since we last interviewed you.

1. Are you working now? **SINT30\_015**

a) No *(Go to # 5)*

b) Yes

2. How many jobs do you currently have? \_\_\_\_\_\_\_\_ **SINT30\_016**

3. Where do you work? *(list employers, not cities)* **CURJOB\_EMP1-5**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(For each current job ask question 4.)*

*(If participant has more than 1 current job, complete additional pages with these questions for*

*each current job.)*

\* **Put jobs on calendar with interviewee to check correct start and end dates.**

4. Please tell me about your current job at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fill in employer)

a) What is your job title? **CURJOB\_TITLE1-5**

**CURJOB\_MN1-5**

b) When did you begin working there? \_\_\_\_\_\_\_\_\_\_mo/yr) **CURJOB\_YR1-5**

c) What are your main job responsibilities?\_\_\_\_\_\_\_\_\_\_ **CURJOB\_RESP1-5**

d) How many hours per week on average working at this job? \_\_\_\_ **CURJOB\_HRS1-5**

e) While working for this employer have you changed jobs/titles/responsibilities? *(If the answer to this question is ‘yes’ you will need to correct the Life History Calendar. Previous positions and jobs will need to be completed as if they were separate jobs.)*

a) No **CURJOB\_CHNG1-5**

b) Yes

Was the change a promotion for you?**CURJOB\_CHNG\_PROM1-5**

a) No

b) Yes

f) How satisfied are you with this job? **CURJOB\_SAT1-5**

a) Very satisfied

b) Satisfied

c) Neither satisfied nor dissatisfied

d) Dissatisfied

e) Very dissatisfied

Reason for answer (Record verbatim)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CURJOB\_SATRSN1-5**

**\*Put jobs on calendar with interviewee to check correct start and end dates.**

**AGE21EMP (should be YN subject employed at age 21)**

Let’s go back to the job you had when we last interviewed you. At the Age 21 interview, you told us you were working at\_\_\_\_\_\_\_\_\_ **AGE21JOB**

*Is the subject still working there?* **SINT30\_017\_CUR**

*a) No*

*b) Yes*

When did you leave?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr) **SINT30\_017\_MN SINT30\_017\_YR**

What was your reason for leaving? **SINT30\_017\_RSN**

a) Left for better job

b) Left for family responsibilities

c) Left to attend school

d) Transportation problems (could not get to job)

e) Quit because disliked work

f) Quit because disliked people worked with

g) Fired

h) Other *(Please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_017\_RSN\_OTX**

*If unemployed:* When we last saw you, you indicated that you were unemployed.

What was the next job you held? *(record response under Question #5 a)*

*(Complete one of these pages for each previous job)*

5. What job did you hold after working at \_\_\_\_\_\_\_\_\_\_\_\_\_\_?

a) Name of employer: **PREVJOB\_EMP1-20**

b) What was your job title?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PREVJOB\_TITLE1-20**

c) When did you start this job? (m/y) **PREVJOB\_STMN1-20, PREVJOB\_STYR1-20**

d) When did you end this job? **PREVJOB\_ENDMN1-20, PREVJOB\_ENDYR1-20**

e) What were your main job responsibilities? **PREVJOB\_RSP1-20**

f) How many hours per week on average working at this job? \_\_\_ **PREVJOB\_HRS1-20**

g) How satisfied were you with this job? **PREVJOB\_SAT1-20**

a) Extremely satisfied

b) Satisfied

c) Neither satisfied nor dissatisfied

d) Dissatisfied

e) Extremely dissatisfied

h) Why did you leave this job? **PREVJOB\_LEFT1-20**

a) Left for better job

b) Left for family responsibilities

c) Left to attend school

d) Transportation problems (could not get to job)

e) Quit because disliked work

f) Quit because disliked people worked with

g) Fired

h) Other *(Please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_ **PREVJOB\_LEFT\_OTX1-20**

i) While working for this employer did you change jobs/titles/responsibilities?

a) No **PREVJOB\_CHNG1-20**

b) Yes

Was the change in duties a promotion for you?

a) No **PREVJOB\_CHNG\_PROM1-20**

b) Yes

6. At any time during the past 12 months, did social services or a welfare office provide job

training, a job search program, or anything else to help you try to get a job?

a) No **SINT30\_018**

b) Yes

If yes, what type of program or service was that? **SINT30\_018\_OTX**

*\*For persons never or not currently employed ask question #7, for employed persons go to #11.*

7. How do you presently spend your time? *(Check all that apply)* **SINT30\_0191-5**

\_\_\_Keeping house and/or taking care of children

\_\_\_In school

\_\_\_Looking for work

\_\_\_Traveling

\_\_\_Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_019\_OTX**

8. Have you looked for work in the past 4 weeks? **SINT30\_020**

a) No

b) Yes *(Go to # 10)*

9. Have you looked for work during the past 3 months? **SINT30\_021**

a) No

b) Yes

10. Would you rather be employed at this point? **SINT30\_022A**

a) No

b) Yes

If yes, what do you think is keeping you from getting a job? *(Record verbatim)*

**SINT30\_022**

11. Have you ever had a physical or nervous condition that kept you from working (*For women:* not including pregnancy or child birth)? **SINT30\_023**

a) No

b) Yes

In what month and year did this condition begin? **SINT30\_023\_STMN**

Month\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_023\_STYR**

**EG note: we also have** **SINT30\_023\_ENDMN, SINT30\_023\_YRMN**

Does this condition continue? **SINT30\_023\_PERS**

a) No

b) Yes

12. What do you see yourself doing five years from now (in terms of a career or

homemaking)? *(Record verbatim)* **SINT30\_024**

13. What would you have to do in order to accomplish that? *(Record verbatim)*

**SINT30\_025**

**The next set of questions concern earnings. We need to determine your current earnings and create a brief history of what you may have earned over the past year. Again, remember these data are not shared with anyone and your name is not attached to them when they go into our computer files.**

**V. Economic power and self sufficiency**

Now I need to ask you about your income. We need to ask you some questions about your earnings before taxes or any deductions. If you need to, though, you can tell us your earnings after taxes.

You stated earlier you currently have \_\_\_\_\_\_\_\_ job(s).

*(number)*

*For each current job, ask question 1. If participant has more than 1 current job, use additional “Current Jobs” pages (one set for each current job). Remember, the goal here is to try to get an estimate of the participant’s annual earned income.*

**CURWAGE\_EMP1-5**

1. For your job at \_\_\_\_\_\_\_\_\_\_\_\_ what will be the easiest way for you to describe your income? Per hour, per day, per week, every 2 weeks, twice a month, each month or per year?

**CURWAGE\_TIME\_UNIT1-5**

a) Per hour

a.1) Not counting overtime, tips, and commissions, what is your hourly rate of pay for this job before taxes and other deductions? **CURWAGE\_PAY1-5**

$ / hour:

a.2) How many hours per week do you work at this job at this rate?

hrs / wk: **CURWAGE\_HOURS1-5**

a.3) How many weeks per year do you expect to work at this job (including paid leave)?

Wks / year: **CURWAGE\_WEEKS1-5 we also have CURWAGE\_DAYS1-5, CURWAGE\_MONTHS1-5**

a.4) For this job, do you earn overtime? **CURWAGE\_OVER1-5**

a) no

b) yes

On average how much money do you get for overtime?**CURWAGE\_OVER\_PAY1-5**

Is this: a) per hour **CURWAGE\_OVER\_TIME\_UNIT1-5**

b) per day: How many days per week do you work?

**CURWAGE\_OVER\_DAYS1-5**

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify) **CURWAGE\_OVER\_OTH1-5**

a.5) For this job, do you receive tips? **CURWAGE\_TIPS1-5**

a) no

b) yes

**CURWAGE\_TIPS\_PAY1-5**

On average how much money do you get for tips?

