

1994 CONTROL CARD QUESTIONNAIRE

1. Regional Office code (SCREENER ITEM 1a) REGOFF_CC Col. 753 Char 2	<input type="checkbox"/>																											
2. Control Number: <i>SEE SCREENER</i>																												
3. Field Representative code FR_CODE_CC Col. 755 Char 3	<input type="checkbox"/>																											
4. Institutional: <i>SEE SCREENER</i>																												
5. DETAILED INTERVIEW SCHEDULE CATEGORY: <i>SEE SCREENER</i>																												
SAMPLE PERSON INFORMATION (<i>Transcribe from LTC-2</i>)																												
6a. Name: <i>INFORMATION NOT GIVEN</i>																												
b. Address: <i>INFORMATION NOT GIVEN</i>																												
c. Date of Birth CC_6_C Col. 758 Char 6	MMDDYY <input type="checkbox"/>																											
d. Age CC_6_D Col. 764 Char 3	001-999 <input type="checkbox"/>																											
e. Sex CC_6_E Col. 767 Char 1	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female																											
f. Telephone: <i>INFORMATION NOT GIVEN</i>																												
<i>READ INTRODUCTION and ask item 7a for cases previously screened by telephone.</i> <i>For cases screened by personal visit, verify the address fro item 7a.</i>																												
INTRODUCTION Hello, I am (your name) from the United States Bureau of the Census. (Here is my identification card.) We are conducting a survey of health conditions in the United States. I have some questions to ask . . . about . . . 's ability to do everyday activities, about any services . . . may be receiving, and about . . . 's health in general. Did . . . receive our letter?																												
CC_DECEASED Col. 768 Char 1	1 <input type="checkbox"/> MARKED																											
7a. Name and address: <i>INFORMATION NOT GIVEN</i> b. Mailing address: <i>INFORMATION NOT GIVEN</i>																												
<i>Item 8a must be completed for interviews and noninterviews.</i>																												
8a. Classification of living quarters of sample person. QUARTER1 Col. 769 Char 1	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Noninstitutional</td> <td style="border: none;">1 <input type="checkbox"/> Housing unit - <i>Skip to 8b.</i></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Other Unit</td> <td style="border: none;">2 <input type="checkbox"/> Staff quarters in Institution - <i>Skip to item 12c.</i></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">3 <input type="checkbox"/> Quarters, not HU, in rooming or boarding house, convent commune, foster or family care home, group home, community residential facility, etc - <i>Skip to item 8b.</i></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Institutional Unit</td> <td style="border: none;">4 <input type="checkbox"/> Resident's unit in nursing, convalescence or rest home, or home for the aged (Nonstaff)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">5 <input type="checkbox"/> Patient's unit in mental or other long-stay hospital</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">6 <input type="checkbox"/> Nonstaff unit in other institution</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">7 <input type="checkbox"/> Inmate's unit in correctional/detention facility - <i>END INTERVIEW and Mark (in item 11.</i></td> <td style="border: none; vertical-align: middle;">} <i>Skip to item 8c</i></td> </tr> <tr> <td style="border: none;">Miscodes</td> <td style="border: none;">8 <input type="checkbox"/> Miscode Community Interview Administration</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">9 <input type="checkbox"/> Miscode Institutional Interview Administration</td> <td style="border: none;"></td> </tr> </table>	Noninstitutional	1 <input type="checkbox"/> Housing unit - <i>Skip to 8b.</i>		Other Unit	2 <input type="checkbox"/> Staff quarters in Institution - <i>Skip to item 12c.</i>			3 <input type="checkbox"/> Quarters, not HU, in rooming or boarding house, convent commune, foster or family care home, group home, community residential facility, etc - <i>Skip to item 8b.</i>		Institutional Unit	4 <input type="checkbox"/> Resident's unit in nursing, convalescence or rest home, or home for the aged (Nonstaff)			5 <input type="checkbox"/> Patient's unit in mental or other long-stay hospital			6 <input type="checkbox"/> Nonstaff unit in other institution			7 <input type="checkbox"/> Inmate's unit in correctional/detention facility - <i>END INTERVIEW and Mark (in item 11.</i>	} <i>Skip to item 8c</i>	Miscodes	8 <input type="checkbox"/> Miscode Community Interview Administration			9 <input type="checkbox"/> Miscode Institutional Interview Administration	
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b. Are there 3 or more unrelated persons living at (<i>read first line of address in item 7a</i>)? UNREL Col. 770 Char 1	1 <input type="checkbox"/> Yes - <i>Ask item 8c</i> 2 <input type="checkbox"/> No - <i>SKIP to item 12c</i>																											
c. Is a registered Nurse, Licensed Practical Nurse, nurse's aid, physician, psychiatrist or other health professional on duty every day at this address? NURSE Col. 771 Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to item 12c and fill line 1 on household roster for sample person and line 2 for spouse, if applicable, then skip to CHECK ITEM B</i> 2 <input type="checkbox"/> No - <i>SKIP to item 12c</i>																											

