

USE OF FEEDBACK FORM

ITEM F1	assignment for this person:	9000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item F3
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CHECK ITEM F2	Refer to top of feedback form. Is this person a self-respondent or the same proxy as in Wave 4?	9002	1 <input type="checkbox"/> Yes — Self-respondent 2 <input type="checkbox"/> Yes — Same proxy 3 <input type="checkbox"/> No — SKIP to Check Item F3; Do NOT give feedback form to respondent
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INTERVIEWER INSTRUCTION

1. Hand respondent feedback form.
2. Read Statement F to respondent and answer any questions.

STATEMENT F → Read to respondent: **This form contains a listing of . . . 's assets as we recorded them in our interview of one year ago. You may find it helpful to refer to this form when I ask about . . . 's current assets. I will refer you to the appropriate place on the form as we go along.**

CHECK ITEM F3	Are any income types, assets, "worked" or "other educational assistance" marked on the ISS?	9004	1 <input type="checkbox"/> Yes — Go to Check Item E1, page 13 2 <input type="checkbox"/> No — SKIP to Statement A, page 50
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NOTES

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



INTERVIEWER USE ONLY

LAST MONTH

2238 \$. 00

x3 None
 x1 DK
 x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
TOTAL \$ _____ .00

2 MONTHS AGO

2240 \$. 00

x3 None
 x1 DK
 x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
TOTAL \$ _____ .00

3 MONTHS AGO

2242 \$. 00

x3 None
 x1 DK
 x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
TOTAL \$ _____ .00

4 MONTHS AGO

2244 \$. 00

x3 None
 x1 DK
 x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
TOTAL \$ _____ .00

NOTE: Topical module insertions to the core questionnaire are circled.

CHECK ITEM S4 Is "DK" marked in all parts of item 7?

2246 1 Yes
 2 No — SKIP to Check Item S5

8. If we were to call back later would you (or . . .) be able to provide us with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

2248 1 Yes — Mark Reminder Card, Item 4a
 2 No

CHECK ITEM S5 Refer to item 4a, page 18. Is this business incorporated?

2250 1 Yes — SKIP to 10b
 2 No

CHECK ITEM S6 Has information about the net profit (or loss) for this business already been obtained by another household member?

2252 1 Yes — SKIP to 10b
 2 No

9a. We would also appreciate an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses for this 4-month period. Can you give me an estimate of the net profit (or loss) during the 4-month period?

2254 1 Yes
 2 No — SKIP to 10b

b. What was the net profit (or loss) from this business during the 4-month period?

2256 \$. 00

2258 x4 Loss in amount box — If "Broke even," mark \$1 in box. } SKIP to 10b

10a. About how much did . . . earn from this business after expenses during the 4-month period?

2260 \$. 00

x3 None
 x1 DK
 x2 Ref.

b. Was . . . self-employed in this business as of (Read last day of the reference period)?

8000 1 Yes
 2 No — SKIP to 11f

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)

20d. Was . . . self-employed in this business as of (Read last day of the reference period)?

8016

- 1 Yes
 2 No — SKIP to first ISS Code or Statement A, page 50

CHECK ITEM S15

Refer to item 15b, page 21. Is sole proprietorship marked in 15b?

8018

- 1 Yes — SKIP to Check Item S16
 2 No

21a. As of (Read last day of reference period), what percent of this business did . . . own?

8020

- Percent
 x1 DK
 x2 Ref. — SKIP to first ISS Code or Statement A, page 50

CHECK ITEM S16

Has the information below about the total value and total debt for this business already been obtained from another household member?

8022

- 1 Yes — SKIP to first ISS Code or Statement A, page 50
 2 No

21b. As of (Read last day of reference period), what is the total value of this business before figuring in any debts that might be owed against it?

8024

- 00 — SKIP to 21d
 x3 None — SKIP to 21d
 x1 DK
 x2 Ref. — SKIP to first ISS Code or Statement A, page 50



c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8026

- 1 Yes — Mark Reminder Card, Item 5a
 2 No



d. As of (Read last day of reference period), what was the total debt owed against this business?

