

Section 5 – TOPICAL MODULES

Part A – RECIPIENCY HISTORY

CHECK ITEM T1

Refer to cc item 24.
Is . . . 18 years of age or older?

- 8052** 1 Yes
2 No – SKIP to Check Item T12, page 55

STATEMENT C

Now I have some questions regarding past participation in Government programs.

CHECK ITEM T2

Refer to the ISS.
Is "Food Stamps" (code 27) marked?

- 8054** 1 Yes
2 No – SKIP to 1b

1a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps?

- 8056** 1 Yes – SKIP to 1d
2 No – SKIP to Check Item T3

b. Has . . . ever applied for the Federal Government's Food Stamp Program?

- 8058** 1 Yes
2 No – SKIP to Check Item T3

c. Has . . . ever been authorized to receive food stamps?

- 8060** 1 Yes
2 No – SKIP to Check Item T3

d. When did . . . first start receiving food stamps?

- 8062** Month x1 DK
8064 Year x1 DK

e. For how long did . . . receive food stamps that time?

- 8066** Months
8068 OR
8070 Years
x1 DK

f. How many times in all have there been when . . . received food stamps?

- 8072** Times
x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part A – RECIPIENCY HISTORY (Continued)

CHECK ITEM T3	Refer to cc item 27. Is . . . a designated parent or guardian of children under 18 years old who live in this household?	8074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
CHECK ITEM T4	Refer to the ISS. Is "AFDC" (code 20) marked?	8076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
2a.	Besides this period of time, have there been any other times when . . . received AFDC (ADC)?	8078	1 <input type="checkbox"/> Yes – SKIP to 2d 2 <input type="checkbox"/> No – SKIP to Check Item T5
b.	Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?	8080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
c.	Has . . . ever received AFDC (ADC) benefits?	8082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T5
d.	When did . . . first start receiving AFDC (ADC) benefits?	8084	[] [] Month x1 <input type="checkbox"/> DK 8086 [1] [9] [] [] Year x1 <input type="checkbox"/> DK
e.	For how long did . . . receive AFDC (ADC) that time?	8088	[] [] Months 8090 OR 8092 [] [] Years x1 <input type="checkbox"/> DK
f.	How many times in all have there been when . . . received AFDC (ADC)?	8094	[] [] Times x1 <input type="checkbox"/> DK
CHECK ITEM T5	Refer to the ISS. Is "SSI" (codes 3 or 4) marked?	8096	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
3a.	Besides this period of time, have there been any other times when . . . received SSI benefits?	8098	1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T6
b.	Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
c.	Has . . . ever received SSI benefits?	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T6
d.	When did . . . first start receiving SSI?	8104	[] [] Month x1 <input type="checkbox"/> DK 8106 [1] [9] [] [] Year x1 <input type="checkbox"/> DK
e.	For how long did . . . receive SSI that time?	8108	[] [] Months OR 8110 [] [] Years 8112 x1 <input type="checkbox"/> DK
CHECK ITEM T6	Refer to the ISS. Is "Medicaid" (code 173) marked?	8114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
CHECK ITEM T7	Refer to the ISS. Is "SSI" or "AFDC" (codes 3, 4, or 20) marked?	8116	1 <input type="checkbox"/> Yes – SKIP to Check Item T8 2 <input type="checkbox"/> No

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY

CHECK ITEM T12

Refer to cc item 24.

Is . . . 18 to 64 years old?

8200

- 1 Yes
 2 No – SKIP to Check Item C1, page 59

STATEMENT D

Now I would like to ask some questions about some of the jobs . . . has held.

CHECK ITEM T13

Is "Worked" (code 170) marked on the ISS?

8210

- 1 Yes
 2 No – SKIP to 4a

ASK OR VERIFY –

1. What was the name of . . . 's MAIN employer or business during the past 4 months?

PGM 8

Name of employer or business

8212

CHECK ITEM T14

Refer to Check Item E3, page 14, Check Item E6, page 16, Check Item S1, page 18, or Check Item S7, page 20.