9a. Record if interview CC_9_A	Col. 772	Char 4	MMDD <input type="checkbox"/>
b. Total time CC_9_B	Col. 776	Char 3	001-999 <input type="checkbox"/>
10a. When did . . . die? CC_10_A1	Col. 779	Char 2	<input type="checkbox"/> month
CC_10_A2	Col. 781	Char 2	<input type="checkbox"/> year
			99 <input type="checkbox"/> DK
b. Were you knowledgeable about . . . 's health and general care while . . . was living? CC_10_B	Col. 783	Char 1	1 <input type="checkbox"/> Yes - <i>SKIP to item 10d</i> 2 <input type="checkbox"/> No - <i>ASK item 10c</i>
c. Do you know of someone who knew about . . . 's health and general care? CC_10_C	Col. 784	Char 1	1 <input type="checkbox"/> Yes - <i>ASK item 10d</i> 2 <input type="checkbox"/> No - <i>END INTERVIEW. Mark noninterview reason 8 in item 11.</i>
d. What is (your/that person's) relationship to . . . ? CC_10_D	Col. 785	Char 2	02 <input type="checkbox"/> Spouse 03 <input type="checkbox"/> Son/Daughter 04 <input type="checkbox"/> Son-in-law/Daughter-in-law 05 <input type="checkbox"/> Parent 06 <input type="checkbox"/> Parent-in-law 07 <input type="checkbox"/> Brother/Sister 08 <input type="checkbox"/> Brother-in-law/Sister-in-law 09 <input type="checkbox"/> Grandchild 10 <input type="checkbox"/> Other Relative 11 <input type="checkbox"/> Employee 12 <input type="checkbox"/> Other Nonrelative 13 <input type="checkbox"/> Ex-spouse
e. What's is (your/. . . 's (entry in item 10d.)) name, address, and telephone number? Name: <i>NOT GIVEN</i> Address: <i>NOT GIVEN</i> City	Col. 787	Char 15	<input type="checkbox"/> BLANK
Country	Col. 802	Char 15	<input type="checkbox"/> BLANK
State CC_10_E3	Col. 817	Char 2	<input type="checkbox"/> State
Zip	Col. 819	Char 9	<input type="checkbox"/> BLANK
11. Noninterview reason CC_11	Col. 828	Char 2	FIELD TYPE A 01 <input type="checkbox"/> Unable to locate/moved, address unknown 02 <input type="checkbox"/> No one home 03 <input type="checkbox"/> Sample person temporary absent/proxy unavailable 04 <input type="checkbox"/> Refused - Institutional 05 <input type="checkbox"/> Refused - Sample Person 06 <input type="checkbox"/> Sample Person unable to respond/proxy unavailable 07 <input type="checkbox"/> Other FIELD TYPE B 08 <input type="checkbox"/> Deceased 09 <input type="checkbox"/> In correctional facility 10 <input type="checkbox"/> Moved outside country on or after April 1, 1994 11 <input type="checkbox"/> Moved within the country beyond limit 12 <input type="checkbox"/> Other
SAMPLE PERSON'S HOUSEHOLD ROSTER			
12a. Personal Number CC_1_12_A	Col. 842	Char 2	01-20, 99 <input type="checkbox"/>
CC_2_12_A	Col. 861	Char 2	
CC_3_12_A	Col. 880	Char 2	

