

INCOMES AND EMPLOYMENT (Continued)

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		\$	.00
2238	\$ <input type="text"/> . <input type="text"/>	\$.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL \$	.00

2 MONTHS AGO		\$	.00
2240	\$ <input type="text"/> . <input type="text"/>	\$.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL \$	.00

3 MONTHS AGO		\$	.00
2242	\$ <input type="text"/> . <input type="text"/>	\$.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL \$	.00

4 MONTHS AGO		\$	.00
2244	\$ <input type="text"/> . <input type="text"/>	\$.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		TOTAL \$	.00

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

CHECK ITEM S4 Is "DK" marked in all parts of 7? 2246

1 Yes
2 No — SKIP to Check Item S5

8. (Information about how much . . . received each month is very important to the results of our survey.) 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? 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

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

\$.

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 B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)

CHECK ITEM S7	Refer to item 4b, page 18. Is sole proprietorship marked in 4b?	8002	1 <input type="checkbox"/> Yes – SKIP to Check Item S8 2 <input type="checkbox"/> No
11 a.	As of (Read last day of reference period), what percent of this business did . . . own?	8004	<input type="text"/> <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref – SKIP to 11f
CHECK ITEM S8	Has the information below about the total value and total debt for this business already been obtained from another household member?	8006	1 <input type="checkbox"/> Yes – SKIP to 11f 2 <input type="checkbox"/> No
b.	As of (Read last day of the reference period), what was the total value of this business before figuring in any debts that might be owed against it?	8008	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 – SKIP to 11d x3 <input type="checkbox"/> None – SKIP to 11d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f
c.	(This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8010	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 5a 2 <input type="checkbox"/> No
d.	As of (Read last day of reference period), what was the total debt owned against this business?	8012	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 – SKIP to 11f x3 <input type="checkbox"/> None – SKIP to 11f x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11f
e.	(This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8014	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 5b 2 <input type="checkbox"/> No
f.	Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?	2262	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Statement A, page 50

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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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes — SKIP to Check Item S16 2 <input type="checkbox"/> No
21a. As of (Read last day of the reference period), what percent of this business did . . . own?	8020 <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> 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 by another household member?	8022 1 <input type="checkbox"/> Yes — SKIP to first ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
21b. As of (Read last day of the reference period), what is the total value of this business before figuring in any debts that might be owed against it? <div style="text-align: right;">★</div>	8024 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> — SKIP to 21d x3 <input type="checkbox"/> None — SKIP to 21d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50
C. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8026 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 5a 2 <input type="checkbox"/> No
d. As of (Read last day of reference period), what was the total debt owed against this business? <div style="text-align: right;">★</div>	8028 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> } SKIP to first ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50
e. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8030 1 <input type="checkbox"/> Yes — Mark Reminder Card, Item 5b } SKIP to first ISS Code or Statement A, page 50 2 <input type="checkbox"/> No

NOTES

Section 3 – AMOUNTS

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

CHECK ITEM A10	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
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1. Earlier you said that ... had (Read names of owned assets) which excluded IRA and KEOGH accounts.

CHECK ITEM A11	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
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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
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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: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
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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: 100px;" type="text"/> . <input style="width: 40px;" 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
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d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	4316 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 6 2 <input type="checkbox"/> No
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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
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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: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
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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: 100px;" type="text"/> . <input style="width: 40px;" 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
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d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	4324 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 7 2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50
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NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS

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

CHECK ITEM A12	Asset types owned. Mark (X) all that apply.	4400	1 <input type="checkbox"/> Money Market funds (104)
		4402	2 <input type="checkbox"/> U.S. Government securities (105)
		4404	3 <input type="checkbox"/> Municipal or corporate bonds (106)
		4406	4 <input type="checkbox"/> 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 A13	Interview status of . . . 's spouse.	4408	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
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2a. Did . . . own any of these jointly with . . . 's (husband/wife)?	4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
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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	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
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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)?	4414	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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
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d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	4416	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 8 2 <input type="checkbox"/> No
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3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
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b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4420	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
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c. As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?	4422	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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
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d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	4424	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 9 } SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
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NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS

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

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.)	4500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> NO x1 <input type="checkbox"/> DK } SKIP to 3a
CHECK ITEM A14 Interview status of . . .'s spouse.	4502 1 <input type="checkbox"/> No spouse in household – SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
1 b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)?	4504 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 2a x3 <input type="checkbox"/> None – SKIP to 2a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?	4506 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 10 2 <input type="checkbox"/> No
2 a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)?	4508 \$ <input style="width: 60px;" 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
b. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate?	4510 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 11 2 <input type="checkbox"/> No
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?	4512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> NO x1 <input type="checkbox"/> DK } SKIP to Check Item A16
CHECK ITEM A15 Interview status of . . .'s spouse.	4514 1 <input type="checkbox"/> No spouse in household – SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3c
3 b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?	4516 \$ <input style="width: 60px;" 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 next ISS Code or Statement A, page 50
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?	4518 \$ <input style="width: 60px;" 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 next ISS Code or Statement A, page 50
CHECK ITEM A16 Interview status of . . .'s spouse.	8032 1 <input type="checkbox"/> No spouse in household – SKIP to 5a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 5a
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)? (If . . . is self-employed and the business is incorporated, exclude the stock held in that business.)	8034 \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 4c x3 <input type="checkbox"/> None – SKIP to 5a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50
b. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8036 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 12 2 <input type="checkbox"/> No