8028

- 00 — SKIP to first ISS Code or Statement A, page 50
 x3 None
 x1 DK
 x2 Ref. — SKIP to first ISS Code or Statement A, page 50



e. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

8030

- 1 Yes — Mark Reminder Card, Item 5b } SKIP to first ISS Code or Statement A, page 50
 2 No

NOTES

Section 3 – AMOUNTS (Continued)

Part B – SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND NOW ACCOUNTS (ISS Codes 100, 101, 102, and 103)

CHECK ITEM A9	Asset types owned. Mark (X) all that apply.	4300	1 <input type="checkbox"/> ISS code 100 – Regular/Passbook Savings Accounts
		4302	2 <input type="checkbox"/> ISS code 101 – Money Market Deposit Accounts
		4304	3 <input type="checkbox"/> ISS code 102 – Certificates of Deposit or other Savings Certificates
		4306	4 <input type="checkbox"/> ISS code 103 – NOW, Super NOW, or other interest-earning checking accounts
1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA and KEOGH accounts.			
CHECK ITEM A10	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
2a. Did . . . own any of these jointly with . . . 's (husband/wife)?		4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?		4312	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
c. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)? ★		4314	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 1, column 1 on your form.			
d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)		4316	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 6 2 <input type="checkbox"/> No
3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?		4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
b. What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?		4320	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★		4322	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 } SKIP to next ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 1, column 2 on your form.			
d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)		4324	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 7 } SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

Part C – OTHER INTEREST-EARNING ASSETS (ISS Codes 104, 105, 106, and 107)

CHECK ITEM A11

Asset types owned.
Mark (X) all that apply.

- 4400** 1 Money Market funds (104)
4402 2 U.S. Government securities (105)
4404 3 Municipal or corporate bonds (106)
4406 4 Other interest-earning assets (107) – Specify

1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA and KEOGH accounts.

CHECK ITEM A12

Interview status of . . . 's spouse.

- 4408** 1 No spouse in household – SKIP to 3b
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted – SKIP to 3a

2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

- 4410** 1 Yes
 2 No – SKIP to 3b

b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?

- 4412** \$. 00
 x1 DK
 x2 Ref. – SKIP to next ISS Code or Statement A, page 50

C. As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)? ★

Read if marked AND respondent has a feedback form:

Please look at item 2, column 1 on your form.

- 4414** \$. 00 – SKIP to 3a
 x3 None – SKIP to 3a
 x1 DK
 x2 Ref. – SKIP to next ISS Code or Statement A, page 50

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 4416** 1 Yes – Mark Reminder Card, Item 8
 2 No

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

- 4418** 1 Yes
 2 No – SKIP to next ISS Code or Statement A, page 50

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?

- 4420** \$. 00
 x1 DK
 x2 Ref. – SKIP to next ISS Code or Statement A, page 50

C. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)? ★

Read if marked AND respondent has a feedback form:

Please look at item 2, column 2 on your form.

- 4422** \$. 00 } SKIP to next ISS Code or Statement A, page 50
 x3 None
 x1 DK
 x2 Ref. – SKIP to next ISS Code or Statement A, page 50

d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 4424** 1 Yes – Mark Reminder Card, Item 9 } SKIP to next ISS Code or Statement A, page 50
 2 No

NOTES

AMOUNTS - PARTS B&C

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110)

<p>1 a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)</p>	4500	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i></p>
<p>CHECK ITEM A13 Interview status of . . . 's spouse.</p>	4502	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i></p>
<p>1 b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?</p>	4504	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 2a</i> x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>C. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	4506	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 10</i> 2 <input type="checkbox"/> No</p>
<p>2 a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?</p>	4508	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	4510	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 11</i> 2 <input type="checkbox"/> No</p>
<p>3 a. (Besides the money that . . . received in dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?</p>	4512	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item A15</i></p>
<p>CHECK ITEM A14 Interview status of . . . 's spouse.</p>	4514	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i></p>
<p>3 b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?</p>	4516	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>C. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?</p>	4518	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>CHECK ITEM A15 Interview status of . . . 's spouse.</p>	8032	<p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 5b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 5a</i></p>
<p>4 a. As of (Read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . . 's (husband/wife)? Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B. Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 3, column 1 on your form.</p>	8034	<p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 4c</i> x3 <input type="checkbox"/> None – <i>SKIP to 5a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>b. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	8036	<p>1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 12</i> 2 <input type="checkbox"/> No</p>

AMOUNTS - PARTS D & E

Section 3 – AMOUNTS (Continued)

Part D – STOCKS AND MUTUAL FUND SHARES (ISS Code 110) (Continued)

<p>4c. Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?</p>	<p>8038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a</p>
<p>d. As of (Read last day of reference period), what was the amount of the debt or margin account?</p>	<p>8040 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p>5a. Besides the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?</p>	<p>8042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS code or Statement A, page 50</p>
<p>b. As of (Read the last day of last reference period), what was the market value of the stocks or mutual funds . . . held in (his/her) OWN name? Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B. ★ Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 3, column 2 on your form.</p>	<p>8044 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 — SKIP to 5d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p>c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8046 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 13 2 <input type="checkbox"/> No</p>
<p>d. Was any debt or margin account held against . . . 's stocks or mutual funds as of (Read the last day of the reference period)?</p>	<p>8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50</p>
<p>e. As of (Read last day of reference period), what was the amount of the debt or margin account?</p>	<p>8050 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK — Probe x2 <input type="checkbox"/> Ref.</p>

