```
        IWER:  YOU SHOULD BE INTERVIEWING (R NAME)
        OR DOING A PROXY FOR (Him/Her).

        SUSPEND THIS CASE IF YOU HAVE THE WRONG R AND RESELECT
        THE CORRECT LINE
```

~IF (SECOND R)
```
        THIS R IS ASSIGNED TO DO (TYPE OF IW)
```
                                                        (216)

```
                    CORRECT R - GO ON....................1
```

CS1.

```
        IWER:  IS (R NAME) LIVING?
```
                                                        (217)

```
                    YES..................................1
                    NO -- GO BACK TO CSMS AND
                    CHOOSE "EXIT IW"....................5
```

CS1a.
```
        IWER: CHOOSE TYPE OF INTERVIEW:
```
                                                        (218)

```
                    SELF.................................1
                    PROXY, SPOUSE IS REPORTER............2
                    PROXY, NON-SPOUSE IS REPORTER.......3
```

```
    if: NOT PROXY
SKIP to:(220)
```

CS1b.
```
        WAVE 1 PROXY WAS (PROXY NAME).

        WAVE 2 PROXY IS:
```
                                                        (219)

```
                    SAME PERSON AS IN WAVE 1.............1
                    DIFFERENT/NEW PERSON.................2

                 WHICH IW 1ST R/2ND R               (220)


        IWER:
                DESIGNATE INSTRUMENT

                    SELF  -- ENGLISH.....................0
                    SELF  -- SPANISH.....................1
                    PROXY -- ENGLISH.....................2
```

CS2 INTRO/CONFIDENTIALITY

```
        As you know, this study is interested in learning about
        important aspects of people's lives such as their health,
~IF REINTERVIEW:
        financial and family situations.  To do so, we are
        re-interviewing people such as yourself who participated
        in the study last time.
~IF NEW
        financial and family situations.


        This interview is completely confidential and voluntary.  If
        we should come to any question you don't want to answer, just
        let me know and we will go on to the next question.
```
                                                        (223)

```
    if:NOT 1ST R
SKIP to:(240)
```

```
CS3.
        First we need to update our records.  As of (Wave 1 date),
        when we talked with you, they show that you,
~IF MARRIED:
        (R NAME), were married.
~ELSE PARTNERED
        (R NAME), were living with a partner as if married.
~ELSE SINGLE
        (R NAME), were not married or living with a partner.


                                                              (224)
    if: WAVE 1 NOT SINGLE
SKIP to:(233)

  CS4.
        Is (R SPOUSE NAME) still your (Husband/Wife/Partner)?
  ~ELSE
        Is (64)M62(Q205)= still your (Husband/Wife/Partner)?
                                                              (226)
                        YES, AND SP/PARTNER IS LIVING........1 -Skip-(240)
                        NO...................................5
                        DK...................................8
                        RF...................................9

  CS5.
  ~IF 1ST  HOUSEHOLD
        (Is (R SPOUSE NAME) still alive?)
                                                              (227)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

CS6.
  ~IF SPOUSE/PARTNER ALIVE
        In what month and year did you stop living together?
  ~ELSE
        In what month and year did (He/She)die?

        MONTH:                                                (228)
        YEAR:
                                                              (229)

  CS7.
        Are you married (to someone else)?
                                                              (230)
                        YES..................................1 -Skip-(240)
                        NO...................................5
                        DK...................................8
                        RF...................................9

  CS8.
        Are you living with (a/another) partner as if married?
                                                              (231)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

    if:(204)(1 *TO* 3) *OR* (217)(5 *OR* DK *OR* RF)
SKIP to:(240)

  CS9.
        Are you now married?
                                                              (233)
                        YES..................................1 -Skip-(240)
                        NO...................................5
                        DK...................................8
                        RF...................................9

  CS10.
        Are you living with a partner as if married?
                                                              (234)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9
```

```
CS11.
~IF 1ST R
        IWER:  ASK IF NECESSARY:

        Are you living in a nursing home or other health care facility?
~ELSE
        IWER:  IS R LIVING IN A NURSING HOME OR OTHER
               HEALTH CARE FACILITY?

        DEF:  A NURSING HOME OR OTHER HEALTH FACILITY PROVIDES ALL
        OF THE FOLLOWING SERVICES FOR ITS RESIDENTS:  DISPENSING OF
        MEDICATION, 24-HOUR NURSING ASSISTANCE AND SUPERVISION,
        PERSONAL ASSISTANCE, AND ROOM & MEALS.
                                                            (240)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

CS12.
        Are you and your (new) (Husband/Wife/Partner) living
~IF IN NURSING HOME
        in the same (nursing home/health care facility)?
~ELSE
        together in a house or apartment?

        IWER:  THIS QUESTION IS TO TELL WHETHER R'S SPOUSE/PARTNER
        IS ALSO LIVING IN THE DWELLING OR INSTITUTION WHERE R LIVES.
                                                            (241)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

    if:(241)(1)
SKIP to:(247)

 CS14.
        In what month and year did you stop living together?

        MONTH:                                              (244)
        YEAR:                                               (245)

 CS13.
        Is your (new) (Husband/Wife/Partner) living in a nursing home or
        other health care facility?

        DEF:  A NURSING HOME PROVIDES ALL OF THE FOLLOWING SERVICES
        FOR ITS RESIDENTS:  DISPENSING OF MEDICATION, 24-HOUR
        NURSING ASSISTANCE AND SUPERVISION, PERSONAL
        ASSISTANCE, AND ROOM & MEALS.

                                                            (246)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

 CS15.
        In what month and year did you and your (new) (Husband/Wife/Partner)
        start living together?

        MONTH:                                              (247)
        YEAR:                                               (248)

                    MARRIAGE STATUS                         (256)
                    NEW SP COUPLENESS                       (257)
                    CURRENT SP                              (258)
                    RS ON THE R GRID                        (259)
                    R ALIVE                                 (261)
                    SP ALIVE                                (262)
                    NEW SP                                  (263)
                    ASSIGN R ALIVE                          (264)
                    ASSIGN SP ALIVE                         (265)
                    ASSIGN NEW SP ALIVE                     (266)
                    A R ALIVE HH                            (267)
                    A SP ALIVE                              (268)
                    A NEW SP ALIVE                          (269)
                    R HH#                                   (270)
                    SP HH#                                  (271)
                    NEW SP HH#                              (272)
                    ASSIGN R HH                             (273)
                    ASSIGN SP                               (274)
                    ASSIGN NEW SP                           (275)
```