CC_4_12_A	Col. 899	Char 2
CC_5_12_A	Col. 918	Char 2
CC_6_12_A	Col. 937	Char 2
CC_7_12_A	Col. 956	Char 2
CC_8_12_A	Col. 975	Char 2
CC_9_12_A	Col. 994	Char 2
CC_10_12_A	Col. 1013	Char 2
CC_11_12_A	Col. 1032	Char 2
CC_12_12_A	Col. 1051	Char 2

b. Mark (X) if . . . 's is also listed in Roster of Children Not Living

CC_1_12_B	Col. 860	Char 1
CC_2_12_B	Col. 879	Char 1
CC_3_12_B	Col. 898	Char 1
CC_4_12_B	Col. 917	Char 1
CC_5_12_B	Col. 936	Char 1
CC_6_12_B	Col. 955	Char 1
CC_7_12_B	Col. 974	Char 1
CC_8_12_B	Col. 993	Char 1
CC_9_12_B	Col. 1012	Char 1
CC_10_12_B	Col. 1031	Char 1
CC_11_12_B	Col. 1050	Char 1
CC_12_12_B	Col. 1069	Char 1

1 MARKED

c. Repeat Introduction if item 7 was asked of someone other than the respondent.

If "No" or blank in item 8c, ask:

What are the names of all persons living or staying here?

Start with the sample person.

List name(s) below.

If "Yes" in item 8c, fill line 1 for sample person. If code "1" in item 17, fill line 2 for spouse, then skip to Check Item B.

Last name: NOT GIVEN

First name: NOT GIVEN

d. RELATIONSHIP TO SAMPLE PERSON

CC_1_12_D	Col. 844	Char 2
CC_2_12_D	Col. 863	Char 2
CC_3_12_D	Col. 882	Char 2
CC_4_12_D	Col. 901	Char 2
CC_5_12_D	Col. 920	Char 2
CC_6_12_D	Col. 939	Char 2
CC_7_12_D	Col. 958	Char 2
CC_8_12_D	Col. 977	Char 2
CC_9_12_D	Col. 996	Char 2
CC_10_12_D	Col. 1015	Char 2
CC_11_12_D	Col. 1034	Char 2
CC_12_12_D	Col. 1053	Char 2

01	<input type="checkbox"/>	Sample Person
02	<input type="checkbox"/>	Spouse
03	<input type="checkbox"/>	Son/Daughter
04	<input type="checkbox"/>	Son-in-law/Daughter-in-law
05	<input type="checkbox"/>	Parent
06	<input type="checkbox"/>	Parent-in-law
07	<input type="checkbox"/>	Brother/Sister
08	<input type="checkbox"/>	Brother-in-law/Sister-in-law
09	<input type="checkbox"/>	Grandchild
10	<input type="checkbox"/>	Other Relative
11	<input type="checkbox"/>	Employee
12	<input type="checkbox"/>	Other Nonrelative
13	<input type="checkbox"/>	Ex-spouse

14. HOUSEHOLD MEMBER

Does . . . usually live here?

Ask only if "No" or blank in item 8c.

Probe URE if "No".

CC_1_14	Col. 846	Char 1
CC_2_14	Col. 865	Char 1
CC_3_14	Col. 884	Char 1
CC_4_14	Col. 903	Char 1
CC_5_14	Col. 922	Char 1

1 Yes
2 No

CC_6_14	Col. 941	Char 1
CC_7_14	Col. 960	Char 1
CC_8_14	Col. 979	Char 1
CC_9_14	Col. 998	Char 1
CC_10_14	Col. 1017	Char 1
CC_11_14	Col. 1036	Char 1
CC_12_14	Col. 1055	Char 1

15. SEX

Ask if not apparent.

Is . . . Male or Female?

CC_1_15	Col. 847	Char 1
CC_2_15	Col. 866	Char 1
CC_3_15	Col. 885	Char 1
CC_4_15	Col. 904	Char 1
CC_5_15	Col. 923	Char 1
CC_6_15	Col. 942	Char 1
CC_7_15	Col. 961	Char 1
CC_8_15	Col. 980	Char 1
CC_9_15	Col. 999	Char 1
CC_10_15	Col. 1018	Char 1
CC_11_15	Col. 1037	Char 1
CC_12_15	Col. 1056	Char 1

- 1 Male
- 2 Female

16. AGE

How old is . . . as today?

