



## Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days?**  
 Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

- 1  Yes — Mark "Worked" (code 170) on ISS and SKIP to 4  
 2  No

**2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?**

1002

- 1  Yes  
 2  No — SKIP to 3a

**b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job?**

1004

x5  ALL

Mark (X) all that apply.

1006

1

1018

7

1030

13

1008

2

1020

8

1032

14

1010

3

1022

9

1034

15

1012

4

1024

10

1036

16

1014

5

1026

11

1038

17

1016

6

1028

12

1040

18

**c. Could . . . have taken a job during any of those weeks if one had been offered?**

1042

- 1  Yes — SKIP to Check Item R1  
 2  No

**d. What was the main reason . . . could not take a job during those weeks?**

1044

- 1  Already had a job  
 2  Temporary illness  
 3  School  
 4  Other — Specify \_\_\_\_\_

Mark (X) only one.

**CHECK ITEM R1**

Refer to item 2b.

Is the "ALL" box marked in 2b?

1046

- 1  Yes — SKIP to 9a, page 4  
 2  No — SKIP to 3b

**3a. Were there any weeks in the 4-month period when . . . wanted a job?**

1048

- 1  Yes — SKIP to 3c  
 2  No — SKIP to 9a, page 4

**b. I have recorded that there were weeks that . . . did not work or look for work. Did . . . want a job in those weeks?**

1050

- 1  Yes  
 2  No — SKIP to 9a, page 4

**c. Could . . . have taken a job in those weeks if one had been offered?**

1052

- 1  Yes  
 2  No — SKIP to 9a, page 4

**d. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?**

1054

- 1  Believes no work available in line of work or area  
 2  Couldn't find any work  
 3  Lacks necessary schooling, training, skills, or experience  
 4  Employers think too young or too old  
 5  Other personal handicap in finding job  
 6  Can't arrange child care  
 7  Family responsibilities  
 8  In school or other training  
 9  Ill health, physical disability  
 10  Other — Specify \_\_\_\_\_  
 x1  DK

SKIP to 9a, page 4

Mark (X) only one.

**4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?**  
 Note that the person did **not** have to work each week.

1056

- 1  Yes  
 2  No — SKIP to 6a

**5a. Was . . . absent without pay from . . . 's job or business for any FULL weeks during the 4-month period?**

1058

- 1  Yes  
 2  No — SKIP to 8a, page 4

**b. Please look at the calendar. In which weeks was . . . absent without pay?**

1060

x5  ALL

Mark (X) all that apply.

1062

1

1074

7

1086

13

1064

2

1076

8

1088

14

1066

3

1078

9

1090

15

1068

4

1080

10

1092

16

1070

5

1082

11

1094

17

1072

6

1084

12

1096

18

**c. What was the main reason . . . was absent from . . . 's job or business during those weeks?**

1098

- 1  On layoff  
 2  Own illness  
 3  On vacation  
 4  Bad weather  
 5  Labor dispute  
 6  New job to begin within 30 days  
 7  Other — Specify \_\_\_\_\_

SKIP to 8a, page 4

Mark (X) only one.

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**6a. Please look at the calendar. In which weeks did ... have a job or business?**  
 Mark (X) calendar below, "With a job or business." AND then mark appropriate box(es).

1100	<input type="checkbox"/>	1	1112	<input type="checkbox"/>	7	1124	<input type="checkbox"/>	13
1102	<input type="checkbox"/>	2	1114	<input type="checkbox"/>	8	1126	<input type="checkbox"/>	14
1104	<input type="checkbox"/>	3	1116	<input type="checkbox"/>	9	1128	<input type="checkbox"/>	15
1106	<input type="checkbox"/>	4	1118	<input type="checkbox"/>	10	1130	<input type="checkbox"/>	16
1108	<input type="checkbox"/>	5	1120	<input type="checkbox"/>	11	1132	<input type="checkbox"/>	17
1110	<input type="checkbox"/>	6	1122	<input type="checkbox"/>	12	1134	<input type="checkbox"/>	18

**b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?**

1136 1  Yes  
 2  No — SKIP to 7a

**c. In which weeks was ... absent without pay?**

1138	<input type="checkbox"/>	1	1150	<input type="checkbox"/>	7	1162	<input type="checkbox"/>	13
1140	<input type="checkbox"/>	2	1152	<input type="checkbox"/>	8	1164	<input type="checkbox"/>	14
1142	<input type="checkbox"/>	3	1154	<input type="checkbox"/>	9	1166	<input type="checkbox"/>	15
1144	<input type="checkbox"/>	4	1156	<input type="checkbox"/>	10	1168	<input type="checkbox"/>	16
1146	<input type="checkbox"/>	5	1158	<input type="checkbox"/>	11	1170	<input type="checkbox"/>	17
1148	<input type="checkbox"/>	6	1160	<input type="checkbox"/>	12	1172	<input type="checkbox"/>	18

**d. What was the main reason ... was absent from ...'s job or business during those weeks?**  
 Mark (X) only one.

1174 1  On layoff  
 2  Own illness  
 3  On vacation  
 4  Bad weather  
 5  Labor dispute  
 6  New job to begin within 30 days  
 7  Other — Specify

**7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?**

1176 1  Yes  
 2  No — SKIP to 7e

**b. In which of these weeks was ... looking for work or on layoff from a job?**  
 Mark (X) calendar below, "Looking for work or on layoff" AND then mark appropriate box(es).

1178 x5  All weeks without a job

1180	<input type="checkbox"/>	1	1192	<input type="checkbox"/>	7	1204	<input type="checkbox"/>	13
1182	<input type="checkbox"/>	2	1194	<input type="checkbox"/>	8	1206	<input type="checkbox"/>	14
1184	<input type="checkbox"/>	3	1196	<input type="checkbox"/>	9	1208	<input type="checkbox"/>	15
1186	<input type="checkbox"/>	4	1198	<input type="checkbox"/>	10	1210	<input type="checkbox"/>	16
1188	<input type="checkbox"/>	5	1200	<input type="checkbox"/>	11	1212	<input type="checkbox"/>	17
1190	<input type="checkbox"/>	6	1202	<input type="checkbox"/>	12	1214	<input type="checkbox"/>	18

**c. Could ... have taken a job during those weeks if one had been offered?**

1216 1  Yes — SKIP to Check Item R2  
 2  No

**d. What was the main reason ... could not take a job during those weeks?**

1218 1  Already had a job  
 2  Temporary illness  
 3  School  
 4  Other — Specify

**CHECK ITEM R2** Refer to the Labor Force Calendar, below. Is each week of the 4-month period marked as "With a job or business" or "Looking for work or on layoff"?

1220 1  Yes — SKIP to 8a  
 2  No — SKIP to 7f

**7e. Did ... want a job in those weeks when ... did not have one?**

1222 1  Yes — SKIP to 7g  
 2  No — SKIP to 8a

**f. I have marked that there were weeks in this period when ... did not have a job and was not looking for a job. Did ... want a job in those weeks?**  
 If necessary, refer to Labor Force calendar.

1224 1  Yes  
 2  No — SKIP to 8a

**g. Could ... have taken a job during those weeks if one had been offered?**

1226 1  Yes  
 2  No — SKIP to 8a

**LABOR FORCE CALENDAR — Use when item 4 is marked "No"**

WEEK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
With a job or business. Mark for item 6a.																		
Looking for work or on layoff (and without a job or business.) Mark for item 7b.																		

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>7h. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>1228</b> <input type="checkbox"/> Believes no work available in line of work or area  <input type="checkbox"/> Couldn't find any work  <input type="checkbox"/> Lacks necessary schooling, training, skills, or experience  <input type="checkbox"/> Employers think too young or too old  <input type="checkbox"/> Other personal handicap in finding job  <input type="checkbox"/> Can't arrange child care  <input type="checkbox"/> Family responsibilities  <input type="checkbox"/> In school or other training  <input type="checkbox"/> Ill health, physical disability  <input type="checkbox"/> Inadequate transportation  <input type="checkbox"/> Other – <i>Specify</i> _____  <input type="checkbox"/> DK</p>
<p><b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b></p>	<p><b>1230</b> <input type="text"/> <input type="text"/> Hours per week  x3 <input type="checkbox"/> None } <i>SKIP to 9a</i>  x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p><b>1231</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – <i>SKIP to 8c</i></p>
<p><b>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.</b></p>	<p><b>1232</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>c. How many weeks did . . . work fewer than 35 hours in the months of _____, _____, and _____?</b></p>	<p><b>1233</b> x5 <input type="checkbox"/> All  <b>1234</b> <input type="checkbox"/> Weeks Last month  <b>1235</b> <input type="checkbox"/> Weeks 2 months ago  <b>1236</b> <input type="checkbox"/> Weeks 3 months ago  <b>1237</b> <input type="checkbox"/> Weeks 4 months ago</p>
<p><b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>1238</b> 1 <input type="checkbox"/> Could not find a full-time job  2 <input type="checkbox"/> Wanted to work part time  3 <input type="checkbox"/> Health condition or disability  4 <input type="checkbox"/> Normal working hours are fewer than 35 hours  5 <input type="checkbox"/> Slack work or material shortage  6 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p><b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b></p>	<p><b>1240</b> 1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i>  2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i></p>
<p><b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b></p>	<p><b>1242</b> 1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i>  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R4</b> Is "Worked" marked on the ISS?</p>	<p><b>1244</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p><b>10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?</b></p>	<p><b>1246</b> 1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i>  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R5</b> Refer to control card item 32a. Is . . . a veteran of the U.S. Armed Forces? <i>Mark "No" if currently in Armed Forces. ("Yes" marked in cc item 32c)</i></p>	<p><b>1330</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i></p>
<p><b>11a. How long did . . . serve on active duty in the Armed Forces?</b></p>	<p><b>1332</b> 1 <input type="checkbox"/> Less than 6 months  2 <input type="checkbox"/> 6 to 23 months  3 <input type="checkbox"/> 2 to 19 years  4 <input type="checkbox"/> 20 or more years  x1 <input type="checkbox"/> DK</p>
<p><b>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</b></p>	<p><b>1334</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } <i>SKIP to 11d</i>  x1 <input type="checkbox"/> DK</p>
<p><b>c. What is . . .'s VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</b></p>	<p><b>1336</b> <input type="text"/> <input type="text"/> <input type="text"/> Percent } <i>Mark "200" on ISS if rating is 100%; otherwise, mark "201"</i>  x3 <input type="checkbox"/> 0 %  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.  101 <input type="checkbox"/> No rating</p>
<p><b>d. During this 4-month period did . . . receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b></p>	<p><b>1338</b> 1 <input type="checkbox"/> Yes – <i>Mark "8" on ISS</i>  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R6</b> Is . . . 18 years of age or over?</p>	<p><b>1340</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No – <i>SKIP to 15a</i></p>

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<b>12a. During this 4-month period, did . . . receive any Social Security payments?</b>	<b>1342</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R8
<b>CHECK ITEM R7</b> Is . . . 65 years of age or over?	<b>1344</b> 1 <input type="checkbox"/> Yes — SKIP to 13a 2 <input type="checkbox"/> No
<b>12b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.</b>	<b>1346</b> 1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widow(ed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK
<b>C. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</b>	<b>1348</b> 1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widow(ed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 13a
<b>CHECK ITEM R8</b> Refer to Control Card item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	<b>1350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
<b>12d. During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?</b>	<b>1352</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
<b>13a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b>	<b>1354</b> 1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R9
<b>b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b>	<b>1356</b> 1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R9</b> Is . . . 40 years of age or over?	<b>1358</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
<b>14a. Has . . . ever retired from a job or business? (Include retirement from the military.)</b>	<b>1360</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10
<b>b. During the 4-month period did . . . receive any retirement income other than Social Security?</b>	<b>1362</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d
<b>C. What kind of retirement income? Anything else? Mark (X) all that apply.</b>	<b>1364</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS <b>1366</b> 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS <b>1368</b> 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS <b>1370</b> 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS <b>1372</b> 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS <b>1374</b> 6 <input type="checkbox"/> State government pension — Mark "34" on ISS <b>1376</b> 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS <b>1378</b> 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.
<b>d. During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b>	<b>1382</b> 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b> Is . . . 70 years of age or over?	<b>1384</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
<b>15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>	<b>1386</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
<b>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</b>	<b>1388</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

**15c. What kind of income? Anything else?**

Mark (X) all that apply.

- 1390**  1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392**  2 Black Lung benefits — Mark "9" on ISS
- 1394**  3 Worker's Compensation — Mark "10" on ISS
- 1396**  4 Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398**  5 Pension from company or union — Mark "30" on ISS
- 1400**  6 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402**  7 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406**  8 State government pension — Mark "34" on ISS
- 1408**  9 Local government pension — Mark "35" on ISS
- 1410**  10 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.

**CHECK ITEM R11**

Refer to Control Card item 26a.  
What is . . . 's marital status?

- 1414**  1 Married — SKIP to 17
- 2 Widowed — SKIP to 19a
- 3 Divorced
- 4 Separated
- 5 Never married — SKIP to Check Item R12

**16. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?**

- 1416**  1 Yes — Mark "29" on ISS and SKIP to Check Item R12
- 2 No
- x1  DK } SKIP to Check Item R12
- x2  Ref. }

**17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?**

- 1418**  1 Widowed — SKIP to 19a
- 2 Divorced
- 3 Both widowed and divorced
- 4 No — SKIP to Check Item R15

**CHECK ITEM R12**

Refer to Control Card item 27.  
Is . . . the designated parent or guardian of children under 18 who live in this household?

- 1420**  1 Yes
- 2 No — SKIP to Check Item R13

**18. Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)**

- 1422**  1 Yes — Mark "28" on ISS
- 2 No
- x1  DK
- x2  Ref.

**CHECK ITEM R13**

Is "Both widowed and divorced" box marked in 17?

- 1424**  1 Yes
- 2 No — SKIP to Check Item R15

**19a. During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?**

- 1426**  1 Yes
- 2 No
- x1  DK } SKIP to Check Item R15

**b. What kind of income was this? Was there anything else?**

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428**  1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430**  2 Veterans Compensation or pension — Mark "8" on ISS
- 1432**  3 Black Lung benefits — Mark "9" on ISS
- 1434**  4 Pension from company or union — Mark "30" on ISS
- 1436**  5 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438**  6 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1440**  7 National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442**  8 State government pension — Mark "34" on ISS
- 1444**  9 Local government pension — Mark "35" on ISS
- 1446**  10 Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448**  11 Payments from estate or trust — Mark "37" on ISS
- 1450**  12 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.