CS16 R ROSTER.

```
    A.    B.FIRST    C.LAST    D.    E.YEAR  F.          G.      H.
    ID#   NAME       NAME      SEX   BORN  REL TO R    LIVING HH #
```

INTERVIEWER: VERIFY SPELLING OF FIRST AND LAST NAME AND SEX. IF
NECESSARY, USE "YEAR BORN" TO CLARIFY IDENTITY OF R AND SPOUSE/
PARTNER. PLEASE CHECK THAT RELATION TO R AND WHETHER LIVING
ARE CORRECT.

~IF NEW SPOUSE:

IF R HAS A NEW SP/PARTNER, FILL IN HIS/HER NAME IN THE GRID
AFTER ASKING:
What is the name of your new (Husband/Wife/Partner)?

WHEN FINISHED, PRESS F10 TO SELECT CONTINUE/GRID INCORRECT

                        HH1 R TIME STAMP   (303)
                                                        (305)
                        CONTINUE...........................1

CS17. R ROSTER CONFIRM.

        IWER: PRESS 1 TO CONFIRM R GRID IS FINISHED.
               YOU WILL NOT BE ABLE TO AMEND IT AFTER THIS POINT.

                                                        (307)
                        RESPONDENT GRID COMPLETED............1
                        RESPONDENT GRID NOT COMPLETED.......5

                        HH2 R TIME STAMP   (333)

                     R ROSTER END TIME   (338)

                     R FAMILY/FINANCIAL TYPE   (341)
                        FINANCIAL R.........................1
                        FAMILY R............................2
                        FIN & FAM R.........................3
                        NON-FIN & NON-FAM R.................4