Is this: a) per hour **CURWAGE\_TIPS\_TIME\_UNIT1-5**

b) per day: How many days per week do you work?

c) per week **CURWAGE\_TIPS\_DAYS1-5**

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify) **CURWAGE\_TIPS\_OTH1-5**

a.6) For this job, do you receive bonuses? **CURWAGE\_BONUS1-5**

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

**CURWAGE\_BONUS\_DTRM1-5**

b) So, about how much in bonuses do you get a year? *(if participant has*

*difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* **CURWAGE\_BONUS\_PAY1-5**

\_\_\_\_\_\_\_\_\_

Is this: a) per hour **CURWAGE\_BONUS\_TIME\_UNIT1-5**

b) per day

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

a.7) For this job, do you receive commissions? **CURWAGE\_COMM1-5**

a) no

b) yes

a) How are your commissions determined for this job? (*record response*

*verbatim)* **CURWAGE\_COMM\_DTRM1-5**

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $ per year **CURWAGE\_COMM\_PAY1-5**

a.8) Is all the income you just told me about for this job: **CURWAGE\_TAX1-5**

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

b) Per day

b.1)Not counting overtime, tips, and commissions, what is your daily rate of pay for this job before taxes and other deductions?

$ / day*:*

b.2) How many days per week do you work at this job at this rate?

days / wk:

b.3) How many weeks per year do you expect to work at this job (including paid leave)?

Wks / year:

b.4) For this job, do you earn overtime?

a) no

b) yes

On average how much money do you get for overtime?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

b.5) For this job, do you receive tips?

a) no

b) yes

On average how much money do you get for tips?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

b.6) For this job, do you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* \_$\_\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

b.7) For this job, do you receive commissions?

a) no

b) yes

a) How are your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

b.8) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

c) Per week

c.1)Not counting overtime, tips, and commissions, what is your weekly rate of pay for this job before taxes and other deductions?

$ / week:

c.2) How many weeks per year do you expect to work at this job (including paid leave)?

Wks / year:

c.3) For this job, do you earn overtime?

a) no

b) yes

On average how much money do you get for overtime?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

c.4) For this job, do you receive tips?

a) no

b) yes

On average how much money do you get for tips?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

c.5) For this job, do you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

c.6) For this job, do you receive commissions?

a) no

b) yes

a) How are your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

c.7) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

d) Every two weeks

d.1)Not counting overtime, tips, and commissions what are your usual earnings every two weeks on this job before taxes or other deductions?

$ / two weeks:

d.2) How many weeks per year do you expect to work at this job (including paid leave)?

Wks / year:

d.3) For this job, do you earn overtime?

a) no

b) yes

On average how much money do you get for overtime?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

d.4) For this job, do you receive tips?

a) no

b) yes

On average how much money do you get for tips?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

d.5) For this job, do you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

d.6) For this job, do you receive commissions?

a) no

b) yes

a) How are your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_\_per year

d.7)Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

e) Twice a month

e.1)Not counting overtime, tips, and commissions what is the amount of pay you receive twice a month before taxes and other deductions?

$ / pay check:

e.2) How many months per year do you expect to work at this job (including paid leave)?

months / year:

e.3) For this job, do you earn overtime?

a) no

b) yes

On average how much money do you get for overtime?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

e.4) For this job, do you receive tips?

a) no

b) yes

On average how much money do you get for tips?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

e.5) For this job, do you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses.)* $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

e.6) For this job, do you receive commissions?

a) no

b) yes

a) How are your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_\_per year

e.7)Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

f) Per month

f.1)Not counting overtime, tips, and commissions what are your usual monthly earnings on this job before taxes or other deductions?

*$\_\_\_\_per month*

*How many months per year do you expect to work at this job (including paid leave)?\_\_\_*

f.2) For this job, do you earn overtime?

a) no

b) yes

On average how much money do you get for overtime?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

f.4) For this job, do you receive tips?

a) no

b) yes

On average how much money do you get for tips?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

f.5) For this job, do you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)*  $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

f.6) For this job, do you receive commissions?

a) no

b) yes

a) How are your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

f.7)Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

g) Per year

g.1) Not counting overtime, tips, and commissions what are your usual annual earnings on this job before taxes or other deductions?

$ / year:

g.2) For this job, do you earn overtime?

a) no

b) yes

On average how much money do you get for overtime?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

g.3) For this job, do you receive tips?

a) no

b) yes

On average how much money do you get for tips?

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

g.4) For this job, do you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week do you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

g.5) For this job, do you receive commissions?

a) no

b) yes

a) How are your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions do you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

g.6) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject does not pay taxes on this income)

*Complete additional “Current Jobs” pages for each additional current job.*

*Ask these questions to all participants, even those who are employed.*

2. Currently are you receiving interest or dividends from savings, stocks, or bonds?

a) No **SINT30\_026**

b) Yes **SINT30\_026\_AMT SINT30\_026\_TIM**

$\_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_(hour, day, week, every 2 weeks, twice a month, month, year)

3. Currently are you receiving income from food stamps? **(See handout)**

a) No **SINT30\_027A**

b) Yes **SINT30\_27A\_AMT SINT30\_27A\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, have you received food stamps? **SINT30\_Prev\_Food**

a) No

b) Yes **PREVYEARFOOD1-11, PREVYEARFOOD\_BEN1-11**

Which years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Currently are you receiving income from AFDC, public assistance, welfare or TANF?

a) No **SINT30\_027B**

b) Yes **SINT30\_27B\_AMT SINT30\_27B\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, did you receive any AFDC/TANF welfare benefits?

a) No **SINT30\_Prev\_AFDC**

b) Yes **PREVYEARAFDC1-11, PREVYEARAFDC\_BEN1-11**

Which years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Currently are you receiving income from housing assistance?

a) No **SINT30\_027C**

b) Yes **SINT30\_27C\_AMT SINT30\_27C\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, did you receive any housing assistance?

a) No **SINT30\_Prev\_House**

b) Yes **PREVYEARHOUSE1-11, PREVYEARHOUSE\_BEN1-11**

Which years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Currently are you receiving income from unemployment benefits or unemployment insurance? **SINT30\_027G**

a) No

b) Yes **SINT30\_27G\_AMT SINT30\_27G\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, did you receive any unemployment benefits?

a) No **SINT30\_Prev\_Unemp**

b) Yes **PREVYEARUNEMP1-11, PREVYEARUNEMP\_BEN1-11**

Which years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Currently are you receiving WIC benefits? **SINT30\_027H**

a) No

b) Yes **SINT30\_27H\_AMT SINT30\_27H\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, did you receive any WIC benefits? **SINT30\_Prev\_WIC**

a) No **PREVYEARWIC1-11, PREVYEARWIC\_BEN1-11**

b) Yes

Which years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Currently are you receiving income from fuel subsidies? **SINT30\_027I**

a) No

b) Yes **SINT30\_27I\_AMT SINT30\_27I\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, did you receive any fuel subsidies? **SINT30\_Prev\_Fuel**

a) No

b) Yes **PREVYEARFUEL1-11, PREVYEARFUEL\_BEN1-11**

Which years?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Currently are you receiving any other form of welfare assistance? **SINT30\_027J**

a) No

b) Yes **SINT30\_27J\_AMT SINT30\_27J\_TIM**

What type of assistance is that?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_027J\_OTX**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

Since you were 21 years old, did you receive any other forms of public assistance?

a) No **SINT30\_Prev\_Oth**

b) Yes **PREVYEAROTH1-11, PREVYEAROTH\_BEN1-11**

Which years?\_\_\_\_\_\_ **PREVYEAROTH\_BEN\_OTX1-11**\_\_\_\_\_\_\_

***(EG NOTE: These are out of order on the form from the codebook)***

10. Currently are you receiving income from workman’s compensation, disability, or Social Security benefits including Supplemental Security Income? **SINT30\_027D**

a) No

b) Yes **SINT30\_27D\_AMT SINT30\_27D\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

