2003-04 Questionnaire

INCOME - INQ_C

<table>
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BOX 1A

RULES FOR ADMINISTERING THE INCOME SECTION OF THE FAMILY QUESTIONNAIRE:

1. FOR THE PURPOSE OF ADMINISTERING THIS SECTION "FAMILY MEMBER" IN FILLS AND DISPLAYS REFER TO THE 'NHANES FAMILY' AS DESCRIBED BELOW.

   CPS GROUP 1

   - EITHER AN INDIVIDUAL HOUSEHOLDER OR A PRIMARY FAMILY

   - SECONDARY INDIVIDUALS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

   OR

   CPS GROUP 2

   - UNRELATED SUBFAMILIES.

     AND

   - SECONDARY INDIVIDUALS WHO ARE RELATED TO THEM AS A PARTNER, FOSTER PARENT, OR FOSTER CHILD.

   OR

   CPS GROUP 3

   - SECONDARY INDIVIDUALS WHO ARE NOT RELATED TO ANY INDIVIDUALS ABOVE.

2. EXCEPTION:

   A. QUESTIONS ABOUT **TOTAL FAMILY** INCOME ARE ASKED **ONCE** FOR EACH CPS FAMILY. THAT IS ONCE FOR THE HOUSEHOLDER, PRIMARY FAMILY, RELATED SUBFAMILY, UNRELATED SUBFAMILY, AND SECONDARY INDIVIDUAL INCLUDED IN A GROUP.

   B. IF THERE ARE OTHER PERSONS IN THE HOUSEHOLD (IN ADDITION TO PERSONS IN THE NHANES FAMILY), **TOTAL HOUSEHOLD** INCOME WILL ALSO BE ASKED IF THIS IS FAMILY #1.

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INQ.012   The next questions are about {your/your combined family} income in the **last 12 months**. When answering these questions, please remember that by {"income/combined family income"}, I mean {your

income/your income **plus** the income of all family members living in the household} **before taxes**. This would include income sources that you collect on behalf of children like SSI, WIC, etc.

Did {you/you or **any** family members 16 years old and older, that is: you or OTHER FAMILY MEMBERS 16+} receive income in the **last 12 months** from **self-employment** including business and farm income?

YES	1	
NO	2	(INQ.020)
REFUSED	7	(INQ.020)
DON'T KNOW..	9	(INQ.020)

BOX 1B

CHECK ITEM INQ.015:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.020.

INQ.017   Who received income from self-employment?
PROBE: Anyone else?

CAPI INSTRUCTION:
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

SELECT	1
REFUSED	7
DON'T KNOW..	9

INQ.020   Did {you/you or OTHER FAMILY MEMBERS 16+} receive income in the **last 12 months** from **wages and salaries**?

YES	1	
NO	2	(INQ.030)
REFUSED	7	(INQ.030)
DON'T KNOW..	9	(INQ.030)

BOX 1C

CHECK ITEM INQ.024:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.030.

INQ.026   Who received income from wages and salaries?
PROBE: Anyone else?

                  CAPI INSTRUCTION:
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

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

INQ.030   Did {you/you or **any** family members living here, that is: you or NAME(S) OF OTHER FAMILY MEMBERS} receive income in the **last 12 months** from **Social Security** or **Railroad Retirement**?

YES	1	
NO	2	(INQ.060)
REFUSED	7	(INQ.060)
DON'T KNOW...	9	(INQ.060)

BOX 1D

CHECK ITEM INQ.032:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.040.

INQ.034   Who received income from Social Security or Railroad Retirement?
PROBE: Anyone else?

CAPI INSTRUCTION:
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

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

INQ.040   Was the Social Security or Railroad Retirement income received as a **disability** benefit?

YES	1	
NO	2	(INQ.060)
REFUSED	7	(INQ.060)
DON'T KNOW...	9	(INQ.060)

```
                              BOX 1E

        CHECK ITEM INQ.045:
        IF ONLY ONE FAMILY MEMBER SELECTED IN INQ.034, FLAG PERSON AS
        RECEIVING DISABILITY BENEFIT AND GO TO INQ.060.
```

INQ.050   Who received income from Social Security or Railroad Retirement as a disability benefit?
           PROBE: Anyone else?

           CAPI INSTRUCTION:
           DISPLAY NAMES OF FAMILY MEMBERS.

           SELECT NAME(S) FROM ROSTER

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

INQ.060   Did {you/you or **any** family members living here} receive **any disability** pension [other than Social
           Security or Railroad Retirement] in the **last 12 months**?

