

Cohabitation, Marriage, Household Rosters, and Household Composition

Question Crosswalk

U.S. Department of Health and Human Services

Questions & Responses	Agency, Survey, and Year			
	Administration for Children & Families	Centers for Medicare & Medicaid Services	Agency for Healthcare Research and Quality	Substance Abuse and Mental Health Administration
	FACES ^a (OPRE) 2008-09	MCBS 2011	MEPS 2010	NSDUH 2010

Marital Status-Based Measures

Are you and [INSERT (FATHER/MOTHER) NAME] . . .
 Married
 Divorced
 Separated
 Not Married

*

The next questions are about [CHILD]'s biological mother and biological father.
 Are they . . .
 Married
 Divorced
 Separated
 Not Married

*

Ask if necessary: Which of the following statements best describes your current relationship with [INSERT (FATHER/MOTHER) NAME]? Would you say...
 We are romantically involved on a steady basis
 We are involved in an on-again and off-again relationship
 We are just friends
 We are not in any kind of relationship

*

On January 1, [SAMPLE YEAR], was [SAMPLE PERSON NAME] married, widowed, divorced, separated, or never married?
 Married
 Widowed
 Divorced
 Separated
 Never married

*

When [SAMPLE PERSON NAME] was admitted to [FACILITY/ELIGIBLE UNIT] on [FACILITY ADMISSION DATE], was (he/she) married, widowed, divorced, separated, or never married?
 Married
 Widowed
 Divorced
 Separated
 Never married

*

(Are you/Is [SAMPLE PERSON NAME]/Was [SAMPLE PERSON NAME]/Is [SAMPLE PERSON NAME]) currently/(Are you currently) married, widowed, divorced, separated, or never married?
 Married
 Widowed
 Divorced
 Separated
 Never married

*

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Is [SAMPLE PERSON NAME] currently married, widowed, divorced, separated, or never married?

Married
Widowed
Divorced
Separated
Never married

*

My records show that (as of December 31, [YEAR]) [NAME] (have/has/had) never been married. Is that correct?

Yes
No

*

((Are/Is)/On December 31, [YEAR], (were/was)) [NAME] (now) married, widowed, divorced, or separated?

Married
Widowed
Divorced
Separated

*

((Are/Is) [NAME] now/As of December 31, [YEAR], (were/was) [NAME] married, widowed, divorced, separated, or never married?

*

IF R SAYS 'SINGLE', PROBE: ((Are/Is)/Were/Was)) [NAME] married, widowed, divorced, separated, or never married?

*

Are you now married, widowed, divorced or separated, or have you never married?

INTERVIEWER NOTE:

- If the respondent is divorced but currently remarried, code as married.
- By "divorce" we mean a legal cancellation or annulment of a marriage.
- By "separated" we mean legally or informally separating due to marital discord.

Married
Widowed
Divorced or Separated
Never married

*

Marital History Measures

How many times have you been married?

Number of times _____ [RANGE: 1-9]

*

Residency Dates

When did (you/[NAME]) leave the household?

Enter Month
Enter Year
Don't Know
Refused

*

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On what date did [NAME] start living with the family?
 Enter Month
 Enter Day
 Enter Year

*

Let me make sure that I have entered this date correctly. I have recorded that [NAME] began living with this family on [DATE]. That is before the interview on [DATE OF PREVIOUS ROUND INTERVIEW]. Is that correct?
 Yes
 No

*

Follow-Up Measures (Longitudinal Data)

Here is the list of household members that were reported last time. Are you on the list?
 Yes
 No

*

Here is the list of household members and their relationships to [CHILD]/[CHILDREN] that were reported in (fall/spring). Are the household members and the relationships still the same?

*

(Are you/Is [Name]) still in the household?
 Yes
 No

*

(Since [START DATE]/Between [START DATE] and December 31, [YEAR]), have any of the relationships between members of this household changed?
 Yes
 No

*

(Now I would like to collect information about how the (new) members of this household are related (to the family). Please tell me whose relationships have changed.)

*

Please give me the name of each new related person who (is/was) living with this household (on December 31, [YEAR]).