11. Currently are you receiving income from child support or alimony? **SINT30\_027E**

a) No

b) Yes **SINT30\_27E\_AMT SINT30\_27E\_TIM**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_

12. Currently are you receiving money from family or friends (do not include a spouse’s

salary or any scholarship funds here). **SINT30\_027F**

a) No

b) Yes

From whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_027F\_DON**

$\_\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_ **SINT30\_27F\_AMT SINT30\_27F\_TIM**

13. Are you required to go to work, to school, or do anything else to obtain public assistance now? **SINT30\_028**

a) No

b) Yes

What are you required to do? (*Check all that apply*.) **SINT30\_028\_REQACT1-5**

\_\_ Look for a job

\_\_ Work for pay

\_\_ Work in an unpaid position

\_\_ Attend school or training

\_\_ Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_) **SINT30\_028\_REQACT\_OTH**

14. Do you have any other sources of personal income (e.g. rental income or taking care of children) **SINT30\_029**

a) No

b) Yes

What is the source of this income?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **OTHINC\_SRC1-7**

$ \_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_ **OTHINC\_AMT1-7 OTHINC\_TIM1-7**

What is the source of the income?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ \_\_\_\_\_\_\_\_\_per \_\_\_\_\_\_\_\_\_\_

15. Are you currently living with a partner or spouse? **SINT30\_030\_PAR**

a) No *(go to #16)*

b) Yes

a) Is your spouse/partner currently employed? **SINT30\_030\_PAR\_WRK**

a) No

b) Yes

b) Where does your spouse/partner work? **SINT30\_030\_WRK**

c) What are his/her main responsibilities? **SINT30\_030\_RSP**

d) How many hours per week do they work on average? **SINT30\_030\_HRS**

e) How much income did your spouse or partner receive from earnings, wages, salary,

including tips, bonuses and overtime last year?

Total annual income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_030\_INCOM**

Is this:

a) Before taxes (gross income) **SINT30\_030\_INCOM\_TAX**

b) After taxes (net income)

c) Untaxed (no tax is paid on this income)

Don’t know:

What is your best guess of their total income per year before taxes or other deductions? (Note if the number reported is after taxes and deductions.)

a) Less than $10,000 **SINT30\_030\_INRNG**

b) $10,000 to $14,999

c) $15,000 to $19,999

d) $20,000 to $29,999

e) $30,000 to $39,000

f) $40,000 to $49,999

g) $50,000 to $74,999

h) $75,000 or more

16. Does anyone besides you depend, at least in part, on your income- such as your parents or

children?

a) No **SINT30\_031**

b) Yes **DEPENDENT\_NAME1-10 DEPENDENT\_REL1-10**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Do you own a residence, such as a house, condo, or mobile home? **SINT30\_032**

a) No

b) Yes, 1 residence

Is this different than your current residence? **SINT30\_032\_DIF**

a) No

b) Yes

address:\_**SINT30\_032\_ADD**\_state:\_\_\_\_\_\_\_zip:\_\_\_\_\_\_\_

c) Yes, multiple residences

18. Do you own a car, truck, van, or motorcycle? **SINT30\_033**

a) No

b) Yes

19. Do you own a computer? **SINT30\_034**

a) No

b) Yes *(go to # 21)*

20. Do you have access to a computer? **SINT30\_035**

a) No

b) Yes

21. Do you have an email address? **SINT30\_036**

a) No

b) Yes

22. Do you have a checking account? **SINT30\_037**

a) No

b) Yes

23. Do you have a savings account? **SINT30\_038**

a) No

b) Yes

24. Do you have a credit card? **SINT30\_039**

a) No

b) Yes

25. In the past 12 months, was there a time when (Check all that apply) **(see handout)**

**SINT30\_040A**\_\_\_ you did not pay the full amount for rent or the mortgage due to financial

circumstances?

**SINT30\_040B**\_\_\_ you were evicted from your house or apartment for not paying the rent

or mortgage?

**SINT30\_040C** \_\_\_ your household was without telephone service for any reason?

**SINT30\_040D** \_\_\_ you/your household did not pay the full amount of a gas, electric, oil, or water bill due to financial circumstances?

**SINT30\_040E**\_\_\_ your household had the electric, gas, or water service turned off because payments were not made?

**SINT30\_040F**\_\_\_ you or someone who depends on you needed to see a doctor or go to the hospital but did not because you could not afford it?

**SINT30\_040G** \_\_\_ you or someone who depends on you needed to see a dentist but did not because you could not afford it?

**SINT30\_040H** \_\_\_ you or someone who depends on you went hungry because you could not afford to buy food?

**SINT30\_040I** \_\_\_ you depended on sources such as the community kitchen to feed yourself or someone who depends on you?

**SINT30\_040J**\_\_\_ you could not get to work or school because you did not have reliable transportation?

26. Was there a time during the past year that you were getting AFDC, public assistance, welfare

or TANF but you stopped receiving them? **SINT30\_041**

a) No

b) Yes

Why do you no longer receive these funds? (*Check all that apply*) **(see handout)**

\_\_ Got a job **SINT30\_041A1-12**

\_\_ Working the same job but got more hours or a raise

\_\_ Got a better job

\_\_ Got married or remarried

\_\_ Moved in with a partner in a marriage-like relationship

\_\_ Moved in with family

\_\_ Moved to another county or state

\_\_ Earning increased past limit

\_\_ Assets were too high

\_\_ Did not follow program rules

\_\_ Reached the end of the time limit for benefits

\_\_ Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SINT30\_041A** **\_OTH**\_\_\_\_\_\_

*27. Consult the Life History Calendar. How many non-current jobs were held in the past 12 months?\_\_\_\_\_ Enter 0 if the Subject was not employed at all in the past 12 months, or has not ended a job in the past 12 months.*

Now I need to get your income from any (other) jobs you have held during the past 12 months. According to the Life History Calendar, since one year ago today, you have held \_\_\_ job(s).

1. For your job at \_\_\_\_\_\_\_\_\_\_\_\_ what will be the easiest way for you to describe your income? Per hour, per day, per week, every 2 weeks, twice a month, each month or per year?

a) Per hour

a.1) Not counting overtime, tips, and commissions, what was your hourly rate of pay for this job before taxes and other deductions?

$ / hour:

a.2) How many hours per week did you work at this job at this rate?

hrs / wk:

a.3) How many weeks per year did you work at this job (including paid leave)?

Wks / year:

a.4) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

a.5) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

a.6) For this job, did you receive bonuses?

a) no

b) yes

a) How were your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has*

*difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)*

\_\_\_\_\_\_\_\_\_

Is this: a) per hour

b) per day

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

a.7) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response*

*verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $ per year

a.8) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

b) Per day

b.1)Not counting overtime, tips, and commissions, what was your daily rate of pay for this job before taxes and other deductions?

$ / day*:*

b.2) How many days per week did you work at this job at this rate?

days / wk:

b.3) How many weeks per year did you expect to work at this job (including paid leave)?

Wks / year:

b.4) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

b.5) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

b.6) For this job, did you receive bonuses?

a) no

b) yes

a) How were your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* \_$\_\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

b.7) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

b.8) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

c) Per week

c.1)Not counting overtime, tips, and commissions, what was your weekly rate of pay for this job before taxes and other deductions?

$ / week:

c.2) How many weeks per year did work at this job (including paid leave)?

Wks / year:

c.3) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

c.4) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

c.5) For this job, did you receive bonuses?

a) no

b) yes

a) How were your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

c.6) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

c.7) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

d) Every two weeks

d.1)Not counting overtime, tips, and commissions what were your usual earnings every two weeks on this job before taxes or other deductions?