NOTES

AMOUNTS PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that ... owned some rental property.		
CHECK ITEM A16	Interview status of ...'s spouse.	4600 1 <input type="checkbox"/> No spouse in household – SKIP to 3a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
2a.	Did ... receive any rental income from property owned jointly by ... and ...'s (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2d
b.	About how much was received in gross rent from this property during the 4-month period?	4604 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
c.	What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4606 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to 2e x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50 4608 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 2e
d.	As of (Read last day of reference period), did ... own any rental property jointly with ...'s (husband/wife)? (Include only property owned entirely by ... and ...'s (husband/wife).)	8052 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3a x1 <input type="checkbox"/> DK
e.	How many properties did ... own jointly with ...'s (husband/wife) as of (Read last day of reference period)?	8054 <input type="text"/> Number of properties x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
f.	What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i>	8056 1 <input type="checkbox"/> Vacation home 8058 2 <input type="checkbox"/> Other residential property 8060 3 <input type="checkbox"/> Farm property 8062 4 <input type="checkbox"/> Commercial property 8064 5 <input type="checkbox"/> Equipment 8066 6 <input type="checkbox"/> Other – Specify _____
g.	As of (Read the last day of reference period), what was the total market value of the property(ies)? ★ <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 4a, column 1 on your form.	8068 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 2i x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
h.	If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	8070 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 14 2 <input type="checkbox"/> No
i.	Was there a mortgage, deed of trust, or other debt on the property(ies)?	8072 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3a x1 <input type="checkbox"/> DK
j.	As of (Read last day of reference period), how much principal was owed on the property(ies)? <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 4b, column 1 on your form.	8074 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.
3a.	Did ... receive rental income from property owned entirely in ...'s OWN name during the last 4 months?	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3d

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120) (Continued)

<p>3b. About how much was received in gross rent from this property during the 4-month period?</p>	<p>4612 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>c. What is your best estimate of the amount that was cleared after expenses?</p> <p><i>Enter \$1 in amount box if respondent reports "broke even."</i></p>	<p>4614 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 3e</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>4616 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 3e</p>
<p>d. As of (Read last day of the reference period), did ... own any rental property in ...'s OWN name?</p>	<p>8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a x1 <input type="checkbox"/> DK</p>
<p>e. How many properties did ... own in ...'s OWN name as of (Read last day of the reference period)?</p>	<p>8078 <input style="width: 30px;" type="text"/> Number of properties</p> <p>x3 <input type="checkbox"/> None – SKIP to 4a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>f. What type of property(ies) (was it/were they)?</p> <p><i>Mark (X) all that apply.</i></p>	<p>8080 1 <input type="checkbox"/> Vacation home 8082 2 <input type="checkbox"/> Other residential property 8084 3 <input type="checkbox"/> Farm property 8086 4 <input type="checkbox"/> Commercial property 8088 5 <input type="checkbox"/> Equipment 8090 6 <input type="checkbox"/> Other – Specify _____</p>
<p>g. As of (Read last day of reference period), what was the total market value of the property(ies)?</p> <p style="text-align: center;">★</p> <p><i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 4a, column 2 on your form.</p>	<p>8092 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 3i</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8094 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 15 2 <input type="checkbox"/> No</p>
<p>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p>8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a x1 <input type="checkbox"/> DK</p>
<p>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p> <p><i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 4b, column 2 on your form.</p>	<p>8098 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)</p>	<p>4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>
<p>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</p> <p><i>Enter \$1 in amount box if respondent reports "broke even."</i></p>	<p>4620 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 4d</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>4622 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 4d</p>

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120) (Continued)

<p>4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)</p>	<p>8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK</p>
<p>d. How many properties did . . . own jointly with others as of (Read last day of reference period)?</p>	<p>8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None – SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>e. What type of property(ies) (was it/were they)? Mark (X) all that apply.</p>	<p>8104 1 <input type="checkbox"/> Vacation home 8106 2 <input type="checkbox"/> Other residential property 8108 3 <input type="checkbox"/> Farm property 8110 4 <input type="checkbox"/> Commercial property 8112 5 <input type="checkbox"/> Equipment 8114 6 <input type="checkbox"/> Other – Specify</p>
<p>f. As of (Read last day of reference period), what was the total market value of the property(ies)?</p>	<p>8116 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>g. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p>8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4i x1 <input type="checkbox"/> DK</p>
<p>h. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p>8120 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>i. As of (Read last day of reference period), what was the total value of . . . 's SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.) ★ Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 5, column 2 on your form.</p>	<p>8122 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>j. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8124 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 16 } SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No</p>

NOTES

Section 3 – AMOUNTS (Continued)