Section 3 – AMOUNTS

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

4c Was any debt or margin account held against these jointly held stocks or mutual funds as of (Read last day of reference period)?	8038 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
d. As of (Read last day of reference period), what was the amount of the debt or margin account? (If respondent answers "DK," probe for estimate before marking "DK" box)	8040 \$ <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
5a Besides the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?	8042 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS code or Statement A, page 50
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? (If . . . is self-employed and the business is incorporated, exclude stock held in that business) ★	8044 \$ <input style="width: 80px;" 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
c. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?	8046 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 13 2 <input type="checkbox"/> No
d. Was any debt or margin account held against . . . 's stocks or mutual funds as of (Read the last day of the reference period)?	8048 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
e. As of (Read last day of reference period), what was the amount of the debt or margin account? (If respondent answers "DK," probe for estimate before marking "DK" box)	8050 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

Section 3 – AMOUNTS

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that ... owned some rental property.

CHECK ITEM A17

Interview status of ...'s spouse.

4600

- 1 No spouse in household — SKIP to 3a
- 2 Interview for spouse not yet conducted
- 3 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?

Include only property owned entirely by couple.

4602

- 1 Yes
- 2 No — SKIP to 2d

b. About how much was received in gross rent from this property during the 4-month period?

4604

\$. 00

- x1 DK
- x2 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?

Enter \$1 in amount box if respondent reports "broke even."

4606

\$. 00

- x1 DK
- x2 Ref. — SKIP to next ISS Code or Statement A, page 50
- x4 Lost money — Enter amount of loss in box — SKIP to 2e

} 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 Yes
- 2 No
- x1 DK

} SKIP to 3a

e. How many properties did ... own jointly with ...'s (husband/wife) as of (Read last day of reference period)?

8054

Number of properties

- x3 None — SKIP to 3a
- x1 DK
- x2 Ref. — SKIP to next ISS Code or Statement A, page 50

f. What type of property(ies) (was it/were they)?

Mark (X) all that apply.

8056

1 Vacation home

8058

2 Other residential property

8060

3 Farm property

8062

4 Commercial property

8064

5 Equipment

8066

6 Other — Specify _____

g. As of (Read the last day of reference period), what was the total market value of the property(ies)?

8068

\$. 00 — SKIP to 2i

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

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

8070

- 1 Yes — Mark Reminder Card, Item 14
- 2 No

i. Was there a mortgage, deed of trust, or other debt on the property(ies)?

8072

- 1 Yes
- 2 No
- x1 DK

} SKIP to 3a

j. As of (Read last day of reference period), how much principal was owed on the property(ies)?

(If respondent answers "DK," probe for estimate before marking "DK" box)

8074

\$. 00

- x1 DK
- x2 Ref.

3a. Did ... receive rental income from property owned entirely in ...'s OWN name during the last 4 months?

4610

- 1 Yes
- 2 No — SKIP to 3d

AMOUNTS — PART E

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: 100px;" 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>Enter \$1 in amount box if respondent reports "broke even."</p>	<p>4614 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 3e</p> <p>x1 <input type="checkbox"/> DK 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"/> <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>Mark (X) all that apply.</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 align="center">★</p>	<p>8092 \$ <input style="width: 100px;" 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. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?</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>If respondent answers "DK," probe for estimate before marking "DK" box.</p>	<p>8098 \$ <input style="width: 100px;" 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>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>Enter \$1 in amount box if respondent reports "broke even."</p>	<p>4620 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } SKIP to 4d</p> <p>x1 <input type="checkbox"/> DK 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>

AMOUNTS – PART E

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 x1 <input type="checkbox"/> DK } Statement A, page 50</p>
<p>d. How many properties did . . . own jointly with others?</p>	<p>8102 <input style="width: 40px;" type="text"/> Number of properties 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 style="width: 100px;" 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</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 style="width: 100px;" 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</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.)</p>	<p>8122 \$ <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 x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p>j. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount? ★</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

