



1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	RM1	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	RM1	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)	1 <input type="checkbox"/> H box, 17 + (1) 2 <input type="checkbox"/> SP, 17 + (1) 3 <input type="checkbox"/> Other (NP)
1 Y                    2 N (2)	1a.	1 Y                    2 N (2)	1 Y                    2 N (2)	1a.	1 Y                    2 N (2)	1 Y                    2 N (2)
1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	b.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	b.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above
Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	2.	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	2.	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years	Number { 1 <input type="checkbox"/> Days 2 <input type="checkbox"/> Weeks 3 <input type="checkbox"/> Months 4 <input type="checkbox"/> Years
1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	RM2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	RM2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2	1 <input type="checkbox"/> 3 + years in 2 (RM3) 2 <input type="checkbox"/> Less than 3 years in 2
_____ Number	3.	_____ Number	_____ Number	3.	_____ Number	_____ Number
County _____ State _____	4a.	County _____ State _____	County _____ State _____	4a.	County _____ State _____	County _____ State _____
<input type="checkbox"/> Initial DK - PROBE _____ Miles	b.	<input type="checkbox"/> Initial DK - PROBE _____ Miles	1 <input type="checkbox"/> Initial DK - PROBE _____ Miles	b.	<input type="checkbox"/> Initial DK - PROBE _____ Miles	<input type="checkbox"/> Initial DK - PROBE _____ Miles
00 <input type="checkbox"/> Lived alone (5) _____ Number	c.	00 <input type="checkbox"/> Lived alone (5) _____ Number	00 <input type="checkbox"/> Lived alone (5) _____ Number	c.	00 <input type="checkbox"/> Lived alone (5) _____ Number	00 <input type="checkbox"/> Lived alone (5) _____ Number
1 Y                    2 N (5)	d.	1 Y                    2 N (5)	1 Y                    2 N (5)	d.	1 Y                    2 N (5)	1 Y                    2 N (5)
1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	e.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	e.	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above	1 <input type="checkbox"/> Sibling 3 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Spouse 7 <input type="checkbox"/> Child 0 <input type="checkbox"/> None of the above
1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u>  </u>	5a.	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u>  </u>	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u>  </u>	5a.	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u>  </u>	1 <input type="checkbox"/> Job-self 2 <input type="checkbox"/> Retired-self 3 <input type="checkbox"/> Health-self 4 <input type="checkbox"/> Job-other person 5 <input type="checkbox"/> Retired-other person 6 <input type="checkbox"/> Health-other person 8 <input type="checkbox"/> Other - Specify <u>  </u>
Y (Reask 5a and b)    N <input type="checkbox"/> Only one reason	b.	Y (Reask 5a and b)    N <input type="checkbox"/> Only one reason	Y (Reask 5a and b)    N <input type="checkbox"/> Only one reason	b.	Y (Reask 5a and b)    N <input type="checkbox"/> Only one reason	Y (Reask 5a and b)    N <input type="checkbox"/> Only one reason
1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	RM3	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	RM3	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent	1 <input type="checkbox"/> Responded for self-entirely 2 <input type="checkbox"/> Responded for self-partly Person _____ was respondent