CC_1_16	Col. 848	Char 3
CC_2_16	Col. 867	Char 3
CC_3_16	Col. 886	Char 3
CC_4_16	Col. 905	Char 3
CC_5_16	Col. 924	Char 3
CC_6_16	Col. 943	Char 3
CC_7_16	Col. 962	Char 3
CC_8_16	Col. 981	Char 3
CC_9_16	Col. 1000	Char 3
CC_10_16	Col. 1019	Char 3
CC_11_16	Col. 1038	Char 3
CC_12_16	Col. 1057	Char 3

001-999

ASK IF OVER 15 YEARS OR OLDER

17. MARITAL STATUS

CC_1_17	Col. 851	Char 1
CC_2_17	Col. 870	Char 1
CC_3_17	Col. 889	Char 1
CC_4_17	Col. 908	Char 1
CC_5_17	Col. 927	Char 1
CC_6_17	Col. 946	Char 1
CC_7_17	Col. 965	Char 1
CC_8_17	Col. 984	Char 1
CC_9_17	Col. 1003	Char 1
CC_10_17	Col. 1022	Char 1
CC_11_17	Col. 1041	Char 1
CC_12_17	Col. 1060	Char 1

- 1 married
- 2 widowed
- 3 divorced
- 4 separated
- 5 never married

ASK IF OVER 15 YEARS OR OLDER

18. EDUCATION LEVEL AND COMPLETION

a. LEVEL

CC_1_18_A	Col. 852	Char 2
CC_2_18_A	Col. 871	Char 2
CC_3_18_A	Col. 890	Char 2
CC_4_18_A	Col. 909	Char 2

- 00 Never attended/preschool/kindergarten
- 01-12 First through twelfth grade
- 21 First (Freshman) year of college or equivalent
- 22 Second (Sophomore) year of college or equivalent

CC_5_18_A	Col. 928	Char 2
CC_6_18_A	Col. 947	Char 2
CC_7_18_A	Col. 966	Char 2
CC_8_18_A	Col. 985	Char 2
CC_9_18_A	Col. 1004	Char 2
CC_10_18_A	Col. 1023	Char 2
CC_11_18_A	Col. 1042	Char 2
CC_12_18_A	Col. 1061	Char 2

23	<input type="checkbox"/>	Third (Junior) year of college or equivalent
24	<input type="checkbox"/>	Fourth (Senior) year of college or equivalent
31	<input type="checkbox"/>	One year of Graduate School
32	<input type="checkbox"/>	Two years of Graduate School

ASK IF OVER 15 YEARS OR OLDER

b. COMPLETION

CC_1_18_B	Col. 854	Char 1
CC_2_18_B	Col. 873	Char 1
CC_3_18_B	Col. 892	Char 1
CC_4_18_B	Col. 911	Char 1
CC_5_18_B	Col. 930	Char 1
CC_6_18_B	Col. 949	Char 1
CC_7_18_B	Col. 968	Char 1
CC_8_18_B	Col. 987	Char 1
CC_9_18_B	Col. 1006	Char 1
CC_10_18_B	Col. 1025	Char 1
CC_11_18_B	Col. 1044	Char 1
CC_12_18_B	Col. 1063	Char 1

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

ASK IF OVER 15 YEARS OR OLDER

19. WORK

How many hours does . . . usually work per week?

(Do not ask for sample person if institutionalized.)

CC_1_19	Col. 855	Char 2
CC_2_19	Col. 874	Char 2
CC_3_19	Col. 893	Char 2
CC_4_19	Col. 912	Char 2
CC_5_19	Col. 931	Char 2
CC_6_19	Col. 950	Char 2
CC_7_19	Col. 969	Char 2
CC_8_19	Col. 988	Char 2
CC_9_19	Col. 1007	Char 2
CC_10_19	Col. 1026	Char 2
CC_11_19	Col. 1045	Char 2
CC_12_19	Col. 1064	Char 2

01-99

DO NOT ASK IF SAMPLE PERSON IS INSTITUTIONALIZED

20a. Was . . . living or staying with (you/sample person) in 1989?