                    SP FAMILY/FINANCIAL TYPE   (342)
                        FINANCIAL R.........................1
                        FAMILY R............................2
                        FIN & FAM R.........................3
                        NON-FIN & NON-FAM R.................4
```

CS20.
        IN WAVE 1 IW, (R NAME) WAS THE (TYPE R)
        FOR WAVE 2 IW, (R NAME) IS THE (ASSIGNED TYPE R)

~IF NEW SPOUSE
        FOR WAVE 2 IW, (R SPOUSE NAME) IS THE (ASSIGNED TYPE R)
~IF HAD W1 SPOUSE
        IN WAVE 1 IW, (R SPOUSE NAME) WAS THE (TYPE R)
        FOR WAVE 2 IW, (R SPOUSE NAME) IS THE (ASSIGNED TYPE R)
~ELSE
        IN WAVE 1 IW, (R SPOUSE NAME) WAS THE (TYPE R)
        FOR WAVE 2 IW, (R SPOUSE NAME) IS THE (ASSIGNED TYPE R)

        IWER:  DO YOU NEED TO CHANGE THIS ASSIGNMENT?
                                                        (345)
                        YES, CHANGE ASSIGNMENT...............1
                        NO, LEAVE ASSIGNMENT AS STATED ......5 -Skip-(352)
                        DK...................................8 -Skip-(352)
                        RF...................................9 -Skip-(352)

CS20a.
        WHY ARE YOU CHANGING THIS ASSIGNMENT?
                                                        (346)

CS21.
        INTERVIEW (R NAME) AS:
        TYPE:                                           (347)

                        FINANCIAL R.........................1
                        FAMILY R............................2
                        FIN & FAM R.........................3
                        NON-FIN & NON-FAM R.................4


                    **AHEAD WAVE 2 QUESTIONNAIRE PAGE 17**

```
CS22.
        INTERVIEW (R SPOUSE NAME) AS:
     OR
        NO SPOUSE -- IS ASSIGNED

        TYPE:

S22.    SP TYPE                                            (348)

                FINANCIAL R.........................1
                FAMILY R............................2
                FIN & FAM R.........................3
                NON-FIN & NON-FAM R.................4

        PRESS F3 TO CHANGE R TYPE SELECTION


        Computer assignments:
                W1 INTERV                                  (370)
                        NEW SP..............................0
                        REINTERVIEW.........................1
                        REFUSED SP..........................5

                R FIRST NAME                               (371)
                R LAST NAME                                (372)
                R BIRTH YEAR                               (373)
                R SEX                                      (374)
                        MALE................................1
                        FEMALE..............................2
                R MARITAL STAT                             (375)
                        MARRIED.............................1
                        MARRIED SP ABSENT...................2
                        LIVING WITH PARTNER.................3
                        DIVORCED/SEPARATED..................4
                        WIDOWED.............................5
                        NEVER MARRIED.......................6
                        DIED................................7
                R FAM/NON V105                             (376)
                        FAMILY..............................1
                        NON-FAMILY..........................2
                        ONLY R..............................3
                R FIN/NON V106                             (377)
                        FINANCIAL R.........................2
                        NON FINANCIAL R.....................3
                RS ORIGINAL SP LIVING                      (378)
                        NO SPOUSE...........................0
                        SPOUSE LIVING.......................1
                        SPOUSE DEAD.........................5
                R SPOUSE NAME                              (380)
                IDFM OR IDNFM FLAG                         (388)


                CS CUR DAY TEXT                            (390)
                        SUN.................................1
                        MON.................................2
                        TUE.................................3
                        WED.................................4
                        THU.................................5
                        FRI.................................6
                        SAT.................................7

                CUR MONTH TEXT - USE 1/12                  (391)

                CUR DAY 1-31                               (392)
                CUR YEAR YYYY                              (393)
                TIME HHMMSS TEMP                           (394)
                TIME HHMMSS PERM                           (395)


                TIME SECONDS                               (396)
                TIME YEAR                                  (397)
                TIME MONTH                                 (398)
                DATE/TIME OF VQ FILE                       (399)
                CUR DAY 1-31                               (400)

                R'S CURRENT AGE                            (407)


        if:(240)( *NOT* 1)
    SKIP to:(422)
```

CS25.

In what month and year did you move to the (nursing home/
health care facility) where you are now living?

MONTH: (417)

YEAR:

(418)

CS25b.

In what city and state is the (nursing home/health care
facility) where you are living?

(419)

```
     if:(377)( *NOT* 2) *AND* (220)(2)
SKIP to:(421)
```

CS26.

Do you still own or rent a house or apartment outside
the facility where you are living?

(420)

```
                    YES...................................1
                    NO....................................5
                    DK....................................8
                    RF....................................9
```