**1452**

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R14</b>	Is "Veterans Compensation or pension" marked in 19b?	<b>1454</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R15
<b>19c.</b>	Did ...'s late spouse die while in the service or from a service-related injury?	<b>1456</b>	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
<b>CHECK ITEM R15</b>	Is ... 65 years of age or over?	<b>1458</b>	1 <input type="checkbox"/> Yes — SKIP to 20a 2 <input type="checkbox"/> No
<b>CHECK ITEM R16</b>	Refer to item 15a. Does ... have a work disability?	<b>1460</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R17
<b>20a.</b>	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).  Was ... covered by Medicare?	<b>1462</b>	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17
<b>b.</b>	May I see ...'s Medicare card to record the claim number and type of coverage?  ★	<b>1464</b>	<input type="text"/> - <input type="text"/> - <b>1466</b> <input type="text"/> - <input type="text"/>
		<b>1468</b>	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Type A and B) 4 <input type="checkbox"/> Card not available — ASK 20c } SKIP to Check Item R17
<b>c.</b>	(This information is especially important for the purposes of this survey.) If I were to call later would you be able to provide me with ...'s Medicare number?	<b>1470</b>	1 <input type="checkbox"/> Yes — Mark Reminder Card, item 2 2 <input type="checkbox"/> No
<b>d.</b>	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does ...'s Medicare help pay for doctor bills?	<b>1472</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM R17</b>	Refer to Control Card item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	<b>1474</b>	1 <input type="checkbox"/> Yes — SKIP to 21 2 <input type="checkbox"/> No
<b>CHECK ITEM R18</b>	Is ... 18 years of age or over?	<b>1476</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a
<b>21.</b>	Was ... authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	<b>1480</b>	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R19</b>	Interview status of ...'s spouse.	<b>1482</b>	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 23a
<b>22a.</b>	During the 4-month period, did ... receive any welfare such as AFDC, WIC, or General Assistance (for ... or ...'s children)? (Exclude energy assistance.)	<b>1484</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 23a
<b>b.</b>	What kind of welfare did ... receive? Anything else? Mark (X) all that apply.	<b>1486</b>	1 <input type="checkbox"/> AFDC — Mark "20" on ISS
		<b>1488</b>	2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS
		<b>1490</b>	3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS
		<b>1492</b>	4 <input type="checkbox"/> Foster Child Care — Mark "23" on ISS
		<b>1494</b>	5 <input type="checkbox"/> WIC — Mark "25" on ISS
		<b>1496</b>	6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. Enter "24" if not listed or DK.
		<b>1498</b>	<input type="text"/>
<b>23a.</b>	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was ... covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	<b>1502</b>	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R20</b>	Refer to Control Card item 27. Is ... the designated parent or guardian of children under 18 who live in this household?	<b>1506</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21
<b>23b.</b>	Were any of ...'s children (under 18) covered by (Use local name for Medicaid)?	<b>1508</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R21

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

**23c. Which children were covered?**

**1510** x5  All

OR

Person No.	Name
<b>1512</b> [ ][ ][ ]	_____
<b>1514</b> [ ][ ][ ]	_____
<b>1516</b> [ ][ ][ ]	_____
<b>1518</b> [ ][ ][ ]	_____
<b>1520</b> [ ][ ][ ]	_____

**CHECK ITEM R21**

Was . . . or . . . 's children under 18 covered by Medicaid?

**1524** 1  Yes  
2  No — SKIP to 24a

**23d. Was ( . . . / ( and ) . . . 's children ) covered during the entire 4-month period?**

**1526** 1  Yes — SKIP to 24a  
2  No

**e. In which months was ( . . . / ( and ) . . . 's children ) covered?**

Mark (X) all that apply.

**1528** 1  Last month  
**1530** 2  2 months ago  
**1532** 3  3 months ago  
**1534** 4  4 months ago

**24a. During the 4-month period, did . . . have group or individual health insurance in . . . 's own name?**

(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)

**1536** 1  Yes — SKIP to 24c  
2  No

ASK OR VERIFY —

**b. Was . . . covered by a health insurance plan in somebody else's name?**

**1537** 1  Yes } SKIP to Check Item R22  
2  No }

**c. Did . . . have this health insurance plan during the entire 4-month period?**

**1538** 1  Yes — SKIP to 24e  
2  No

**d. In which months did . . . have the plan?**

Mark (X) all that apply.

**1540** 1  Last month  
**1542** 2  2 months ago  
**1544** 3  3 months ago  
**1546** 4  4 months ago

**e. Did . . . have a health plan provided through an employer or union (or through a former employer or a pension plan)?**

**1548** 1  Yes  
2  No — SKIP to 24g

**f. Did the employer or union (former employer or pension plan) pay for part OR all of the cost of this plan?**

**1550** 1  All  
2  Part  
3  None

**g. Was this an individual plan or a family plan?**

**1552** 1  Individual — SKIP to Check Item R22  
2  Family

**h. Did . . . 's health plan cover all the persons living here?**

**1554** 1  Yes — SKIP to 25  
2  No

**i. Other than . . . , which persons in this household were covered by . . . 's plan?**

Person No.	Name
<b>1556</b> [ ][ ][ ]	_____
<b>1558</b> [ ][ ][ ]	_____
<b>1560</b> [ ][ ][ ]	_____
<b>1562</b> [ ][ ][ ]	_____
<b>1564</b> [ ][ ][ ]	_____

**1566** x3  None

**CHECK ITEM R22**

Refer to Control Card item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?

**1568** 1  Yes  
2  No — SKIP to 25

**CHECK ITEM R23**

Have each of these children already been identified as members of a family health insurance plan?

**1570** 1  Yes  
2  No } SKIP to 24k  
x1  DK }

**24j. I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?**

**1572** 1  Yes — SKIP to 25  
2  No



**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>24k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan?</b></p> <p><b>(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</b></p>	<p><b>1574</b> x5 <input type="checkbox"/> All children OR Person No. _____ Name _____</p> <p><b>1576</b> _____</p> <p><b>1578</b> _____</p> <p><b>1580</b> _____</p> <p><b>1582</b> _____</p> <p><b>1584</b> _____</p> <p><b>1586</b> x3 <input type="checkbox"/> None</p>
<p><b>25. Excluding IRA and Keogh accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?</b></p>	<p><b>1624</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a</p>
<p><b>26. Did . . . have any —</b></p> <p><b>a. Regular or passbook savings accounts?</b></p>	<p><b>1626</b> 1 <input type="checkbox"/> Yes — Mark "100" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>b. Money market deposit accounts?</b></p>	<p><b>1628</b> 1 <input type="checkbox"/> Yes — Mark "101" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>c. Certificates of deposit or other savings certificates?</b></p>	<p><b>1630</b> 1 <input type="checkbox"/> Yes — Mark "102" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>d. NOW, Super NOW, or other interest-earning checking accounts?</b></p>	<p><b>1632</b> 1 <input type="checkbox"/> Yes — Mark "103" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.)</b></p> <p><i>(SHOW FLASHCARD N)</i></p>	<p><b>1634</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 28</p>
<p><b>b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts.)</b></p> <p>Mark (X) all that apply.</p>	<p><b>1636</b> 1 <input type="checkbox"/> Money market funds — Mark "104" on ISS <b>1638</b> 2 <input type="checkbox"/> U.S. Government securities — Mark "105" on ISS <b>1640</b> 3 <input type="checkbox"/> Municipal or corporate bonds — Mark "106" on ISS <b>1642</b> 4 <input type="checkbox"/> Mortgages — Mark "130" on ISS <b>1644</b> 5 <input type="checkbox"/> U.S. Savings Bonds (E, EE) — Mark "174" on ISS <b>1646</b> 6 <input type="checkbox"/> Other — Specify and mark "107" on ISS</p>
<p><b>28. During the 4-month period did . . . have any — (Exclude IRA and Keogh accounts.)</b></p> <p><b>a. Stocks or mutual fund shares?</b></p>	<p><b>1648</b> 1 <input type="checkbox"/> Yes — Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>b. Rental property?</b></p>	<p><b>1650</b> 1 <input type="checkbox"/> Yes — Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>c. Royalties?</b></p>	<p><b>1652</b> 1 <input type="checkbox"/> Yes — Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p><b>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</b></p>	<p><b>1654</b> 1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS</p> <p>_____</p> <p>2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

EARNINGS AND EMPLOYMENT

**29a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)**

- 1656** 1  Yes, full-time  
 2  Yes, part-time  
 3  No — SKIP to Check Item R24

**b. During which months was . . . enrolled?**

Mark (X) all that apply.

- 1658** 1  All months  
**1660** 2  Last month  
**1662** 3  2 months ago  
**1664** 4  3 months ago  
**1666** 5  4 months ago

**c. At what level or grade was . . . enrolled?**

(If enrolled at more than one level during this period, check most recent level.)

- 1668** 1  Elementary grades 1–8 } SKIP to Check  
 2  High school grades 9–12 } Item R24  
 3  College year 1  
 4  College year 2  
 5  College year 3  
 6  College year 4  
 7  College year 5  
 8  College year 6  
 9  Vocational school  
 10  Technical school  
 11  Business school

**30a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?**

- 1670** 1  Yes  
 2  No — SKIP to Check Item R24

**b. What kind of educational assistance did . . . receive? Anything else?**

Mark (X) all that apply.

- 1672** 1  GI Bill — Mark "40" on ISS  
**1674** 2  Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS  
**1676** 3  College Work Study — Mark "175" on ISS  
**1678** 4  PELL Grant — Mark "176" on ISS  
**1680** 5  Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS  
**1682** 6  National Direct Student Loan (NSL) — Mark "178" on ISS  
**1684** 7  Guaranteed Student Loan — Mark "179" on ISS  
**1686** 8  JTPA Training — Mark "180" on ISS  
**1688** 9  Employer Assistance — Mark "181" on ISS  
**1690** 10  Fellowship/Scholarship — Mark "182" on ISS  
**1692** 11  Other financial aid — Mark "183" on ISS

**CHECK ITEM R24**

Refer to Control Card item 26a  
 What is . . . 's marital status?

- 1694** 1  Married, spouse absent  
 2  Other — SKIP to Check Item R25

ASK OR VERIFY —

**31. Is . . . 's spouse in the Armed Forces?**

- 1696** 1  Yes  
 2  No

**CHECK ITEM R25**

Are any income types, assets, "worked" or "other educational assistance" (ISS codes 175-183) marked on the ISS?

- 1698** 1  Yes  
 2  No — SKIP to 33a

**32a. You said that during the 4-month period . . . received income from — (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?**

- 1700** 1  Yes  
 2  No — Probe and resolve (Make corrections to ISS if necessary)

**b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?**

- 1702** 1  Yes — SKIP to 33b  
 2  No — SKIP to Check Item E1

**33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?**

- 1704** 1  Yes  
 2  No — SKIP to Check Item P1, page 43

**b. What kind of income did . . . receive? Anything else?**

Enter codes from income source list and mark ISS.

**1706**

**1708**

**1710**

## Section 2 – EARNINGS AND EMPLOYMENT

<b>CHECK ITEM E1</b>	<b>1712</b>
Is "Worked" marked on ISS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to First ISS Code marked or Check Item P1, page 43</i>
<b>1 a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)</b>	<b>1714</b>
<b>b. How many different employers did . . . work for during this 4-month period?</b>	<b>1716</b>
<b>CHECK ITEM E2</b>	<b>1718</b>
Is "Both worked for employer and self-employed" marked in 1a?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i>

**STATEMENT A** . . . worked for an employer and was also self-employed. The first questions will be about . . . 's work for an employer.

NOTES

EARNINGS AND EMPLOYMENT

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1**

<p><b>2a. What is the name of the employer for whom . . . worked during this 4-month period?</b></p> <p><i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the most hours during the 4-month period or the most recent employer.)</i></p>	PGM 8 2000	Employer name  
<p><b>CHECK ITEM E3</b> Enter number "1" for this employer in box →</p>	PGM 8 2002	Employer I.D. No. <input type="checkbox"/>
<p><b>2b. What kind of business or industry was (Name of company or business)?</b></p> <p><b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p>	PGM 8 2004	_____ _____ _____
<p><b>c. ASK OR VERIFY –</b> Is it mainly –</p>	PGM 8 2006	1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
<p><b>d. What kind of work was . . . doing on this job?</b></p> <p><b>For example: Electrical engineer, stock clerk, typist, farmer</b></p>	PGM 8 2008	_____ _____
<p><b>e. What were . . . 's main activities or duties?</b></p> <p><b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p>	PGM 8 2010	_____ _____
<p><b>f. ASK OR VERIFY –</b> Was . . . an employee of –</p>	PGM 8 2012	1 <input type="checkbox"/> <b>A private company or individual?</b> 2 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 3 <input type="checkbox"/> <b>State government?</b> 4 <input type="checkbox"/> <b>Local government?</b> 5 <input type="checkbox"/> <b>Armed Forces?</b> 6 <input type="checkbox"/> <b>Unpaid in family business or farm? –</b> <i>SKIP to Check Item E5</i>
<p><b>3a. ASK OR VERIFY –</b> Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7 2014	1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2 <input type="checkbox"/> No
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	2016 2020	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day    2018 TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day    2022
<p><b>4. ASK OR VERIFY –</b> How many hours per week did . . . usually work at this job?</p>	2024	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<p><b>5. Was . . . paid by the hour on this job?</b></p>	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 7</i>
<p><b>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b></p>	2028	\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E5</i>
<p><b>7. During the 4-month period how often was . . . paid on this job?</b></p>	2030	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way – <i>Specify</i>

**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 — EMPLOYER IDENTIFICATION NUMBER 1(Continued)**

**8a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



		INTERVIEWER USE ONLY	
LAST MONTH			
2032	\$ <input type="text"/> . <input type="text"/> 00	\$ _____	.00
	x3 <input type="checkbox"/> None	\$ _____	.00
	x1 <input type="checkbox"/> DK	\$ _____	.00
	x2 <input type="checkbox"/> Ref.	\$ _____	.00
	<b>Total</b> \$ _____	\$ _____	.00
-----			
2 MONTHS AGO			
2034	\$ <input type="text"/> . <input type="text"/> 00	\$ _____	.00
	x3 <input type="checkbox"/> None	\$ _____	.00
	x1 <input type="checkbox"/> DK	\$ _____	.00
	x2 <input type="checkbox"/> Ref.	\$ _____	.00
	<b>Total</b> \$ _____	\$ _____	.00
-----			
3 MONTHS AGO			
2036	\$ <input type="text"/> . <input type="text"/> 00	\$ _____	.00
	x3 <input type="checkbox"/> None	\$ _____	.00
	x1 <input type="checkbox"/> DK	\$ _____	.00
	x2 <input type="checkbox"/> Ref.	\$ _____	.00
	<b>Total</b> \$ _____	\$ _____	.00
-----			
4 MONTHS AGO			
2038	\$ <input type="text"/> . <input type="text"/> 00	\$ _____	.00
	x3 <input type="checkbox"/> None	\$ _____	.00
	x1 <input type="checkbox"/> DK	\$ _____	.00
	x2 <input type="checkbox"/> Ref.	\$ _____	.00
	<b>Total</b> \$ _____	\$ _____	.00

<b>CHECK ITEM E4</b>	Is "DK" marked in all parts of 8a?	2040	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No — SKIP to 9a

<b>8b.</b> (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 pay . . . received in each of these months?	2042	1 <input type="checkbox"/> Yes — Mark Reminder Card, item 3a
		2 <input type="checkbox"/> No

<b>9a.</b> On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?	2044	1 <input type="checkbox"/> Yes — SKIP to Check Item E5
		2 <input type="checkbox"/> No

<b>b.</b> Is (was) . . . covered by a union or employee association contract?	2046	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No

<b>CHECK ITEM E5</b>	Number of employers in item 1b?	2048	1 <input type="checkbox"/> 1 employer — SKIP to Check Item E8, page 15
			2 <input type="checkbox"/> 2 or more employers