CC_1_20_A	Col. 857	Char 1
CC_2_20_A	Col. 876	Char 1
CC_3_20_A	Col. 895	Char 1
CC_4_20_A	Col. 914	Char 1
CC_5_20_A	Col. 933	Char 1
CC_6_20_A	Col. 952	Char 1
CC_7_20_A	Col. 971	Char 1
CC_8_20_A	Col. 990	Char 1
CC_9_20_A	Col. 1009	Char 1
CC_10_20_A	Col. 1028	Char 1
CC_11_20_A	Col. 1047	Char 1
CC_12_20_A	Col. 1066	Char 1

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No

DO NOT ASK IF SAMPLE PERSON IS INSTITUTIONALIZED

b. Was . . . living or staying with (you/sample person) in 1984?

CC_1_20_B	Col. 858	Char 1
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1 Yes

CC_2_20_B	Col. 877	Char 1
CC_3_20_B	Col. 896	Char 1
CC_4_20_B	Col. 915	Char 1
CC_5_20_B	Col. 934	Char 1
CC_6_20_B	Col. 953	Char 1
CC_7_20_B	Col. 972	Char 1
CC_8_20_B	Col. 991	Char 1
CC_9_20_B	Col. 1010	Char 1
CC_10_20_B	Col. 1029	Char 1
CC_11_20_B	Col. 1048	Char 1
CC_12_20_B	Col. 1067	Char 1

2 No

DO NOT ASK IF SAMPLE PERSON IS INSTITUTIONALIZED

c. Was . . . living or staying with (you/sample person) in 1982?

CC_1_20_C	Col. 859	Char 1
CC_2_20_C	Col. 878	Char 1
CC_3_20_C	Col. 897	Char 1
CC_4_20_C	Col. 916	Char 1
CC_5_20_C	Col. 935	Char 1
CC_6_20_C	Col. 954	Char 1
CC_7_20_C	Col. 973	Char 1
CC_8_20_C	Col. 992	Char 1
CC_9_20_C	Col. 1011	Char 1
CC_10_20_C	Col. 1030	Char 1
CC_11_20_C	Col. 1049	Char 1
CC_12_20_C	Col. 1068	Char 1

1 Yes
2 No

CHECK ITEM A

Control number begins with -

CC_CK_A	Col. 1070	Char 1
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1 "S"
2 "N"

DO NOT ASK 12a - c IF SAMPLE PERSON IS INSTITUTIONALIZED

21a. Was there anyone (else) who was living or staying with (you/sample person) in 1989 who is no longer here now?

CC_21_A	Col. 1071	Char 1
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If "Yes," complete items 12c-16 and 20a-20c for each person named.

1 Yes
2 No

b. Was there anyone (else) who was living or staying with (you/sample person) in 1984 who is no longer here now?

CC_21_B	Col. 1072	Char 1
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If "Yes," complete items 12c-16 and 20a-20c for each person named.

1 Yes
2 No

c. Was there anyone (else) who was living or staying with (you/sample person) in 1982 who is no longer here now?

CC_21_C	Col. 1073	Char 1
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If "Yes," complete items 12c-16 and 20a-20c for each person named.

1 Yes
2 No

CHECK ITEM B

Refer to item 8c.

CC_CK_B	Col. 830	Char 1
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1 No or blank in item 8c - Go to CHECK ITEM C
2 Yes in item 8c - Skip to Check Item D

CHECK ITEM C

Mark only if "No" or blank in item 8c.

Is sample person now married and spouse not living with sample person NOW?

CC_CK_C	Col. 831	Char 1
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1 Yes - Yes item 22
2 No - Skip to item 23.