```
     if:(420)(5 *OR* DK *OR* RF)
SKIP to:(435)
```

```
     if:(377)( *NOT* 2) *AND* (220)( *NOT* 1)
SKIP to:(435)
```

CS27.

Our records show that in (Wave 1 date), (your house or apartment /one of your
houses or apartments)was in (HH1 1st ADDR CITY , (HH1 1st ADDR STATE).

~IF IN NEW HH

Do you still have the same house or apartment
in (CITY)?

~ELSE

Are you still living, all year or part of the year, in
that same house or apartment in (CITY, STATE)?

(422)

```
                    YES...................................1 -Skip-(426)
                    NO....................................5
                    DK....................................8
                    RF....................................9
```

CS28.

~IF IN NURSING HOME

Is your house or apartment still in or around
(CITY, STATE)?

~ELSE

Do you still live, all year or part of the year in a house
or apartment, in or around (CITY, STATE)?

(423)

```
                    YES...................................1
                    NO....................................5
                    DK....................................8
                    RF....................................9
```

```
     if:(423)( *NOT* 5)
SKIP to:(426)
```

CS29.

How many years did you live around (CITY, STATE)?

IF LESS THAN ONE YEAR, USE 1

(425)

```
     if: NO W1 2ND RESIDENCE
SKIP to:(430)
```

CS30.
        Our records also show that in (Wave 1 date), you had another
         house or apartment, one in (CITY, STATE).

~IF IN NURSING HOME
        Do you still have the same house or apartment
        in (CITY, STATE)?
~ELSE
        Are you still living, all year or part of the year,
        in that same house or apartment in (CITY, STATE)?

                                                        (426)
                        YES..................................1 -Skip-(430)
                        NO...................................5
                        DK...................................8
                        RF...................................9

CS31.
~IF IN NURSING HOME
        Do you still have a home in or
        around (CITY, STATE)?
~ELSE
        Do you still live, all year or part of the year in a house
        or apartment, in or around (CITY, STATE)?
                                                        (427)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

     if:(427)(*NOT* 5)
SKIP to:(430)

 CS32.
        How many years did you live around (CITY, STATE)?

        IF LESS THAN ONE YEAR, USE 1
                                                        (429)

 CS33.
        In what city and state is your house or apartment
        currently located?
                                                        (430)

 CS34.
        Do you have any other house or apartment where you
        live for 2 or more months of the year?

        IF R REPORTS MORE THAN ONE ADDITIONAL RESIDENCE, ASK
        ABOUT THE ONE THEY USE MOST.

                                                        (431)
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9

     if:(431)(*NOT* 1)
SKIP to:(435)

 CS35.
        In what city and state is your other residence located?
                                                        (434)

                        CS35a. ASSIGN 1 OR 2 RESIDENCE   (435)
                                ONE RESIDENCE.......................1
                                TWO RESIDENCE.......................2

 CS36.
        Which is your main residence, your home in
        (CITY, STATE)or the one in (CITY, STATE)

        DEF: MAIN RESIDENCE, ONE WHERE R SPENDS THE MOST TIME (MTY)
                                                        (438)
                        HOME IN (CITY, STATE 1st Residence Wave 1)..............1
                        HOME IN (CITY, STATE named in CS33)....................2 -Skip-(440)
                        HOME IN (CITY, STATE 2nd Residence Wave 1)..............3
                        HOME IN (CITY, STATE named in CS 35....................4 -Skip-(440)
                        DK...................................8
                        RF...................................9

                        CS36. ASSIGN MAIN
                        RESIDENCE   (439)

```
                      CS36b. ASSIGN 2ND
                      RESIDENCE                                  (440)


                      CS36c. R MOVED MAIN RESIDENCE        (441)
                             YES, MOVED...........................1
                             NO, DID NOT MOVE.....................5

                      CS37 TIME STAMP                            (442)


                      CHECKPOINT                                 (443)
                      CS SET MAIN                                (444)
                      CS SET 2ND HH                              (445)
                      CS SET MAIN HH                             (446)
                      CS SET 2ND HH                              (447)
                      CS SET MOVED HH1                           (448)
                      CS SET MOVED HH2                           (449)
                      CS HAVE 2ND RESIDENCE                      (453)
                      HH1 2ND                                    (454)
                      HH2 2ND
                      RESID                                      (455)


     CS39.
             Now some questions about children
             and whether any are living with you in (CITY).
     ~IF IN NURSING HOME

             IWER:  WHEN R LIVES IN NURSING HOME CHANGE ALL RESIDENT
                    CODES IN CHILD GRID TO NONRESIDENT OR DIED.