*

Household Roster-Based Measures

Ask if necessary: Who is this person? Is s/he...
 You
 Your spouse or partner
 A relative of [CHILD]
 A friend of the family

*

What is your relationship to [CHILD]?
 Biological Mother
 Biological Father
 Adoptive Mother
 Adoptive Father
 Stepmother
 Stepfather
 Grandmother
 Grandfather

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Great Grandmother
Great Grandfather
Sister/Stepsister
Brother/Stepbrother
Other Relative of In-Law (Female)
Other Relative of In-Law (Male)
Foster Parent (Female)
Foster Parent (Male)
Other Non-Relative (Female)
Other Non-Relative (Male)
Parent's Partner (Female)
Parent's Partner (Male)

*

How is (FIRST CHILD) related to (SECOND CHILD)?
Twin Brother or Sister
Other Multiple Birth Relationship (Triplets, Etc.)
Half Brother or Sister
Step Brother or Sister
Adoptive or Foster Brother or Sister
No family relationship, just live together
Brother or Sister
Other Relationship (Specify)

*

What is [NAME]'s relationship to [CHILD]?
Bio/adoptive mother
Bio/adoptive father
Stepmother
Stepfather
Grandmother
Grandfather
Great grandmother
Great grandfather
Sister/stepmother
Brother/stepbrother
Other relative or in-law (female)
Other relative or in-law (male)
Foster parent (female)
Foster parent (male)
Other non-relative (female)
Other non-relative (male)
Parent's partner (female)
Parent's partner (male)

*

How is person related to [SECOND CHILD]?
Bio/adoptive mother
Bio/adoptive father
Stepmother
Stepfather
Grandmother
Grandfather
Great grandmother
Great grandfather
Sister/stepmother
Brother/stepbrother
Other relative or in-law (female)
Other relative or in-law (male)
Foster parent (female)

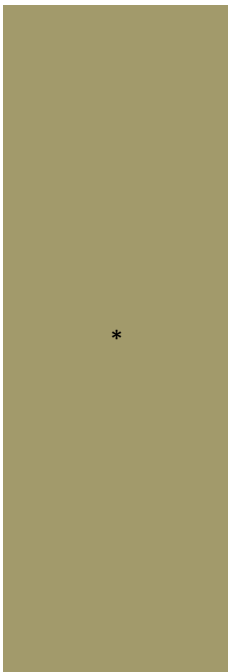
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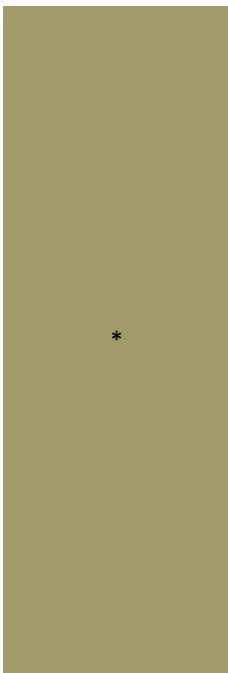
Foster parent (male)
 Other non-relative (female)
 Other non-relative (male)
 Parent's partner (female)
 Parent's partner (male)



How are you related to the householder?
 Husband
 Wife
 Son (includes step)
 Daughter (includes step)
 Son-in-law/Daughter-in-law
 Brother (includes step)
 Sister (includes step)
 Brother-in-law/Sister-in-law
 Parent/Guardian (incl. Step)
 Parent-in-law (incl. Step)
 Aunt/Uncle
 Nephew/Niece
 Grandparent
 Grandchild
 Cousin
 Ex-Spouse
 Live-in Partner
 Friend/Roommate
 Tenant/Boarder/Exch Student
 Other relative
 Other Non-relative
 Relationship Unspecified



How is this person related to you, the householder?
 Husband
 Wife
 Son (includes step)
 Daughter (includes step)
 Son-in-law/Daughter-in-law
 Brother (includes step)
 Sister (includes step)
 Brother-in-law/Sister-in-law
 Parent/Guardian (incl. Step)
 Parent-in-law (incl. Step)
 Aunt/Uncle
 Nephew/Niece
 Grandparent
 Grandchild
 Cousin
 Ex-Spouse
 Live-in Partner
 Friend/Roommate
 Tenant/Boarder/Exch Student
 Other relative
 Other Non-relative
 Relationship Unspecified



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How is this person related to the householder?