22. Is . . . 's spouse institutionalized? CC_22 Col. 832 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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23. Now I have some (additional) questions about . . . 's children. Does . . . have any living children who are not members of . . . 's household? This would include natural, adopted and stepchildren. CC_23 Col. 833 Char 1	1 <input type="checkbox"/> Yes - Fill items 27b - 36 as instructed. Then conduct interview with LTC-3, Community Questionnaire. 2 <input type="checkbox"/> No - Conduct interview with LTC-3, Community Questionnaire.
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CHECK ITEM D Mark only if "Yes" in item 8c. Is sample person now married? CC_CK_D Col. 834 Char 1	1 <input type="checkbox"/> Yes - Enter information for spouse on next available line of Household Roster on previous page if not already entered. Then ask item 24. 2 <input type="checkbox"/> No - Skip to item 26.
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24. Is . . . 's spouse institutionalized? CC_24 Col. 835 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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25. What is . . . 's spouse's address< City Col. 1074 Char 15 County Col. 1089 Char 15 State CC_25_C Col. 1104 Char 2 ZIP Col. 1106 Char 9	<input type="checkbox"/> BLANK <input type="checkbox"/> BLANK <input type="checkbox"/> State <input type="checkbox"/> BLANK
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26. Now I have some questions about . . . 's children. Does . . . have any living children natural, adapted and stepchildren? CC_26 Col. 1115 Char 1	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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CHILDREN NOT LIVING IN HOUSEHOLD OF SAMPLE PERSON

27a. What are the names of all (name of sample's person) living children (who are not members of (his/her) household)? Anyone else? Verify that any transcribed names are correct. If not, line through name and PRINT correct name above it. CC_1_27_A Col. 1116 Char 2 CC_2_27_A Col. 1134 Char 2 CC_3_27_A Col. 1152 Char 2 CC_4_27_A Col. 1170 Char 2 CC_5_27_A Col. 1188 Char 2 CC_6_27_A Col. 1206 Char 2 CC_7_27_A Col. 1224 Char 2 CC_8_27_A Col. 1242 Char 2 CC_9_27_A Col. 1260 Char 2 CC_10_27_A Col. 1278 Char 2 CC_11_27_A Col. 1296 Char 2 CC_12_27_A Col. 1314 Char 2 CC_13_27_A Col. 1332 Char 2 CC_14_27_A Col. 1350 Char 2 CC_15_27_A Col. 1368 Char 2 CC_16_27_A Col. 1386 Char 2	31-48,99 <input type="checkbox"/>
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27b. What are the names of all (name of sample person's) living children (who are not members of (his/her) household)? Anyone else? Verify that any transcribed names are correct. If not, line through name and PRINT correct name above it. Last name: NOT GIVEN	
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First name: *NOT GIVEN*

28a. Refer to 27b.
CC_28_A Col. 1404 Char 1

- 1 No information transcribed from 1989 control card -
Skip to item 29b.
- 2 All transcribed information matches current information -
Skip to item 29b.
- 3 Transcribe information different from current information -
Ask item 28b.

28b. You told me about (*read current information*).
My information says that in 1989, (*name of sample person's*)
living children were (*read transcribed names in red pencil*).
Can you think of any explanation for the difference?
CC_28_B Col. 1405 Char 1

- 1 1989 information correct - Correct item 27b as necessary,
then SKIP to item 29b.
- 2 1989 information incorrect - Correct item 27b as necessary,
and fill item 29a for each change.

29a. REASONS FOR DELETIONS OR ADDITIONS

CC_1_29_A	Col. 1118	Char 1
CC_2_29_A	Col. 1136	Char 1
CC_3_29_A	Col. 1154	Char 1
CC_4_29_A	Col. 1172	Char 1
CC_5_29_A	Col. 1190	Char 1
CC_6_29_A	Col. 1208	Char 1
CC_7_29_A	Col. 1226	Char 1
CC_8_29_A	Col. 1244	Char 1
CC_9_29_A	Col. 1262	Char 1
CC_10_29_A	Col. 1280	Char 1
CC_11_29_A	Col. 1298	Char 1
CC_12_29_A	Col. 1316	Char 1
CC_13_29_A	Col. 1334	Char 1
CC_14_29_A	Col. 1352	Char 1
CC_15_29_A	Col. 1370	Char 1
CC_16_29_A	Col. 1388	Char 1

- DELETIONS
- 1 Child died
 - 2 Stepchild from previous marriage
 - 3 Child now living with sample person
 - 4 1989 info correct (person listed was not a child of the
sample person)
 - 5 Other
- ADDITIONS
- 6 Child Born or adapted since 1989
 - 7 Stepchild acquired by marriage since 1989
 - 8 1989 information incorrect (child not listed but should
have been)
 - 9 Other - explain in "Notes"

b. If . . . is listed on Sample Person's Household Roster,
transcribe person number from item 12a to the space below.
Then skip to item 31. Otherwise, continue with item 29c.