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2**

<p><b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)</i></p>	PGM 8 2100	<p>Employer Name</p> <hr/>
<p><b>CHECK ITEM E6</b> Enter number "2" for this employer in box <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span> →</p>	PGM 8 2102	<p>Employer I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div>
<p><b>10b. What kind of business or industry was (Name of company or business)?</b>  <b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p>	PGM 8 2104	<hr/> <hr/>
<p><b>c. ASK OR VERIFY –</b> <b>Is it mainly –</b></p>	PGM 8 2106	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>d. What kind of work was . . . doing on this job?</b> <b>For example: Electrical engineer, stock clerk, typist, farmer</b></p>	PGM 8 2108	<hr/>
<p><b>e. What were . . . 's main activities or duties?</b> <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p>	PGM 8 2110	<hr/> <hr/>
<p><b>f. ASK OR VERIFY –</b> <b>Was . . . an employee of –</b></p>	PGM 8 2112	<p>1 <input type="checkbox"/> <b>A private company or individual?</b> 2 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 3 <input type="checkbox"/> <b>State government?</b> 4 <input type="checkbox"/> <b>Local government?</b> 5 <input type="checkbox"/> <b>Armed Forces?</b> 6 <input type="checkbox"/> <b>Unpaid in family business or farm? –</b> <i>SKIP to Check Item E8</i></p>
<p><b>11a. ASK OR VERIFY –</b> <b>Was . . . employed by (Name of employer) during the entire 4-month period?</b></p>	PGM 7 2114	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 12</i> 2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	2116 2120	<p>FROM  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">MM</span> </div> <span style="font-size: 8px;">Month</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">DD</span> </div> <span style="font-size: 8px;">Day</span> </div> </p> <p>TO  <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">MM</span> </div> <span style="font-size: 8px;">Month</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">DD</span> </div> <span style="font-size: 8px;">Day</span> </div> </p>
<p><b>12. ASK OR VERIFY –</b> <b>How many hours per week did . . . usually work at this job?</b></p>	2124	<p><div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">HH</span> </div> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p><b>13. Was . . . paid by the hour on this job?</b></p>	2126	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15</i></p>
<p><b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b></p>	2128	<p>\$ <div style="border: 1px solid black; width: 60px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">XX.XX</span> </div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 8px;">XX</span> </div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E8</i></p>
<p><b>15. During the 4-month period how often was . . . paid on this job?</b></p>	2130	<p>1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way – <i>Specify</i></p> <hr style="width: 100%;"/>

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2(Continued)**

**16a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



		INTERVIEWER USE ONLY	
<b>LAST MONTH</b>			
<b>2132</b>	\$ <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
	<b>Total</b>	\$	.00
<b>2 MONTHS AGO</b>			
<b>2134</b>	\$ <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
	<b>Total</b>	\$	.00
<b>3 MONTHS AGO</b>			
<b>2136</b>	\$ <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
	<b>Total</b>	\$	.00
<b>4 MONTHS AGO</b>			
<b>2138</b>	\$ <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
	<b>Total</b>	\$	.00

<b>CHECK ITEM E7</b>	Is "DK" marked in all parts of 16a?	<b>2140</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a
----------------------	-------------------------------------	-------------	---

<b>16b.</b> (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 pay . . . received in each of these months?	<b>2142</b>	1 <input type="checkbox"/> Yes — Mark Reminder Card, item 3b 2 <input type="checkbox"/> No
---	-------------	---

<b>17a.</b> On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?	<b>2144</b>	1 <input type="checkbox"/> Yes — SKIP to Check Item E8 2 <input type="checkbox"/> No
---	-------------	---

<b>b.</b> Is (was) . . . covered by a union or employee association contract?	<b>2146</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	-------------	---

<b>CHECK ITEM E8</b>	Is "Both worked for employer and self-employed" marked in 1a, page 11?	<b>2148</b>	1 <input type="checkbox"/> Yes — Read Statement B 2 <input type="checkbox"/> No — SKIP to first ISS Code or Check Item P1, page 43
----------------------	--	-------------	---

**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1**

**STATEMENT B** You said . . . was (also) self-employed during this 4-month period.

<b>1 a. What was the name of . . . 's business/professional practice/farm?</b>	PGM 8 2200	Business name _____ _____
--	---------------	---------------------------------

<b>CHECK ITEM S1</b> Enter number "1" for this business in box <span style="font-size: 2em;">→</span>	PGM 8 2202	Business I.D. No. <input type="checkbox"/>
---	---------------	---

<b>1 b. What kind of business was this?</b>  _____  ASK OR VERIFY — <b>c. Is it mainly —</b>	PGM 8 2204  PGM 8 2206	_____  1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
---	------------------------------------	--

<b>d. What kind of work was . . . doing?</b>	PGM 8 2208	_____ _____
--	---------------	----------------

<b>e. What were . . . 's most important activities or duties?</b>	PGM 8 2210	_____ _____ _____
---	---------------	-------------------------

ASK OR VERIFY — <b>f. How many hours per week did . . . usually work at this business?</b>	PGM 7 2212	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
---	---------------	---

<b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i>	2214	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10 x1 <input type="checkbox"/> DK
---	------	--

<b>CHECK ITEM S2</b> Have questions 3—5b already been answered for this business by another household member?	2216	1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No
---	------	--

<b>3. What was the total number of employees working for this business? Be sure to include . . . .</b> <i>Enter 999 if more than 1,000 employees.</i>	2218	<input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK
--	------	--

<b>4 a. Was . . . 's business incorporated?</b>	2220	1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No
---	------	--

<b>b. Was . . . 's business a sole proprietorship or a partnership?</b>	2222	1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership
---	------	---

<b>5 a. Aside from . . . were any other members of this household owners or partners in this business?</b>	2224	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a
--	------	--

<b>b. Which members?</b>	2226  2228  2230	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; text-align: center;">Person No.</td> <td style="width:70%; text-align: center;">Name</td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </table>	Person No.	Name	<input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/>	_____
Person No.	Name									
<input type="text"/> <input type="text"/> <input type="text"/>	_____									
<input type="text"/> <input type="text"/> <input type="text"/>	_____									
<input type="text"/> <input type="text"/> <input type="text"/>	_____									

<b>6 a. Was . . . paid a regular salary from this business during the 4-month period?</b>	2232	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	------	---

<b>b. Did . . . receive any (other) income from the business during this 4-month period?</b>	2234	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
--	------	---

<b>CHECK ITEM S3</b> Is "Yes" marked in either item 6a or 6b?	2236	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5
---	------	---



**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

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

		<b>INTERVIEWER USE ONLY</b>
<p><b>7. READ STATEMENT ONLY ONCE PER RESPONDENT.</b></p> <p>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.</p> <p>What was the total amount of income that . . . received from this business in (Read each month)?</p> <p align="center">★</p>		
<p><b>2238</b> LAST MONTH</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 <b>TOTAL</b> \$ _____ .00</p>	
<p><b>2240</b> 2 MONTHS AGO</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 <b>TOTAL</b> \$ _____ .00</p>	
<p><b>2242</b> 3 MONTHS AGO</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 <b>TOTAL</b> \$ _____ .00</p>	
<p><b>2244</b> 4 MONTHS AGO</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 <b>TOTAL</b> \$ _____ .00</p>	
<p><b>CHECK ITEM S4</b> Is "DK" marked in all parts of 7?</p>	<p><b>2246</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5</p>	
<p><b>8.</b> (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?</p>	<p><b>2248</b> 1 <input type="checkbox"/> Yes — Mark Reminder Card, item 4a 2 <input type="checkbox"/> No</p>	
<p><b>CHECK ITEM S5</b> Refer to item 4a, page 16. Is this business incorporated?</p>	<p><b>2250</b> 1 <input type="checkbox"/> Yes — SKIP to 11 2 <input type="checkbox"/> No</p>	
<p><b>CHECK ITEM S6</b> Has information about the net profit (or loss) for this business already been obtained by another household member?</p>	<p><b>2252</b> 1 <input type="checkbox"/> Yes — SKIP to 11 2 <input type="checkbox"/> No</p>	
<p><b>9a.</b> 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 shown on the calendar?</p>	<p><b>2254</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 11</p>	
<p><b>b.</b> What was the net profit (or loss) from this business during the 4-month period?</p>	<p><b>2256</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p><b>2258</b> X4 <input type="checkbox"/> Loss in amount box — If "Broke even," mark \$1 in box.</p>	<p>} SKIP to 11</p>
<p><b>10.</b> About how much did . . . earn from this business after expenses during the 4-month period?</p>	<p><b>2260</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/></p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>	
<p><b>11.</b> Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?</p>	<p><b>2262</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to first ISS Code or Check Item P1, page 43</p>	

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2**

<p><b>12a. What was the name of . . . 's other business/ professional practice/farm?</b></p>	<p>PGM 8 2300</p>	<p>Business name</p> <hr/>								
<p><b>CHECK ITEM S7</b>      Enter number "2" for this business in box →</p>	<p>PGM 8 2302</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 10px;"></div>								
<p><b>12b. What kind of business was this?</b></p>	<p>PGM 8 2304</p>	<hr/>								
<p><i>ASK OR VERIFY –</i> <b>c. Is it mainly –</b></p>	<p>PGM 8 2306</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>d. What kind of work was . . . doing?</b></p>	<p>PGM 8 2308</p>	<hr/>								
<p><b>e. What were . . . 's most important activities or duties?</b></p>	<p>PGM 8 2310</p>	<hr/>								
<p><b>f. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2312</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <span>Hours</span> </div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p><b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S8</b>      Have questions 14–16b already been answered for this business by another household member?</p>	<p>2316</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>								
<p><b>14. What was the total number of employees working for this business? Be sure to include . . .</b> <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2318</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> <span>Employees</span> </div> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>15a. Was . . . 's business incorporated?</b></p>	<p>2320</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2322</p>	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>								
<p><b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2324</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i></p>								
<p><b>b. Which members?</b></p>	<p>2326 2328 2330</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%; text-align: left;">Person No.</th> <th style="width:40%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 60px; height: 15px;"></td> <td><hr/></td> </tr> <tr> <td style="border: 1px solid black; width: 60px; height: 15px;"></td> <td><hr/></td> </tr> <tr> <td style="border: 1px solid black; width: 60px; height: 15px;"></td> <td><hr/></td> </tr> </tbody> </table>	Person No.	Name		<hr/>		<hr/>		<hr/>
Person No.	Name									
	<hr/>									
	<hr/>									
	<hr/>									
<p><b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2332</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2334</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S9</b>      Is "Yes" marked in either item 17a or 17b?</p>	<p>2336</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i></p>								

**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2 (Continued)**

**18. 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
<b>2338</b>	\$ <input type="text"/> . <input type="text"/>	\$	.00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$	.00
		\$	.00
		\$	.00
		\$	.00
		<b>TOTAL</b> \$	.00
2 MONTHS AGO		\$	.00
<b>2340</b>	\$ <input type="text"/> . <input type="text"/>	\$	.00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$	.00
		\$	.00
		\$	.00
		<b>TOTAL</b> \$	.00
3 MONTHS AGO		\$	.00
<b>2342</b>	\$ <input type="text"/> . <input type="text"/>	\$	.00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$	.00
		\$	.00
		\$	.00
		<b>TOTAL</b> \$	.00
4 MONTHS AGO		\$	.00
<b>2344</b>	\$ <input type="text"/> . <input type="text"/>	\$	.00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$	.00
		\$	.00
		\$	.00
		<b>TOTAL</b> \$	.00

**CHECK ITEM S10**

Is "DK" marked in all parts of 18?

**2346**

- 1  Yes  
2  No — SKIP to Check Item S11

**19.** (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?

**2348**

- 1  Yes — Mark Reminder Card, item 4b  
2  No

**CHECK ITEM S11**

Refer to item 15a, page 18.  
Is this business incorporated?

**2350**

- 1  Yes — SKIP to first ISS Code or Check Item P1, page 43  
2  No

**CHECK ITEM S12**

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

**2352**

- 1  Yes — SKIP to first ISS Code or Check Item P1, page 43  
2  No

**20a.** 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 shown on the calendar?

**2354**

- 1  Yes  
2  No — SKIP to first ISS Code or Check Item P1, page 43

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

**2356**

\$  .

**2358**

- X4  Loss in amount box — If "Broke even," mark \$1 in box.

SKIP to first ISS Code or Check Item P1, page 43

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

**2360**

\$  .

- X3  None  
X1  DK  
X2  Ref.

SKIP to first ISS Code or Check Item P1, page 43

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1—56)

	Income code	Name of income type
<b>1. You said . . . received</b> ( <i>Read name of income type</i> ) <b>during the 4-month period.</b>	<b>3000</b>	
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3002</b>	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 14, page 22</i> <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 12a, page 22</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes — <i>SKIP to 5a</i>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3004</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP Check Item A3</i>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3006</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP Check Item A3</i>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3008</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 10a</i>
<b>CHECK ITEM A3</b> Is . . . married?	<b>3010</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i>
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</b>	<b>3012</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i>
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . .'s spouse?	<b>3014</b>	<input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> ( <i>Read name of income type</i> ) <b>in</b> ( <i>Read each month</i> )?  NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> ( <i>Read each month marked "Yes" in 5a</i> )? <b>Please answer by giving the total amount each month before any deductions.</b>
Last month . . . . .	<b>3016</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	<b>3020</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	<b>3024</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	<b>3028</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3032</b>	<input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to 8</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>6a. Were all the people living here covered by . . .'s payments?</b>	<b>3034</b>	<input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
NOTES		

AMOUNTS — PART A

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

	Person No.	Name	
<b>6b. Which persons were covered?</b>	<b>3036</b>	<input type="text"/>	
	<b>3038</b>	<input type="text"/>	
	<b>3040</b>	<input type="text"/>	
	<b>3042</b>	<input type="text"/>	
	<b>3044</b>	<input type="text"/>	
	<b>3046</b>	<input type="text"/>	
	<b>3048</b>	<input type="text"/>	
	<b>3050</b>	<input type="text"/>	
	<b>3052</b>	<input type="text"/>	
	<b>3054</b>	<input type="text"/>	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	<b>3056</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43	
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3060</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43	
(SHOW FLASHCARD O) <b>8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?</b>	<b>3064</b>	1 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>9. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3066</b>	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A7</b> Refer to item 2, page 20. Were (Social Security/Railroad Retirement) payments received especially for the children?	<b>3068</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43	
<b>10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>	<b>10b. If "Yes" in 10a — How much was received?</b>		
	Last month . . . . .	<b>3070</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	2 months ago . . . . .	<b>3074</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3 months ago . . . . .	<b>3078</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	4 months ago . . . . .	<b>3082</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>3072</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
		<b>3076</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
		<b>3080</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
		<b>3084</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>11a. Were all children living here covered by these payments?</b>	<b>3086</b>	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No	

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

**11b. Which children were covered?**

	Person No.	Name
<b>3088</b>	<input type="text"/>	<input type="text"/>
<b>3090</b>	<input type="text"/>	<input type="text"/>
<b>3092</b>	<input type="text"/>	<input type="text"/>
<b>3094</b>	<input type="text"/>	<input type="text"/>
<b>3096</b>	<input type="text"/>	<input type="text"/>
<b>3098</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**12a. Were all the people living here covered under ...'s food stamp allotment?**

**3100** 1  Yes — SKIP to 13a  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3102</b>	<input type="text"/>	<input type="text"/>
<b>3104</b>	<input type="text"/>	<input type="text"/>
<b>3106</b>	<input type="text"/>	<input type="text"/>
<b>3108</b>	<input type="text"/>	<input type="text"/>
<b>3110</b>	<input type="text"/>	<input type="text"/>
<b>3112</b>	<input type="text"/>	<input type="text"/>
<b>3114</b>	<input type="text"/>	<input type="text"/>
<b>3116</b>	<input type="text"/>	<input type="text"/>
<b>3118</b>	<input type="text"/>	<input type="text"/>
<b>3120</b>	<input type="text"/>	<input type="text"/>

**13a. Did ... receive food stamps in (Read each month)?**

**13b. If "Yes" in 13a, ask — What was the total amount?**

Last month .....

**3122** 1  Yes  
2  No  
x1  DK

**3124** \$  .  00  
x1  DK  
x2  Ref.

2 months ago .....

**3126** 1  Yes  
2  No  
x1  DK

**3128** \$  .  00  
x1  DK  
x2  Ref.

3 months ago .....

**3130** 1  Yes  
2  No  
x1  DK

**3132** \$  .  00  
x1  DK  
x2  Ref.

4 months ago .....

**3134** 1  Yes  
2  No  
x1  DK

**3136** \$  .  00  
x1  DK  
x2  Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

**14. Did ... receive any WIC vouchers in (Read each month)?**

**3138** 1  Last month  
**3140** 2  2 months ago  
**3142** 3  3 months ago  
**3144** 4  4 months ago

**SKIP to next ISS Code or Check Item P1, page 43**

Mark (X) all that apply.