$ / two weeks:

d.2) How many weeks per year did you work at this job (including paid leave)?

Wks / year:

d.3) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

d.4) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

d.5) For this job, did you receive bonuses?

a) no

b) yes

a) How were your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

d.6) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_\_per year

d.7)Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

e) Twice a month

e.1)Not counting overtime, tips, and commissions what was the amount of pay you received twice a month before taxes and other deductions?

$ / pay check:

e.2) How many months per year did you to work at this job (including paid leave)?

months / year:

e.3) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

e.4) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

e.5) For this job, did you receive bonuses?

a) no

b) yes

a) How were your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses.)* $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

e.6) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_\_per year

e.7)Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

f) Per month

f.1)Not counting overtime, tips, and commissions what were your usual monthly earnings on this job before taxes or other deductions?

*$\_\_\_\_per month*

*How many months per year did you work at this job (including paid leave)?\_\_\_*

f.2) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

f.4) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

f.5) For this job, did you receive bonuses?

a) no

b) yes

a) How were your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)*  $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

f.6) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

f.7)Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

g) Per year

g.1) Not counting overtime, tips, and commissions what were your usual annual earnings on this job before taxes or other deductions?

$ / year:

g.2) For this job, did you earn overtime?

a) no

b) yes

On average how much money did you get for overtime?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

g.3) For this job, did you receive tips?

a) no

b) yes

On average how much money did you get for tips?

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

g.4) For this job, did you receive bonuses?

a) no

b) yes

a) How are your bonuses determined for this job? (*record response verbatim)*

b) So, about how much in bonuses did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_

Is this: a) per hour

b) per day: How many days per week did you work?

c) per week

d) every two weeks

e) twice a month

f) each month

g) per year

h) other (Please specify)

g.5) For this job, did you receive commissions?

a) no

b) yes

a) How were your commissions determined for this job? (*record response verbatim)*

b) So, about how much in commissions did you get a year? *(if participant has difficulty determining an annual estimate, help them provide an estimate that can be annualized, such as average amount per month and how many months they receive bonuses)* $\_\_\_\_\_\_\_ per year

g.6) Is all the income you just told me about for this job:

a) before taxes (gross income)

b) after taxes (net income)

c) untaxed (Subject did not pay taxes on this income)

# VI. Family Relationships

1. Now I need to ask about your family. Is your biological mother living?

a) No *(Go to #5)* **SINT30\_045**

If no, when did your mother pass away? Month\_\_\_\_\_ Year\_\_\_\_\_

b) Yes **SINT30\_045\_MN SINT30\_045\_YR**

c) Don’t know *(Go to #5)*

1. Do you currently live with your biological mother? **SINT30\_046**

a) No

b) Yes *(Go to #4)*

1. How often do you have contact with your mother (either in person, by phone, e-mail, etc.)? **SINT30\_047**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

1. How close do you feel to your mother? **SINT30\_048**

a) Very close

b) Somewhat close

c) In the middle

d) Not very close

e) Not close at all

1. Is there someone else who has acted as a mother to you? **SINT30\_049**

a) No *(Go to # 10)*

b) Yes

1. Who is this person? That is, what is her relationship to you? **SINT30\_050**

a) An adoptive parent

b) Step-mother

c) Maternal grandmother

d) Paternal grandmother

e) A foster parent

f) Another relative

g) Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_050\_OTX**

7. Is this person still living? **SINT30\_050A**

a) No *(Go to #10)*

b) Yes

8. How often do you have contact with this person (either in person, by phone, e-mail, etc.)? **SINT30\_051**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

j) Not applicable because deceased

9. How close do you feel to this person? **SINT30\_052**

a) Very close

b) Somewhat close

c) In the middle

d) Not very close

e) Not close at all

f) Not applicable because deceased

10. Is your biological father living? **SINT30\_053**

a) No *(Go to #14)* **SINT30\_053\_MN SINT30\_053\_YR**

If no, when did your father pass away? Month\_\_\_\_\_ Year\_\_\_\_\_\_

b) Yes

c) Don’t know *(Go to #14)*

11. Do you currently live with your biological father? **SINT30\_054**

a) No

b) Yes *(Go to # 13)*

12. How often do you have contact with your father (either in person, by phone, e-mail, etc.)? **SINT30\_055**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

13. How close do you feel to your father? **SINT30\_056**

a) Very close

b) Somewhat close

c) In the middle

d) Not very close

e) Not close at all

14. Is there someone else who has acted as a father to you? **SINT30\_057**

a) No *(Go to # 19)*

b) Yes

15. Who is this person? That is, what is his relationship to you? **SINT30\_058**

a) An adoptive parent

b) Step-father

c) Maternal grandfather

d) Paternal grandfather

e) A foster parent

f) Another relative

g) Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_058\_OTX**

16. Is this person still living? **SINT30\_058A**

a) No *(Go to # 19)*

b) Yes

17. How often do you now have contact with this person (either in person, by phone, e-mail, etc.)? **SINT30\_059**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

j) Not applicable because deceased

18. How close do you feel to this person? **SINT30\_060**

a) Very close

b) Somewhat close

c) In the middle

d) Not very close

e) Not close at all

f) Not applicable because deceased

19. Do you have any sisters? **SINT30\_061**

a) No

b) Yes

How many older sisters do you have? \_\_\_\_\_\_\_ **SINT30\_061\_OLD**

How many younger sisters do you have? \_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_061\_YNG**

20. Do you have any brothers? **SINT30\_062**

a) No

b) Yes

How many older brothers do you have? \_\_\_\_\_\_\_ **SINT30\_062\_OLD**

How many younger sisters do you have? \_\_\_\_\_\_\_\_\_\_\_ **SINT30\_062\_YNG**

**The next set of questions concerns your own family – your spouse or partner, and children.**

**VII. Marriage/Involvement with a Significant Other**

Current Relationships

1. What is your current marital status? *(Read all choices to participant)* **SINT30\_063**

a) Married (Go to # 4)

b) Single (never married)

c) Separated

d) Divorced

e) Widowed

2. Are you now currently involved in a serious, committed relationship with a man or woman? **SINT30\_064**

a) No (go to question #4 if been married in past, #6 if single, never married)

b) Yes

How long have you been committed to this person? **SINT30\_064A**

a) Less than 6 months

b) More than 6 months but less than 1 year

c) More than 1 year but less than 2 years

d) 2 or more years

3. Are you currently living with a man or woman in a serious, committed relationship but you are not legally married? **SINT30\_065**

a) No

b) Yes

*If single, go to # 6.*

Marriages

4. How many times have you been married? *(include current marriage and all previous marriages if applicable)* **SINT30\_066**

Number of times\_\_\_\_\_\_

5a1. Please tell me the first name or nickname of your spouse *(say the last part if married more than once)* from your first marriage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MAR\_NAME1-5**

5a.2) When did you get married? **MAR\_STMN1-5**

Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_ **MAR\_STYR1-5**

5a.3) Were you ever separated from your spouse? **MAR\_SEP1-5**

a) No *(Go to #5a.4)*

b) Yes **MAR\_SEP\_NUM1-5**

How many times were you separated from *(name of spouse)*? \_\_\_\_\_

*(If answer is more than once, must ask the dates for each separation)*

From\_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_\_\_ (mo/yr) **MAR\_SEP\_STMN1-5**

From\_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_\_\_(mo/yr) **MAR\_SEP\_STYR1-5**

**MAR\_SEP\_ENDMN1-5 MAR\_SEP\_ENDYR1-5**

5a.4) What is the state of that marriage now? **MAR\_STATUS1-5**

a) Still married

b) Separated

c) Divorced **MAR\_DIV\_MN1-5, MAR\_DIV\_YR1-5**

When? Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

d) Widowed **MAR\_WID\_MN1-5, MAR\_WID\_YR1-5**

When? Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

5b1. Please tell me the first name or nickname of your spouse *(say the last part if married more than once)* from your second marriage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5b.2) When did you get married?

Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

5b.3) Were you ever separated from your spouse?

a) No

b) Yes

How many times were you separated from *(name of spouse)* \_\_\_\_\_\_?

*(If answer is more than once, must ask the dates for each separation)*

From\_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_\_\_ (mo/yr)

From\_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_\_\_(mo/yr)

5b.4) What is the state of that marriage now?

a) Still married

b) Separated

c) Divorced

When? Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

d) Widowed

When? Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

5c1. Please tell me the first name or nickname of your spouse *(say the last part if married more than once)* from your third marriage.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5c.2) When did you get married?

Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

5c.3) Were you ever separated from *(name of spouse)*?

a) No

b) Yes

How many times were you separated from *(name of spouse)* \_\_\_\_\_\_?

*(If answer is more than once, must ask the dates for each separation)*

From\_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_\_\_ (mo/yr)

From\_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_\_\_ (mo/yr)

5c.4) What is the state of that marriage now?

a) Still married

b) Separated

c) Divorced

WhenMonth\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

d) Widowed

Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_

Marriage-Like Relationships

6. How many times have you lived with someone in a serious, committed relationship but you were not legally married? **SINT30\_067**

Number of times\_\_\_\_\_\_\_\_\_\_

6a.1) Please tell me the first name or nickname of the first person you lived with. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MLR\_NAME1-10**

**MLR\_STMN1-10 MLR\_STYR1-10**

6a.2) When did you live together? \_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_(mo/yr)

**MLR\_ENDMN1-10 MLR\_ENDYR1-10**

6b.1) Please tell me the first name or nickname of the second person you lived with. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6b.2) When did you live together? \_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_(mo/yr)

6c.1) Please tell me the first name or nickname of the third person you lived with. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6c.2) When did you live together? \_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_(mo/yr)

6d.1) Please tell me the first name or nickname of the fourth person you lived with. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6d.2) When did you live together? \_\_\_\_\_\_\_(mo/yr) to \_\_\_\_\_\_(mo/yr)

\*\* Go to the Life History Calendar\*\*

# VIII. Children

1. Do you have any children? **SINT30\_068**

a) No

b) Yes

2. How many biological and adopted children do you have? \_\_\_\_\_\_\_\_\_\_ (# of children)  **SINT30\_068A**

Please list your biological and/or legally adopted children.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child  **CHILD\_NAME1-16** | Gender  M or F  **CHILD\_GEN1-8** | Birthday (mo/day/year)  **CHILD\_BIRTH1-8** | Biological or adopted?  B or A  **CHILD\_RELAT1-8** | If adopted, when child began living with interviewee  **CHILD\_ALIVE1-8**  **CHILD\_LIVE\_MN1-8**  **CHILD\_LIVE\_YR1-8** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

b) Are there any other children that you consider “your children” because you are responsible for their care and support?

a) No **SINT30\_068B**

b) Yes

How many? \_\_\_\_\_\_\_\_ (#of children) **SINT30\_068B\_TOT**

If yes, please list those children.

Created Variables CH\_DOB1-CH\_DOB16 and CH\_GEND1-CH\_GEND16 to match children in following health interview.

**SpChild\_Alive1-8**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of child  **SpChild\_Name1-8** | Gender  M or F  **SpChild\_Gen1-8** | Birthday (mo/day/year)  **SpChild\_Birth1-8** | Relationship to interviewee (please specify) | When child began living with interviewee (be able to type in notes) |
|  |  |  | **SpChild\_Relat1-8** | **SpChild\_Live\_MN1-8** |
|  |  |  |  | **SpChild\_Live\_YR1-8** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SpChild\_Relat\_OTX1- SpChild\_Relat\_OTX8**

3. Have you had any children who have passed away? **SINT30\_069**

a) No

b) Yes

How many children have passed away? \_\_\_\_\_\_\_\_ *(# of children)* **SINT30\_069A**

Name of child(ren) who passed away

1) \_**DEATH\_NAME1-8** Date child passed away \_**DEATH\_DATE1-8**(mo/yr)

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date child passed away \_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date child passed away \_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date child passed away \_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

Record verbatim any other comments: \_\_**DEATH\_TXT1-8**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Go to Life History Calendar\*\***

*(Ask the following questions for each child the interviewee has named above.)*

Also **Child\_Nickname1-16** variables

You stated that you have \_\_\_\_\_\_\_\_children.

*First or only child asking about:* Let’s start with your oldest child\_\_\_\_ \_\_\_.

*Each additional child:* Now let’s talk about .

4. What is your relationship to *(Child) (confirm relationship)*? **SUB\_REL1-16**

a) Biological mother

b) Biological father

c) Adoptive mother

d) Adoptive father

e) Foster mother

f) Foster father

g) Step-mother

h) Step-father

i) Aunt

j) Uncle

k) Other *(Please specify\_\_\_\_\_\_\_\_)* **SUB\_REL\_OTX1-16**

5. In general, how good is *(Child’s)* health? **CHILD\_HEALTH1-16**

a) Excellent

b) Very good

c) Good

d) Fair

e) Poor

f) Don’t know

6. Does *(Child)* have a physical, emotional, or mental condition that limits or interferes with (his or her) ability to learn? **CHILD\_COND\_LRN1-16**

a) No

b) Yes (*Describe briefly* ) **CHILD\_COND\_LRN\_OTX1-16**

c) Don’t know

7. Does *(Child)* have any condition that keeps him or her from doing the activities that other children (his or her) age do routinely? **CHILD\_COND\_ACT1-16**

a) No

b) Yes (*Describe briefly* ) **CHILD\_COND\_ACT\_OTX1-16**

c) Don’t know

8. Has a doctor ever told you that *(Child)* has any of the following health problems? **(See handout) CHILD\_HLTH\_PROB##\_##**

\_\_\_Hearing problems or deafness

Recodes to 1/missing

HEARPROB1-16

SPEECH1-16

VISPROB1-16

DEVDELAY1-16

ALLERG1-16

ASTHMA1-16

RESP1-16

HEART1-16

SCA1-16

EPILEPSY1-16

ORTHOP1-16

CP1-16

CF1-16

CANCER1-16

HEMO1-16

\_\_\_Delayed speech or other problems with speaking or understanding what is said

\_\_\_Visual problems even if wearing glasses

\_\_\_Slow to learn or developmentally delayed

\_\_\_Allergies or hay fever (do not include allergies to medicines)

**There are 17 variables for up to 16 children for this variable. The first number in the variable name refers to the health problem (problem 1 – 17) and the second set of numbers refers to the child (1-16).**

\_\_\_Asthma

\_\_\_Any other chronic respiratory, lung, or breathing problem

\_\_\_A chronic heart condition

\_\_\_Sickle cell anemia

\_\_\_Epilepsy, convulsions, or seizures without fever

\_\_\_Chronic orthopedic, bone, or joint problems

\_\_\_Cerebral palsy

\_\_\_Cystic fibrosis

\_\_\_Cancer

\_\_\_Hemophilia

\_\_\_HIV or AIDS

Recodes to 1/missing

HIV1-16

HLTHPROB1-16

\_\_\_Any other health problem requiring medical specialists? (*Describe briefly*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CHILD\_HLTH\_PROB\_OTX\_##**\_\_

9. Where does *(Child)* usually go when he/she is sick and needs health care? *(Record response verbatim)\_\_***CHILD\_MEDCARE\_VERB1-16***\_\_(verbatim response)\_*