Person Number from 12a.

CC_1_29_B	Col. 1119	Char 2
CC_2_29_B	Col. 1137	Char 2
CC_3_29_B	Col. 1155	Char 2
CC_4_29_B	Col. 1173	Char 2
CC_5_29_B	Col. 1191	Char 2
CC_6_29_B	Col. 1209	Char 2
CC_7_29_B	Col. 1227	Char 2
CC_8_29_B	Col. 1245	Char 2
CC_9_29_B	Col. 1263	Char 2
CC_10_29_B	Col. 1281	Char 2
CC_11_29_B	Col. 1299	Char 2
CC_12_29_B	Col. 1317	Char 2
CC_13_29_B	Col. 1335	Char 2
CC_14_29_B	Col. 1353	Char 2
CC_15_29_B	Col. 1371	Char 2
CC_16_29_B	Col. 1389	Char 2

01-20,99

c. SEX

Ask If not apparent.

Is . . . Male or Female?

CC_1_29_C	Col. 1121	Char 1
CC_2_29_C	Col. 1139	Char 1
CC_3_29_C	Col. 1157	Char 1
CC_4_29_C	Col. 1175	Char 1

- 1 Male
- 2 Female

CC_5_29_C	Col. 1193	Char 1
CC_6_29_C	Col. 1211	Char 1
CC_7_29_C	Col. 1229	Char 1
CC_8_29_C	Col. 1247	Char 1
CC_9_29_C	Col. 1265	Char 1
CC_10_29_C	Col. 1283	Char 1
CC_11_29_C	Col. 1301	Char 1
CC_12_29_C	Col. 1319	Char 1
CC_13_29_C	Col. 1337	Char 1
CC_14_29_C	Col. 1355	Char 1
CC_15_29_C	Col. 1373	Char 1
CC_16_29_C	Col. 1391	Char 1

30. AGE

How old is . . . as today?

CC_1_30	Col. 1122	Char 3
CC_2_30	Col. 1140	Char 3
CC_3_30	Col. 1158	Char 3
CC_4_30	Col. 1176	Char 3
CC_5_30	Col. 1194	Char 3
CC_6_30	Col. 1212	Char 3
CC_7_30	Col. 1230	Char 3
CC_8_30	Col. 1248	Char 3
CC_9_30	Col. 1266	Char 3
CC_10_30	Col. 1284	Char 3
CC_11_30	Col. 1302	Char 3
CC_12_30	Col. 1320	Char 3
CC_13_30	Col. 1338	Char 3
CC_14_30	Col. 1356	Char 3
CC_15_30	Col. 1374	Char 3
CC_16_30	Col. 1392	Char 3

001-999

ASK IF OVER 15 YEARS OR OLDER

31. How many hours does . . . usually work per week?

CC_1_31	Col. 1125	Char 2
CC_2_31	Col. 1143	Char 2
CC_3_31	Col. 1161	Char 2
CC_4_31	Col. 1179	Char 2
CC_5_31	Col. 1197	Char 2
CC_6_31	Col. 1215	Char 2
CC_7_31	Col. 1233	Char 2
CC_8_31	Col. 1251	Char 2
CC_9_31	Col. 1269	Char 2
CC_10_31	Col. 1287	Char 2
CC_11_31	Col. 1305	Char 2
CC_12_31	Col. 1323	Char 2
CC_13_31	Col. 1341	Char 2
CC_14_31	Col. 1359	Char 2
CC_15_31	Col. 1377	Char 2
CC_16_31	Col. 1395	Char 2

01-99

ASK IF OVER 15 YEARS OR OLDER

32. MARITAL STATUS

Is . . . now -

CC_1_32	Col. 1127	Char 1
CC_2_32	Col. 1145	Char 1
CC_3_32	Col. 1163	Char 1
CC_4_32	Col. 1181	Char 1
CC_5_32	Col. 1199	Char 1
CC_6_32	Col. 1217	Char 1

- 1 Married - Ask item 33.
 - 2 widowed.....
 - 3 divorced.....
 - 4 separated.....
 - 5 never married
- } Skip to item 34