                                                               (466)
                      HH1 CHILD TIME STAMP                      (468)
                      HH1 CHILDREN                              (469)

     CS40.
         VERIFY AND UPDATE INFORMATION ON CHILDREN & THEIR SPOUSES.
         PROMPT QUESTIONS FOR NEW CHILDREN ARE IN Q X Qs.

                  REL                       MARI SP  SPOUSE    SP
         R HH  TO R    SEX NAME    LAST      STAT R HH NAME     CHG

         Do you (or your) (Husband/Wife/Partner)have any (other) children, step-children,
         or sons- or daughters-in-law?

         USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
         WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE


         if:1ST  HOUSEHOLD
     SKIP to:(477)

      CS40-2.
             Now some questions about children and whether
             any are living with you in (CITY).
     ~IN NURSING HOME

             IWER:  WHEN R LIVES IN NURSING HOME CHANGE ALL RESIDENT
                    CODES IN CHILD GRID TO NONRESIDENT OR DIED.

                                                               (473)
                      HH2 CHILD TIME STAMP                      (474)
                      HH2 CHILDREN                              (475)


     CS42.
         VERIFY AND UPDATE INFORMATION ON CHILDREN & THEIR SPOUSES.
         PROMPT QUESTIONS FOR NEW CHILDREN ARE IN Q X Qs.

                  REL                       MARI SP  SPOUSE    SP
         R HH  TO R    SEX NAME    LAST      STAT R HH NAME     CHG

         Do you (or your) (Husband/Wife/Partner)have any (other) children, step-children,
         or sons- or daughters-IN-law?

         USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
         WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE


                                                               (476)
```

```
        if:2ND HOUSEHOLD
SKIP to:(484)
 CS43.
        I also need to update information about (other) people
        living with you in your home in (CITY).
 ~IF IN NURSING HOME:
        who lived with you back in (Wave 1 date).
 ~ELSE
        living with you in your home.

        IWER:  WHEN R LIVES IN NURSING HOME CHANGE ALL RESIDENT
               CODES IN GRID TO NONRESIDENT OR DIED.

                                                          (478)
                        HH1 NR KID TIME STAMP             (479)
                        HH1 NON-KID RES                   (480)

 CS44.
     VERIFY AND UPDATE INFORMATION ON NON-CHILDREN RESIDENTS:

     PROMPT QUESTIONS FOR NEW RESIDENTS ARE IN Q X Qs

            REL                         MARI SP  SPOUSE   SP
     R HH  TO R   SEX NAME     LAST     STAT R HH NAME    CHG

        Is there anyone else living in your home in (CITY)?
 ~ELSE R IN NURSING HOME (N1)
        Is there anyone else living in your home?

     USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
     WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE


   CS44a.

           IWER:  PRESS 1 TO CONFIRM HH GRIDS ARE FINISHED.
                  YOU WILL NOT BE ABLE TO AMEND THEM AFTER THIS POINT.
                                                          (482)
                        CHILD/NON-CHILDREN GRIDS
                        COMPLETED...........................1
                        CHILD/NON-CHILDREN GRIDS NOT
                        COMPLETED...........................5 -Back-(470)

   ROSTERS.

           IWER:

             THE ROSTERS HAVE BEEN RECORDED, YOU CANNOT GO BACK TO THEM.
             PRESS ENTER TO CONTINUE.
                                                          (483)

       if:1ST  HOUSEHOLD
SKIP to:(489)

 CS45.
        I also need to update information about (other) people
 ~IF IN NURSING HOME:
        living with you in your home in (CITY).
 ~ELSE
        who lived with you back in (Wave 1 date).
 ~ELSE
        living with you in your home.

        IWER:  WHEN R LIVES IN NURSING HOME CHANGE ALL RESIDENT
               CODES IN GRID TO NONRESIDENT OR DIED.

                                                          (484)
                        HH2 NON-KID RES                   (485)

 CS46.

     VERIFY AND UPDATE INFORMATION ON NON-CHILDREN RESIDENTS:

     PROMPT QUESTIONS FOR NEW RESIDENTS ARE IN Q X Qs

            REL                         MARI SP  SPOUSE   SP
     R HH  TO R   SEX NAME     LAST     STAT R HH NAME    CHG

        Is there anyone else living in your home in (CITY)?
 ~IF IN NURSING HOME:
        Is there anyone else living in your home?

     USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
     WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE
```

CS47.

  IWER: PRESS 1 TO CONFIRM HH GRIDS ARE FINISHED.
      YOU WILL NOT BE ABLE TO AMEND THEM AFTER THIS POINT.
      CHILD/NON-CHILDREN GRIDS
      COMPLETED...........................1
      CHILD/NON-CHILDREN GRIDS NOT
      COMPLETED...........................5 -Back-(476)

ROSTERS.

  IWER:

    THE ROSTERS HAVE BEEN RECORDED, YOU CANNOT GO BACK TO THEM.

    PRESS ENTER TO CONTINUE.
CS48.
  In what month and year did
~Ask for any child or other household member who died since Wave 1:
  (NAME) die?

~ELSE M2(Q490)+3(0.5)+6(1.2.3)
  you and (NAME) start living together?

~ELSE M2(Q490)+3(1)+6(5)
  you and (NAME) stop living together?

~Ask if away in an institution
  (NAME)stop living in your home?
             (490) (A1-A20)

  MONTH:
             (491)(A1-A20)
  YEAR:
             (492)(A1-20)

    HH MEMBERS REL TO R/SP   (493)
CS49.
  What is the relationship of (name) to your (Husband/Wife/Partner)?

  CHILD NAME   RELATIONSHIP

    ROSTERS END TIME STAMP   (495)

    RESIDENT IDS   (496)
    RESIDENT SP IDS   (497)
    RES CHILD   (498)
    RES SP CHILD   (499)
    NON-RES KIDS   (500)
    NON-RES SP KIDS   (501)
    CS RESIDENT SP IDS   (503)
    CS # RESIDENTS 503U(1/20)= (504)
    CS RES CHILD   (505)
    CS # RES CHILD 505U(1/20)= (506)
    CS NON RES KIDS   (507)
    CS # NR KIDS507U(1/20)=   (508)
    CS CHILDREN SP   (511)
    CS ALL CHILDREN   (512)
    CS # CHILDREN512U(1/20)= (513)
    CS MOVE IN   (515)
    CS MOVE IN SP   (516)
    CS MOVE OUT   (517)
    CS MOVE OUT SP   (518)
    WHO MOVED IN/OUT   (519)
    # MOVE IN/OUT519U(1/20)= (520)

    R1 WORD LIST   (523)

    R1 VOCAB LIST   (524)

    WHICH LIST(525/100XI)%100X/
    101X*4X+1XI   (526)

    RANDOM MODULE(525/100XI)%100X/
    101X*5X+1XI   (527)

    WHICH MODULE   (528)
    VOCAB RANDOM525%10X%2X+1X (529)

```
                    2ND R RAND NUM(525/100XI)%100X/
                    101X*3X+1XI                                    (530)

                    R WORD LIST                                    (531)

                    COMBINED LISTS                                 (532)

                    ASSIGN LIST
                    HH120M21(1)
                    -=                                             (533)

                    ASSIGN LIST
                    HH261M62(1)
                    -=                                             (534)

        if:(218)(1 *OR* 2)
SKIP to:(558)

   CS2.
            DESIGNATE THE PROXY REPORTER'S RELATIONSHIP TO (R NAME).

                                                                   (557)
                    NOT PROXY INTERVIEW.................00
                    SPOUSE.............................01
                    DAUGHTER/STEPDAUGH.................02
                    SON/STEPSON........................03
                    DAUGHTER-IN-LAW....................04
                    SON-IN-LAW.........................05
                    GRANDDAUGHTER......................06
                    GRANDSON...........................07
                    SISTER.............................08
                    BROTHER............................09
                    OTHER RELATIVE.....................10
                    FRIEND.............................11
                    PAID HELPER........................12
                    PROFESSIONAL (SPECIFY).............13

                TXT.CHILD NAME                         (563)
                TXT.SP NAME                            (564)
                TXT2.TEXT2                             (565)
                TXT3.TEXT3                             (566)
                  C CHILD                               (567)
                SP CHILD                               (568)
                CHILDREN                               (569)
                DEAD C CHILD                           (570)
                DEAD SP CHILD                          (571)
                DEAD CHILDREN                          (572)
                ALL CHILD LINEP                        (573)
                CHILD SP NUM                           (574)
                CHILD NON SP                           (575)
                CSPTXT.CHILD SPOUSE TEXT               (576)
                CHILD DEAD SP                          (578)
                NUM DEAD KIDS572U(1/20)=               (579)
```