- Husband
- Wife
- Son (includes step)
- Daughter (includes step)
- Son-in-law/Daughter-in-law
- Brother (includes step)
- Sister (includes step)
- Brother-in-law/Sister-in-law
- Parent/Guardian (incl. Step)
- Parent-in-law (incl. Step)
- Aunt/Uncle
- Nephew/Niece
- Grandparent
- Grandchild
- Cousin
- Ex-Spouse
- Live-in Partner
- Friend/Roommate
- Tenant/Boarder/Exch Student
- Other relative
- Other Non-relative
- Relationship Unspecified

*

I need to make sure this list is accurate. I have listed...
[READ AGES AND RELATIONSHIPS ROSTERED].

*

Please look at this card and tell me which category best describes (his/her) relationship to you.

INTERVIEWER NOTE:

- If it is clear to you that the respondent is talking about/rostering themselves, you may say "Is that you?". If the answer is Yes, enter "1" for "SELF".
- Exchange families (exchange students or people who are hosting exchange students) should be considered "other non-relatives."

- Self
- (Father/Mother) (includes step, foster, adoptive)
- Son (includes step, foster, adoptive)
- (Brother/Sister) (Includes half, step, foster, adoptive)
- (Husband/Wife)
- Unmarried partner
- Housemate or roommate
- (Son/Daughter)-in-law
- Grand(son/daughter)
- (Father/Mother)-in-law
- Grand(father/mother)
- Boarder or roomer
- Other relative
- Other non relative

Is he your biological, step-, adoptive, or foster (father/mother)?

- Biological (father/mother)
- Step-(father/mother)
- Adoptive (father/mother)

*

*

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Foster (father/mother)
 Is he your biological, step-, adoptive, or foster (son/daughter)?
 Biological (son/daughter)
 Step-(son/daughter)
 Adoptive (son/daughter)
 Foster (son/daughter)
 Is he your full, half, step-, adoptive, or foster (brother/daughter)?
 Full (brother/daughter)
 Half (brother/daughter)
 Step-(brother/daughter)
 Adoptive (brother/daughter)
 Foster (brother/daughter)

*

*

Household Membership Measures

Ask if necessary: Does this (relative/friend of the family) live in your household?
 Yes
 No

*

Please give me the name of each new related person who (is/was) living with this household (on December 31, [YEAR]).

*

(Is/Was) there anyone else related to [NAME] living here (now/on December 31, [YEAR])? Do not include anyone staying here temporarily who usually lives somewhere else. By related we mean by blood, marriage, living together as married, adoption, or foster care relationship.
 Yes
 No

*

(Is/Was) there anyone else (other than you) related to [REFERENCE PERSON] who (is/was) living here (now/on December 31, [YEAR]) as part of this family, other than [READ NAMES BELOW]? Do not include anyone (who was) staying here temporarily who usually (lives/lived) somewhere else. By related we mean by blood, marriage, living together as married, adoption or foster care relationship.
 Yes
 No

*

Of all the people in this family who (live/lived) here (now/on December 31, [YEAR]), who (is/was) considered the head of household?

*

Please give me the name of each new related person who (is/was) living with this household (on December 31, [YEAR]).

*

Have we missed anyone? For example, babies born or adopted (since/between) [DATE OF PREVIOUS ROUND INTERVIEW] (and December 31, [YEAR]), anyone related who usually (lives/lived) here but (is/was) traveling, away on business, or in the hospital?

*

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Yes
No

I would like to know how everyone in this household is related to [NAME]. [DU MEMBER NAME] (is/was) [NAME]'s [RELATION]?

Are there any children or young people under 24 years of age related to (REFERENCE PERSON) and who usually live here but are currently living away from home in the U.S., never married, going to school? Please include any new member you may have just mentioned (who is under 24, never married, and living away from home going to school in the U.S.).

Yes
No

First, just let me verify: do you live here?
Yes
No

(Have/Will) you or anyone else in this household (lived/live) here for most of the time during the months of [CURRENT QUARTER]?

