

WIHS ID #

During this first section, I will ask you some questions about your background and income. This information is used for statistical purposes only to generally describe the background of people who are part of this study.

PROMPT:
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B3

B1. HAND PARTICIPANT RESPONSE CARD 5.

Choose the answer that best applies to you now from the list I am going to read to you. Are you now...

- Legally married/Common-law married1
- Not Married, but living with a partner2 **(B3)**
- Widowed.....3 **(B3)**
- Divorced/or marriage annulled.....4 **(B3)**
- Separated5 **(B3)**
- Never married.....6 **(B3)**
- OTHER.....7 **(B3)**

(SPECIFY)

B2. Does your spouse live with you?

- YES.....1
- NO2

B3. HAND PARTICIPANT RESPONSE CARD 6.

Where are you living now?

- In your own house/ apartment1 **(PROMPT BELOW)**
- At your parent's house2 **(PROMPT BELOW)**
- Someone else's house/ apartment3 **(PROMPT BELOW)**
- In a rooming, boarding, or halfway house4 **(B16)**
- In a shelter/ welfare hotel5 **(B16)**
- On the street(s) (beach).....6 **(B16)**
- Jail/ other correctional facility.....7 **(PROMPT, PAGE 5)**
- Residential drug, alcohol treatment facility8 **(B16)**
- OTHER PLACE9 **(PROMPT BELOW)**

(SPECIFY)

IF LIVING "ON THE STREET(S)/BEACH", REFER TO SOCIAL SERVICE PROVIDER.

PROMPT:
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B6

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B4. Not counting yourself, how many people live with you? (IF ZERO, B6)

B5. How are they related to you?
(PROBE: Any others?)

CIRCLE "1" FOR EACH RELATIONSHIP MENTIONED AND THEN ASK QUESTION "i", "How many?" CIRCLE "2" FOR RELATIONSHIPS NOT MENTIONED AFTER PROBING.

	MENTIONED		
	<u>YES</u>	<u>NO</u>	i. How many?
a) YOUR CHILDREN.....1		2 (b)	<input type="text"/>
b) FOSTER CHILDREN1		2 (c)	<input type="text"/>
c) OTHER CHILDREN.....1		2 (d)	<input type="text"/>
<hr/>			
(SPECIFY)			
d) HUSBAND/MALE SEX PARTNER.....1		2	
e) FEMALE SEX PARTNER.....1		2	
f) YOUR PARENTS/STEP/FOSTER.....1		2 (g)	<input type="text"/>
g) OTHER ADULT RELATIVES.....1		2 (h)	<input type="text"/>
<hr/>			
(SPECIFY)			
h) OTHER ADULT NON-RELATIVES.....1		2 (B6)	<input type="text"/>
<hr/>			
(SPECIFY)			

B6. Are you currently employed (for pay, full-time or part-time)?

- YES 1
- NO 2
- DON'T KNOW..... <-8>
- DECLINED <-7>

**PROMPT:
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B26**

B7. HAND PARTICIPANT RESPONSE CARD 7.

What is the current average monthly income, before taxes, of your household. Remember, your household includes family members or other people who live with you and depend on that money. Include pay or money from all sources such as wages, salaries, tips, Social Security, Aid for Dependent Children (AFDC), pension or retirement, and any other kind of support.

(DO NOT READ ALL RESPONSE CHOICES. CIRCLE THE CODE FOR THE CATEGORY THAT MOST CLOSELY FITS THE RESPONSE GIVEN BY THE PARTICIPANT)

<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>	
\$6,000 OR LESS	\$500 OR LESS	\$115 OR LESS	1
\$6,001 TO \$12,000.....	\$501 TO \$1,000	\$116 TO \$231	2
\$12,001 TO \$18,000.....	\$1,001 TO \$1,500	\$232 TO \$346.....	3
\$18,001 TO \$24,000.....	\$1,501 TO \$2,000	\$347 TO \$461	4
\$24,001 TO \$30,000.....	\$2,001 TO \$2,500	\$462 TO \$577	5
\$30,001 TO \$36,000.....	\$2,501 TO \$3,000	\$578 TO \$692.....	6
\$36,001 TO \$75,000.....	\$3,001 TO \$6,250	\$693 TO \$1442.....	7
MORE THAN \$75,000	MORE THAN \$6,250	MORE THAN \$1442.....	8
		DON'T KNOW	<-8>
		DECLINED	<-7>

INSTRUCTIONS: ASK ABOUT EACH INCOME SOURCE (B8-B15). FOR EACH "YES", ASK SUBQUESTION "a".