**Part F – MORTGAGES, ROYALTIES, AND OTHER FINANCIAL INVESTMENTS
(ISS Codes 130, 140, and 150)**

CHECK ITEM A17	Asset types owned. Mark (X) all that apply.	4700 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A18	Is ISS Code 130 marked in Check Item A17?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
CHECK ITEM A19	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
b.	During the past 4 months how much interest was paid to ... and ...'s (husband/wife) by the borrower?	4712	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
C.	As of (Read last day of reference period), how much principal was owed to ... and ...'s (husband/wife) on this (these) mortgage(s)? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 6, column 1 on your form.	8126	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item A20
2a.	(Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A20
b.	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item A20
C.	As of (Read last day of reference period), how much principal was owed to ... on this (these) mortgage(s)? Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 6, column 2 on your form.	8128	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A20	Is ISS Code 140 or 150 marked in Check Item A17?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement A, page 50
3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? If income was shared, count only ...'s share.	4720	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Statement A, page 50 4722 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box
CHECK ITEM A21	Is ISS Code 150 marked in Check Item A17?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement A, page 50
4.	As of (Read last day of reference period), what was ...'s equity in other financial investments? (By equity we mean the total market value less any debts held against it.) If investment is jointly owned, count only ...'s share of equity.	8132	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <div style="float: right; margin-top: 10px;">} SKIP to Statement A, page 50</div>
NOTES			

Section 4 – TOPICAL MODULES

Part A – ASSETS AND LIABILITIES

Statement A

Read to respondent: **These next questions concern various assets and liabilities.**

<p>1a. As of (Read last day of reference period), did anyone outside of this household owe money to ... as the result of the sale of a business or property? (Exclude mortgages owed to ... which have already been reported.)</p>	<p>8200 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2a x2 <input type="checkbox"/> Ref.</p>						
<p>b. How much was owed to ...? <i>(If shared, count only ...'s share.)</i></p> <p>Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 7, column 2 on your form.</p>	<p>8202 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>						
<p>2a. Did ... own any U.S. Savings Bonds as of (Read last day of reference period)?</p>	<p>8204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1</p>						
<p>b. What was the FACE VALUE of the U.S. Savings Bonds that ... owned? <i>(If ownership was shared, count only ...'s share.)</i></p>	<p>8206 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>						
<p>CHECK ITEM T1 Interview status of ...'s spouse</p>	<p>8208 1 <input type="checkbox"/> No spouse in household – SKIP to 6a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 6a</p>						
<p>2c. As of (Read last day of reference period), did ... own jointly with ...'s (husband/wife) any checking accounts which do NOT earn interest?</p>	<p>8209 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3a x2 <input type="checkbox"/> Ref.</p>						
<p>d. What is your best estimate of the amount of money ... and ...'s (husband/wife) had in those checking accounts as of (Read last day of reference period)?</p>	<p>8210 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>						
<p>3a. As of (Read last day of reference period), did ... and ...'s (husband/wife) together owe any money for –</p> <p>(1) Store bills or credit card bills?</p> <p>(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?</p> <p>(3) Money owed to a private individual who does not live in this household?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>8212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> <td style="width: 50%; padding: 5px;"> <p>8214 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>8216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> <td style="padding: 5px;"> <p>8218 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </td> <td style="padding: 5px;"> <p>8222 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> </td> </tr> </table>	<p>8212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8214 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>	<p>8216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8218 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>	<p>8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8222 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>
<p>8212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8214 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>						
<p>8216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8218 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>						
<p>8220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>8222 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>						

NOTES

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

4a. Excluding mortgages, vehicle loans and money owed to brokers, did ... and ...'s (husband/wife) together owe any money for loans obtained through a bank, credit union, or some other financial establishment, as of (Read last day of reference period)?

8224 Yes
 No
x1 DK
x2 Ref. } *SKIP to 5a*

b. How many such loans did ... and ...'s (husband/wife) owe money on as of (Read last day of reference period)?

8226 Number
x1 DK
x2 Ref. } *SKIP to 5a*

c. As of (Read last day of reference period), how much was owed on all these loans?
Read if marked AND respondent has a feedback form:
 Please look at item 8, column 1 on your form.

8228 \$. 00
x1 DK – Probe
x2 Ref.

5a. As of (Read last day of reference period), did ... and ...'s (husband/wife) together owe any money for any kind of debt that we haven't yet mentioned?

8230 Yes
 No
x1 DK
x2 Ref. } *SKIP to 6a*

b. How much was owed on this debt as of (Read last day of reference period)?

8231 \$. 00
x1 DK
x2 Ref.

6a. (Besides any checking accounts owned jointly with ...'s spouse,) as of (Read last day of reference period), did ... own any (other) checking accounts which do NOT earn interest?

8232 Yes
 No
x1 DK
x2 Ref. } *SKIP to 6c*

b. What is your best estimate of the amount of money ... had in those checking accounts as of (Read last day of reference period)?
(If account was shared, count only ...'s share.)