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

CHECK ITEM A18	Asset types owned. Mark (X) all that apply.	4700	<input type="checkbox"/> ISS Code 130 – Mortgages
		4702	<input type="checkbox"/> ISS Code 140 – Royalties
		4704	<input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A19	Is ISS Code 130 marked in Check Item A18?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
CHECK ITEM A20	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: 60px;" type="text"/> . <input style="width: 20px;" 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)?	8126	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item A21
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 A21
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: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to Check Item A21
C.	As of (Read last day of reference period), how much principal was owed to . . . on this (these) mortgage(s)?	8128	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A21	Is ISS Code 140 or 150 marked in Check Item A18?	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: 60px;" type="text"/> . <input style="width: 20px;" 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 A22	Is ISS Code 150 marked in Check Item A18?	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: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
} SKIP to Statement A, page 50			
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. Does 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 } SKIP to 2a x1 <input type="checkbox"/> DK</p>
<p>b. As of (Read last day of the reference period), how much was owed to . . . ?</p>	<p>8202 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>2a. This question concerns checking accounts which do NOT earn interest. What is your best estimate of the amount of money . . . had in such checking accounts as of (Read last day of the reference period)? (Do not include balances in joint accounts previously reported.)</p>	<p>8204 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>ASK OR VERIFY – b. Did . . . own any U.S. Savings Bonds as of (Read last day of the reference period)?</p>	<p>8206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1</p>
<p>c. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned? (Do not count jointly held bonds already reported.)</p>	<p>8208 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 1 <input type="checkbox"/> Value already reported x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T1 Interview status of . . . 's spouse</p>	<p>8210 1 <input type="checkbox"/> No spouse in household – SKIP to 6b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 6a</p>
<p>3a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for –</p>	<p>3b. How much was owed as of (Read last day of reference period)? If respondent answers "DK," probe for estimate before marking "DK" box.</p>
<p>(1) Store bills or credit card bills?</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>(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?</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>(3) Money owed to a private individual who does not live in this household?</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>4a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for loans obtained through a bank, credit union, or some other financial establishment? Exclude mortgages, vehicle loans, and money owed to brokers.</p>	<p>8224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 5a x1 <input type="checkbox"/> DK } x2 <input type="checkbox"/> Ref.</p>
<p>b. How many such loans did . . . and . . . 's (husband/wife) owe money on as of (Read last day of reference period)?</p>	<p>8226 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number x1 <input type="checkbox"/> DK } SKIP to 5a x2 <input type="checkbox"/> Ref.</p>
<p>c. As of (Read last day of reference period), how much was owed on all these loans? If respondent answers "DK," probe for estimate before marking "DK" box.</p>	<p>8228 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>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?</p>	<p align="center">8230</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 6a</p>
<p>b. How much was owed on this debt as of (Read last day of reference period)?</p>	<p align="center">8232</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>6a. Other than any debts owed jointly with . . . 's (husband/wife), did . . . have any debts, such as credit card bills, loans from a financial institution, or educational loans, in . . . 's OWN name only?</p>	<p align="center">8234</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item T2</p>
<p>b. As of (Read last day of reference period), did . . . owe any money (in . . . 's name only) for –</p>	<p align="center">8236</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(1) Store bills or credit card bills?</p>	<p align="center">8238</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2) Bills from a doctor, dentist, hospital or nursing home that were not covered by insurance?</p>	<p align="center">8242</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3) Money owed to a private individual who does not live in this household?</p>	<p align="center">8246</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>7a. As of (Read last day of reference period), did . . . owe any money (in . . . 's name only) for a loan obtained through a bank, credit union or some other financial establishment? Exclude mortgages, vehicle loans, and money owed to brokers.</p>	<p align="center">8248</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 8a</p>
<p>b. How many such loans did . . . owe money on as of (Read last day of reference period)?</p>	<p align="center">8250</p> <p><input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 8a</p>
<p>c. As of (Read last day of reference period), how much was owed on all these loans? (If respondent answers "DK," probe for estimate before marking "DK" box.)</p>	<p align="center">8252</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK 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? Include educational loans from the Federal Government or schools not previously reported.</p>	<p align="center">8254</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T2</p>
<p>b. As of (Read last day of reference period), how much was owed on this debt? (If respondent answers "DK," probe for estimate before marking "DK" box.)</p>	<p align="center">8256</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text" value="00"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T2 Refer to CC item 24. Is . . . 21 years of age or older?</p>	<p align="center">8258</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Statement B, page 53</p>
<p>9a. Does . . . have an Individual Retirement Account – an IRA – in . . . 's OWN name? (Do not mark "Yes" if . . . is only included in spouses IRA account.)</p>	<p align="center">8260</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 10a</p>

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>9b. For how many years has ... contributed to ...'s IRA accounts?</p>	<p>8262 <input type="text"/> <input type="text"/> Years</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 10a</p>
<p>c. As of (Read the last day of the reference period), what is the total balance or market value (including interest earned) of ...'s IRA accounts? ★</p>	<p>8264 \$ <input type="text"/> . <input type="text"/> 00 -- SKIP to 9e</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 10a</p>
<p>d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?</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)</p> <p>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.</p> <p>Anything else?</p>	<p>8268 1 <input type="checkbox"/> Certificates of deposit or other savings certificates</p> <p>8270 2 <input type="checkbox"/> Money Market Funds</p> <p>8272 3 <input type="checkbox"/> U.S. Government Securities</p> <p>8274 4 <input type="checkbox"/> Municipal or Corporate Bonds</p> <p>8276 5 <input type="checkbox"/> U.S. Savings Bonds</p> <p>8278 6 <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p>8280 7 <input type="checkbox"/> Other assets – Specify ↓</p> <p>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</p> <p>2 <input type="checkbox"/> No } x1 <input type="checkbox"/> DK } SKIP to 11a 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</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11a</p>
<p>c. As of (Read last day of the reference period), what was the total balance or market value of assets in ...'s KEOGH account(s)? ★</p>	<p>8288 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 10e</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 11a</p>
<p>d. (This information is especially important for the purposes of this survey.) If I were to call back later would you be able to provide me with an estimate of the amount?</p>	<p>8290 1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 18 2 <input type="checkbox"/> No – SKIP to 11a</p>
<p>(SHOW FLASHCARD X)</p> <p>e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s KEOGH account(s)?</p> <p>Mark (X) all that apply.</p> <p>Anything else?</p>	<p>8292 1 <input type="checkbox"/> Certificates of deposit or other savings certificates</p> <p>8294 2 <input type="checkbox"/> Money Market Funds</p> <p>8296 3 <input type="checkbox"/> U.S. Government Securities</p> <p>8298 4 <input type="checkbox"/> Municipal or Corporate Bonds</p> <p>8300 5 <input type="checkbox"/> U.S. Savings Bonds</p> <p>8302 6 <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p>8304 7 <input type="checkbox"/> Other assets – Specify ↓</p> <p>8306 x1 <input type="checkbox"/> DK</p>
<p>11a. Does ... have any life insurance? (Include group policies provided by employers.)</p>	<p>8308 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No } x1 <input type="checkbox"/> DK } SKIP to Statement B, page 53 x2 <input type="checkbox"/> Ref. }</p>
<p>b. What is the current FACE VALUE of ALL life insurance policies that ... has?</p>	<p>8310 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 4 – TOPICAL MODULES (Continued)