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

	Income code	Name of income type
<b>1. You said . . . received</b> ( <i>Read name of income type</i> ) <b>during the 4-month period.</b>	<b>3200</b>	
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3202</b>	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 25</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 25</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3204</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3206</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3208</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i>
<b>CHECK ITEM A3</b> Is . . . married?	<b>3210</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3212</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3214</b>	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> ( <i>Read name of income type</i> ) <b>in</b> ( <i>Read each month</i> )?  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> ( <i>Read each month marked "Yes" in 5a</i> )? <b>Please answer by giving the total amount each month before any deductions.</b>
<b>Last month</b> . . . . .	<b>3216</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>3218</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> . . . . .	<b>3220</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>3222</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> . . . . .	<b>3224</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>3226</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> . . . . .	<b>3228</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>3230</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3232</b>	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3234</b>	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
<b>NOTES</b>		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

	Person No.	Name
<b>6b. Which persons were covered?</b>	<b>3236</b>	<input type="text"/>
	<b>3238</b>	<input type="text"/>
	<b>3240</b>	<input type="text"/>
	<b>3242</b>	<input type="text"/>
	<b>3244</b>	<input type="text"/>
	<b>3246</b>	<input type="text"/>
	<b>3248</b>	<input type="text"/>
	<b>3250</b>	<input type="text"/>
	<b>3252</b>	<input type="text"/>
	<b>3254</b>	<input type="text"/>
<b>CHECK ITEM A6</b> Is this ISS code "8"?	<b>3256</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
<b>7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?</b>	<b>3260</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43
(SHOW FLASHCARD O) <b>8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?</b>	<b>3264</b>	1 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>9. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3266</b>	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A7</b> Refer to item 2, page 23. Were (Social Security/Railroad Retirement) payments received especially for the children?	<b>3268</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
<b>10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>		<b>10b. If "Yes" in 10a – How much was received?</b>
Last month . . . . .	<b>3270</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago . . . . .	<b>3274</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3 months ago . . . . .	<b>3278</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago . . . . .	<b>3282</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>11a. Were all children living here covered by these payments?</b>	<b>3286</b>	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No



**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>11b. Which children were covered?</b>	Person No.	Name
	<b>3288</b> <input type="text"/>	<input type="text"/>
	<b>3290</b> <input type="text"/>	<input type="text"/>
	<b>3292</b> <input type="text"/>	<input type="text"/>
	<b>3294</b> <input type="text"/>	<input type="text"/>
	<b>3296</b> <input type="text"/>	<input type="text"/>
	<b>3298</b> <input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

<b>12a. Were all the people living here covered under ...'s food stamp allotment?</b>	<b>3300</b>	1 <input type="checkbox"/> Yes — SKIP to 13a 2 <input type="checkbox"/> No
	<b>b. Which persons were covered?</b>	
	Person No.	Name
	<b>3302</b> <input type="text"/>	<input type="text"/>
	<b>3304</b> <input type="text"/>	<input type="text"/>
	<b>3306</b> <input type="text"/>	<input type="text"/>
	<b>3308</b> <input type="text"/>	<input type="text"/>
	<b>3310</b> <input type="text"/>	<input type="text"/>
	<b>3312</b> <input type="text"/>	<input type="text"/>
	<b>3314</b> <input type="text"/>	<input type="text"/>
	<b>3316</b> <input type="text"/>	<input type="text"/>
	<b>3318</b> <input type="text"/>	<input type="text"/>
	<b>3320</b> <input type="text"/>	<input type="text"/>

<b>13a. Did ... receive food stamps in (Read each month)?</b>		<b>13b. If "Yes" in 13a, ask — What was the total amount?</b>		
	Last month .....		<b>3322</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3324</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	2 months ago .....		<b>3326</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3328</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3 months ago .....		<b>3330</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3332</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago .....	<b>3334</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3336</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		

**SKIP to next ISS Code or Check Item P1, page 43**

<b>14. Did ... receive any WIC vouchers in (Read each month)?</b> Mark (X) all that apply.	<b>3338</b>	1 <input type="checkbox"/> Last month	} SKIP to next ISS Code or Check Item P1, page 43
	<b>3340</b>	2 <input type="checkbox"/> 2 months ago	
	<b>3342</b>	3 <input type="checkbox"/> 3 months ago	
	<b>3344</b>	4 <input type="checkbox"/> 4 months ago	

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

<b>1. You said . . . received</b> <i>(Read name of income type) during the 4-month period.</i>	Income code	Name of income type	
	3400	<input type="text"/> <input type="text"/>	
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	3402	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 28</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 28</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>	
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	3404	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	3406	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP Check Item A3</i>	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	3408	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i>	
<b>CHECK ITEM A3</b> Is . . . married?	3410	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>	
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	3412	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>	
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	3414	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <input type="checkbox"/> No	
<b>5a. Did . . . receive any</b> <i>(Read name of income type) in (Read each month)?</i>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>	
Last month . . . . .	3416	3418    \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
2 months ago . . . . .	3420	3422    \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
3 months ago . . . . .	3424	3426    \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
4 months ago . . . . .	3428	3430    \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	3432	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>	
<b>6a. Were all the people living here covered by . . . 's payments?</b>	3434	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No	
NOTES			

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

	Person No.	Name
<b>6b. Which persons were covered?</b>	3436	<input type="text"/>
	3438	<input type="text"/>
	3440	<input type="text"/>
	3442	<input type="text"/>
	3444	<input type="text"/>
	3446	<input type="text"/>
	3448	<input type="text"/>
	3450	<input type="text"/>
	3452	<input type="text"/>
	3454	<input type="text"/>
<b>CHECK ITEM A6</b> Is this ISS code "8"?	3456	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
<b>7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?</b>	3460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43
(SHOW FLASHCARD O) <b>8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?</b>	3464	1 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>9. Do . . . 's payments usually come on the first of the month or the third?</b>	3466	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A7</b> Refer to item 2, page 26. Were (Social Security/Railroad Retirement) payments received especially for the children?	3468	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
<b>10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>	3470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3474	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3478	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3482	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3486	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
<b>10b. If "Yes" in 10a — How much was received?</b>		
Last month . . . . .	3472	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	3476	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	3480	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	3484	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>11a. Were all children living here covered by these payments?</b>	3486	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>11b. Which children were covered?</b>	Person No.	Name	
	<b>3488</b>	<input type="text"/>	<input type="text"/>
	<b>3490</b>	<input type="text"/>	<input type="text"/>
	<b>3492</b>	<input type="text"/>	<input type="text"/>
	<b>3494</b>	<input type="text"/>	<input type="text"/>
	<b>3496</b>	<input type="text"/>	<input type="text"/>
	<b>3498</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

<b>12a. Were all the people living here covered under ...'s food stamp allotment?</b>	<b>3500</b>	1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> No
---	-------------	---

<b>b. Which persons were covered?</b>	Person No.	Name	
	<b>3502</b>	<input type="text"/>	<input type="text"/>
	<b>3504</b>	<input type="text"/>	<input type="text"/>
	<b>3506</b>	<input type="text"/>	<input type="text"/>
	<b>3508</b>	<input type="text"/>	<input type="text"/>
	<b>3510</b>	<input type="text"/>	<input type="text"/>
	<b>3512</b>	<input type="text"/>	<input type="text"/>
	<b>3514</b>	<input type="text"/>	<input type="text"/>
	<b>3516</b>	<input type="text"/>	<input type="text"/>
	<b>3518</b>	<input type="text"/>	<input type="text"/>
<b>3520</b>	<input type="text"/>	<input type="text"/>	

<b>13a. Did ... receive food stamps in (Read each month)?</b>	<b>3522</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>13b. If "Yes" in 13a, ask – What was the total amount?</b>
	Last month .....		<b>3524</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	<b>3526</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3528</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	2 months ago .....		
<b>3530</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3532</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
3 months ago .....			
<b>3534</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3536</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
4 months ago .....			

**SKIP to next ISS Code or Check Item P1, page 43**

<b>14. Did ... receive any WIC vouchers in (Read each month)?</b> Mark (X) all that apply.	<b>3538</b>	1 <input type="checkbox"/> Last month	} <b>SKIP to next ISS Code or Check Item P1, page 43</b>
	<b>3540</b>	2 <input type="checkbox"/> 2 months ago	
	<b>3542</b>	3 <input type="checkbox"/> 3 months ago	
	<b>3544</b>	4 <input type="checkbox"/> 4 months ago	

## Section 3 — AMOUNTS

### Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

	Income code	Name of income type
<b>1. You said . . . received</b> (Read name of income type) <b>during the 4-month period.</b>	<b>3600</b>	
<b>CHECK ITEM A1</b> Mark (X) income type code.	<b>3602</b>	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 14, page 31 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 12a, page 31 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes — SKIP to 5a
<b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>3604</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3606</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3608</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 10a
<b>CHECK ITEM A3</b> Is . . . married?	<b>3610</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3612</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3614</b>	<input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> (Read name of income type) <b>in</b> (Read each month)?  NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> (Read each month marked "Yes" in 5a)? <b>Please answer by giving the total amount each month before any deductions.</b>
<b>Last month</b> . . . . .	<b>3616</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> . . . . .	<b>3620</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> . . . . .	<b>3624</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> . . . . .	<b>3428</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> Mark (X) income type code.	<b>3632</b>	<input type="checkbox"/> ISS code 1 or 2 — SKIP to 8 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 43
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3634</b>	<input type="checkbox"/> Yes — SKIP to Check Item A6 <input type="checkbox"/> No
<b>NOTES</b>		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

6b. Which persons were covered?	Person No.	Name
	3636	<input type="text"/>
3638	<input type="text"/>	<input type="text"/>
3640	<input type="text"/>	<input type="text"/>
3642	<input type="text"/>	<input type="text"/>
3644	<input type="text"/>	<input type="text"/>
3646	<input type="text"/>	<input type="text"/>
3648	<input type="text"/>	<input type="text"/>
3650	<input type="text"/>	<input type="text"/>
3652	<input type="text"/>	<input type="text"/>
3654	<input type="text"/>	<input type="text"/>

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	3656 1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43

7. Is ... required to fill out an annual income questionnaire for the Veterans Administration?	3660 1 <input type="checkbox"/> Yes	} SKIP to next ISS Code or Check Item P1, page 43
	2 <input type="checkbox"/> No	
x1 <input type="checkbox"/> DK		

8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check ... receives?	3664 1 <input type="checkbox"/> Green
	2 <input type="checkbox"/> Gold
	3 <input type="checkbox"/> Other
	x1 <input type="checkbox"/> DK

9. Do ...'s payments usually come on the first of the month or the third?	3666 1 <input type="checkbox"/> First
	2 <input type="checkbox"/> Third
	3 <input type="checkbox"/> Other
	x1 <input type="checkbox"/> DK

<b>CHECK ITEM A7</b>	Refer to item 2, page 29. Were (Social Security/Railroad Retirement) payments received especially for the children?	3668 1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43

10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?	10b. If "Yes" in 10a – How much was received?	
	Last month .....	3670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago .....	3674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago .....	3678 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3680 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago .....	3682 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3684 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

<b>11a. Were all children living here covered by these payments?</b>	3686 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43
	2 <input type="checkbox"/> No

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>11b. Which children were covered?</b>	Person No.	Name
	<b>3688</b>	[ ][ ][ ]
	<b>3690</b>	[ ][ ][ ]
	<b>3692</b>	[ ][ ][ ]
	<b>3694</b>	[ ][ ][ ]
	<b>3696</b>	[ ][ ][ ]
	<b>3698</b>	[ ][ ][ ]

**SKIP to next ISS Code or Check Item P1, page 43**

<b>12a. Were all the people living here covered under ...'s food stamp allotment?</b>	<table style="width:100%;"> <tr> <td style="width:15%; text-align: center;"><b>3700</b></td> <td>1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> No</td> </tr> </table>	<b>3700</b>	1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> No
<b>3700</b>	1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> No		
<b>b. Which persons were covered?</b>	Person No.	Name	
	<b>3702</b>	[ ][ ][ ]	
	<b>3704</b>	[ ][ ][ ]	
	<b>3706</b>	[ ][ ][ ]	
	<b>3708</b>	[ ][ ][ ]	
	<b>3710</b>	[ ][ ][ ]	
	<b>3712</b>	[ ][ ][ ]	
	<b>3714</b>	[ ][ ][ ]	
	<b>3716</b>	[ ][ ][ ]	
	<b>3718</b>	[ ][ ][ ]	
<b>3720</b>	[ ][ ][ ]		

<b>13a. Did ... receive food stamps in (Read each month)?</b>	<b>13b. If "Yes" in 13a, ask – What was the total amount?</b>																																				
<table style="width:100%;"> <tr> <td style="width:50%;">Last month .....</td> <td style="width:15%; text-align: center;"><b>3722</b></td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td>2 months ago .....</td> <td style="text-align: center;"><b>3726</b></td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td>3 months ago .....</td> <td style="text-align: center;"><b>3730</b></td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td>4 months ago .....</td> <td style="text-align: center;"><b>3734</b></td> <td>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> </table>	Last month .....	<b>3722</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	2 months ago .....	<b>3726</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3 months ago .....	<b>3730</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4 months ago .....	<b>3734</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<table style="width:100%;"> <tr> <td style="width:15%; text-align: center;"><b>3724</b></td> <td style="width:35%;">\$ [ ] [ ] [ ] . 00</td> <td style="width:15%; text-align: center;">00</td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>3728</b></td> <td>\$ [ ] [ ] [ ] . 00</td> <td style="text-align: center;">00</td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>3732</b></td> <td>\$ [ ] [ ] [ ] . 00</td> <td style="text-align: center;">00</td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> <td></td> </tr> <tr> <td style="text-align: center;"><b>3736</b></td> <td>\$ [ ] [ ] [ ] . 00</td> <td style="text-align: center;">00</td> </tr> <tr> <td></td> <td>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> <td></td> </tr> </table>	<b>3724</b>	\$ [ ] [ ] [ ] . 00	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		<b>3728</b>	\$ [ ] [ ] [ ] . 00	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		<b>3732</b>	\$ [ ] [ ] [ ] . 00	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		<b>3736</b>	\$ [ ] [ ] [ ] . 00	00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
Last month .....	<b>3722</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																																			
2 months ago .....	<b>3726</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																																			
3 months ago .....	<b>3730</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																																			
4 months ago .....	<b>3734</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																																			
<b>3724</b>	\$ [ ] [ ] [ ] . 00	00																																			
	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																																				
<b>3728</b>	\$ [ ] [ ] [ ] . 00	00																																			
	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																																				
<b>3732</b>	\$ [ ] [ ] [ ] . 00	00																																			
	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																																				
<b>3736</b>	\$ [ ] [ ] [ ] . 00	00																																			
	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.																																				