*(Select* ***one****)* **CHILD\_MEDCARE1-16**

a) Never get sick or need care

b) Get sick but don’t go anywhere for health care

c) Hospital-based clinic

d) Emergency room

e) Community health department or clinic

f) Private doctor’s office

g) Infirmary at school

h) Military hospital or clinic

i) Employee health clinic at my work

j) Other (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CHILD\_MEDCARE\_OTX1-16**

k) Don’t know **(recoded to .D)**

10. Is *(Child’s)* primary residence with you? **CHILD\_PRIMRES1-16**

a) No *(Answer #12 only)*

b) Yes *(Answer # 11 only)*

c) Child spends equal time at 2 residences *(Answer #11 and #12)*

11. *This question refers to the interviewee’s home and is to be asked if the child is living with the interviewee either part-time or all the time.* Besides you and (*Child*), who else lives in the home where (*Child*) lives *(check all that apply)*? *Interviewer then says,* “You,” *checking appropriate category to describe interviewee, and check others as listed*. **Child\_OthHome\_Sub##\_##**

**There are 16 variables for up to 16 children for this variable. The first number in the variable name refers to the person (person 1 – 16) and the second set of numbers refers to the child (1-16).**

\_\_\_Biological mother \_\_\_Other maternal relative(s)

\_\_\_Biological father \_\_\_Paternal grandparent(s)

\_\_\_Step-mother \_\_\_Other paternal relative(s)

\_\_\_Step-father \_\_\_Child’s sibling(s) or step-sibling(s)

\_\_\_Adoptive mother \_\_\_Foster mother

\_\_\_Adoptive father \_\_\_Foster father

\_\_\_Maternal grandparent(s) \_\_\_Friends

\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Don’t Know

**Child\_OthHome\_Sub\_Otx1-16**

12. *Ask this question if the child does* ***not*** *live in the interviewee’s home either part-time or all the time.* With whom does (*Child)* live (*if applicable*, in the child’s other home) *(check all that apply)?* **Child\_OthHome\_NoSub##\_##**

\_\_\_Biological mother \_\_\_Other maternal relative(s)

\_\_\_Biological father \_\_\_Paternal grandparent(s)

\_\_\_Step-mother \_\_\_Other paternal relative(s)

\_\_\_Step-father \_\_\_Child’s sibling(s) or step-sibling(s)

\_\_\_Adoptive mother \_\_\_Foster mother

**There are 16 variables for up to 16 children for this variable. The first number in the variable name refers to the person (person 1 – 16) and the second set of numbers refers to the child (1-16).**

\_\_\_Adoptive father \_\_\_Foster father

\_\_\_Maternal grandparent(s) \_\_\_Friends

\_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_Don’t know

**Child\_OthHome\_NoSub\_Otx##**

*Question 13 is not to be read aloud to the interviewee, but is to be used to determine which set of questions are appropriate to be asked next.*

*13. Child primarily lives with:* **Child\_PrimRes\_Expand1-16**

*a) Someone other than interviewee (Go to Questions 14-21)*

*b) Interviewee, but not other biological parent (Go to Questions 22-30)*

*c) Joint custody situation where child lives with both parents, but in two different households (Go to Questions 22-30)*

*d) Interviewee, but the child is a foster child (Go to Questions 31-38)*

*e) Both parents together in same home, including interviewee (Go to Question 38)*

14. How far away from you does *(Child)* live? **Child\_Distance1-16**

a) Within 1 mile

b) 1 to 10 miles

c) 11 to 50 miles

d) 51 to 100 miles

e) 101-200 miles

f) More than 200 miles

g) Don’t know

15. How much contact did you have with *(Child*) over the past year (either in person, by phone, email, etc.)? **Child\_Contact1-16**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

16. Do you have a regular schedule for when you see *(Child)*? **Child\_Sched1-16**

a) Please describe the situation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child\_Sched\_Otx1-16**

b) How often are you able to keep this schedule? **Child\_Sched\_Keep1-16**

a) Always

b) Most of the time

c) Sometimes

d) Rarely

e) Never

17.Do you have a legal agreement regarding custody of *(Child)*? **Child\_Legal1-16**

a) No

b) Yes

What is the custody agreement? **Child\_Legal\_Cust1-16**

1. Mother has sole custody
2. Father has sole custody
3. Joint custody
4. Other *(Please Specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child\_Legal\_Cust\_Otx1-16**

18. Do you pay child support for *(Child*)? **Child\_Support1-16**

a) No

b) Yes

c) Sometimes

19. Has the court requiredyou to pay child support for *(Child)?*

a) No **Child\_Court\_Support1-16**

b) Yes

a.1) Within the past year, how many child support payments have you missed?

a) None **Child\_Court\_Support\_Freq1-16**

b) 1 or 2

c) 3 to 5

d) 6 to 8

e) 9 to 11

f) All payments

20. Not including child support, which of the following things have you done during the past year? (*Check all that apply*) **Child\_Support\_Other#\_##**

\_\_\_ Bought clothes, toys, or presents for holidays or birthdays

**There are 5 variables for up to 16 children for this variable. The first number in the variable name refers to the type of support (support 1 – 5) and the second set of numbers refers to the child (1-16).**

\_\_\_ Paid for medical or dental expenses

\_\_\_ Given extra money to help out with costs (exclusive of support

payments)

\_\_\_ Helped pay for child care expenses

\_\_\_ Other *(Please specify*)\_\_**Child\_Support\_Other\_Otx1-16** \_\_\_

21. What are you most proud of about *(Child)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_child proud variable at end of child section\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*\*Go back to question 4 and ask about next child if applicable.*

*\*\*\*Questions 22-30 are for if the child lives with the interviewee, but not the other parent, or in the case of joint custody.*

22. What is *(Other parent’s)* relationship to *(Child)*? **Child\_OPar\_Rel1-16**

a) Biological mother

b) Biological father

c) Step-mother

d) Step-father

e) Adoptive mother

f) Adoptive father

g) Other (Please specify\_\_\_\_\_\_\_\_\_\_\_\_) **Child\_OPar\_Rel\_Otx1-16**

23. How far away from *(Other parent)* does *(Child)* live? **Child\_OPar\_Distance1-16**

a) Within 1 mile

b) 1 to 10 miles

c) 11 to 50 miles

d) 51 to 100 miles

e) 101-200 miles

f) More than 200 miles

g) Don’t know

24. How much contact did *(Other Parent)* have with *(Child*) over the past year (either in person, by phone, email, etc.)? **Child\_OPar\_Contact-16**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

**Child\_OPar\_Sched-16**

25. Do you have a regular schedule for when *(Other Parent)* sees *(Child)*?

a) Please describe the situation\_\_\_\_\_\_\_\_\_\_**Child\_OPar\_Sched\_Otx-16**\_\_\_

b) How often are you able to keep this schedule?**Child\_OPar\_Sched\_Keep-16**

a) Always

b) Most of the time

c) Sometimes

d) Rarely

e) Never

26.Do you have a legal agreement regarding custody of *(Child)*? **Child\_OPar\_Legal1-16**

a) No

b) Yes

What is the custody agreement? **Child\_OPar\_Legal\_Cust1-16**

a) Mother has sole custody

b) Father has sole custody

c) Joint custody

d) Other *(Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* **Child\_OPar\_Legal\_Cust\_Otx1-16**

27. Does *(Other Parent)* pay child support for *(Child*)? **Child\_OPar\_Support1-16**

a) No

b) Yes

c) Sometimes

28. Has the court required *(Other Parent)* to pay child support for *(Child)?*

a) No **Child\_OPar\_Court\_Support1-16**

b) Yes

a.1) Within the past year, how many child support payments has *(Other Parent)* missed? **Child\_OPar\_Court\_Support\_Freq1-16**

a) None

b) 1 or 2

c) 3 to 5

d) 6 to 8

e) 9 to 11

f) All payments

29. Not including child support, which of the following things has *(Other Parent)* done during the past year? (*Check all that apply*) **Child\_OPar\_Support\_Other#\_##**