Part B – Retirement and Pension Coverage

Statement B

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

CHECK ITEM T3

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

8312

- 1 Less than 25 years of age — *SKIP to Check Item T13, page 59*
- 2 25 to 39 years of age — *SKIP to Check Item T6*
- 3 40 to 65 years of age
- 4 66 years of age or older — *SKIP to Check Item T6*

CHECK ITEM T4

Is "Worked" marked on the ISS?

8314

- 1 Yes — *SKIP to 1a*
- 2 No

CHECK ITEM T5

Did . . . spend any time looking for work or on layoff from a job?

(Is the "Yes" box marked in item 2a on page 2?)

8316

- 1 Yes
- 2 No — *SKIP to 6a, page 56*

1a. At what age does . . . EXPECT to stop working at a regular job?

8318

Age

- 1 Never worked — *SKIP to Check Item T13, page 59*
- 2 Already stopped — *SKIP to Check Item T6*
- 3 Doesn't plan to stop — *SKIP to 1c*
- x1 DK

b. Will . . . be eligible on the basis of . . . 's own work experience to receive Social Security (Railroad Retirement) Benefits when . . . stops working?

8320

- 1 Yes
- 2 No
- x1 DK

c. How many years has . . . been employed in jobs covered by Social Security (Railroad Retirement)?

8322

Years

- 1 Less than one year
- x3 None
- x1 DK

CHECK ITEM T6

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

8324

- 1 Yes — *Enter name(s) and job number(s) below*
- 2 No — *Skip to Check Item T9, page 56*

(Ask 2a–4l for employer 1 first then return to question 2a if there is another employer.)

Employer 1

Employer 2

Employer name

Employer name

Job number

Job number

8326

8328

2a. About how many persons are employed by (Read employer's name) at the location where . . . works — would you say (Read categories)?

8330

- 1 Under 25
 - 2 25 to 99
 - 3 100 to 499
 - 4 500 to 999
 - 5 1000 or more
 - x1 DK
- } *SKIP to 3a*

8332

- 1 Under 25
 - 2 25 to 99
 - 3 100 to 499
 - 4 500 to 999
 - 5 1000 or more
 - x1 DK
- } *SKIP to 3a*

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

8334

- 1 Yes
 - 2 No
 - x1 DK
- } *SKIP to 3a*

8336

- 1 Yes
 - 2 No
 - x1 DK
- } *SKIP to 3a*

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

8338

- 1 Under 25
- 2 25 to 99
- 3 100 to 499
- 4 500 to 999
- 5 1000 or more
- x1 DK

8340

- 1 Under 25
- 2 25 to 99
- 3 100 to 499
- 4 500 to 999
- 5 1000 or more
- x1 DK

Section 4 – TOPICAL MODULES (Continued)

Part B – Retirement and Pension Coverage (Continued)

	Employer 1	Employer 2
<p>3a. 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 T7</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 56</i></p>
<p>b. Is . . . included in such a plan?</p>	<p>8346 1 <input type="checkbox"/> Yes – <i>SKIP to 4a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T7</i></p>	<p>8348 1 <input type="checkbox"/> Yes – <i>SKIP to 4a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T9, page 56</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 T7 Is another employer listed?</p>	<p>8382 1 <input type="checkbox"/> Yes – <i>Ask 2a, page 53 for next employer</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T9, page 56</i></p>	<p><i>SKIP to Check Item T9, page 56</i></p>
<p>4a. 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 4d</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 4d</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 – Retirement and Pension Coverage (Continued)

	Employer 1	Employer 2
4e. Does . . . make payments toward . . . 's (basic) plan? (Include payments deducted from . . . 's pay.)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4g	8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 4g
f. How much does . . . contribute toward . . . 's (basic) plan?	8404 \$ <input type="text"/> . <input 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 type="text"/> <input type="text"/> . <input type="text"/>	8406 \$ <input type="text"/> . <input 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 type="text"/> <input type="text"/> . <input type="text"/>
	Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	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.) <small>(If respondent reports years and months, round to full years)</small>	8420 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	8422 <input type="text"/> <input 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 4j 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8426 1 <input type="checkbox"/> Yes — SKIP to 4j 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 x1 <input type="checkbox"/> DK } SKIP to Check Item T8	8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check 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 T8 Is another employer listed?	8446 1 <input type="checkbox"/> Yes — Ask 2a, page 53 for next employer 2 <input type="checkbox"/> No — Go to Check Item T9	Go to Check Item T9

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT AND PENSION COVERAGE (Continued)

