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SEQ #		
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B. Household Composition

(Note –U.S. Census definition in English and Spanish is included in the QxQ for reference if needed.)

10. Including yourself, how many people are currently (in terms of the last month) living in your household?

(If one, **END QUESTIONNAIRE**)

Could you please list each of the people who are currently living in your household. You don't need to tell me their names, just their relationship to you.

[Interviewer: For questions 10a-10i select the option that matches the relationship from the list below.]

- 1=Spouse 6=Sibling 10=Son-in-Law 14=Other
- 2=Daughter 7=Cousin 11=Daughter-in-Law
- 3=Son 8=Niece 12=Mother-in-Law
- 4=Mother 9=Nephew 13=Father-in-Law
- 5=Father

a. Relationship 1: <input type="checkbox"/> <input type="checkbox"/>	a1. Age <input type="checkbox"/> <input type="checkbox"/>	a2. If other, please Specify: _____
b. Relationship 2: <input type="checkbox"/> <input type="checkbox"/>	b1. Age <input type="checkbox"/> <input type="checkbox"/>	b2. If other, please Specify: _____
c. Relationship 3: <input type="checkbox"/> <input type="checkbox"/>	c1. Age <input type="checkbox"/> <input type="checkbox"/>	c2. If other, please Specify: _____
d. Relationship 4: <input type="checkbox"/> <input type="checkbox"/>	d1. Age <input type="checkbox"/> <input type="checkbox"/>	d2. If other, please Specify: _____
e. Relationship 5: <input type="checkbox"/> <input type="checkbox"/>	e1. Age <input type="checkbox"/> <input type="checkbox"/>	e2. If other, please Specify: _____
f. Relationship 6: <input type="checkbox"/> <input type="checkbox"/>	f1. Age <input type="checkbox"/> <input type="checkbox"/>	f2. If other, please Specify: _____
g. Relationship 7: <input type="checkbox"/> <input type="checkbox"/>	g1. Age <input type="checkbox"/> <input type="checkbox"/>	g2. If other, please Specify: _____
h. Relationship 8: <input type="checkbox"/> <input type="checkbox"/>	h1. Age <input type="checkbox"/> <input type="checkbox"/>	h2. If other, please Specify: _____
i. Relationship 9: <input type="checkbox"/> <input type="checkbox"/>	i1. Age <input type="checkbox"/> <input type="checkbox"/>	i2. If other, please Specify: _____