What is the ID number of this employer or business?

PGM 7

8214

Employer number
OR

8216

Business number

2. When did . . . start working for (Read name of employer or business)?

(If worked for more than one period of time, ask about most recent period.)

8218

Month x1 DK

8220

Year x1 DK

CHECK ITEM T15

Refer to Check Item T14 above.

Is an "Employer number" entered?

8222

- 1 Yes
 2 No – SKIP to 5a

3a. About how many persons were employed by . . . 's employer at the location where . . . works (worked)?

8224

- 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1,000 or more } SKIP to 3d
 x1 DK

b. Did . . . 's employer operate in more than one location?

8226

- 1 Yes
 2 No } SKIP to 3d
 x1 DK

c. About how many persons were employed by . . . 's employer at ALL LOCATIONS?

8228

- 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1,000 or more
 x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY (Continued)

<p>3d. For how many years has . . . done the kind of work that . . . does on this job?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8234</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:10%;">Months</td> <td rowspan="3" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="3" style="vertical-align: middle;">SKIP to 5a</td> </tr> <tr> <td></td> <td align="center" colspan="3">OR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8236</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>Years</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8238</td> <td colspan="4">x1 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	8234			Months	}	SKIP to 5a		OR			8236			Years	8238	x1 <input type="checkbox"/> DK				
8234			Months	}	SKIP to 5a																
	OR																				
8236			Years																		
8238	x1 <input type="checkbox"/> DK																				
<p>4a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8240</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T16</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8242</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8244</td> <td colspan="4">x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more</td> <td style="vertical-align: middle;">} ASK 4b</td> </tr> </table>	8240			Month	}	SKIP to Check Item T16	8242	1	9			Year	8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b		
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8242	1	9					Year														
8244	x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more				} ASK 4b																
<p>b. What is the main reason . . . never worked 2 consecutive weeks or more at a paid job or business? <i>Mark (X) only one.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8246</td> <td style="width:80%;"> 1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK </td> <td style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td style="vertical-align: middle;">SKIP to Check Item C1, page 59</td> </tr> </table>	8246	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 7 <input type="checkbox"/> Other – Specify _____ x1 <input type="checkbox"/> DK	}	SKIP to Check Item C1, page 59																
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<p>5a. Before this job or business when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8248</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T18</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8250</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>Year</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8252</td> <td colspan="4">x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18</td> <td></td> </tr> </table>	8248			Month	}	SKIP to Check Item T18	8250	1	9			Year	8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18						
8248			Month	}	SKIP to Check Item T18																
8250	1	9					Year														
8252	x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T18																				
<p>CHECK ITEM T16 <i>Refer to item 4a or 5a above.</i> Is the year 1981 or later?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8254</td> <td style="width:90%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18 </td> </tr> </table>	8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																		
8254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T18																				
<p>5b. What was the name of . . .'s employer or business at that time?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;">Name of employer or business</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8256</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8	Name of employer or business	8256																	
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<p>c. What kind of company, business, or industry was (Name of employer or business)?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8258</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8		8258																	
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<p>d. Was that business or industry mainly – (Read categories)</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="width:90%;">1 <input type="checkbox"/> Manufacturing?</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8260</td> <td>2 <input type="checkbox"/> Wholesale Trade?</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> Retail Trade?</td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> Some other kind of business?</td> </tr> </table>	PGM 8	1 <input type="checkbox"/> Manufacturing?	8260	2 <input type="checkbox"/> Wholesale Trade?		3 <input type="checkbox"/> Retail Trade?		4 <input type="checkbox"/> Some other kind of business?												
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<p>e. What kind of work was . . . doing on that job?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8262</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8		8262																	
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<p>f. What were . . .'s most important activities or duties?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 8</td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8264</td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table>	PGM 8		8264																	
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<p>g. Did . . . work for an employer on that job or was . . . self-employed?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">PGM 7</td> <td style="width:90%;">1 <input type="checkbox"/> Worked for an employer</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8266</td> <td>2 <input type="checkbox"/> Self-employed</td> </tr> </table>	PGM 7	1 <input type="checkbox"/> Worked for an employer	8266	2 <input type="checkbox"/> Self-employed																
PGM 7	1 <input type="checkbox"/> Worked for an employer																				
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<p>h. When did . . . START working for (Name of employer or business)?</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">8268</td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:15%; border: 1px solid black; text-align: center;"> </td> <td style="width:10%;">Month</td> <td rowspan="2" style="font-size: 3em; vertical-align: middle; padding-left: 10px;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to Check Item T16</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">8270</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> <td>Year</td> </tr> </table>	8268			Month	}	SKIP to Check Item T16	8270	1	9			Year								
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8270	1	9					Year														