The following questions ask about where your household's income comes from. By "household" we mean family members or other people who live with you and depend on that money. Please include both legal and illegal sources. Do you, or does anyone else in your household get money from:

a. Do you get this payment directly? **(PROBE: Do not include money that was paid directly to someone else in your household, which they then gave to you).**

[READ B8-B15]

SOURCES:	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
B8. Wages/Salary.....	1	2	(B9)	1 2
B9. Alimony/Child Support	1	2	(B10)	1 2
B10. Welfare/Public Aid, AFDC	1	2	(B11)	1 2
B11. SSI/SSDI (Social Security Disability Income)	1	2	(B12)	1 2
B12. State or private disability or workers' compensation	1	2	(B13)	1 2
B13. Social Security (Excluding SSI, SSDI)	1	2	(B14)	1 2
B14. Pension	1	2	(B15)	1 2
B15. Any Other Source.....	1	2	(B26)	1 (B26) 2 (B26)

(SPECIFY)

S K I P T O B 2 6 , P A G E 6

IF PARTICIPANT HAS NO INCOME AT ALL, REFER TO SOCIAL SERVICE PROVIDER

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B16. Are you currently employed (for pay, full-time or part-time)?

- YES 1
- NO 2
- DON'T KNOW <-8>
- DECLINED <-7>

PROMPT:
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.) SKIP TO B26

B17. **HAND PARTICIPANT RESPONSE CARD 7.**

What was the average monthly income, before taxes, of your former household. Remember, your former household includes family members or other people who lived with you and depended on that money. Include pay or money from all sources such as wages, salaries, tips, Social Security, Aid for Dependent Children (AFDC), pension or retirement, and any other kind of support.

(DO NOT READ ALL RESPONSE CHOICES. CIRCLE THE CODE FOR THE CATEGORY THAT MOST CLOSELY FITS THE RESPONSE GIVEN BY THE PARTICIPANT)

<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>	
\$6,000 OR LESS	\$500 OR LESS	\$115 OR LESS	1
\$6,001 TO \$12,000.....	\$501 TO \$1,000	\$116 TO \$231	2
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MORE THAN \$75,000	MORE THAN \$6,250	MORE THAN \$1442.....	8
		DON'T KNOW	<-8>
		DECLINED	<-7>

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INSTRUCTIONS: ASK ABOUT EACH INCOME SOURCE (B18-B25). FOR EACH "YES", ASK SUBQUESTION "a".

The following questions ask about where your former household's income came from. By "household" we mean family members or other people who lived with you and depended on that money. Please include both legal and illegal sources. Did you, or anyone else in your household get money from:

a. Did you get this payment directly? (**PROBE:** Do not include money that was paid directly to someone else in your household, which they then gave to you).

[READ B18 - B25]

SOURCES:	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
B18. Wages/Salary.....	1	2 (B19)	1	2
B19. Alimony/Child Support.....	1	2 (B20)	1	2
B20. Welfare/Public Aid, AFDC.....	1	2 (B21)	1	2
B21. SSI/SSDI (Social Security Disability Income)	1	2 (B22)	1	2
B22. State or private disability or workers' compensation	1	2 (B23)	1	2
B23. Social Security (Excluding SSI, SSDI)	1	2 (B24)	1	2
B24. Pension	1	2 (B25)	1	2
B25. Any Other Source.....	1	2 (B26)	1	2

(SPECIFY)

IF PARTICIPANT HAS NO INCOME AT ALL, REFER TO SOCIAL SERVICE PROVIDER

B26. TIME MODULE ENDED:

|_|_| : |_|_|

AM.....1
PM.....2

GO TO FORM 22