\_\_\_ Bought clothes, toys, or presents for holidays or birthdays

**There are 5 variables for up to 16 children for this variable. The first number in the variable name refers to the type of support (support 1 – 5) and the second set of numbers refers to the child (1-16).**

\_\_\_ Paid for medical or dental expenses

\_\_\_ Given you extra money to help out with costs (exclusive of support

payments)

\_\_\_ Helped pay for child care expenses

\_\_\_ Other *(Please* *specify*)**Child\_OPar\_Support\_Other\_Otx1-16**\_\_\_\_\_\_

30. What are you most proud of about *(child)? (record verbatim) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_child proud variable at end of child section\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*\*Go back to question 4 and ask about next child if applicable.*

*\*\*\* Questions 31-38 to be asked about foster children of the interviewee.*

31. How long ago did you become the primary caregiver for *(Child)*?

a) Within the past 3 months **Child\_Fost\_Prim1-16**

b) 4-6 months ago

c) Within the past year

d) Longer than 1 but less than 2 years ago

e) Longer than 2 years but less than 5 years ago

f) More than 5 years ago

g) Other *(For special circumstances, please explain\_\_***Child\_Fost\_Prim\_Otx1-16***)*

32. Does *(Child)* have any contact with his/her biological parents?

a) No **Child\_Fost\_Par\_Cont1-16**

b) Yes

If yes, with whom? a) Mother Only **Child\_Fost\_Par\_Cont\_Spec1-16**

b) Father Only

c) Both biological parents

33.Do you have a legal agreement regarding custody of *(Child)*?

a) No **Child\_Fost\_Legal1-16**

b) Yes

What is the custody agreement? *(Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

**Child\_Fost\_Legal\_Cust\_Otx1-16**

34. Do you receive child support payments for *(Child)*, other than money from social

services? **Child\_Fost\_Support1-16**

a) No

b) Yes

c) Sometimes

**Child\_Fost\_Support\_Source##\_##**

35. If yes or sometimes, who is paying the support to you? *(Check all that apply)*

**There are 11 variables for up to 16 children for this variable. The first number in the variable name refers to the type of support (support 1 – 11) and the second set of numbers refers to the child (1-16).**

\_\_\_Biological mother \_\_\_Other maternal relative(s)

\_\_\_Biological father \_\_\_Paternal grandparent(s)

\_\_\_Step-mother \_\_\_Other paternal relative(s)

\_\_\_Step-father \_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_

\_\_\_Adoptive mother **Child\_Fost\_Support\_Source\_Otx1-16**

\_\_\_Adoptive father

\_\_\_Maternal grandparent(s)

36. Has the court requiredeither biological parent or another family member to pay child support for *(Child)?* **Child\_Fost\_Court\_Support1-16**

a) No

b) Yes **Child\_Fost\_Court\_Support\_Source##\_##**

If yes, who is paying the support? *(Check all that apply)*

\_\_\_Biological mother \_\_\_Other maternal relative(s)

\_\_\_Biological father \_\_\_Paternal grandparent(s)

\_\_\_Step-mother \_\_\_Other paternal relative(s)

**There are 11 variables for up to 16 children for this variable. The first number in the variable name refers to the type of support (support 1 – 11) and the second set of numbers refers to the child (1-16).**

\_\_\_Step-father \_\_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_

\_\_\_Adoptive mother **Child\_Fost\_Court\_Support\_Source\_Otx1-16**

\_\_\_Adoptive father

\_\_\_Maternal grandparent(s)

**Child\_Fost\_Support\_Other#\_##**

37. Not including child support, which of the following things have the biological parent(s) or family members done during the past year? (*Check all that apply*)

**There are 5 variables for up to 16 children for this variable. The first number in the variable name refers to the type of support (support 1 – 5) and the second set of numbers refers to the child (1-16).**

\_\_\_ Bought clothes, toys, or presents for holidays or birthdays

\_\_\_ Paid for medical or dental expenses

\_\_\_ Given you extra money to help out with costs (exclusive of support

payments)

\_\_\_ Helped pay for child care expenses

\_\_\_ Other *(Please* *specify*)\_\_\_\_\_\_\_\_\_\_

38. What are you most proud of about *(child)? (record verbatim) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_***Child\_Proud1-16***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*\*Go back to question 4 and ask about next child if applicable.*

**IX. Health of Interviewee**

Now I would like to ask you some questions regarding your health.

1. How would you rate your health? **SINT30\_071**

a) Excellent

b) Very good

c) Good

d) Fair

e) Poor

Recodes to 1/missing

HEARPROB

VISPROB

ALLERG

ASTHMA

RESP

HEART

DIABETES

HIGHBP

STROKE

GASTRO

ANEMIA

SCA

2. Do you currently have any of the following conditions? (*Check all that apply*) **(See**

**handout) SINT30\_0721-SINT30\_07226** (1ST problem, 2nd problem, etc)

\_\_\_Hearing problems or deafness

\_\_\_Visual problems even if wearing glasses

\_\_\_Allergies or hay fever (do not include allergies to medicines)

\_\_\_Asthma

\_\_\_Any other chronic respiratory, lung, or breathing problem

\_\_\_A chronic heart condition

\_\_\_Diabetes

\_\_\_High blood pressure

\_\_\_Stroke

\_\_\_Chronic gastrointestinal conditions (indigestion, mal-absorption, reflux)

\_\_\_Simple anemia

\_\_\_Sickle cell anemia

\_\_\_Any STDs

Recodes to 1/missing

STD

INFERT

PREGPROB

KIDNEY

EPILEPSY

ORTHOP

CP

CF

CANCER

HIV

CONFUS

SLEEP

MHEALTH

HLTHPROB

\_\_\_Problems of infertility

\_\_\_Any problems with pregnancies *(for women)*

\_\_\_Kidney disease

\_\_\_Epilepsy, convulsions, or seizures without fever

\_\_\_Chronic orthopedic, bone, or joint problems (arthritis; sports injuries)

\_\_\_Cerebral palsy

\_\_\_Cystic fibrosis

\_\_\_Cancer

\_\_\_HIV or AIDS

\_\_\_Problems with remembering things or mental confusion

\_\_\_Trouble sleeping or trouble staying awake

\_\_\_Mental health problems (*Please specify*)\_\_\_\_\_\_\_\_\_ **SINT30\_072Y\_OTX** \_\_\_\_\_

\_\_\_Any other health problem requiring medical specialists?

(*Please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SINT30\_072Z\_OTX** \_\_\_\_

3. Which of the following best describes your current health insurance situation?

a) No health insurance **SINT30\_073**

b) Covered by husband’s or wife’s insurance policy

c) Get own insurance through work

d) Get insurance through a union

e) Get insurance because of attending school

f) Covered because of being on active duty in the military

g) Buy private insurance on your own

h) Covered by Medicaid

i) You don’t know what your health insurance situation is

j) Other (*Please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_073\_OTX**

4. Where do you usually go when you are sick and need health care? **SINT30\_074**

a) Never get sick or need care

b) Get sick but don’t go anywhere for health care

c) Hospital-based clinic

d) Emergency room

e) Community health department or clinic

f) Private doctor’s office

g) Infirmary at school

h) Military hospital or clinic

i) Employee health clinic at my work

j) Other (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_074\_OTX**

5. When did you last have a routine physical examination (not for illness)?

a) Within the past 3 months **SINT30\_075**

b) 4-6 months ago

c) Within the past year

d) Longer than one but less than 2 years ago

e) More than two years ago

6. When did you last have an exam for an illness or injury? **SINT30\_076**

a) Within the past 3 months

b) 4-6 months ago

c) Within the past year

d) Longer than one but less than 2 years ago

e) More than two years ago

7. When did you last have a dental examination? **SINT30\_077**

a) Within the past 3 months

b) 4-6 months ago

c) Within the past year

d) Longer than one but less than 2 years ago

e) More than two years ago

8. How do you think of yourself in terms of your weight? **SINT30\_078**

a) Very underweight

b) Slightly underweight

c) About the right weight

d) Slightly overweight

e) Very overweight

9. What are you currently doing about your weight? **SINT30\_079**

a) Trying to lose weight

b) Trying to gain weight or bulk up

c) Trying to stay the same

d) Not trying to do anything about weight at this point

**X. Delinquency and Crime**

Now we will talk about the kinds of trouble that people can get into. We asked these questions when you were a young adult, and now we need to update them. Please tell me to the best of your recollection.