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY (Continued)

<p>5i. What was the main reason . . . stopped working for <i>(Name of employer or business)?</i></p>	<p>8272 1 <input type="checkbox"/> Layoff, plant closed 2 <input type="checkbox"/> Discharged 3 <input type="checkbox"/> Job was temporary and ended 4 <input type="checkbox"/> Found a better job 5 <input type="checkbox"/> Retirement/old age 6 <input type="checkbox"/> Did not like working conditions 7 <input type="checkbox"/> Dissatisfied with earnings 8 <input type="checkbox"/> Did not like location 9 <input type="checkbox"/> Going to school 10 <input type="checkbox"/> Became pregnant/had child 11 <input type="checkbox"/> Health reasons 12 <input type="checkbox"/> Other family or personal reasons 13 <input type="checkbox"/> Other – <i>Specify</i> <u> </u></p>
<p>6a. In what year did . . . first work 6 straight months or longer at some job or business?</p>	<p>8274 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Never worked 6 straight months at a job or business – <i>SKIP to Check Item C1, page 59</i> x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T18</i></p>
<p>b. Since <i>(Year in 6a)</i> has . . . always worked at least 6 months during the year?</p>	<p>8276 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item C1, page 59</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to Check Item C1, page 59</i></p>
<p>c. How many years were there when . . . worked at least 6 months during the year?</p>	<p>8278 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T17 <i>Refer to item 6a.</i> Is the year in item 6a 1981 or later?</p>	<p>8280 1 <input type="checkbox"/> Yes – <i>SKIP to 7a</i> 2 <input type="checkbox"/> No</p>
<p>6d. Since the beginning of 1981 how many years have there been when . . . worked at least 6 months during the year?</p>	<p>8282 x5 <input type="checkbox"/> All years OR <input type="text"/> <input type="text"/> Years OR x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T18 <i>Refer to item 6a above, or item 2.</i> Is there a year entered in item 6a or in item 2?</p>	<p>8284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p>7a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since <i>(Year in item 6a or 2), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?</i> <i>(If dates in both 6a and 2, use earliest date.)</i></p>	<p>8286 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 59</i></p>
<p>b. About how many times has . . . gone 6 months or longer without working at a paid job or business?</p>	<p>8288 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. When was the last time that . . . went 6 months or longer without working at a paid job or business?</p>	<p align="center">FROM</p> <p>8290 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK</p> <p align="center">TO</p> <p>8292 <input type="text" value="1"/> <input type="text" value="9"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK</p>
<p>d. What was the main reason . . . did not work at a paid job or business during that time? <i>Mark (X) only one.</i></p>	<p>8294 1 <input type="checkbox"/> Took care of family or home 2 <input type="checkbox"/> Own illness or disability 3 <input type="checkbox"/> Could not find work 4 <input type="checkbox"/> Going to school 5 <input type="checkbox"/> Became pregnant/had child 6 <input type="checkbox"/> Other – <i>Specify</i> <u> </u></p> <p align="right">} <i>Go To Check Item C1, page 59</i></p>