                          YES 1
                          NO 2 (INQ.080)
                          REFUSED 7 (INQ.080)
                          DON'T KNOW.. 9 (INQ.080)

```
                              BOX 2A

        CHECK ITEM INQ.065:
        IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS RECEIVING BENEFIT
        AND GO TO INQ.080.
```

INQ.070   Who received this disability pension?
           PROBE: Anyone else?

           CAPI INSTRUCTION:
           DISPLAY NAMES OF ALL FAMILY MEMBERS.

           SELECT NAME(S) FROM ROSTER

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

INQ.080   Did {you/you or **any** family members living here} receive **retirement or survivor pension** [other than Social Security or Railroad Retirement or disability pension] in the **last 12 months**?

                          YES 1
                          NO 2 (INQ.090)
                          REFUSED 7 (INQ.090)
                          DON'T KNOW.. 9 (INQ.090)

+---+
| **BOX 2B** |
| |
| **CHECK ITEM INQ.083:** |
| IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO |
| INQ.090. |
+---+

INQ.085   Who received retirement or survivor pension?
           PROBE: Anyone else?

           CAPI INSTRUCTION:
           DISPLAY NAMES OF FAMILY MEMBERS.

           SELECT NAME(S) FROM ROSTER

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

INQ.090   Did {you/you or **any** family members living here} receive **Supplemental Security Income** [SSI] in the **last 12 months**?

                          YES 1
                          NO 2 (INQ.132)
                          REFUSED 7 (INQ.132)
                          DON'T KNOW.. 9 (INQ.132)

+---+
| **BOX 2C** |
| |
| **CHECK ITEM INQ.093:** |
| IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO |
| INQ.100. |
+---+

INQ.095 Who received Supplement Security Income [SSI]?
    PROBE: Anyone else?

    CAPI INSTRUCTION:
    DISPLAY NAMES OF FAMILY MEMBERS.

    SELECT NAME(S) FROM ROSTER

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

INQ.100 Was the SSI received because of a **disability**?

           YES 1
           NO 2 (INQ.132)
           REFUSED 7 (INQ.132)
           DON'T KNOW... 9 (INQ.132)

+---+
| **BOX 3A** |
| |
| **CHECK ITEM INQ.105A:** |
| IF ONLY ONE FAMILY MEMBER SELECTED IN INQ.095, FLAG PERSON AS |
| RECEIVING BENEFIT AND GO TO INQ.132. |
+---+

INQ.120 Who received SSI because of a disability?
    PROBE: Anyone else?

    CAPI INSTRUCTION:
    DISPLAY NAMES OF ALL FAMILY MEMBERS.

    SELECT NAME(S) FROM ROSTER

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

INQ.132   At any time in the **last 12 months**, even for 1 month, did {you/you or **any** family members living here, that is: you or NAMES OF OTHER FAMILY MEMBERS} receive any cash assistance from a state or county welfare program such as {DISPLAY SPECIFIC STATE PROGRAMS}?

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

> YES 1
> NO 2   (INQ.137)
> REFUSED 7   (INQ.137)
> DON'T KNOW.. 9   (INQ.137)

BOX 3AA

CHECK ITEM INQ.131A:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.137, OTHERWISE, CONTINUE.

INQ.133   Who received government payments?
           PROBE: Anyone else?

CAPI INSTRUCTION:
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

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

INQ.137   In the **last 12 months**, did {you/you or **any** family member living here} receive any **other** kind of welfare assistance, such as help with getting a job, placement in educational or job training programs, or help with transportation or child care?

> YES 1
> NO 2   (INQ.850)
> REFUSED 7   (INQ.850)
> DON'T KNOW.. 9   (INQ.850)

BOX 3B

CHECK ITEM INQ.138B:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO INQ.850.
OTHERWISE, CONTINUE.

INQ.139   Who received other welfare assistance?
           PROBE: Anyone else?

           CAPI INSTRUCTION:
           DISPLAY NAMES OF FAMILY MEMBERS.

           SELECT NAME(S) FROM ROSTER

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

INQ.850   Are {you/you or **any** family members living here} paying lower rent because the Federal, state, or local
           government is paying part of the cost?

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

INQ.140   Did {you/you or **any** family members living here} receive **interest** from savings or other bank accounts
           or income from dividends received from stocks or mutual funds or net rental income from property,
           royalties, estates, or trusts in the **last 12 months**?

                                        YES   1
                                        NO   2   (INQ.150)
                                        REFUSED   7   (INQ.150)
                                        DON'T KNOW..   9   (INQ.150)

           +--+
           | **BOX 3C** |
           | |
           | **CHECK ITEM INQ.143:** |
           | IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO |
           | INQ.150. |
           | OTHERWISE, CONTINUE. |
           +--+

INQ.145   Who received interest, dividend or rental income?
           PROBE: Anyone else?