8233 \$. 00
x3 None
x1 DK
x2 Ref.

c. Did ... have any debts, such as credit card bills, loans from a financial institution, or educational loans, in ...'s OWN name?

8234 Yes
 No
x1 DK
x2 Ref. } *SKIP to Check Item T2*

d. As of (Read last day of reference period), did ... owe any money (in ...'s OWN name) for –

If "Yes" to 6d ask –
6e. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8236 Yes
 No
x1 DK
x2 Ref.

8238 \$. 00
x1 DK – Probe
x2 Ref.

(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?

8240 Yes
 No
x1 DK
x2 Ref.

8242 \$. 00
x1 DK – Probe
x2 Ref.

(3) Money owed to a private individual who does not live in this household?

8244 Yes
 No
x1 DK
x2 Ref.

8246 \$. 00
x1 DK – Probe
x2 Ref.

7a. Excluding mortgages, vehicle loans, and money owed to brokers, did ... owe any money (in ...'s OWN name) for a loan obtained through a bank, credit union, or some other financial establishment, as of (Read last day of reference period)?

8248 Yes
 No
x1 DK
x2 Ref. } *SKIP to 8a*

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>7b. How many such loans did . . . owe money on as of (Read last day of reference period)?</p>	<p>8250 <input type="text"/> <input type="text"/> Number x1 <input type="checkbox"/> DK } SKIP to 8a x2 <input type="checkbox"/> Ref.</p>
<p>C. As of (Read last day of reference period), how much was owed on all these loans?</p> <p>Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 8, column 2 on your form.</p>	<p>8252 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>
<p>8a. As of (Read last day of reference period), did . . . owe any money for any kind of debt that we haven't mentioned?</p> <p>Include educational loans from the Federal government or schools not previously reported.</p>	<p>8254 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T2 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>b. As of (Read last day of reference period), how much was owed on this debt?</p>	<p>8256 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T2 Refer to cc item 24. Is . . . 21 years of age or older?</p>	<p>8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T3, page 54</p>
<p>9a. Does . . . have an Individual Retirement Account – an IRA – in . . . 's OWN name? (Do not mark "Yes" if . . . is only included in spouse's IRA account.)</p>	<p>8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 10a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>b. For how many years has . . . contributed to . . . 's IRA accounts?</p>	<p>8262 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 10a</p>
<p>c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of . . . 's IRA accounts? ★</p> <p>Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 9, column 2 on your form.</p>	<p>8264 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 9e x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 10a</p>
<p>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8266 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 17 2 <input type="checkbox"/> No – SKIP to 10a</p>
<p>(SHOW FLASHCARD X) e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's IRA accounts?</p> <p>Mark (X) all that apply. Anything else?</p>	<p>8268 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 8270 2 <input type="checkbox"/> Money Market Funds 8272 3 <input type="checkbox"/> U.S. Government Securities 8274 4 <input type="checkbox"/> Municipal or Corporate Bonds 8276 5 <input type="checkbox"/> U.S. Savings Bonds 8278 6 <input type="checkbox"/> Stocks or Mutual Fund Shares 8280 7 <input type="checkbox"/> Other assets – Specify ↓ _____ 8282 x1 <input type="checkbox"/> DK</p>
<p>10a. Does . . . have a KEOGH account in . . . 's OWN name?</p>	<p>8284 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 11a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>b. For how many years has . . . contributed to . . . 's KEOGH account?</p>	<p>8286 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11a</p>
<p>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)? ★</p> <p>Read if marked AND respondent has a feedback form: <input type="checkbox"/> Please look at item 10, column 2 on your form.</p>	<p>8288 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 10e x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11a</p>

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

10d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)

- 8290** 1 Yes — *Mark Reminder Card, Item 18*
 2 No — *SKIP to 11a*

(SHOW FLASHCARD X)

e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s KEOGH account(s)?

Mark (X) all that apply.

Anything else?

- 8292** 1 Certificates of deposit or other savings certificates
8294 2 Money Market Funds
8296 3 U.S. Government Securities
8298 4 Municipal or Corporate Bonds
8300 5 U.S. Savings Bonds
8302 6 Stocks or Mutual Fund Shares
8304 7 Other assets — *Specify* _____
8306 x1 DK

11a. Does ... have any life insurance? (Include group policies provided by employers.)

- 8308** 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to Check Item T3, page 54*

b. What is the current FACE VALUE of ALL life insurance policies that ... has?

8310 \$. 00
 x1 DK
 x2 Ref.

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE

CHECK ITEM T3

Refer to cc item 24.
Is . . . 's age?