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 <input type="checkbox"/> Yes — Enter names and business I.D. numbers below 2 <input type="checkbox"/> No — SKIP to Check Item T10
Ask 5 for each business owned.			Name of first business
			Name of second business
			Business I.D. Number
		8450	<input type="text"/>
		8452	<input type="text"/>
5.	Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?	8454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		8456	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T10	Refer to CC item 24. Is . . . 40 to 64 years of age?	8458	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T12
6a.	(Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits? (Exclude Social Security, Railroad Retirement, and other plans already reported.)	8460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T11
b.	Is this pension plan from — (Read categories) Mark (X) all that apply.	8462 8464 8466 8468 8470 8472	1 <input type="checkbox"/> A private employer? 2 <input type="checkbox"/> Military? 3 <input type="checkbox"/> Federal Government (civilian)? 4 <input type="checkbox"/> State or local governments? 5 <input type="checkbox"/> A union? 6 <input type="checkbox"/> Other — Specify
c.	How many years (altogether) did . . . work on (that job/those jobs)?	8474	<input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK
CHECK ITEM T11	Refer to question 1a, page 53. At what age does . . . expect to stop working at a regular job? Which box is marked in 1a, page 53?	8476	1 <input type="checkbox"/> No entry marked in 1a 2 <input type="checkbox"/> "Already stopped" marked in 1a 3 <input type="checkbox"/> "Doesn't plan to stop" marked in 1a 4 <input type="checkbox"/> "Age" given in 1a 5 <input type="checkbox"/> "DK" marked in 1a } SKIP to Check Item T12 } Ask 7
7.	Considering all the retirement plans you have mentioned, including plans with current or past employers and Social Security, how much does . . . EXPECT to receive per year from these plans when . . . retires?	8478	\$ <input type="text"/> . <input type="text"/> 00 — per year x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T12	Are codes 30, 31, 32, 33, 34, or 35 marked on the ISS?	8480	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T13, page 59
8a.	Earlier you said . . . received some retirement income other than Social Security. Did . . . receive these benefits because . . . retired from a job or business or for some other reason?	8482	1 <input type="checkbox"/> Retired from job 2 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T13, page 59
The next few questions refer to the job in the past from which . . . received the retirement income. (If . . . received a pension from more than 1 source ask about source of largest retirement income.)		PGM8	
b.	What kind of business or industry was . . .'s employer? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	8484	<input type="text"/> <input type="text"/> <input type="text"/>

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT AND PENSION COVERAGE (Continued)

<p>ASK OR VERIFY –</p> <p>8c. Was it mainly –</p>	<p align="center">PGM8</p> <p align="center">8486</p> <p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale trade? 3 <input type="checkbox"/> Retail trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on that job?</p> <p>For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p align="center">PGM8</p> <p align="center">8488</p> <hr/> <hr/>
<p>e. What were . . . 's main activities or duties?</p> <p>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p align="center">PGM8</p> <p align="center">8490</p> <hr/> <hr/>
<p>ASK or VERIFY –</p> <p>f. Was . . . an employee of –</p>	<p align="center">PGM8</p> <p align="center">8492</p> <p>1 <input type="checkbox"/> A private company or union? 2 <input type="checkbox"/> Federal Government (exclude Armed Forces)? 3 <input type="checkbox"/> State Government? 4 <input type="checkbox"/> Local Government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? – SKIP to Check Item T13, page 59</p>
<p>9a. About how many persons were employed by that employer at the location . . . worked?</p>	<p align="center">PGM7</p> <p align="center">8494</p> <p>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"/> 1,000 or more x1 <input type="checkbox"/> DK } <i>SKIP to 9d</i></p>
<p>b. Did that employer operate in more than one location?</p>	<p align="center">8496</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 9d</i></p>
<p>c. About how many persons were employed by that employer at ALL LOCATIONS?</p>	<p align="center">8498</p> <p>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"/> 1,000 or more x1 <input type="checkbox"/> DK</p>
<p>d. How many HOURS a week did . . . usually work at that job?</p>	<p align="center">8500</p> <p><input style="width: 30px; height: 20px;" type="text"/> – Hours per week</p> <p>x1 <input type="checkbox"/> DK</p>
<p>e. How many WEEKS a year did . . . usually work at that job?</p> <p>(Include paid vacations and sick leave.)</p>	<p align="center">8502</p> <p><input style="width: 30px; height: 20px;" type="text"/> – Weeks per year</p> <p>x1 <input type="checkbox"/> DK</p>
<p>f. How many YEARS did . . . work at that job?</p>	<p align="center">8504</p> <p><input style="width: 30px; height: 20px;" type="text"/> – Years</p> <p>x1 <input type="checkbox"/> DK</p>

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT AND PENSION COVERAGE (Continued)

9g. In what year did . . . leave that job?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8508</div> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <p style="margin-left: 20px;">x1 <input type="checkbox"/> DK</p>	1	9		
1	9				
h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)? (If self-employed, show NET business income.)	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8508</div> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px;">\$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="border: 1px solid black; width: 20px; text-align: center;">.</td> <td style="border: 1px solid black; width: 20px; text-align: center;">00</td> </tr> </table> <p style="margin-left: 20px;">PER --</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8510</div> <p style="margin-left: 20px;">1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year</p> <p style="margin-left: 20px;">OR</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8512</div> <p style="margin-left: 20px;">x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item T13</p>	\$.	00
\$.	00		
i. In what year did . . . begin receiving this pension?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8514</div> <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table> <p style="margin-left: 20px;">x1 <input type="checkbox"/> DK</p>	1	9		
1	9				
j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8516</div> <p style="margin-left: 20px;">1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to plan x1 <input type="checkbox"/> DK</p>				
k. Did . . . take reduced benefits in order to elect a survivor option?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8518</div> <p style="margin-left: 20px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>				
l. Has . . . 's retirement pension ever been increased for cost-of-living changes?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8520</div> <p style="margin-left: 20px;">1 <input type="checkbox"/> Yes — SKIP to 9n 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>				
m. Does . . . 's pension plan include a cost-of-living adjustment provision?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8522</div> <p style="margin-left: 20px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>				
ASK OR VERIFY — n. Is . . . now covered by a health plan provided through . . . 's former employer?	<div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">8524</div> <p style="margin-left: 20px;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>				

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE

CHECK ITEM T13

Is this the reference person's questionnaire?

