COVERSHEET

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)

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

CS1.

IWER: IS (R NAME) LIVING?

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

CS1a.

IWER: CHOOSE TYPE OF INTERVIEW:

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:

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

WHICH IW 1ST R/2ND R

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.

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. 

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

CS4. Is (R SPOUSE NAME) still your (Husband/Wife/Partner)? 
~ELSE Is (64)M62Q205 still your (Husband/Wife/Partner)? 

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?) 

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: 
YEAR: 

CS7. Are you married (to someone else)? 

YES......................................1 -Skip-(240) 
NO........................................5 
DK..........................................8 
RF..........................................9 

CS8. Are you living with (a/another) partner as if married? 

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? 

YES......................................1 -Skip-(240) 
NO........................................5 
DK..........................................8 
RF..........................................9 

CS10. Are you living with a partner as if married? 

YES......................................1 
NO........................................5 
DK..........................................8 
RF..........................................9
CS11. ~IF 1ST R
INER: ASK IF NECESSARY:
Are you living in a nursing home or other health care facility?

~ELSE
INER: 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.

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

IWER: THIS QUESTION IS TO TELL WHETHER R’S SPOUSE/PARTNER
IS ALSO LIVING IN THE DWELLING OR INSTITUTION WHERE R LIVES.

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.

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)
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/GIRD INCORRECT

HH1 R TIME STAMP                      (303)
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.

RESPONDENT GRID COMPLETED........1
RESPONDENT GRID NOT COMPLETED......5

HH2 R TIME STAMP                      (333)
R ROSTER END TIME                       (338)

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

SP FAMILY/FINANCIAL TYPE
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?

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:

FINANCIAL R............................1
FAMILY R...............................2
FIN & FAM R............................3
NON-FIN & NON-FAM R..................4
INTERVIEW (R SPOUSE NAME) AS:

OR

NO SPOUSE -- IS ASSIGNED

TYPE:

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
NEW SP..............................0
REINTERVIEW.........................1
REFUSED SP..........................5

R FIRST NAME
R LAST NAME
R BIRTH YEAR
R SEX

MALE.................................1
FEMALE...............................2

R MARITAL STAT
MARRIED..............................1
MARRIED SP ABSENT...................3
LIVING WITH PARTNER................2
DIVORCED/SEPARATED...............4
WIDOWED.............................5
NEVER MARRIED........................6
DIED..................................7

R FAM/NON V105

FAMILY...............................1
NON-FAMILY...........................2
ONLY R..................................3

R FIN/NON V106
FINANCIAL R..........................2
NON FINANCIAL R......................3

RS ORIGINAL SP LIVING
NO SPOUSE............................0
SPOUSE LIVING........................1
SPOUSE DEAD...........................5

R SPOUSE NAME

IDFM OR IDNFM FLAG

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

CUR MONTH TEXT - USE 1/12

CUR DAY 1-31
CUR YEAR YYYY
TIME HHMMSS TEMP
TIME HHMMSS PERM

TIME SECONDS
TIME YEAR
TIME MONTH
DATE/TIME OF VQ FILE
CUR DAY 1-31
R'S CURRENT AGE

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: 
YEAR: 

CS25b. In what city and state is the (nursing home/health care facility) where you are living?

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?

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)?

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)?

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

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
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

CS36c. R MOVED MAIN RESIDENCE

YES, MOVED......................1
NO, DID NOT MOVE.................5

CS37 TIME STAMP

CHECKPOINT
CS SET MAIN
CS SET 2ND HH
CS SET MAIN HH
CS SET 2ND HH
CS SET MOVED HH1
CS SET MOVED HH2
CS HAVE 2ND RESIDENCE
HH1 2ND
HH2 2ND
RESID

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.

HH1 CHILD TIME STAMP
HH1 CHILDREN

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.

HH2 CHILD TIME STAMP
HH2 CHILDREN

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.

<table>
<thead>
<tr>
<th>HH1 NR KID TIME STAMP</th>
<th>(478)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH1 NON-KID RES</td>
<td>(479)</td>
</tr>
</tbody>
</table>

CS44.

VERIFY AND UPDATE INFORMATION ON NON-CHILDREN RESIDENTS:

PROMPT QUESTIONS FOR NEW RESIDENTS ARE IN Q X Qs

<table>
<thead>
<tr>
<th>REL</th>
<th>MARI SP</th>
<th>SPOUSE</th>
<th>SP</th>
</tr>
</thead>
<tbody>
<tr>
<td>R HH TO R</td>
<td>SEX NAME</td>
<td>LAST</td>
<td>STAT</td>
</tr>
</tbody>
</table>

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.

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.

if: 1ST HOUSEHOLD

SKIP to: (489)

CS45.

I also need to update information about (other) people 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.

| HH2 NON-KID RES | (484) |

CS46.

VERIFY AND UPDATE INFORMATION ON NON-CHILDREN RESIDENTS:

PROMPT QUESTIONS FOR NEW RESIDENTS ARE IN Q X Qs

<table>
<thead>
<tr>
<th>REL</th>
<th>MARI SP</th>
<th>SPOUSE</th>
<th>SP</th>
</tr>
</thead>
<tbody>
<tr>
<td>R HH TO R</td>
<td>SEX NAME</td>
<td>LAST</td>
<td>STAT</td>
</tr>
</tbody>
</table>

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?

MONTH:
YEAR:

HH MEMBERS REL TO R/SP

CS49.

What is the relationship of (name) to your (Husband/Wife/Partner)?

CHILD NAME RELATIONSHIP

ROSTERS END TIME STAMP

RESIDENT IDS
RESIDENT SP IDS
RES CHILD
RES SP CHILD
NON-RES KIDS
NON-RES SP KIDS
CS RESIDENT SP IDS
CS # RESIDENTS 503U(1/20)=
CS RES CHILD
CS # RES CHILD 505U(1/20)=
CS NON RES KIDS
CS # NR KIDS507U(1/20)=
CS CHILDREN SP
CS ALL CHILDREN
CS # CHILDREN512U(1/20)=
CS MOVE IN
CS MOVE IN SP
CS MOVE OUT
CS MOVE OUT SP
WHO MOVED IN/OUT
# MOVE IN/OUT519U(1/20)=

R1 WORD LIST

R1 VOCAB LIST

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

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

WHICH MODULE

VOCAB RANDOM525%10X%2X+1X
2ND R RAND NUM(525/100X1)%100X/
101X*3X+1XI

R WORD LIST

COMBINED LISTS

ASSIGN LIST
HH120M21(1)

ASSIGN LIST
HH261M62(1)

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

CS2.

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

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
TXT.SP NAME
TXT2.TEXT2
TXT3.TEXT3
C CHILD
SP CHILD
CHILDREN
DEAD C CHILD
DEAD SP CHILD
DEAD CHILDREN
ALL CHILD LNEP
CHILD SP NUM
CHILD NON SP
CSPTXT.CHILD SPouse TEXT
CHILD DEAD SP
NUM DEAD KIDS572U(1/20)=