8312

- 1 Less than 25 years of age – *SKIP to Check Item T10, page 58*
2 25 years or older

Statement B

Read to respondent: **These next questions concern pension plan coverage.**

CHECK ITEM T4

Are any employers entered in question 2a on page 14 or question 10a on page 16?

8314

- 1 Yes – *Enter name(s) and job number(s) below*
2 No – *SKIP to Check Item T9, page 57*

Employer 1		Employer 2	
Employer name		Employer name	
Job number	<input type="text"/>	Job number	<input type="text"/>
8316		8318	

CHECK ITEM T5

Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?

8320

- 1 Yes
2 No – *SKIP to 1b*

(For each employer ask through 3l, and then return for next employer.)

ASK OR VERIFY –

1 a. Did . . . work for (Read employer's name) at any time during the time period of (Same reference months) in 1984?

Employer 1		Employer 2	
8322	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T6, page 55</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8324	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T9, page 57</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

b. About how many persons are employed by (Read employer's name) at the location where . . . works – would you say (Read categories)?

Employer 1		Employer 2	
8330	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more } <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK	8332	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more } <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK

c. Does (Read employer's name) operate in more than one location?

Employer 1		Employer 2	
8334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK	8336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK

d. About how many persons are employed by (Read employer's name) at all locations – would you say (Read categories)?

Employer 1		Employer 2	
8338	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK	8340	1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more x1 <input type="checkbox"/> DK

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
<p>2a. Does ...'s employer or union have a retirement plan for any of its employees?</p> <p><i>(Exclude Social Security and Railroad Retirement.)</i></p>	<p>8342 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T6</i></p>	<p>8344 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9, page 57</i></p>
<p>b. Is ... included in such a plan?</p>	<p>8346 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T6</i></p>	<p>8348 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T9, page 57</i></p>
<p>c. Why isn't ... included in such a plan?</p> <p><i>Mark (X) all that apply.</i></p>	<p>8350 1 <input type="checkbox"/> Chose not to belong</p> <p>8354 2 <input type="checkbox"/> No one in ...'s type of job can belong</p> <p>8358 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year</p> <p>8362 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date</p> <p>8366 5 <input type="checkbox"/> ... is too young</p> <p>8370 6 <input type="checkbox"/> ... has not worked for this employer long enough</p> <p>8374 7 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>8378 x1 <input type="checkbox"/> DK</p>	<p>8352 1 <input type="checkbox"/> Chose not to belong</p> <p>8356 2 <input type="checkbox"/> No one in ...'s type of job can belong</p> <p>8360 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year</p> <p>8364 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date</p> <p>8368 5 <input type="checkbox"/> ... is too young</p> <p>8372 6 <input type="checkbox"/> ... has not worked for this employer long enough</p> <p>8376 7 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>8380 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T6</p> <p>Is another employer listed?</p>	<p>8382 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T8, page 57</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T9, page 57</i></p>	<p><i>SKIP to Check Item T9, page 57</i></p>
<p>3a. Is ... included in more than one retirement or pension plan on this job?</p>	<p>8384 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8386 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>b. Is ...'s (basic) retirement plan a profit sharing plan?</p>	<p>8388 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8390 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>c. Are the retirement benefits of ...'s (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</p> <p><i>Mark (X) only one.</i></p>	<p>8392 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8394 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>
<p>d. Does (Read employer's name) make payments towards ...'s (basic) plan?</p>	<p>8396 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8398 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
3e. Does ... make payments toward ...'s (basic) plan? (Include payments deducted from ...'s pay.)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3g x1 <input type="checkbox"/> DK	8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3g x1 <input type="checkbox"/> DK
f. How much does ... contribute toward ...'s (basic) plan?	8404 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 8408 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8412 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8406 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 8410 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8414 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> . <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Percent of salary OR 8418 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
g. How long has ... been included in this (basic) plan? (Include only the years that count toward ...'s retirement benefits.) <i>(If respondent reports years and months, round to full years)</i>	8420 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	8422 <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK
h. If ... were to leave (Read employer's name) now or in the next few months, could ... eventually receive some benefits from this plan upon reaching retirement age?	8424 1 <input type="checkbox"/> Yes – SKIP to 3j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8426 1 <input type="checkbox"/> Yes – SKIP to 3j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
i. Is that because ... has not been included in the plan enough years?	8428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
j. Under this plan, could ...'s retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of ...'s contributions to the plan.)	8432 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8436 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Does (Read employer's name) offer a salary reduction plan, sometimes called either a 401K or 403B plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire.	8438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check x1 <input type="checkbox"/> DK } Item T7	8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check x1 <input type="checkbox"/> DK } Item T9
l. Does ... participate in this plan?	8442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8444 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T7 Is another employer listed?	8446 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – Go to Check Item T9	Go to Check Item T9

Section 4 – TOPICAL MODULES (Continued)

Part B – PENSION PLAN COVERAGE (Continued)

**CHECK
ITEM T8**

Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?