8526

- 1 Yes
2 No – SKIP to Check item M1, page 67

Statement C

Read to respondent: **These next questions concern housing costs and conditions, energy usage, and automobile ownership.**

CHECK ITEM T14

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

8528

- 1 Yes – SKIP to Check Item T18, page 61
2 No

CHECK ITEM T15

Refer to CC item 15. Tenure

8530

- 1 Owned or being bought
2 Rented for cash – SKIP to 5a
3 Occupied without cash payment – SKIP to 5b

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

ASK OR VERIFY –

Person No.

Name

8532

8534

8536

b. Is this the first home that ... has owned?

8538

- 1 Yes
2 No
x1 DK
x7 Not an owner

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 2a

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

8542

- Number
x1 DK

(Ask questions 1e–1m for first mortgage and then return to 1e for the second mortgage or loan.)

e. How much are the required payments to the lender on this mortgage?

8544

First mortgage: \$. 00

8548

- PER
1 Month
2 Year
3 Other

8552

- OR
x1 DK
x2 Ref. – SKIP to 1g

8546

Second mortgage or loan: \$. 00

8550

- PER
1 Month
2 Year
3 Other

8554

- OR
x1 DK
x2 Ref. – SKIP to 1g

f. Do the required payments include –

8556

- 1 Yes
2 No
x1 DK

(1) real estate taxes on property?

8558

- 1 Yes
2 No
x1 DK

(2) fire hazard insurance?

8560

- 1 Yes
2 No
x1 DK

8562

- 1 Yes
2 No
x1 DK

g. How much principal is currently owed on this 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

\$. 00 – SKIP to 1k
x1 DK
x2 Ref.

8566

\$. 00 – SKIP to 1k
x1 DK
x2 Ref.

h. In what year was this mortgage (loan) obtained?

(If mortgage was assumed, give the original date of the mortgage.)

8568

1 9 Year
x1 DK

8570

1 9 Year
x1 DK

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

	First mortgage	Second loan or mortgage
1i. 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 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2a	8574 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2a
j. What is the total number of years over which payments are to be made?	8576 <input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	8578 <input type="text"/> <input type="text"/> Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK
k. What is the current annual interest rate on this mortgage (loan)?	8580 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8582 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
l. Is the interest rate variable, that is, can the rate change over the term of the mortgage (loan)?	8584 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8586 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
m. Was this mortgage obtained through a State or local program that provides lower cost mortgages? (Exclude Federal programs, such as FHA and VA.)	8588 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8590 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM T16 Is there another loan or mortgage?	8592 1 <input type="checkbox"/> Yes – Go to 1e 2 <input type="checkbox"/> No – SKIP to 2a	Go to Check Item T17
CHECK ITEM T17 Refer to 1d, page 59. Are there 3 or more mortgages or loans on this home?	8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a	
1n. How much principal is currently owed on all the remaining mortgages or loans not reported previously?	8596 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
2a. 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?	8598 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
b. In what year was this home purchased (inherited/built by owner)?	8600 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK	
ASK OR VERIFY – c. In what year was this house (building) originally built? (Mark when the building was first constructed, not when it was remodeled, added to, or converted.)	8602 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK	
d. What was the purchase price of this home, excluding closing costs and taxes?	8604 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 6a	
e. What was the amount of property taxes paid on this property last year?	8606 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	} SKIP to 6a

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

<p>CHECK ITEM T18 Refer to CC item 15. Tenure of mobile home</p>	<p>8608 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented – SKIP to 5a 3 <input type="checkbox"/> Occupied without cash rent – SKIP to 5b</p>
<p>3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?</p>	<p>8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref } SKIP to 3f</p>
<p>b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?</p>	<p>8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home</p>
<p>c. How much are the required payments to the lender for this (these) mortgage(s)? (Include total payment for all mortgage loans.)</p>	<p>8614 \$ <input type="text"/> . <input type="text"/> 00</p> <p>PER</p> <p>8616 1 <input type="checkbox"/> Month 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Other</p> <p>OR</p> <p>8618 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 3e</p>
<p>d. Do the required payments include –</p> <p>(1) Real estate taxes on property?</p>	<p>8620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2) Fire and hazard insurance?</p>	<p>8622 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>e. How much principal is currently owed on this (these) mortgage(s)? (If respondent answers "DK," probe for an estimate before marking "DK" box.)</p>	<p>8624 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>ASK OR VERIFY –</p> <p>f. Is this SITE rented for cash?</p>	<p>8626 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a</p>
<p>g. What is the monthly rent for this SITE?</p>	<p>8628 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>4a. How much do you think this mobile home (and SITE) would sell for today if it were for sale? (If respondent answers "DK," probe for an estimate before marking "DK" box.)</p>	<p>8630 \$ <input type="text"/> . <input type="text"/> 00 – SKIP to 6b</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>b. What year was this mobile home built?</p>	<p>8632 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>c. What is the length of this mobile home in feet?</p>	<p>8634 <input type="text"/> <input type="text"/> Feet</p> <p>x1 <input type="checkbox"/> DK</p>
<p>d. When . . . acquired this mobile home (trailer), what was the purchase price? Do not include the price of the site or closing costs.</p>	<p>8636 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x7 <input type="checkbox"/> Not an owner</p> <p>} SKIP to 6b</p>
<p>5a. What is the monthly rent for this unit? (For mobile homes, include total rental payment(s) for home and site.)</p>	<p>8638 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>b. For how long has (Name of reference person) lived in this (apartment/house/mobile home)?</p>	<p>8640 <input type="text"/> <input type="text"/> Years</p> <p>1 <input type="checkbox"/> Less than one year x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T19 Is this unit a mobile home?</p>	<p>8642 1 <input type="checkbox"/> Yes – SKIP to 6b 2 <input type="checkbox"/> No</p>