**SKIP to next ISS Code or Check Item P1, page 43**

<b>14. Did ... receive any WIC vouchers in (Read each month)?</b> Mark (X) all that apply.	<table style="width:100%;"> <tr> <td style="text-align: center;"><b>3738</b></td> <td>1 <input type="checkbox"/> Last month</td> </tr> <tr> <td style="text-align: center;"><b>3740</b></td> <td>2 <input type="checkbox"/> 2 months ago</td> </tr> <tr> <td style="text-align: center;"><b>3742</b></td> <td>3 <input type="checkbox"/> 3 months ago</td> </tr> <tr> <td style="text-align: center;"><b>3744</b></td> <td>4 <input type="checkbox"/> 4 months ago</td> </tr> </table>	<b>3738</b>	1 <input type="checkbox"/> Last month	<b>3740</b>	2 <input type="checkbox"/> 2 months ago	<b>3742</b>	3 <input type="checkbox"/> 3 months ago	<b>3744</b>	4 <input type="checkbox"/> 4 months ago	<p><b>SKIP to next ISS Code or Check Item P1, page 43</b></p>
<b>3738</b>	1 <input type="checkbox"/> Last month									
<b>3740</b>	2 <input type="checkbox"/> 2 months ago									
<b>3742</b>	3 <input type="checkbox"/> 3 months ago									
<b>3744</b>	4 <input type="checkbox"/> 4 months ago									

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

<b>1. You said . . . received</b> <i>(Read name of income type) during the 4-month period.</i>	Income code <b>3800</b> <input type="text"/> <input type="text"/>	Name of income type _____
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3802</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 34</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 34</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3804</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP Check Item A3</i>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3808</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i>
<b>CHECK ITEM A3</b> Is . . . married?	<b>3810</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</b>	<b>3812</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . .'s spouse?	<b>3814</b>	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> <i>(Read name of income type) in (Read each month)?</i>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>
Last month . . . . .	<b>3816</b>	<b>3818</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	<b>3820</b>	<b>3822</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	<b>3824</b>	<b>3826</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	<b>3828</b>	<b>3830</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3832</b>	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>6a. Were all the people living here covered by . . .'s payments?</b>	<b>3834</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No

NOTES



**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

<b>6b. Which persons were covered?</b>	Person No.	Name
	<b>3836</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3838</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3840</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3842</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3844</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3846</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3848</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3850</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3852</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<b>3854</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<b>CHECK ITEM A6</b> Is this ISS code "8"?	<b>3856</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
--	-------------	---

<b>7. Is . . . required to fill out an annual income questionnaire for the Veterans Administration?</b>	<b>3860</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	} SKIP to next ISS Code or Check Item P1, page 43
---	-------------	--	---

<b>8. Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?</b> <i>(SHOW FLASHCARD 0)</i>	<b>3864</b>	<input type="checkbox"/> Green <input type="checkbox"/> Gold <input type="checkbox"/> Other <input type="checkbox"/> DK
--	-------------	--

<b>9. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3866</b>	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
---	-------------	---

<b>CHECK ITEM A7</b> Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for the children?	<b>3868</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
--	-------------	---

<b>10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>		<b>10b. If "Yes" in 10a – How much was received?</b>
Last month . . . . .	<b>3870</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3872</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	<b>3874</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3876</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	<b>3878</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3880</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	<b>3882</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3884</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

<b>11a. Were all children living here covered by these payments?</b> <i>VERIFY IF ONLY ONE CHILD OR ASK –</i>	<b>3886</b>	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
--	-------------	---

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

**11b. Which children were covered?**

	Person No.	Name
<b>3888</b>	<input type="text"/>	<input type="text"/>
<b>3890</b>	<input type="text"/>	<input type="text"/>
<b>3892</b>	<input type="text"/>	<input type="text"/>
<b>3894</b>	<input type="text"/>	<input type="text"/>
<b>3896</b>	<input type="text"/>	<input type="text"/>
<b>3898</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**12a. Were all the people living here covered under ...'s food stamp allotment?**

**3900** 1  Yes — SKIP to 13a  
2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3902</b>	<input type="text"/>	<input type="text"/>
<b>3904</b>	<input type="text"/>	<input type="text"/>
<b>3906</b>	<input type="text"/>	<input type="text"/>
<b>3908</b>	<input type="text"/>	<input type="text"/>
<b>3910</b>	<input type="text"/>	<input type="text"/>
<b>3912</b>	<input type="text"/>	<input type="text"/>
<b>3914</b>	<input type="text"/>	<input type="text"/>
<b>3916</b>	<input type="text"/>	<input type="text"/>
<b>3918</b>	<input type="text"/>	<input type="text"/>
<b>3920</b>	<input type="text"/>	<input type="text"/>

**13a. Did ... receive food stamps in (Read each month)?**

**13b. If "Yes" in 13a, ask — What was the total amount?**

Last month .....

**3922** 1  Yes  
2  No  
x1  DK

**3924** \$  .  00  
x1  DK  
x2  Ref.

2 months ago .....

**3926** 1  Yes  
2  No  
x1  DK

**3928** \$  .  00  
x1  DK  
x2  Ref.

3 months ago .....

**3930** 1  Yes  
2  No  
x1  DK

**3932** \$  .  00  
x1  DK  
x2  Ref.

4 months ago .....

**3934** 1  Yes  
2  No  
x1  DK

**3936** \$  .  00  
x1  DK  
x2  Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

**14. Did ... receive any WIC vouchers in (Read each month)?**

**3938** 1  Last month  
**3940** 2  2 months ago  
**3942** 3  3 months ago  
**3944** 4  4 months ago

**SKIP to next ISS Code or Check Item P1, page 43**

Mark (X) all that apply.

# Section 3 — AMOUNTS

## Part A — GENERAL AMOUNTS (ISS Codes 1 — 56)

<b>1. You said . . . received (Read name of income type) during the 4-month period.</b>	<b>4000</b>	Income code	Name of income type	
<b>CHECK ITEM A1</b> Mark (X) income type code.	<b>4002</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 14, page 37 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 12a, page 37 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes — SKIP to 5a		
<b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>4004</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP Check Item A3		
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>4006</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP Check Item A3		
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>4008</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10a		
<b>CHECK ITEM A3</b> Is . . . married?	<b>4010</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a		
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>4012</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5a		
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>4014</b>	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No		
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>				
NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.				
<b>Last month</b> . . . . .	<b>4016</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4018</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> . . . . .	<b>4020</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4022</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> . . . . .	<b>4024</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4026</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> . . . . .	<b>4028</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>4030</b>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> Mark (X) income type code.	<b>4032</b>	1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to 8 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Check Item P1, page 43		
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>4034</b>	1 <input type="checkbox"/> Yes — SKIP to Check Item A6 2 <input type="checkbox"/> No		
<b>NOTES</b>				
	<b>4038</b>	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>6b. Which persons were covered?</b>	Person No.	Name
	4036	
	4038	
	4040	
	4042	
	4044	
	4046	
	4048	
	4050	
	4052	
	4054	

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	4056 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
----------------------	-----------------------	--

<b>7.</b>	Is . . . required to fill out an annual income questionnaire for the Veterans Administration?	4060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
-----------	---	--

} SKIP to next ISS Code or Check Item P1, page 43

	(SHOW FLASHCARD O) <b>8.</b> Social Security (Railroad Retirement) sends out two types of checks. Please look at this card and tell me which color check . . . receives?	4064 1 <input type="checkbox"/> Green 2 <input type="checkbox"/> Gold 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
--	---	--

<b>9.</b>	Do . . . 's payments usually come on the first of the month or the third?	4066 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
-----------	---	---

<b>CHECK ITEM A7</b>	Refer to item 2, page 35. Were (Social Security/Railroad Retirement) payments received especially for the children?	4068 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
----------------------	---	--

<b>10a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>		<b>10b. If "Yes" in 10a – How much was received?</b>
Last month . . . . .	4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4072 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4076 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4080 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4084 \$ <input type="text"/> . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

<b>11a.</b>	VERIFY IF ONLY ONE CHILD OR ASK — Were all children living here covered by these payments?	4086 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
-------------	---	--

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

<b>11b. Which children were covered?</b>	Person No.		Name
	4088	[ ][ ][ ]	
	4090	[ ][ ][ ]	
	4092	[ ][ ][ ]	
	4094	[ ][ ][ ]	
	4096	[ ][ ][ ]	
	4098	[ ][ ][ ]	

**SKIP to next ISS Code or Check Item P1, page 43**

<b>12a. Were all the people living here covered under . . . 's food stamp allotment?</b>	4100	1 <input type="checkbox"/> Yes – SKIP to 13a 2 <input type="checkbox"/> No
--	------	---

<b>b. Which persons were covered?</b>	Person No.		Name
	4102	[ ][ ][ ]	
	4104	[ ][ ][ ]	
	4106	[ ][ ][ ]	
	4108	[ ][ ][ ]	
	4110	[ ][ ][ ]	
	4112	[ ][ ][ ]	
	4114	[ ][ ][ ]	
	4116	[ ][ ][ ]	
	4118	[ ][ ][ ]	
	4120	[ ][ ][ ]	

<b>13a. Did . . . receive food stamps in (Read each month)?</b>		<b>13b. If "Yes" in 13a, ask – What was the total amount?</b>
Last month . . . . .	4122    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4124    \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	4126    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4128    \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	4130    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4132    \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	4134    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4136    \$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

<b>14. Did . . . receive any WIC vouchers in (Read each month)?</b> Mark (X) all that apply.	4138    1 <input type="checkbox"/> Last month 4140    2 <input type="checkbox"/> 2 months ago 4142    3 <input type="checkbox"/> 3 months ago 4144    4 <input type="checkbox"/> 4 months ago	} <b>SKIP to next ISS Code or Check Item P1, page 43</b>
---	--	--

**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)**

<b>CHECK ITEM A8</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4300</b>	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		<b>4302</b>	2 <input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		<b>4304</b>	3 <input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		<b>4306</b>	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).*

<b>CHECK ITEM A9</b>	Interview status of . . . 's spouse.	<b>4308</b>	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
----------------------	--------------------------------------	-------------	---

<b>2a.</b>	Did . . . own any of these jointly with . . . 's (husband/wife)?	<b>4310</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
------------	--	-------------	---

<b>b.</b>	What is your best estimate of the total amount of interest earned on these jointly held <i>(Read asset types)</i> during the 4-month period?	<b>4312</b>	\$ <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 Check Item P1, page 43</i>
-----------	--	-------------	--

<b>c.</b>	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held <i>(Read asset types)</i> during the 4-month period? <span style="float:right">★</span>	<b>4314</b>	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
-----------	---	-------------	--

<b>d.</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 average amount?	<b>4316</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, item 5</i> 2 <input type="checkbox"/> No
-----------	--	-------------	---

<b>3a.</b>	Besides any <i>(Read asset types)</i> owned jointly with . . . 's (husband/wife), did . . . have any other <i>(Read asset types)</i> ?	<b>4318</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
------------	--	-------------	--

<b>b.</b>	What is your best estimate of the total amount of interest . . . earned on these <i>(Read asset types)</i> during the 4-month period?	<b>4320</b>	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 43</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
-----------	---	-------------	--

<b>c.</b>	What is your best estimate of the average amount that . . . had in these <i>(Read asset types)</i> during the 4-month period? <span style="float:right">★</span>	<b>4322</b>	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
-----------	--	-------------	---

<b>d.</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 average amount?	<b>4324</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, item 6</i> } <i>SKIP to next ISS Code or Check Item P1, page 43</i> 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)**

<b>CHECK ITEM A10</b>	Asset types owned. Mark (X) all that apply.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4400</b></td> <td><input type="checkbox"/> ISS code 104 – Money Market funds</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4402</b></td> <td><input type="checkbox"/> ISS code 105 – U.S. Government securities</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4404</b></td> <td><input type="checkbox"/> ISS code 106 – Municipal or corporate bonds</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4406</b></td> <td><input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify</td> </tr> </table>	<b>4400</b>	<input type="checkbox"/> ISS code 104 – Money Market funds	<b>4402</b>	<input type="checkbox"/> ISS code 105 – U.S. Government securities	<b>4404</b>	<input type="checkbox"/> ISS code 106 – Municipal or corporate bonds	<b>4406</b>	<input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify
<b>4400</b>	<input type="checkbox"/> ISS code 104 – Money Market funds									
<b>4402</b>	<input type="checkbox"/> ISS code 105 – U.S. Government securities									
<b>4404</b>	<input type="checkbox"/> ISS code 106 – Municipal or corporate bonds									
<b>4406</b>	<input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify									

**1. Earlier you said that . . . owned (Read names of owned assets).**

<b>CHECK ITEM A11</b>	Interview status of . . . 's spouse.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4408</b></td> <td><input type="checkbox"/> No spouse in household – SKIP to 3b</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Interview for spouse not yet conducted</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a</td> </tr> </table>	<b>4408</b>	<input type="checkbox"/> No spouse in household – SKIP to 3b		<input type="checkbox"/> Interview for spouse not yet conducted		<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
<b>4408</b>	<input type="checkbox"/> No spouse in household – SKIP to 3b							
	<input type="checkbox"/> Interview for spouse not yet conducted							
	<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a							

<b>2a.</b>	Did . . . own any of these jointly with . . . 's (husband/wife)?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4410</b></td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No – SKIP to 3b</td> </tr> </table>	<b>4410</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No – SKIP to 3b
<b>4410</b>	<input type="checkbox"/> Yes					
	<input type="checkbox"/> No – SKIP to 3b					

<b>b.</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?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4412</b></td> <td>\$</td> <td style="border: 1px solid black; width: 40px;"></td> <td>.</td> <td style="border: 1px solid black; width: 20px;"></td> <td><b>00</b></td> <td>– SKIP to 3a</td> </tr> <tr> <td></td> <td>x3</td> <td><input type="checkbox"/> None – SKIP to 3a</td> </tr> <tr> <td></td> <td>x1</td> <td><input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td>x2</td> <td><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43</td> </tr> </table>	<b>4412</b>	\$		.		<b>00</b>	– 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 Check Item P1, page 43
<b>4412</b>	\$		.		<b>00</b>	– 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 Check Item P1, page 43																

<b>c.</b>	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4414</b></td> <td>\$</td> <td style="border: 1px solid black; width: 40px;"></td> <td>.</td> <td style="border: 1px solid black; width: 20px;"></td> <td><b>00</b></td> <td>– SKIP to 3a</td> </tr> <tr> <td></td> <td>x1</td> <td><input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td>x2</td> <td><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43</td> </tr> </table>	<b>4414</b>	\$		.		<b>00</b>	– SKIP to 3a		x1	<input type="checkbox"/> DK		x2	<input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
<b>4414</b>	\$		.		<b>00</b>	– SKIP to 3a									
	x1	<input type="checkbox"/> DK													
	x2	<input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43													

<b>d.</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 average amount?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4416</b></td> <td><input type="checkbox"/> Yes – Mark Reminder Card, item 7</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No</td> </tr> </table>	<b>4416</b>	<input type="checkbox"/> Yes – Mark Reminder Card, item 7		<input type="checkbox"/> No
<b>4416</b>	<input type="checkbox"/> Yes – Mark Reminder Card, item 7					
	<input type="checkbox"/> No					

<b>3a.</b>	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4418</b></td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43</td> </tr> </table>	<b>4418</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43
<b>4418</b>	<input type="checkbox"/> Yes					
	<input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43					

<b>b.</b>	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4420</b></td> <td>\$</td> <td style="border: 1px solid black; width: 40px;"></td> <td>.</td> <td style="border: 1px solid black; width: 20px;"></td> <td><b>00</b></td> <td>– SKIP to next ISS Code or Check Item P1, page 43</td> </tr> <tr> <td></td> <td>x3</td> <td><input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 43</td> </tr> <tr> <td></td> <td>x1</td> <td><input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td>x2</td> <td><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43</td> </tr> </table>	<b>4420</b>	\$		.		<b>00</b>	– SKIP to next ISS Code or Check Item P1, page 43		x3	<input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 43		x1	<input type="checkbox"/> DK		x2	<input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
<b>4420</b>	\$		.		<b>00</b>	– SKIP to next ISS Code or Check Item P1, page 43												
	x3	<input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 43																
	x1	<input type="checkbox"/> DK																
	x2	<input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43																

<b>c.</b>	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4422</b></td> <td>\$</td> <td style="border: 1px solid black; width: 40px;"></td> <td>.</td> <td style="border: 1px solid black; width: 20px;"></td> <td><b>00</b></td> <td>– SKIP to next ISS Code or Check Item P1, page 43</td> </tr> <tr> <td></td> <td>x1</td> <td><input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td>x2</td> <td><input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43</td> </tr> </table>	<b>4422</b>	\$		.		<b>00</b>	– SKIP to next ISS Code or Check Item P1, page 43		x1	<input type="checkbox"/> DK		x2	<input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43
<b>4422</b>	\$		.		<b>00</b>	– SKIP to next ISS Code or Check Item P1, page 43									
	x1	<input type="checkbox"/> DK													
	x2	<input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 43													