CC_7_32	Col. 1235	Char 1
CC_8_32	Col. 1253	Char 1
CC_9_32	Col. 1271	Char 1
CC_10_32	Col. 1289	Char 1
CC_11_32	Col. 1307	Char 1
CC_12_32	Col. 1325	Char 1
CC_13_32	Col. 1343	Char 1
CC_14_32	Col. 1361	Char 1
CC_15_32	Col. 1379	Char 1
CC_16_32	Col. 1397	Char 1

ASK IF OVER 15 YEARS OR OLDER

33. How many hours does . . . 's (husband/wife) usually work per week?

CC_1_33	Col. 1128	Char 2
CC_2_33	Col. 1146	Char 2
CC_3_33	Col. 1164	Char 2
CC_4_33	Col. 1182	Char 2
CC_5_33	Col. 1200	Char 2
CC_6_33	Col. 1218	Char 2
CC_7_33	Col. 1236	Char 2
CC_8_33	Col. 1254	Char 2
CC_9_33	Col. 1272	Char 2
CC_10_33	Col. 1290	Char 2
CC_11_33	Col. 1308	Char 2
CC_12_33	Col. 1326	Char 2
CC_13_33	Col. 1344	Char 2
CC_14_33	Col. 1362	Char 2
CC_15_33	Col. 1380	Char 2
CC_16_33	Col. 1398	Char 2

01-99

ASK IF OVER 15 YEARS OR OLDER

34. How many children under 15 years of age live with . . . ?

CC_1_34	Col. 1130	Char 2
CC_2_34	Col. 1148	Char 2
CC_3_34	Col. 1166	Char 2
CC_4_34	Col. 1184	Char 2
CC_5_34	Col. 1202	Char 2
CC_6_34	Col. 1220	Char 2
CC_7_34	Col. 1238	Char 2
CC_8_34	Col. 1256	Char 2
CC_9_34	Col. 1274	Char 2
CC_10_34	Col. 1292	Char 2
CC_11_34	Col. 1310	Char 2
CC_12_34	Col. 1328	Char 2
CC_13_34	Col. 1346	Char 2
CC_14_34	Col. 1364	Char 2
CC_15_34	Col. 1382	Char 2
CC_16_34	Col. 1400	Char 2

01-99

35. About how long would it take for . . . to get here by the usual way from where (he/she) lives?

CC_1_35	Col. 1132	Char 1
CC_2_35	Col. 1150	Char 1
CC_3_35	Col. 1168	Char 1
CC_4_35	Col. 1186	Char 1
CC_5_35	Col. 1204	Char 1
CC_6_35	Col. 1222	Char 1
CC_7_35	Col. 1240	Char 1
CC_8_35	Col. 1258	Char 1

- 1 10 min or less
- 2 11 - 30 min
- 3 31 - 60 min
- 4 61 min - less than a day.
- 5 1 day or longer

CC_9_35	Col. 1276	Char 1
CC_10_35	Col. 1294	Char 1
CC_11_35	Col. 1312	Char 1
CC_12_35	Col. 1330	Char 1
CC_13_35	Col. 1348	Char 1
CC_14_35	Col. 1366	Char 1
CC_15_35	Col. 1384	Char 1
CC_16_35	Col. 1402	Char 1

36. When did . . . last see (*name of disabled person*).

CC_1_36_1	Col. 1133	Char 1
CC_2_36_1	Col. 1151	Char 1
CC_3_36_1	Col. 1169	Char 1
CC_4_36_1	Col. 1187	Char 1
CC_5_36_1	Col. 1205	Char 1
CC_6_36_1	Col. 1223	Char 1
CC_7_36_1	Col. 1241	Char 1
CC_8_36_1	Col. 1259	Char 1
CC_9_36_1	Col. 1277	Char 1
CC_10_36_1	Col. 1295	Char 1
CC_11_36_1	Col. 1313	Char 1
CC_12_36_1	Col. 1331	Char 1
CC_13_36_1	Col. 1349	Char 1
CC_14_36_1	Col. 1367	Char 1
CC_15_36_1	Col. 1385	Char 1
CC_16_36_1	Col. 1403	Char 1

- 1 Today or yesterday
- 2 2 - 7 days ago
- 3 8 - 30 days ago
- 4 31 - 12 months ago
- 5 More than 12 months ago