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

ASK OR VERIFY –

6a. Is this (apartment/house) part of a condominium or cooperative? **8644** 1 Yes
2 No

b. Do you (the people living here) pay separately (in addition to rent) for –

If "Yes" to 6b ask –
6c. In the past 12 months, what was the average MONTHLY cost for –

(1) Electricity?

8646 1 Yes
2 No

8648 Electricity? \$. 00
x1 DK

(2) Natural or bottled gas?

8650 1 Yes
2 No

8652 Natural or bottled gas? \$. 00
x1 DK

(3) Heating oil, coal, kerosene, wood, or any other fuel?

8654 1 Yes
2 No

the average MONTHLY cost for –
8656 Oil, coal, kerosene, wood, and any other fuel? \$. 00
x1 DK

CHECK ITEM 20

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 In a public housing project – SKIP to 9a
2 Subsidized – SKIP to 9a
3 Neither public nor subsidized

7a. 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 Yes
2 No
x1 DK } SKIP to Check Item T21

b. Which persons in this household are the owners of this (these) property(ies)?

Person No. Name

8662 _____
8664 _____

c. 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.)

8666 \$. 00
x1 DK
x2 Ref.

Count only share owned by household members.

CHECK ITEM T21

Refer to CC item 15. Is this unit owner occupied?

8668 1 Yes – SKIP to 10a
2 No

CHECK ITEM T22

Is one or more of the following marked on the ISS for . . . – code 3 (SSI), codes 20–27 (welfare programs) or code 173 (Medicaid)?

8670 1 Yes
2 No – SKIP to 10a

8a. Is (Name of reference person) on a waiting list for public or subsidized housing? **8672** 1 Yes – SKIP to 10a
2 No

b. Has (Name of reference person) applied for public or subsidized housing during the past 5 years? **8674** 1 Yes
2 No
x1 DK } SKIP to 10a

9a. Has (Name of reference person) received housing assistance for the entire period that he/she has lived at this address? **8676** 1 Yes
2 No
x1 DK

b. Do you (the people living here) have to report your income to a local government agency or housing authority every year so that they can figure out your rent? **8678** 1 Yes
2 No
x1 DK

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

<p>10a. Altogether, how many rooms do you have in this house (apartment)? (Count bedrooms, living rooms, kitchens, and family rooms. Do not count bathrooms, porches, balconies, foyers, halls, or halfrooms.)</p>	8680	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40px; height: 20px;"></td> <td style="width:40px; height: 20px;"></td> <td>Number of rooms</td> </tr> </table> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.			Number of rooms
		Number of rooms			
<p>b. How many stories (floors) are in this house (building)? (Count an attic or basement as a story if it has any finished rooms for living purposes.)</p>	8682	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40px; height: 20px;"></td> <td style="width:40px; height: 20px;"></td> <td>Number of stories</td> </tr> </table> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.			Number of stories
		Number of stories			
<p>c. What is the main fuel used for HEATING your home? Mark (X) the ONE used most.</p>	8684	1 <input type="checkbox"/> Gas from underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or coal oil 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Coal or coke 7 <input type="checkbox"/> Wood 8 <input type="checkbox"/> Solar heat 9 <input type="checkbox"/> Other fuel 10 <input type="checkbox"/> No fuel used x1 <input type="checkbox"/> DK			
<p>d. Which fuel is used MOST for HEATING WATER (other than just cooking purposes)? Mark (X) the ONE used most.</p>	8686	1 <input type="checkbox"/> Gas from underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or coal oil 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Coal or coke 7 <input type="checkbox"/> Wood 8 <input type="checkbox"/> Solar collectors 9 <input type="checkbox"/> Other fuel 10 <input type="checkbox"/> No fuel used x1 <input type="checkbox"/> DK			
<p>e. Thinking of all the different kinds of cooking done here, including cooking in the oven, on a range, and with small appliances, which fuel is used most?</p>	8688	1 <input type="checkbox"/> Gas from underground pipes serving the neighborhood 2 <input type="checkbox"/> Bottled, tank, or LP gas 3 <input type="checkbox"/> Fuel oil 4 <input type="checkbox"/> Kerosene or coal oil 5 <input type="checkbox"/> Electricity 6 <input type="checkbox"/> Coal or coke 7 <input type="checkbox"/> Wood 8 <input type="checkbox"/> Other – Specify _____ 9 <input type="checkbox"/> No cooking done			
<p>f. Do you have air-conditioning equipment, either a central system or individual window or wall units?</p>	8690	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11			
<p>g. Do you have a central system?</p>	8692	1 <input type="checkbox"/> Yes – SKIP to 11 2 <input type="checkbox"/> No			
<p>h. How many room or wall units do you have?</p>	8694	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60px; height: 20px;"></td> <td>Room units</td> </tr> </table> x1 <input type="checkbox"/> DK		Room units	
	Room units				