<b>d.</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 average amount?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4424</b></td> <td><input type="checkbox"/> Yes – Mark Reminder Card, item 8</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;">SKIP to next ISS Code or Check Item P1, page 43</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No</td> </tr> </table>	<b>4424</b>	<input type="checkbox"/> Yes – Mark Reminder Card, item 8	}	SKIP to next ISS Code or Check Item P1, page 43		<input type="checkbox"/> No
<b>4424</b>	<input type="checkbox"/> Yes – Mark Reminder Card, item 8	}	SKIP to next ISS Code or Check Item P1, page 43					
	<input type="checkbox"/> No							

NOTES

AMOUNTS – PARTS B & C

**Section 3 – AMOUNTS (Continued)**

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

<b>1a. Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . . 's spouse.)</b>	<b>4500</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
--	-------------	---

<b>CHECK ITEM A12</b>	Interview status of . . . 's spouse.	<b>4502</b>	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>
-----------------------	--------------------------------------	-------------	---

<b>1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)?</b>	<b>4504</b>	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
---	-------------	---

<b>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?</b>	<b>4506</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, item 9</i> 2 <input type="checkbox"/> No
--	-------------	---

<b>2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)?</b>	<b>4508</b>	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
---	-------------	---

<b>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?</b>	<b>4510</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, item 10</i> 2 <input type="checkbox"/> No
--	-------------	--

<b>3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?</b>	<b>4512</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 43</i>
---	-------------	--

<b>CHECK ITEM A13</b>	Interview status of . . . 's spouse.	<b>4514</b>	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>
-----------------------	--------------------------------------	-------------	---

<b>3b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . . 's (husband/wife)?</b>	<b>4516</b>	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
--	-------------	---

<b>c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . . 's name only)?</b>	<b>4518</b>	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
---	-------------	--	--

NOTES
-------

AMOUNTS – PARTS D & E



**Section 3 – AMOUNTS (Continued)**

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

<b>1. Earlier you told me that . . . owned some rental property.</b>	
<b>CHECK ITEM A14</b> Interview status of . . . 's spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?</b> <i>Include only property owned entirely by couple.</i>	<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4604</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b> <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<b>4606</b> \$ <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 Check Item P1, page 43</i> <b>4608</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>3a. Did . . . receive rental income from property owned entirely in . . . 's own name?</b>	<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4612</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b> <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<b>4614</b> \$ <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 Check Item P1, page 43</i> <b>4616</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)</b>	<b>4618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS code or Check Item P1, page 43</i>
<b>b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?</b> <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<b>4620</b> \$ <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. <b>4622</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

*SKIP to next ISS Code or Check Item P1, page 43*

NOTES

AMOUNTS – PARTS D & E





### Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 47</i>
<b>CHECK ITEM P2</b>	Refer to Control Card Item 16a. Is this residence owned by the local housing authority? ("Yes" marked in cc item 16a)	<b>4802</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P3</i>
<b>1 a. What is your monthly rent?</b>		<b>4804</b>	<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">.</span> <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <span style="margin-left: 5px;">00</span> </div> X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 3a</i>
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b> <i>Exclude telephone.</i>		<b>4806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
<b>CHECK ITEM P3</b>	Refer to Control Card Item 16b. Is rent lower because government pays part of the cost? ("Yes" marked in cc item 16b)	<b>4808</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
<b>2 a. What is your monthly rent?</b>		<b>4810</b>	<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">.</span> <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <span style="margin-left: 5px;">00</span> </div> X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } <i>SKIP to 3a</i>
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b> <i>Exclude telephone.</i>		<b>4812</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
<b>c. What would the monthly rent be on this unit if the government were not paying part of the cost?</b>		<b>4814</b>	<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">.</span> <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <span style="margin-left: 5px;">00</span> </div> X1 <input type="checkbox"/> DK
<b>3 a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</b>		<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } <i>SKIP to Check Item P4</i>
<b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord?</b> <i>Mark (X) all that apply.</i>		<b>4818</b> <b>4820</b> <b>4822</b>	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		<b>4824</b>	<div style="display: flex; align-items: center;"> <span style="margin-right: 5px;">\$</span> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> <span style="margin: 0 5px;">.</span> <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <span style="margin-left: 5px;">00</span> </div> X1 <input type="checkbox"/> DK
<b>CHECK ITEM P4</b>	Are there any children 5 to 18 who live in the household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 47</i>
<b>4 a. Do any of the children in this household usually eat a complete hot lunch offered at school?</b>		<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 47</i>
<b>b. How many children?</b>		<b>4830</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Children
<b>c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?</b>		<b>4832</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4f</i>
<b>d. How many children?</b>		<b>4834</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Children
<b>e. Are the lunches free or are they reduced-price?</b> <i>Mark (X) all that apply.</i>		<b>4836</b> <b>4838</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
<b>f. Do any of the children receive free or reduced-price school breakfasts this school year?</b>		<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item C1, page 47</i>
<b>g. How many children?</b>		<b>4842</b>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Children
<b>h. Are the breakfasts free or are they reduced-price?</b> <i>Mark (X) all that apply.</i>		<b>4844</b> <b>4846</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

**Section 4 – PROGRAM QUESTIONS**

<b>CHECK ITEM P1</b>	Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47
<b>CHECK ITEM P2</b>	Refer to cc Item 16a. Is this residence owned by the local housing authority? ("Yes" marked in cc item 16a)	<b>4802</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P3
<b>1 a.</b>	What is your monthly rent?	<b>4804</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK } SKIP to 3a x2 <input type="checkbox"/> Ref. }
<b>b.</b>	(In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.	<b>4806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 3a x1 <input type="checkbox"/> DK }
<b>CHECK ITEM P3</b>	Refer to cc Item 16b. Is rent lower because government pays part of the cost? ("Yes" marked in cc item 16b)	<b>4808</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a
<b>2 a.</b>	What is your monthly rent?	<b>4810</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK } SKIP to 3a x2 <input type="checkbox"/> Ref. }
<b>b.</b>	(In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.	<b>4812</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>c.</b>	What would the monthly rent be on this unit if the government were not paying part of the cost?	<b>4814</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
<b>3 a.</b>	The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?	<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item P4 x1 <input type="checkbox"/> DK }
<b>b.</b>	Was this assistance received in the form of checks, coupons or vouchers sent to this household or were the payments sent directly to a utility company, fuel dealer, or landlord? Mark (X) all that apply.	<b>4818</b> <b>4820</b> <b>4822</b>	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c.</b>	What was the total amount of the energy assistance received by this household during the past 4 months?	<b>4824</b>	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
<b>CHECK ITEM P4</b>	Are there any children 5 to 18 who live in the household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47
<b>4 a.</b>	Do any of the children in this household usually eat a complete hot lunch offered at school?	<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47
<b>b.</b>	How many children?	<b>4830</b>	<input type="text"/> <input type="text"/> Children
<b>c.</b>	Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	<b>4832</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f
<b>d.</b>	How many children?	<b>4834</b>	<input type="text"/> <input type="text"/> Children
<b>e.</b>	Are the lunches free or are they reduced-price? Mark (X) all that apply.	<b>4836</b> <b>4838</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
<b>f.</b>	Do any of the children receive free or reduced-price school breakfasts this school year?	<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 47
<b>g.</b>	How many children?	<b>4842</b>	<input type="text"/> <input type="text"/> Children
<b>h.</b>	Are the breakfasts free or are they reduced-price? Mark (X) all that apply.	<b>4844</b> <b>4846</b>	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

PROGRAM QUESTIONS

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A15</b>	Asset types owned. Mark (X) all that apply.	<b>4700</b>	<input type="checkbox"/> ISS Code 130 – Mortgages
		<b>4702</b>	<input type="checkbox"/> ISS Code 140 – Royalties
		<b>4704</b>	<input type="checkbox"/> ISS Code 150 – Other financial investments
<b>CHECK ITEM A16</b>	Is ISS Code 130 marked in Check Item A15?	<b>4706</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
<b>CHECK ITEM A17</b>	Interview status of . . . 's spouse.	<b>4708</b>	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
<b>1 a.</b>	Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	<b>4710</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
<b>b.</b>	During the past 4 months how much interest was paid to . . . and . . . 's spouse by the borrower?	<b>4712</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 a.</b>	(Besides these jointly held mortgages) did . . . hold any mortgages in . . . 's own name?	<b>4714</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A18
<b>b.</b>	(Earlier you said that . . . held a mortgage.) During the past 4 months how much interest was paid to . . . by the borrower?	<b>4716</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A18</b>	Is ISS Code 140 or 150 marked in Check Item A15?	<b>4718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1
<b>3.</b>	Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)? <i>If income was shared, count only . . . 's share.</i>	<b>4720</b>	\$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>4722</b>	x4 <input type="checkbox"/> Lost money – Enter amount of loss in box

NOTES

PROGRAM QUESTIONS

**Section 3 – AMOUNTS (Continued)**

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

<b>1. Earlier you told me that . . . owned some rental property.</b>	
<b>CHECK ITEM A14</b> Interview status of . . . 's spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?</b> <i>Include only property owned entirely by couple.</i>	<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4604</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b> <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<b>4606</b> \$ <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. – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <b>4608</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>3a. Did . . . receive rental income from property owned entirely in . . . 's own name?</b>	<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4612</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00  x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b> <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<b>4614</b> \$ <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. – <i>SKIP to next ISS Code or Check Item P1, page 43</i> <b>4616</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)</b>	<b>4618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS code or Check Item P1, page 43</i>
<b>b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?</b> <i>Enter \$1 in amount box if respondent reports "broke even."</i>	<b>4620</b> \$ <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. <b>4622</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

AMOUNTS – PARTS D & E

*SKIP to next ISS Code or Check Item P1, page 43*

NOTES

**Section 3 – AMOUNTS (Continued)**

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

<b>1 a.</b> Earlier you told me that . . . owned stocks or mutual fund shares. 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 } <i>SKIP to 3a</i>
<b>CHECK ITEM A12</b> Interview status of . . .'s spouse.	4502	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>
<b>1 b.</b> During the past 4 months how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? <span style="float: right;">★</span>	4504	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
<b>c.</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.)	4506	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 9</i> 2 <input type="checkbox"/> No
<b>2 a.</b> During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? <span style="float: right;">★</span>	4508	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
<b>b.</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.)	4510	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 10</i> 2 <input type="checkbox"/> No
<b>3 a.</b> (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?	4512	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>CHECK ITEM A13</b> Interview status of . . .'s spouse.	4514	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>
<b>3 b.</b> During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?	4516	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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 Check Item P1, page 43</i>
<b>c.</b> During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?	4518	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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;">                     } <i>SKIP to next ISS Code or Check Item P1, page 43</i> </div>

NOTES

AMOUNTS – PARTS D & E



**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A10</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4400</b>	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		<b>4402</b>	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		<b>4404</b>	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		<b>4406</b>	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – <i>Specify –</i>
<b>1. Earlier you said that . . . owned</b> ( <i>Read names of owned assets.</i> )			
<b>CHECK ITEM A11</b>	Interview status of . . . 's spouse.	<b>4408</b>	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
<b>2a.</b>	<b>Did . . . own any of these jointly with . . . 's (husband/wife)?</b>	<b>4410</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
<b>b.</b>	<b>What is your best estimate of the total amount of interest earned on these jointly held</b> ( <i>Read asset types</i> ) <b>during the 4-month period?</b>	<b>4412</b>	\$ <input type="text"/> . <input 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 Check Item P1, page 43</i>
<b>c.</b>	<b>What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held</b> ( <i>Read asset types</i> ) <b>during the 4-month period?</b> ★	<b>4414</b>	\$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>d.</b>	<b>If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for purposes of this survey)</b>	<b>4416</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 7</i> 2 <input type="checkbox"/> No
<b>3a.</b>	<b>Besides any</b> ( <i>Read asset types</i> ) <b>owned jointly with . . . 's (husband/wife), did . . . own any other</b> ( <i>Read asset types</i> )?	<b>4418</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>b.</b>	<b>What is your best estimate of the total amount of interest . . . earned on these</b> ( <i>Read asset types</i> ) <b>during the 4-month period?</b>	<b>4420</b>	\$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 43</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>c.</b>	<b>What is your best estimate of the average amount that . . . had in these</b> ( <i>Read asset types</i> ) <b>during the 4-month period?</b> ★	<b>4422</b>	\$ <input type="text"/> . <input type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 43</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>d.</b>	<b>If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for purposes of this survey)</b>	<b>4424</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 8</i> } <i>SKIP to next ISS Code or Check Item P1, page 43</i> 2 <input type="checkbox"/> No
<b>NOTES</b>			

AMOUNTS – PARTS B & C

**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)**

<b>CHECK ITEM A8</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4300</b>	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		<b>4302</b>	2 <input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		<b>4304</b>	3 <input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		<b>4306</b>	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).**

<b>CHECK ITEM A9</b>	Interview status of . . . 's spouse.	<b>4308</b>	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
----------------------	--------------------------------------	-------------	---

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

<b>4310</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
-------------	---

**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?**

<b>4312</b>	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	– <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 Check Item P1, page 43</i>			

**c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?**

<b>4314</b>	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	– <i>SKIP to 3a</i>
	x1 <input type="checkbox"/> DK			
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>			

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

<b>4316</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 5</i> 2 <input type="checkbox"/> No
-------------	---

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

<b>4318</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
-------------	--

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

<b>4320</b>	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	– <i>SKIP to next ISS Code or Check Item P1, page 43</i>
	x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 43</i>			
	x1 <input type="checkbox"/> DK			
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>			

**c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?**

<b>4322</b>	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	– <i>SKIP to next ISS Code or Check Item P1, page 43</i>
	x1 <input type="checkbox"/> DK			
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 43</i>			

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

<b>4324</b>	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card, Item 6</i> 2 <input type="checkbox"/> No	<i>SKIP to next ISS Code or Check Item P1, page 43</i>
-------------	---	--

NOTES

AMOUNTS – PARTS B & C

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

<b>10b. Which children were covered?</b>	Person No.	Name	
	4088	<input type="text"/>	<input type="text"/>
	4090	<input type="text"/>	<input type="text"/>
	4092	<input type="text"/>	<input type="text"/>
	4094	<input type="text"/>	<input type="text"/>
	4096	<input type="text"/>	<input type="text"/>
	4098	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	4100	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
	<b>b. Which persons were covered?</b>	
	Person No.	Name
	4102	<input type="text"/>
	4104	<input type="text"/>
	4106	<input type="text"/>
	4108	<input type="text"/>
	4110	<input type="text"/>
	4112	<input type="text"/>
	4114	<input type="text"/>
	4116	<input type="text"/>

<b>12a. Did ... receive food stamps in (Read each month)?</b>		<b>12b. If "Yes" in 12a, ask – What was the total amount?</b>			
	Last month .....	4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4124	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	2 months ago .....	4126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4128	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3 months ago .....	4130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4132	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago .....	4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4136	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	

**SKIP to next ISS Code or Check Item P1, page 43**

<b>13a Did ... receive any WIC benefits in (Read each month)?</b> Mark (X) all that apply.	4138	1 <input type="checkbox"/> Last month
	4140	2 <input type="checkbox"/> 2 months ago
	4142	3 <input type="checkbox"/> 3 months ago
	4144	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	Person No.	Name
	4146	<input type="text"/>
	4148	<input type="text"/>
	4150	<input type="text"/>
	4152	<input type="text"/>
	4154	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