           CAPI INSTRUCTION:
           DISPLAY NAMES OF FAMILY MEMBERS.

           SELECT NAME(S) FROM ROSTER

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

INQ.150   Did {you/you or **any** family members living here} receive income in the **last 12 months** from child support, alimony, contributions from family or others, VA payments, worker's compensation, or unemployment compensation?

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

BOX 3D

CHECK ITEM INQ.153:
IF ONLY ONE FAMILY MEMBER, FLAG PERSON AS SELECTED AND GO TO BOX 4A.
OTHERWISE, CONTINUE.

INQ.155   Who received income from child support, alimony, contributions from family or others, VA payments, workers compensation or unemployment compensation?
PROBE: Anyone else?

CAPI INSTRUCTION:
DISPLAY NAMES OF FAMILY MEMBERS.

SELECT NAME(S) FROM ROSTER

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

BOX 4A

CHECK ITEM INQ.157A:
IF 'YES' TO RECEIVED CASH ASSISTANCE (CODE 1 IN INQ.132),
CONTINUE.
OTHERWISE, GO TO BOX 4B.

INQ.161   Earlier I recorded that {you/you and OTHER NAMES SELECTED IN INQ.133/NAMES SELECTED IN INQ.133} received cash assistance from a state or county welfare program in the **last 12 months**. In the **last 12 months**, about how many **months** did anyone receive these payments?

{DISPLAY SPECIFIC STATE PROGRAMS}
IF LESS THAN 1 MONTH, ENTER 1

|___|___|
ENTER NUMBER OF MONTHS

REFUSED 77
DON'T KNOW... 99

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

BOX 4C

CHECK ITEM INQ.167B:
IF 'YES' TO RECEIVE OTHER WELFARE ASSISTANCE (CODE 1 IN INQ.137), CONTINUE.
OTHERWISE, GO TO BOX 4B.

INQ.169   Earlier I recorded that {you/you and OTHER NAMES SELECTED IN INQ.139/NAMES SELECTED IN INQ.139} received other types of welfare assistance, such as help with getting a job, placement in education or job training programs or help with transportation or child care. In the **last 12 months**, about how many **months** did anyone receive this type of assistance?

IF LESS THAN 1 MONTH, ENTER 1

|___|___|
ENTER NUMBER OF MONTHS

REFUSED 77
DON'T KNOW... 99

BOX 4B

CHECK ITEM INQ.163B:
IF 'YES' TO RECEIVED HOUSING ASSISTANCE (CODE 1 IN INQ.850, CONTINUE).
OTHERWISE, GO TO BOX 5.

INQ.164 Earlier I recorded that {you/you or someone in your family} received lower rent because the Federal, state, or local government is paying part of the cost. In the **last 12 months**, about how many **months** did anyone receive this type of assistance?

IF LESS THAN 1 MONTH, ENTER 1

|___|___|
ENTER NUMBER OF MONTHS

REFUSED 77
DON'T KNOW.. 99

BOX 5

LOOP 2:
ASK INQ.200 - INQ.230 FOR
    1. EACH **CPS** FAMILY (HOUSEHOLDER, PRIMARY FAMILY, RELATED SUBFAMILY, UNRELATED SUBFAMILY, SECONDARY INDIVIDUAL) INCLUDED IN THE NHANES FAMILY AND THEREFORE INCLUDED IN THIS INTERVIEW.

    AND

    2. FOR THE **ENTIRE HOUSEHOLD** IF:

      ■ THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD

      AND

      ■ THERE ARE PERSONS IN THE **HOUSEHOLD** WHO ARE **NOT** INCLUDED IN THE FIRST NHANES FAMILY IN THE HOUSEHOLD

INQ.200 Now I am going to ask about the **total combined income** for {you/NAME(S) OF CPS FAMILY MEMBERS/all the persons in your household: that is all the persons we have talked about and NAMES OF ADDITIONAL HOUSEHOLD MEMBERS} in the **last 12 months**, including income from all sources we have just talked about such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

CAPI INSTRUCTIONS:
■ DISPLAY "YOU" IF ONLY 1 PERSON IN THE HOUSEHOLD.
■ DISPLAY "NAMES OF CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE HOUSEHOLD AND ASKING QUESTIONS FOR CPS FAMILY.
■ DISPLAY "ALL THE PERSONS IN YOUR HOUSEHOLD . . ." IF ASKING QUESTIONS FOR HOUSEHOLD – SEE BOX 5.