8447

- 1 Yes – Ask item 1a, page 54 for Employer 2
 2 No – Ask item 1b, page 54 for Employer 2

**CHECK
ITEM T9**

Is . . . self employed?
 (Are any businesses entered in question 1a on page 18 or question 12 a on page 21?)

8448

- 1 Yes – Enter names and business I.D. numbers below
 2 No – SKIP to Check Item T10

Ask item 4 for each business owned.

Name of first business

Name of second business

Business I.D. Number

Business I.D. Number

8450

8452

4. Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?

8454

- 1 Yes
 2 No
 x1 DK

8456

- 1 Yes
 2 No
 x1 DK

NOTES

Section 4 — TOPICAL MODULES (Continued)

Part C — REAL ESTATE PROPERTY AND VEHICLES

CHECK ITEM T10

Is this the reference person's questionnaire?

8526

- 1 Yes
2 No — SKIP to Check Item P1, page 62

Statement C

Read to respondent: **These next questions concern housing costs and automobile ownership.**

CHECK ITEM T11

Refer to cc item 14.
Is this housing unit a mobile home?

8528

- 1 Yes — SKIP to Check Item T15
2 No

CHECK ITEM T12

Refer to cc item 15.
Tenure

8530

- 1 Owned or being bought
2 Rented for cash — SKIP to Check Item T16
3 Occupied without cash payment — SKIP to Check Item T16

1 a. Which persons in this household are the owners of this home?

ASK OR VERIFY —

8532

Person No.

Name

8534

8536

b. In what month and year was this home purchased?

8538

Month

Year

8539

x1 DK

x1 DK

c. Is there a mortgage, home equity loan, or other debt on this home?

8540

- 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to 2

d. How many mortgages, home equity loans, or other debts are there?

8542

Number
x1 DK

(Ask questions 1e—1k for first mortgage and then return to 1e again for any second mortgage or other loan.)

e. How much principal is currently owed on this (first/other) mortgage (debt)? (If possible, please check any records you may have from the lender or mortgage company to obtain the most accurate estimate available.)

8564

\$.
x1 DK
x2 Ref.

8566

\$.
x1 DK
x2 Ref.

f. In what year was this mortgage (loan) obtained? (If mortgage was assumed, give the original date of the mortgage.)

8568

Year — If 1984 or 1985, ask month
x1 DK

8570

Year — If 1984 or 1985, ask month
x1 DK

8569

Month
x1 DK

8571

Month
x1 DK

g. What was the amount of the mortgage (loan) when it was obtained or last refinanced? (If mortgage was assumed, give the original amount of the mortgage.)

8572

\$.
x1 DK
x2 Ref. — SKIP to 2

8574

\$.
x1 DK
x2 Ref. — SKIP to 2

h. What is the total number of years over which payments are to be made?

8576

Years
x8 Not fixed
x1 DK

8578

Years
x8 Not fixed
x1 DK

i. What is the current annual interest rate on this mortgage (loan)?

8580

. Percent
x1 DK
x2 Ref.

8582

. Percent
x1 DK
x2 Ref.

j. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?

8584

- 1 Yes
2 No
x1 DK

8586

- 1 Yes
2 No
x1 DK

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

1k. Was this mortgage obtained through an FHA or VA mortgage program?	8587 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8589 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T13 Is there another loan or mortgage?	8592 1 <input type="checkbox"/> Yes – Go to 1e 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T14
CHECK ITEM T14 Refer to item 1d. Are there 3 or more mortgages or loans on this home?	8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	
1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?	8596 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
2. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale? <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 11 on your form.	8598 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
CHECK ITEM T15 Refer to cc item 15. Tenure of mobile home	8608 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented – SKIP to Check Item T16 3 <input type="checkbox"/> Occupied without cash rent – SKIP to Check Item T16	
3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?	8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?	8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home	
c. How much principal is currently owed on this (these) mortgage(s)?	8624 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
4. How much do you think this mobile home (and SITE) would sell for today if it were for sale? <i>Read if marked AND respondent has a feedback form:</i> <input type="checkbox"/> Please look at item 11 on your form.	8630 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
CHECK ITEM T16 Refer to cc items 16a and 16b – Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?	8658 1 <input type="checkbox"/> In a public housing project – SKIP to 6a 2 <input type="checkbox"/> Subsidized – SKIP to 6a 3 <input type="checkbox"/> Neither public nor subsidized	
5a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.	8660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	
b. Which persons in this household are the owners of this (these) property(ies)?	Person No. <input style="width: 40px;" type="text"/> Name <input style="width: 150px;" type="text"/> 8662 Person No. <input style="width: 40px;" type="text"/> Name <input style="width: 150px;" type="text"/> 8664	

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

5c. What is the total value of
(Read persons' names)
equity in this (these)
property(ies)? (By equity
we mean the amount that
could be obtained by
selling the property and
paying off any debts.)