1. Have you ever been cited by the police for breaking the law? **SINT30\_080**

a) No *(Go to next section)*

b) Yes

1. Were any of these citations before you were 16 years old? **SINT30\_081**

a) No *(Go to #9)*

b) Yes

1. How many times were you cited as a juvenile (before age 16)? Number\_\_\_\_\_\_\_\_\_\_

**SINT30\_082**

*Ask the following series of questions for each citation*:

**JUV\_MN1-25 JUV\_YR1-25**

1. When was the first citation as a juvenile? Month \_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_
2. What was the charge? List charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **JUV\_CHARGE1-25**

Was it a **JUV\_CHARGE\_TYPE1-25**

a) Misdemeanor

b) Felony

1. Were you convicted of this charge? **JUV\_CONVICT1-25**

a) No

b) Yes

7. If yes, what was the outcome? (Check all that apply) **JUV\_OUTCOME#\_##**

\_\_\_Paid a fine ***(where # is the outcome, ## is the charge number)***

\_\_\_Placed on probation

\_\_\_Required to do community service

\_\_\_Incarceration **JUV\_OUTCOME\_STMN1-25, JUV\_OUTCOME\_STYR1-25**

When was the start of this incarceration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

When did this incarceration end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

**JUV\_OUTCOME\_ENDMN1-25, JUV\_OUTCOME\_ENDYR1-25**

8. If incarcerated, where did you serve your sentence? **JUV\_SERV-25**

a) State training school

b) Youth Camp

c) County jail

d) State Prison

e) Federal Prison

*If applicable ask questions 4-8 for each additional juvenile citation*

4. When was the next citation? Month \_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What was the charge? List charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it a

a) Misdemeanor

b) Felony

6. Were you convicted of this charge?

a) No

b) Yes

7. If yes, what was the outcome? (Check all that apply)

\_\_\_Paid a fine

\_\_\_Placed on probation

\_\_\_Required to do community service

\_\_\_Incarceration

When was the start of this incarceration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

When did this incarceration end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

8. If incarcerated, where did you serve your sentence?

a) State training school

b) Youth Camp

c) County jail

d) State Prison

e) Federal Prison

**JUV\_PR1-25: *Variable for Interviewee still serving sentence?***

Adult Law Breaking

9. Have you had any citations as an adult? **SINT30\_083**

a) No

b) Yes

10. If yes, how many times? Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_084**

(*Fill out one of these pages for each adult citation*)

11. When was the first time you were cited as an adult (after age 16)?

Month\_\_\_\_\_ Year\_\_\_\_\_\_ **ADLT\_MN1-25 ADLT\_YR1-25**

12. What was the charge? List charge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ADLT\_CHARGE1-25**

Was it a **ADLT\_CHARGE\_TYPE1-25**

a) Misdemeanor

b) Felony

13. Were you convicted of this charge? **ADLT\_CONVICT1-25**

a) No

b) Yes

14. If yes, what was the outcome? (Check all that apply) **ADLT\_OUTCOME#\_##**

\_\_\_Paid a fine ***(where # is the outcome, ## is the charge number)***

\_\_\_Placed on probation

\_\_\_Required to do community service

\_\_\_Incarceration **ADLT\_OUTCOME\_STMN1-25 ADLT\_OUTCOME\_STYR1-25**

When was the start of this incarceration? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

When did this incarceration end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/yr)

**ADLT\_OUTCOME\_ENDMN1-25 ADLT\_OUTCOME\_ENDYR1-25**

15. If incarcerated, where did you serve your sentence? **ADLT\_SERV1-25**

a) County jail

b) First offender facility

c) State prison

d) Federal prison

**ADLT\_PR1-25: *Variable for Interviewee still serving sentence?***

**XI. The role of religion and community involvement**

Next I would like to ask you some questions about the role of religion in your life.

1. How important is religion in your life? **SINT30\_085**

a) Very important

b) Sort of important

c) Not very important

d) Not important at all

1. How often do you attend religious services? **SINT30\_086**

a) Daily

b) More than once a week

c) Once a week

d) 1 or 2 times per month

e) 5 or 6 times in a year

f) 3 or 4 times in a year

g) Once or twice a year

h) Less than once a year

i) Never

1. In what religious activities do you participate? (*Check all that apply*)

\_\_\_Have officially joined some religious congregation **SINT30\_0871- SINT30\_0878**

\_\_\_Teach classes for children or adults

\_\_\_Serve on committees or boards

\_\_\_Usher

\_\_\_Choir or other musical activities

\_\_\_Scriptural study or spiritual growth groups

\_\_\_Go on retreats

\_\_\_Other (*Please specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_087\_OTX**

Questions about community involvement

**SINT30\_0881- SINT30\_0889 (may list up to 9)**

4. Which of the following types of community organizations have you been

involved with in the past 12 months? (*Check all that apply*) (**See handout**)

\_\_\_Child or youth organizations (e.g. Little League, Scouts)

\_\_\_Service organizations (e.g. Civitan, Masons, Big Brother, Big Sister, Volunteers

for Youth)

\_\_\_Volunteer at a homeless shelter or other IFC activity

\_\_\_Habitat for Humanity volunteer

\_\_\_Ethnic solidarity or support groups (e.g. NAACP; Urban League)

\_\_\_Active in a political party (e.g. Democratic party, Republican Party)

\_\_\_Served on the boards of community centers (e.g. City parks or community

centers, “Y”)

\_\_\_Served on the Board of a child care or child education organization (e.g. Head

Start, Chapel Hill Day Care Center, etc.)

\_\_\_Hospital or nursing home volunteers

\_\_\_Neighborhood improvement organizations, Neighborhood Watch

\_\_\_Environmental or Conservation groups (e.g. Triangle Nature Conservancy)

\_\_\_Animal shelter

\_\_\_Participated in a Red Cross Blood drive

\_\_\_Volunteered for disaster relief activities

\_\_\_Other (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SINT30\_088\_OTX**

5. Are you registered to vote? **SINT30\_089**

a) No

b) Yes

6. Did you vote in the last presidential election? **SINT30\_090**

a) No

b) Yes

**XII. Final Questions**

1. What are you most proud of about yourself? *(Record verbatim)* **SINT30\_091**

2. Please answer this question with the first name that pops into your mind. Suppose that

something really wonderful happened to you- you just learned that you passed a major

test, or that you got a great job that you really wanted, or you won an award for

something you did. Who is the FIRST person you would want to tell?

**SINT30\_092\_NAME 00 SINT30\_092\_REL**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to interviewee\_\_\_\_\_\_\_\_\_\_\_\_

This is the end of this part of the interview. Thank you very much. Now we would like you to fill out some additional questionnaires.

If the participant has children:

As we told you in the letter we sent you, we’d like to also you ask questions about being a parent and about how you feel your child/children are doing. We would like to finish those questions today. If you children are over 3, we’d also like to talk to them too. Here’s a letter that describes what we’d like to do. We’ll contact you soon to see if you’d like your children to participate in this part of the study. Thank you for your participation so far! Let’s finish today by talking about your children. *(Have participants fill out parenting questionnaires and a CBCL for each child.)*