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

11. Please tell me which of these you USE here in your (house/apartment)?

(1) Range (stove-top or burners)	8696	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Oven (do not count toaster ovens)	8698	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Refrigerator	8700	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Freezer (separate appliance from the refrigerator)	8702	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Clothes washer	8704	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Clothes dryer	8706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Dishwasher	8708	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Black and white television sets	8710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Color television set	8712	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

12a. 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 13a

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

8716 Number of motor vehicles

(Ask items 12c–12f for vehicle 1 and then return to 12c for additional vehicles.)

	Vehicle 1	Vehicle 2	Vehicle 3
c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?	Person number 8718 <input type="text"/> <input type="text"/> <input type="text"/>	Person number 8720 <input type="text"/> <input type="text"/> <input type="text"/>	Person number 8722 <input type="text"/> <input type="text"/> <input type="text"/>
	Name _____	Name _____	Name _____
	Person number 8724 <input type="text"/> <input type="text"/> <input type="text"/>	Person number 8726 <input type="text"/> <input type="text"/> <input type="text"/>	Person number 8728 <input type="text"/> <input type="text"/> <input type="text"/>
	Name _____	Name _____	Name _____
d. What is the year, make, and model of this vehicle?	Year 8730 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK	Year 8732 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK	Year 8734 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
	Make _____	Make _____	Make _____
	Model 8736 x1 <input type="checkbox"/> DK _____	Model 8738 x1 <input type="checkbox"/> DK _____	Model 8740 x1 <input type="checkbox"/> DK _____
	Model 8742 x1 <input type="checkbox"/> DK _____	Model 8744 x1 <input type="checkbox"/> DK _____	Model 8746 x1 <input type="checkbox"/> DK _____
OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY	
8748 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8750 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8752 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Section 4 – TOPICAL MODULES (Continued)

Part C – HOUSING COSTS, CONDITIONS, AND ENERGY USAGE (Continued)

12e. Is this vehicle owned free and clear, or is there still money owed on it?	Vehicle 1	Vehicle 2	Vehicle 3
	8754 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T23</i> x1 <input type="checkbox"/> DK	8756 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T23</i> x1 <input type="checkbox"/> DK	8758 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to 13a</i> x1 <input type="checkbox"/> DK
f. How much is currently owed for this vehicle? <small>(If respondent answers "DK," probe for estimate before marking "DK" box.)</small>	8760 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8762 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8764 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	CHECK ITEM T23 Is there another vehicle which has not been asked about? 8766 1 <input type="checkbox"/> Yes— Ask 12c for next vehicle 2 <input type="checkbox"/> No— Go to 13a		8768 1 <input type="checkbox"/> Yes— Ask 12c for next vehicle 2 <input type="checkbox"/> No— Go to 13a <p align="center">Go to 13a</p>

13a. Does anyone in this household own another kind of vehicle, not used for any business, such as a motorcycle, boat, or recreational vehicle?
Mark (X) all that apply.

8770 1 Motorcycle
8772 2 Boat
8774 3 Recreational vehicle (RV)
8776 4 Other — Specify _____
8778 5 No — *SKIP to Check Item P1, page 66*

Ask items 13b–13e for each vehicle —

b. Who is (are) the owner(s) of the (first/second) (Read category marked in 13a)?	Vehicle 1		Vehicle 2			
		Person number	Name		Person number	Name
	8780	<input style="width:20px;" type="text"/>	<input style="width:40px;" type="text"/>	8782	<input style="width:20px;" type="text"/>	<input style="width:40px;" type="text"/>
	8784	<input style="width:20px;" type="text"/>	<input style="width:40px;" type="text"/>	8786	<input style="width:20px;" type="text"/>	<input style="width:40px;" type="text"/>

c. If this vehicle were sold, what would it sell for in its present condition? <small>(If respondent answers "DK," probe for estimate before marking "DK" box.)</small>	Vehicle 1	Vehicle 2
	8788 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item T24</i>	8790 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item P1, page 66</i>

d. Is this vehicle owned free and clear, or is there still money owed on it?	Vehicle 1	Vehicle 2
	8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T24</i> x1 <input type="checkbox"/> DK	8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item P1, page 66</i> x1 <input type="checkbox"/> DK

e. How much is currently owed for this vehicle? <small>(If respondent answers "DK," probe for estimate before marking "DK" box.)</small>	Vehicle 1	Vehicle 2
	8796 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8798 \$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

CHECK ITEM T24 Are there any other vehicles which have not been asked about?	Vehicle 1	Vehicle 2
	8800 1 <input type="checkbox"/> Yes — Ask 13b for next vehicle 2 <input type="checkbox"/> No — Go to Check Item P1, page 66	<p align="center">Go to Check Item P1, page 66</p>

NOTES