$ |___|___|___|___|___|___|___|___|___| (GO TO BOX 5A)

REFUSED 7777777777
DON'T KNOW...................................... 9999999999

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┌─────────────────────────────────────────────────────────────┐
│                          BOX 5A                             │
│                                                             │
│  CHECK ITEM INQ.210:                                        │
│  IF INCOME ENTERED IN INQ.200 (ALL TOTAL INCOME QUESTIONS) IS 5 OR │
│  6 DIGITS, SKIP TO BOX 6.                                   │
│  OTHERWISE (TOTAL INCOME IS 4 OR LESS DIGITS OR 7 OR MORE   │
│  DIGITS), CONTINUE.                                         │
└─────────────────────────────────────────────────────────────┘
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INQ.215   **INTERVIEWER:**
YOU HAVE ENTERED {DISPLAY INCOME ENTERED IN TOTAL INCOME QUESTION – INQ.200A, B, C, ETC.} FOR FAMILY TOTAL NUMBER. IS THIS CORRECT?

CAPI INSTRUCTION:
DISPLAY INCOME WITH COMMAS IN APPROPRIATE PLACES – EXAMPLE: 4,000 – IF THIS CANNOT BE DONE, PLEASE NOTIFY DESIGN GROUP.

```
YES ................................................................  1
NO .................................................................  2  (RETURN TO
                                                                         INQ.200)
```

INQ.220   You may not be able to give us an exact figure for {your/NAME(S) OF CPS FAMILY MEMBERS/your total household} income, but can you tell me if this income in the **last 12 months** was . . .

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group.

CAPI INSTRUCTIONS:
- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE HOUSEHOLD.
- DISPLAY "NAMES OF CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE HOUSEHOLD AND ASKING QUESTIONS FOR CPS FAMILY.
- DISPLAY "YOUR TOTAL HOUSEHOLD" IF ASKING QUESTIONS FOR HOUSEHOLD – SEE BOX 5.

```
$20,000 or more, or .......................................  1
less than $20,000? .......................................  2
REFUSED ...................................................  7  (BOX 6)
DON'T KNOW................................................  9  (BOX 6)
```

INQ.230   Of these income groups, can you tell me which letter **best** represents {your/NAME(S) OF CPS FAMILY MEMBERS/your total household} income in the **last 12 months**?

HAND CARD {INQ2/INQ3}

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

CAPI INSTRUCTIONS:
- DISPLAY "YOUR" IF ONLY 1 PERSON IN THE HOUSEHOLD.
- DISPLAY "NAMES OF CPS FAMILY MEMBERS" IF THERE IS MORE THAN 1 PERSON IN THE HOUSEHOLD AND ASKING QUESTIONS FOR CPS FAMILY.
- DISPLAY "YOUR TOTAL HOUSEHOLD" IF ASKING QUESTIONS FOR HOUSEHOLD – SEE BOX 5.
- IF CODE 1 IN INQ.220, DISPLAY {HAND CARD INQ2} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 2.
- IF CODE 2 IN INQ.220, DISPLAY {HAND CARD INQ3} AND DISPLAY ONLY THOSE RESPONSE OPTIONS ASSOCIATED WITH HAND CARD 3.

|___|___|

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

REFUSED 77
DON'T KNOW.. 99

BOX 6

END LOOP 2:
ASK INQ.200 - INQ.230 FOR NEXT CPS FAMILY. IF NO NEXT CPS FAMILY,
ASK INQ.200 – INQ.230 FOR **HOUSEHOLD** IF:

- THIS IS THE FIRST NHANES FAMILY IN THE HOUSEHOLD

  AND

- THERE ARE PERSONS IN THE **HOUSEHOLD** WHO ARE **NOT** INCLUDED IN THE FIRST NHANES FAMILY IN THE HOUSEHOLD.

IF NO HOUSEHOLD QUESTIONS REQUIRED, GO TO END OF SECTION.

INQ3

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

INQ2

U. $20,000 - $20,999

V. $21,000 - $21,999

W. $22,000 - $22,999

X. $23,000 - $23,999

Y. $24,000 - $24,999

Z. $25,000 - $25,999

AA. $26,000 - $26,999

BB. $27,000 - $27,999

CC. $28,000 - $28,999

DD. $29,000 - $29,999

EE. $30,000 - $30,999

FF. $31,000 - $31,999

GG. $32,000 - $32,999

HH. $33,000 - $33,999

II. $34,000 - $34,999

JJ. $35,000 - $39,999

KK. $40,000 - $44,999

LL. $45,000 - $49,999

MM. $50,000 - $54,999

NN. $55,000 - $59,999

OO. $60,000 - $64,999

PP. $65,000 - $69,999

QQ. $70,000 - $74,999

RR. $75,000 and over