

SECTION 5 – CHILDREN AND EDUCATION

The next questions ask you about any children you may have.			
65. Do you have any children?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know 4 <input type="checkbox"/> Refused		
	GO to 72		
66. How many children do you have who are --	___ Child(ren) - GO to 67a. 1 <input type="checkbox"/> None - GO to 72		
a. Under 18?			
b. 18 and over?	___ Child(ren) - GO to 72		
Complete questions 67a. through 71h. for ONE child at a time.			
67a. What is the name and age of each child under 18? (Enter number of months if under one year of age)	CHILD 1	CHILD 2	CHILD 3
	Name	Name	Name
	___ Year(s) OR ___ Month(s)	___ Year(s) OR ___ Month(s)	___ Year(s) OR ___ Month(s)
	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Don't know 2 <input type="checkbox"/> Refused
b. What is (child's name)'s sex?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
68. Does (child's name) live with you?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
69. Where does (child's name) live now?	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Child lives with his/her other parent 2 <input type="checkbox"/> Child lives with my parent(s) or in-laws 3 <input type="checkbox"/> Child lives with other relatives 4 <input type="checkbox"/> Child is in foster care, group home, jail or other institution 5 <input type="checkbox"/> Other - Specify _____ 6 <input type="checkbox"/> Don't know where child lives 7 <input type="checkbox"/> Refused
70. How long has it been since (child's name) has lived with you?	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused	1 <input type="checkbox"/> 0 to 6 months 2 <input type="checkbox"/> 7 to 12 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 4 years 5 <input type="checkbox"/> More than 4 years 6 <input type="checkbox"/> Child never lived with me - GO to 72 7 <input type="checkbox"/> Refused
CHECK ITEM A - If Q 68 is marked "YES" and child's age is -	___ 6 years or older - Ask 71a ___ 3, 4, or 5 years old - Skip 71b ___ Less than 3 years - Skip to 71g	___ 6 years or older - Ask 71a ___ 3, 4, or 5 years old - Skip 71b ___ Less than 3 years - Skip to 71g	___ 6 years or older - Ask 71a ___ 3, 4, or 5 years old - Skip 71b ___ Less than 3 years - Skip to 71g
71. Does (child's name) attend school?	1 <input type="checkbox"/> Yes, regularly attends school - skip to 71e. 2 <input type="checkbox"/> Attends school but not regularly, misses a lot 3 <input type="checkbox"/> No, not attending school 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - skip to 71e. 2 <input type="checkbox"/> Attends school but not regularly, misses a lot 3 <input type="checkbox"/> No, not attending school 4 <input type="checkbox"/> Refused	1 <input type="checkbox"/> Yes, regularly attends school - skip to 71e. 2 <input type="checkbox"/> Attends school but not regularly, misses a lot 3 <input type="checkbox"/> No, not attending school 4 <input type="checkbox"/> Refused