Yes
No

(Including yourself), how many people in this household (lived/will live) here for most of the time during the months of [CURRENT QUARTER]? (Do not include anyone who (lived/will live) at school or somewhere else for most of the time during the months of [CURRENT QUARTER].)

ENTER NUMBER 1-20 [MEMBERS 12 OR OLDER]

Now I need some general information about (the other person/all of the other people) in this household who (is/are) 12 years old or older. [IF MEMBERS 12 OR OLDER >2] Let's start with the oldest and work down to the youngest.

Altogether, how many people live here now, including yourself? Please include anyone who (has lived/will live) here for most of (January, February, and March / April, May, and June / July, August, and September / October, November, and December).

Number _____ [Range: 1-25]

[IF TRANSIENT = YES AND UNIT TYPE = ROOMS]
(Including yourself) How many people are staying in this room?
ENTER NUMBER 1-20 [MEMBERS 12 OR OLDER]

[IF TRANSIENT = NO]
(Including yourself) How many people (lived/will live) in this room for most of the time during the months of (CURRENT QUARTER)?
ENTER NUMBER 1-20 [MEMBERS 12 OR OLDER]

*

*

*

*

*

*

*

*

*

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Sex of Respondent and Household Member

Is [CHILD] a boy or a girl? Boy Girl	*			
What is your gender? ^b Male Female	*			
IF NOT OBVIOUS, ASK: Is [NAME BELOW] male or female?			*	
ASK IF NOT OBVIOUS: I have [NAME] recorded as [GENDER]. Is that correct? Male Female			*	
Next I'll ask a few questions about the people who live here. Let's start with the person or one of the persons living here who owns or rents this home. We'll refer to this person as the householder. ASK ONLY IF NOT OBVIOUS Is this person male or female? Male Female I have listed (a/you as a) [AGE] year old [GENDER] householder. (She is/He is/You are) [RACE], [HISPANIC], and (is/is not/are/are not) on active duty in the military. Is that correct? Yes No				*
GENDER [IF RELATION NE HUSBAND, WIFE, SON, DAUGHTER, BROTHER OR SISTER] ASK ONLY IF NOT OBVIOUS Is this person male or female? Male Female I have listed a [AGE] year old [RELATIONSHIP]. (He/She) is [RACE], [HISPANIC] [IF AGE 17-65] and (is/is not) on active duty in the military. Is that correct? Yes No				*
ROSTER #1 GENDER [IF ROSTER #1 NAME NE BLANK] ASK ONLY IF NOT OBVIOUS Male Female I have listed you as a [AGE] year old [GENDER] resident. You are [RACE], [HISPANIC] [IF AGE =17-65] and are/are not) on active duty in the military. Is that correct? Yes No				*

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Now I need some general information about (the other person/all of the other people) who (is/are) 12 years old or older. [IF MEMBERS 12 OR OLDER >2] Let's start with the oldest and work down to the youngest. ASK ONLY IF NOT OBVIOUS Is this person male or female? Male Female				*
The first few questions are for statistical purposes only, to help us analyze the results of the study. INTERVIEWER: RECORD RESPONDENT'S GENDER Male Female				*
Is the [NUMBER]-month old child a male or a female? Male Female				*
Is this child a male or female? Male Female				*
Is the [NUMBER]-year old person male or female? Male Female				*
Is this person a male or a female? Male Female				*

Surveys

FACES: The Head Start Family and Child Experiences Survey

MCBS: Medicare Current Beneficiary Survey

MEPS: Medical Expenditure Panel Survey

NSDUH: National Survey on Drug Use and Health

RECS: Residential Energy Consumption Survey

NOTES

Note a: The Head Start Family and Child Experiences Survey (FACES) has 31 instruments used for the most recent cohort. The majority of these measures are assessments/scales taken from other research. The questions presented in this document are from the "Head Start and Kindergarten Parent Interview (FACES 2006): Spring 2008/09" portion of the survey.

Note b: This measure is from the Kindergarten Teacher Survey.

Note c: OPRE: Office of Planning, Research and Evaluation

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