Count only share owned
by household members.

Read if marked AND
respondent has feed-
back form:

Please look at item
12 on your form.

8666 \$. 00

x1 DK
x2 Ref.

6a. Does anyone in this
household own a car,
van, or truck, excluding
recreational vehicles
(RV's) and motorcycles?

8714 1 Yes
2 No – SKIP to 7a

b. How many cars, trucks,
or vans are owned by
members of this
household?

8716 Number of motor vehicles

(Ask items 6c–6f for
vehicle 1 and then return
to 6c for additional
vehicles.)

c. Who is (are) the
owners(s) of the
(newest, next newest)
motor vehicle?

Vehicle 1	Vehicle 2	Vehicle 3
Person No. 8718 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8720 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8722 <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Name _____	Name _____
Person No. 8724 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8726 <input type="text"/> <input type="text"/> <input type="text"/>	Person No. 8728 <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Name _____	Name _____

d. What is the year,
make, and model of
this vehicle?

Vehicle 1	Vehicle 2	Vehicle 3
8730 1 9 <input type="text"/> <input type="text"/> <input type="text"/>	8732 1 9 <input type="text"/> <input type="text"/> <input type="text"/>	8734 1 9 <input type="text"/> <input type="text"/> <input type="text"/>
x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK
Make _____	Make _____	Make _____
8736 x1 <input type="checkbox"/> DK	8738 x1 <input type="checkbox"/> DK	8740 x1 <input type="checkbox"/> DK
Model _____	Model _____	Model _____
8742 x1 <input type="checkbox"/> DK	8744 x1 <input type="checkbox"/> DK	8746 x1 <input type="checkbox"/> DK
OFFICE USE ONLY 8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OFFICE USE ONLY 8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	OFFICE USE ONLY 8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

e. Is this vehicle owned
free and clear, or is
there still money
owed on it?

8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17 x1 <input type="checkbox"/> DK	8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17 x1 <input type="checkbox"/> DK	8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a x1 <input type="checkbox"/> DK
---	---	---

f. How much is
currently owed for
this vehicle?

8760 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	8762 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	8764 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.
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CHECK
ITEM T17 Is there another
vehicle which
has not been
asked about?

8766 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a	8768 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a	Go to 7a
--	--	----------

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

7a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?

- 8770** 1 Motorcycle
- 8772** 2 Boat
- 8774** 3 Recreational vehicle (RV)
- 8776** 4 Other — *Specify* _____
- 8778** 5 No — *SKIP to Check Item P1, page 62*

Mark (X) all that apply.

Ask items 7b–7e for each vehicle —

b. Who is (are) the owner(s) of the (first/second) (Read category marked in 7a)?

	Vehicle 1	Vehicle 2
	Person No. Name	Person No. Name
8780	[] [] [] [] [] [] []	8782 [] [] [] [] [] [] []
	Person No. Name	Person No. Name
8784	[] [] [] [] [] [] []	8786 [] [] [] [] [] [] []

c. If this vehicle were sold, what would it sell for in its present condition?

- | | |
|--|--|
| <p>8788 \$ [] [] [] . [] [] []</p> <p>x1 <input type="checkbox"/> DK — <i>Probe</i>
 x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item T18</i></p> | <p>8790 \$ [] [] [] . [] [] []</p> <p>x1 <input type="checkbox"/> DK — <i>Probe</i>
 x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item P1, page 62</i></p> |
|--|--|

d. Is this vehicle owned free and clear, or is there still money owed on it?

- | | |
|---|---|
| <p>8792 1 <input type="checkbox"/> Money owed
 2 <input type="checkbox"/> Free and clear
 x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} <i>SKIP to Check Item T18</i></p> | <p>8794 1 <input type="checkbox"/> Money owed
 2 <input type="checkbox"/> Free and clear
 x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} <i>SKIP to Check Item P1, page 62</i></p> |
|---|---|

e. How much is currently owed for this vehicle?

- | | |
|--|--|
| <p>8796 \$ [] [] [] . [] [] []</p> <p>x1 <input type="checkbox"/> DK — <i>Probe</i>
 x2 <input type="checkbox"/> Ref.</p> | <p>8798 \$ [] [] [] . [] [] []</p> <p>x1 <input type="checkbox"/> DK — <i>Probe</i>
 x2 <input type="checkbox"/> Ref.</p> |
|--|--|

CHECK ITEM T18

Are there any other vehicles which have not been asked about?

- 8800** 1 Yes — *Ask 7b for next vehicle*
 2 No — *Go to Check Item P1, page 62*

Go to Check Item P1, page 62

NOTES