	Person No.	Name	
<b>6b. Which persons were covered?</b>	4036	<input type="text"/>	
	4038	<input type="text"/>	
	4040	<input type="text"/>	
	4042	<input type="text"/>	
	4044	<input type="text"/>	
	4046	<input type="text"/>	
	4048	<input type="text"/>	
	4050	<input type="text"/>	
	4052	<input type="text"/>	
	4054	<input type="text"/>	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43	
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43	
<b>8. Do . . . 's payments usually come on the first of the month or the third?</b>	4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A7</b> Refer to item 2, page 35. Were (Social Security/Railroad Retirement) payments received especially for the children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43	
<b>9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>	<b>9b. If "Yes" in 9a – How much was received?</b>		
	Last month . . . . .	4070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	2 months ago . . . . .	4074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3 months ago . . . . .	4078	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	4 months ago . . . . .	4082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>10a. Were all children living here covered by these payments?</b>	4086	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No	

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

	Income code	Name of income type
<b>1. You said . . . received</b> (Read name of income type) <b>during the 4-month period.</b>	<b>4000</b>	
<b>CHECK ITEM A1</b> Mark (X) income type code.	<b>4002</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 37 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 37 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b> Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?	<b>4004</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>4006</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>4008</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b> Is . . . married?	<b>4010</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>4012</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>4014</b>	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> (Read name of income type) <b>in</b> (Read each month)?  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> (Read each month marked "Yes" in 5a)? <b>Please answer by giving the total amount each month before any deductions.</b>
<b>Last month</b> . . . . .	<b>4016</b>	<b>4018</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> . . . . .	<b>4020</b>	<b>4022</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> . . . . .	<b>4024</b>	<b>4026</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> . . . . .	<b>4028</b>	<b>4030</b>
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> Mark (X) income type code.	<b>4032</b>	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>4034</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
<b>NOTES</b>		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>10b. Which children were covered?</b>	Person No.		Name
	<b>3888</b>	[ ][ ]	
	<b>3890</b>	[ ][ ]	
	<b>3892</b>	[ ][ ]	
	<b>3894</b>	[ ][ ]	
	<b>3896</b>	[ ][ ]	
	<b>3898</b>	[ ][ ]	

**SKIP to next ISS Code or Check Item P1, page 43**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	<b>3900</b>	1 <input type="checkbox"/> Yes – <i>SKIP to 12a</i> 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	Person No.	Name
	<b>3902</b>	[ ][ ]
	<b>3904</b>	[ ][ ]
	<b>3906</b>	[ ][ ]
	<b>3908</b>	[ ][ ]
	<b>3910</b>	[ ][ ]
	<b>3912</b>	[ ][ ]
	<b>3914</b>	[ ][ ]
	<b>3916</b>	[ ][ ]

<b>12a. Did ... receive food stamps in (Read each month)?</b>		
Last month .....	<b>3922</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 months ago .....	<b>3926</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3 months ago .....	<b>3930</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
4 months ago .....	<b>3934</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		<b>12b. If "Yes" in 12a, ask – What was the total amount?</b>
		<b>3924</b> \$ [ ] . <b>00</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>3928</b> \$ [ ] . <b>00</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>3932</b> \$ [ ] . <b>00</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>3936</b> \$ [ ] . <b>00</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

<b>13a Did ... receive any WIC benefits in (Read each month)?</b> <i>Mark (X) all that apply.</i>	<b>3938</b>	1 <input type="checkbox"/> Last month
	<b>3940</b>	2 <input type="checkbox"/> 2 months ago
	<b>3942</b>	3 <input type="checkbox"/> 3 months ago
	<b>3944</b>	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	Person No.	Name
	<b>3946</b>	[ ][ ]
	<b>3948</b>	[ ][ ]
	<b>3950</b>	[ ][ ]
	<b>3952</b>	[ ][ ]
	<b>3954</b>	[ ][ ]

**SKIP to next ISS Code or Check Item P1, page 43**

**Section 3 — AMOUNTS (Continued)**

**Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)**

6b. Which persons were covered?	Person No.	Name
	3836	[ ][ ][ ]
	3838	[ ][ ][ ]
	3840	[ ][ ][ ]
	3842	[ ][ ][ ]
	3844	[ ][ ][ ]
	3846	[ ][ ][ ]
	3848	[ ][ ][ ]
	3850	[ ][ ][ ]
	3852	[ ][ ][ ]
	3854	[ ][ ][ ]

<b>CHECK ITEM A6</b> Is this ISS code "8"?	3856	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
--	------	---

7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3860	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <span style="font-size: 2em; vertical-align: middle;">}</span> SKIP to next ISS Code or Check Item P1, page 43
---	------	--

8. Do . . . 's payments usually come on the first of the month or the third?	3866	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
--	------	--

<b>CHECK ITEM A7</b> Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for the children?	3868	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
--	------	---

9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?		9b. If "Yes" in 9a — How much was received?
Last month . . . . .	3870	3872
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	3874	3876
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	3878	3880
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	3882	3884
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

VERIFY IF ONLY ONE CHILD OR ASK — 10a. Were all children living here covered by these payments?	3886	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No
--	------	---

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

<b>1. You said . . . received</b> <i>(Read name of income type) during the 4-month period.</i>	<b>3800</b>	Income code <input type="text"/> <input type="text"/>	Name of income type <input style="width: 100%;" type="text"/>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3802</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 34</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 34</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>	
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3804</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>	
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>	
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3808</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>	
<b>CHECK ITEM A3</b> Is . . . married?	<b>3810</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>	
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3812</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>	
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3814</b>	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 2 <input type="checkbox"/> No	
<b>5a. Did . . . receive any</b> <i>(Read name of income type) in (Read each month)?</i>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.	<b>5b. How much did . . . receive in</b> <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i>		
Last month . . . . .	<b>3816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3818</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	<b>3820</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3822</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	<b>3824</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3826</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	<b>3828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3830</b> \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3832</b>	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>	
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3834</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No	
NOTES			



**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>10b. Which children were covered?</b>	3688	Person No.	Name
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	3700	1 <input type="checkbox"/> Yes — SKIP to 12a 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	3702	Person No. <input type="text"/>
	3704	<input type="text"/>
	3706	<input type="text"/>
	3708	<input type="text"/>
	3710	<input type="text"/>
	3712	<input type="text"/>
	3714	<input type="text"/>
	3716	<input type="text"/>

<b>12a. Did ... receive food stamps in (Read each month)?</b>				
Last month .....	3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3724	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago .....	3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago .....	3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago .....	3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736	\$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

<b>13a Did ... receive any WIC benefits in (Read each month)?</b> <i>Mark (X) all that apply.</i>	3738	1 <input type="checkbox"/> Last month
	3740	2 <input type="checkbox"/> 2 months ago
	3742	3 <input type="checkbox"/> 3 months ago
	3744	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>	3746	Person No. <input type="text"/>
	3748	<input type="text"/>
	3750	<input type="text"/>
	3752	<input type="text"/>
	3754	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

	Person No.	Name
<b>6b. Which persons were covered?</b>	<b>3636</b> <input type="text"/>	
	<b>3638</b> <input type="text"/>	
	<b>3640</b> <input type="text"/>	
	<b>3642</b> <input type="text"/>	
	<b>3644</b> <input type="text"/>	
	<b>3646</b> <input type="text"/>	
	<b>3648</b> <input type="text"/>	
	<b>3650</b> <input type="text"/>	
	<b>3652</b> <input type="text"/>	
	<b>3654</b> <input type="text"/>	
<b>CHECK ITEM A6</b> Is this ISS code "8"?	<b>3656</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43	
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	<b>3660</b> 1 <input type="checkbox"/> Yes } SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No } x1 <input type="checkbox"/> DK }	
<b>8. Do . . . 's payments usually come on the first of the month or the third?</b>	<b>3666</b> 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
<b>CHECK ITEM A7</b> Refer to item 2, page 29. Were (Social Security/Railroad Retirement) payments received especially for the children?	<b>3668</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 43	
<b>9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>		<b>9b. If "Yes" in 9a – How much was received?</b>
Last month . . . . .	<b>3670</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3672</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	<b>3674</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3676</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	<b>3678</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3680</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	<b>3682</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3684</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>	<b>3686</b> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No	

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

	Income code	Name of income type
<b>1. You said . . . received</b> ( <i>Read name of income type</i> ) <b>during the 4-month period.</b>	<b>3600</b>	<input type="text"/>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3602</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 31</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 31</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3604</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3606</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3608</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>
<b>CHECK ITEM A3</b> Is . . . married?	<b>3610</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3612</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3614</b>	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> ( <i>Read name of income type</i> ) <b>in</b> ( <i>Read each month</i> )?  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> ( <i>Read each month marked "Yes" in 5a</i> )? <b>Please answer by giving the total amount each month before any deductions.</b>
<b>Last month</b> . . . . .	<b>3616</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3618</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> . . . . .	<b>3620</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3622</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> . . . . .	<b>3624</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3626</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> . . . . .	<b>3628</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3630</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3632</b>	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3634</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
<b>NOTES</b>		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

**10b. Which children were covered?**

	Person No.	Name
<b>3488</b>	<input type="text"/>	<input type="text"/>
<b>3490</b>	<input type="text"/>	<input type="text"/>
<b>3492</b>	<input type="text"/>	<input type="text"/>
<b>3494</b>	<input type="text"/>	<input type="text"/>
<b>3496</b>	<input type="text"/>	<input type="text"/>
<b>3498</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**11a. Were all the people living here covered under ...'s food stamp allotment?**

**3500**    1  Yes – *SKIP to 12a*  
                   2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3502</b>	<input type="text"/>	<input type="text"/>
<b>3504</b>	<input type="text"/>	<input type="text"/>
<b>3506</b>	<input type="text"/>	<input type="text"/>
<b>3508</b>	<input type="text"/>	<input type="text"/>
<b>3510</b>	<input type="text"/>	<input type="text"/>
<b>3512</b>	<input type="text"/>	<input type="text"/>
<b>3514</b>	<input type="text"/>	<input type="text"/>
<b>3516</b>	<input type="text"/>	<input type="text"/>

**12a. Did ... receive food stamps in (Read each month)?**

<b>Last month</b> .....	<b>3522</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>12b. If "Yes" in 12a, ask – What was the total amount?</b>
<b>2 months ago</b> .....	<b>3526</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3524</b> \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> .....	<b>3530</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3528</b> \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> .....	<b>3534</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3532</b> \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		<b>3536</b> \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

**13a. Did ... receive any WIC benefits in (Read each month)?**  
 Mark (X) all that apply.

**3538**    1  Last month  
**3540**    2  2 months ago  
**3542**    3  3 months ago  
**3544**    4  4 months ago

**b. Which persons were covered?**

	Person No.	Name
<b>3546</b>	<input type="text"/>	<input type="text"/>
<b>3548</b>	<input type="text"/>	<input type="text"/>
<b>3550</b>	<input type="text"/>	<input type="text"/>
<b>3552</b>	<input type="text"/>	<input type="text"/>
<b>3554</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)**

	Person No.	Name
<b>6b. Which persons were covered?</b>	<b>3436</b> <input type="text"/>	<input type="text"/>
	<b>3438</b> <input type="text"/>	<input type="text"/>
	<b>3440</b> <input type="text"/>	<input type="text"/>
	<b>3442</b> <input type="text"/>	<input type="text"/>
	<b>3444</b> <input type="text"/>	<input type="text"/>
	<b>3446</b> <input type="text"/>	<input type="text"/>
	<b>3448</b> <input type="text"/>	<input type="text"/>
	<b>3450</b> <input type="text"/>	<input type="text"/>
	<b>3452</b> <input type="text"/>	<input type="text"/>
	<b>3454</b> <input type="text"/>	<input type="text"/>

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	<b>3456</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
----------------------	-----------------------	-------------	---

7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	<b>3460</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	} SKIP to next ISS Code or Check Item P1, page 43
---	-------------	--	---

8. Do . . . 's payments usually come on the first of the month or the third?	<b>3466</b>	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
--	-------------	---

<b>CHECK ITEM A7</b>	Refer to item 2, page 26. Were (Social Security/Railroad Retirement) payments received especially for the children?	<b>3468</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
----------------------	---	-------------	---

9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?		9b. If "Yes" in 9a — How much was received?
Last month . . . . .	<b>3470</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3472</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	<b>3474</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3476</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	<b>3478</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3480</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	<b>3482</b> <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3484</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

10a. Were all children living here covered by these payments?	<b>3486</b>	<input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
---	-------------	---

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

<b>1. You said . . . received (Read name of income type) during the 4-month period.</b>	Income code	Name of income type
	<b>3400</b>	<input type="text"/> <input type="text"/>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3402</b>	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 28 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 28 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3404</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3406</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3408</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b> Is . . . married?	<b>3410</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3412</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3414</b>	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
<b>5a. Did . . . receive any (Read name of income type) in (Read each month)?</b>  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in (Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</b>
Last month . . . . .	<b>3416</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
2 months ago . . . . .	<b>3420</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
3 months ago . . . . .	<b>3424</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
4 months ago . . . . .	<b>3428</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3432</b>	<input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3434</b>	<input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No
NOTES		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>10b. Which children were covered?</b>		Person No.	Name
	<b>3288</b>	<input type="text"/>	<input type="text"/>
	<b>3290</b>	<input type="text"/>	<input type="text"/>
	<b>3292</b>	<input type="text"/>	<input type="text"/>
	<b>3294</b>	<input type="text"/>	<input type="text"/>
	<b>3296</b>	<input type="text"/>	<input type="text"/>
	<b>3298</b>	<input type="text"/>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	<b>3300</b>	1 <input type="checkbox"/> Yes – SKIP to 12a 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>		Person No.      Name
	<b>3302</b>	<input type="text"/>
	<b>3304</b>	<input type="text"/>
	<b>3306</b>	<input type="text"/>
	<b>3308</b>	<input type="text"/>
	<b>3310</b>	<input type="text"/>
	<b>3312</b>	<input type="text"/>
	<b>3314</b>	<input type="text"/>
	<b>3316</b>	<input type="text"/>

<b>12a. Did ... receive food stamps in (Read each month)?</b>		<b>12b. If "Yes" in 12a, ask – What was the total amount?</b>
<b>Last month</b> .....	<b>3322</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <b>3324</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> .....	<b>3326</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <b>3328</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> .....	<b>3330</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <b>3332</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> .....	<b>3334</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <b>3336</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

**SKIP to next ISS Code or Check Item P1, page 43**

<b>13a Did ... receive any WIC benefits in (Read each month)?</b>	<b>3338</b>	1 <input type="checkbox"/> Last month
<b>Mark (X) all that apply.</b>	<b>3340</b>	2 <input type="checkbox"/> 2 months ago
	<b>3342</b>	3 <input type="checkbox"/> 3 months ago
	<b>3344</b>	4 <input type="checkbox"/> 4 months ago
<b>b. Which persons were covered?</b>		Person No.      Name
	<b>3346</b>	<input type="text"/>
	<b>3348</b>	<input type="text"/>
	<b>3350</b>	<input type="text"/>
	<b>3352</b>	<input type="text"/>
	<b>3354</b>	<input type="text"/>

**SKIP to next ISS Code or Check Item P1, page 43**

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

	Person No.	Name
<b>6b. Which persons were covered?</b>	3236	[ ][ ][ ]
	3238	[ ][ ][ ]
	3240	[ ][ ][ ]
	3242	[ ][ ][ ]
	3244	[ ][ ][ ]
	3246	[ ][ ][ ]
	3248	[ ][ ][ ]
	3250	[ ][ ][ ]
	3252	[ ][ ][ ]
	3254	[ ][ ][ ]
<b>CHECK ITEM A6</b> Is this ISS code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
<b>7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>	3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 43
<b>8. Do . . . 's payments usually come on the first of the month or the third?</b>	3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
<b>CHECK ITEM A7</b> Refer to item 2, page 23. Were (Social Security/Railroad Retirement) payments received especially for the children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 43
<b>9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?</b>		<b>9b. If "Yes" in 9a — How much was received?</b>
Last month . . . . .	3270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3272
		\$ [ ] [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 months ago . . . . .	3274	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3276
		\$ [ ] [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3 months ago . . . . .	3278	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3280
		\$ [ ] [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
4 months ago . . . . .	3282	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3284
		\$ [ ] [ ] [ ] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>10a. Were all children living here covered by these payments?</b>	3286	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 43 2 <input type="checkbox"/> No



## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1 – 56)

	Income code	Name of income type
<b>1. You said . . . received</b> ( <i>Read name of income type</i> ) <b>during the 4-month period.</b>	<b>3200</b>	<input type="text"/> <input type="text"/>
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3202</b>	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 25</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 25</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3204</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3206</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3208</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>
<b>CHECK ITEM A3</b> Is . . . married?	<b>3210</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3212</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3214</b>	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 43</i> 2 <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> ( <i>Read name of income type</i> ) <b>in</b> ( <i>Read each month</i> )?  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> ( <i>Read each month marked "Yes" in 5a</i> )? <b>Please answer by giving the total amount each month before any deductions.</b>
<b>Last month</b> . . . . .	<b>3216</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>2 months ago</b> . . . . .	<b>3220</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>3 months ago</b> . . . . .	<b>3224</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>4 months ago</b> . . . . .	<b>3228</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3232</b>	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 43</i>
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3234</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
<b>NOTES</b>		

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

<b>10b. Which children were covered?</b>	<b>3088</b>	Person No.		Name	
	<b>3090</b>				
	<b>3092</b>				
	<b>3094</b>				
	<b>3096</b>				
	<b>3098</b>				

**SKIP to next ISS Code or Check Item P1, page 43**

<b>11a. Were all the people living here covered under ...'s food stamp allotment?</b>	<b>3100</b>	1 <input type="checkbox"/> Yes — <i>SKIP to 12a</i> 2 <input type="checkbox"/> No
<b>b. Which persons were covered?</b>	<b>3102</b>	Person No. Name
	<b>3104</b>	
	<b>3106</b>	
	<b>3108</b>	
	<b>3110</b>	
	<b>3112</b>	
	<b>3114</b>	
	<b>3116</b>	

<b>12a. Did ... receive food stamps in (Read each month)?</b>					
Last month .....	<b>3122</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3124</b>	\$	. 00
2 months ago .....	<b>3126</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3128</b>	\$	. 00
3 months ago .....	<b>3130</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3132</b>	\$	. 00
4 months ago .....	<b>3134</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>3136</b>	\$	. 00

**12b. If "Yes" in 12a, ask — What was the total amount?**

**SKIP to next ISS Code or Check Item P1, page 43**

<b>13a. Did ... receive any WIC benefits in (Read each month)?</b>	<b>3138</b>	1 <input type="checkbox"/> Last month
Mark (X) all that apply.	<b>3140</b>	2 <input type="checkbox"/> 2 months ago
	<b>3142</b>	3 <input type="checkbox"/> 3 months ago
	<b>3144</b>	4 <input type="checkbox"/> 4 months ago
	<b>b. Which persons were covered?</b>	<b>3146</b>
<b>3148</b>		
<b>3150</b>		
<b>3152</b>		
<b>3154</b>		

**SKIP to next ISS Code or Check Item P1, page 43**

**Section 3 – AMOUNTS (Continued)**

**Part A – GENERAL AMOUNTS (ISS Codes 1–56) (Continued)**

**6b. Which persons were covered?**

Person No.	Name
3036	
3038	
3040	
3042	
3044	
3046	
3048	
3050	
3052	
3054	

**CHECK ITEM A6**

Is this ISS code "8"?

3056 1  Yes  
2  No – SKIP to next ISS Code or Check Item P1, page 43

**7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?**

3060 1  Yes  
2  No  
x1  DK } SKIP to next ISS Code or Check Item P1, page 43

**8. Do . . . 's payments usually come on the first of the month or the third?**

3066 1  First  
2  Third  
3  Other  
x1  DK

**CHECK ITEM A7**

Refer to item 2, page 20. Were (Social Security/Railroad Retirement) payments received especially for the children?

3068 1  Yes  
2  No – SKIP to next ISS Code or Check Item P1, page 43

**9a. Were Social Security (Railroad Retirement) payments received for the children in (Read each month)?**

Last month . . . . .

3070 1  Yes  
2  No  
x1  DK

2 months ago . . . . .

3074 1  Yes  
2  No  
x1  DK

3 months ago . . . . .

3078 1  Yes  
2  No  
x1  DK

4 months ago . . . . .

3082 1  Yes  
2  No  
x1  DK

**9b. If "Yes" in 9a – How much was received?**

3072 \$  .  00  
x1  DK  
x2  Ref.

3076 \$  .  00  
x1  DK  
x2  Ref.

3080 \$  .  00  
x1  DK  
x2  Ref.

3084 \$  .  00  
x1  DK  
x2  Ref.

**10a. Were all children living here covered by these payments?**

VERIFY IF ONLY ONE CHILD OR ASK –

3086 1  Yes – SKIP to next ISS Code or Check Item P1, page 43  
2  No

AMOUNTS – PART A

## Section 3 – AMOUNTS

### Part A – GENERAL AMOUNTS (ISS Codes 1–56)

	Income code	Name of income type
<b>1. You said . . . received</b> (Read name of income type) <b>during the 4-month period.</b>	<b>3000</b>	
<b>CHECK ITEM A1</b> <i>Mark (X) income type code.</i>	<b>3002</b>	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 22 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 22 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 <input type="checkbox"/> Other ISS codes – SKIP to 5a
<b>CHECK ITEM A2</b> <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<b>3004</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for the children?</b>	<b>3006</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3
<b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b>	<b>3008</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a
<b>CHECK ITEM A3</b> Is . . . married?	<b>3010</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<b>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</b>	<b>3012</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a
<b>CHECK ITEM A4</b> Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?	<b>3014</b>	<input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 43 <input type="checkbox"/> No
<b>5a. Did . . . receive any</b> (Read name of income type) <b>in</b> (Read each month)?  NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		<b>5b. How much did . . . receive in</b> (Read each month marked "Yes" in 5a)? <b>Please answer by giving the total amount each month before any deductions.</b>
<b>Last month</b> . . . . .	<b>3016</b>	<b>3018</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>2 months ago</b> . . . . .	<b>3020</b>	<b>3022</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>3 months ago</b> . . . . .	<b>3024</b>	<b>3026</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>4 months ago</b> . . . . .	<b>3028</b>	<b>3030</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM A5</b> <i>Mark (X) income type code.</i>	<b>3032</b>	<input type="checkbox"/> ISS code 1 or 2 – SKIP to 8 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 43
<b>6a. Were all the people living here covered by . . . 's payments?</b>	<b>3034</b>	<input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No
<b>NOTES</b>		

AMOUNTS – PART A

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

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

**18. 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	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO
2338 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2340 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2342 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2344 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
TOTAL \$ .00	TOTAL \$ .00	TOTAL \$ .00	TOTAL \$ .00

**CHECK ITEM S10**

Is "DK" marked in all parts of 18?

2346 1  Yes  
 2  No – SKIP to Check Item S11

**19. 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.)**

2348 1  Yes – Mark Reminder Card, Item 4b  
 2  No

**CHECK ITEM S11**

Refer to item 15a, page 18.  
 Is this business incorporated?

2350 1  Yes – SKIP to first ISS Code or Check Item P1, page 43  
 2  No

**CHECK ITEM S12**

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

2352 1  Yes – SKIP to first ISS Code or Check Item P1, page 43  
 2  No

**20a. Can you give me an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses, during the 4-month period shown on the calendar?**

2354 1  Yes  
 2  No – SKIP to first ISS Code or Check Item P1, page 43

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

2356 \$  .  00  
 2358 x4  Loss in amount box – If "Broke even," mark \$1 in box. } SKIP to first ISS Code or Check Item P1, page 43

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

2360 \$  .  00  
 x3  None  
 x1  DK  
 x2  Ref. } SKIP to first ISS Code or Check Item P1, page 43

**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2**

<p><b>12a. What was the name of . . . 's other business/ professional practice/farm?</b></p>	<p>PGM 8 2300</p>	<p>Business name</p> <hr/>								
<p><b>CHECK ITEM S7</b> Enter number "2" for this business in box _____</p>	<p>PGM 8 2301</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>								
<p><b>12b. What kind of business was this?</b></p>	<p>PGM 8 2304</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> <b>C. Is it mainly —</b></p>	<p>PGM 8 2306</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b>                  2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>d. What kind of work was . . . doing?</b></p>	<p>PGM 8 2308</p>	<hr/>								
<p><b>e. What were . . . 's most important activities or duties?</b></p>	<p>PGM 8 2310</p>	<hr/>								
<p><b>f. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2312</p>	<p>____ Hours</p> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>								
<p><b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to 21</i>                  x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S8</b> Have questions 14–16b already been answered for this business by another household member?</p>	<p>2316</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 17a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>14. What was the total number of employees working for this business? Be sure to include . . . .</b> <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2318</p>	<p>____ Employees</p> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>15a. Was . . . 's business incorporated?</b></p>	<p>2320</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 16a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2322</p>	<p>1 <input type="checkbox"/> Sole proprietorship — <i>SKIP to 17a</i>                  2 <input type="checkbox"/> Partnership</p>								
<p><b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2324</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to 17a</i></p>								
<p><b>b. Which members?</b></p>	<p>2326 2328 2330</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: left;">Person No.</th> <th style="width:70%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td>____</td> <td>_____</td> </tr> <tr> <td>____</td> <td>_____</td> </tr> <tr> <td>____</td> <td>_____</td> </tr> </tbody> </table>	Person No.	Name	____	_____	____	_____	____	_____
Person No.	Name									
____	_____									
____	_____									
____	_____									
<p><b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2332</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2334</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S9</b> Is "Yes" marked in either item 17a or 17b?</p>	<p>2336</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to Check Item S11</i></p>								

**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	
<p align="center">LAST MONTH</p> <p><b>2238</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		\$	.00
		\$	.00
		\$	.00
	<b>TOTAL</b>	\$	.00
<p align="center">2 MONTHS AGO</p> <p><b>2240</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		\$	.00
		\$	.00
		\$	.00
	<b>TOTAL</b>	\$	.00
<p align="center">3 MONTHS AGO</p> <p><b>2242</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		\$	.00
		\$	.00
		\$	.00
	<b>TOTAL</b>	\$	.00
<p align="center">4 MONTHS AGO</p> <p><b>2244</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		\$	.00
		\$	.00
		\$	.00
	<b>TOTAL</b>	\$	.00

**CHECK ITEM S4** Is "DK" marked in all parts of 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 16. Is this business incorporated? **2250** 1  Yes — SKIP to 11  
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 11  
2  No

**9a. Can you give me an estimate of the net profit (or loss), that is, the difference between gross receipts and expenses, during the 4-month period shown on the calendar?** **2254** 1  Yes  
2  No — SKIP to 11

**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 11

**10. About how much did . . . earn from this business after expenses during the 4-month period?** **2260** \$  .  00  
x3  None  
x1  DK  
x2  Ref.

**11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?** **2262** 1  Yes  
2  No — SKIP to first ISS Code or Check Item P1, page 43

**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

**Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1**

**STATEMENT B** You said . . . was (also) self-employed during this 4-month period.

<p><b>1 a. What was the name of . . . 's business/professional practice/farm?</b></p>	<p>PGM 8 2200</p>	<p>Business name</p> <hr/>								
<p><b>CHECK ITEM S1</b> Enter number "1" for this business in box _____</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>								
<p><b>1 b. What kind of business was this?</b></p>	<p>PGM 8 2204</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> <b>c. Is it mainly —</b></p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b>                  2 <input type="checkbox"/> <b>Wholesale Trade?</b>                  3 <input type="checkbox"/> <b>Retail Trade?</b>                  4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>d. What kind of work was . . . doing?</b></p>	<p>PGM 8 2208</p>	<hr/>								
<p><b>e. What were . . . 's most important activities or duties?</b></p>	<p>PGM 8 2210</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> <b>f. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2212</p>	<p>____ Hours</p> <p>x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK</p>								
<p><b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to 10</i>                  x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S2</b> Have questions 3—5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 6a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>3. What was the total number of employees working for this business? Be sure to include . . .</b> <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218</p>	<p>____ Employees</p> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>4 a. Was . . . 's business incorporated?</b></p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 5a</i>                  2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship — <i>SKIP to 6a</i>                  2 <input type="checkbox"/> Partnership</p>								
<p><b>5 a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to 6a</i></p>								
<p><b>b. Which members?</b></p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: left;">Person No.</th> <th style="width:70%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td>____</td> <td>_____</td> </tr> <tr> <td>____</td> <td>_____</td> </tr> <tr> <td>____</td> <td>_____</td> </tr> </tbody> </table>	Person No.	Name	____	_____	____	_____	____	_____
Person No.	Name									
____	_____									
____	_____									
____	_____									
<p><b>6 a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S3</b> Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to Check Item S5</i></p>								



**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2(Continued)**

**16a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



		INTERVIEWER USE ONLY	
LAST MONTH		\$ _____	.00
<b>2132</b>	\$ _____ . <b>00</b>	\$ _____	.00
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
<b>Total</b>		\$ _____	.00
2 MONTHS AGO		\$ _____	.00
<b>2134</b>	\$ _____ . <b>00</b>	\$ _____	.00
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
<b>Total</b>		\$ _____	.00
3 MONTHS AGO		\$ _____	.00
<b>2136</b>	\$ _____ . <b>00</b>	\$ _____	.00
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
<b>Total</b>		\$ _____	.00
4 MONTHS AGO		\$ _____	.00
<b>2138</b>	\$ _____ . <b>00</b>	\$ _____	.00
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
		\$ _____	.00
<b>Total</b>		\$ _____	.00

<b>CHECK ITEM E7</b>	Is "DK" marked in all parts of 16a?	<b>2140</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a
----------------------	-------------------------------------	-------------	---

<b>16b.</b>	If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)	<b>2142</b>	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 3b 2 <input type="checkbox"/> No
-------------	---	-------------	---

<b>17a.</b>	On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?	<b>2144</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item E8 2 <input type="checkbox"/> No
-------------	---	-------------	---

<b>b.</b>	Is (was) . . . covered by a union or employee association contract?	<b>2146</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
-----------	---	-------------	---

<b>CHECK ITEM E8</b>	Is "Both worked for employer and self-employed" marked in 1a, page 11?	<b>2148</b>	1 <input type="checkbox"/> Yes – Read Statement B 2 <input type="checkbox"/> No – SKIP to first ISS Code or Check Item P1, page 43
----------------------	--	-------------	---

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A2 – EMPLOYER IDENTIFICATION NUMBER 2**

<p><b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b></p> <p><i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the second most hours during the 4-month period.)</i></p>	<p>PGM 8 2100</p>	<p>Employer name</p>
<p><b>CHECK ITEM E6</b> Enter number "2" for this employer in box _____</p>	<p>PGM 8 2102</p>	<p>Employer I.D. No.</p>
<p><b>10b. What kind of business or industry was (Name of company or business)?</b></p> <p><b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p>	<p>PGM 8 2105</p>	
<p><b>c. ASK OR VERIFY –</b> Is it mainly –</p>	<p>PGM 8 2106</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>d. What kind of work was . . . doing on this job?</b> <b>For example: Electrical engineer, stock clerk, typist, farmer</b></p>	<p>PGM 8 2108</p>	
<p><b>e. What were . . .'s main activities or duties?</b> <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p>	<p>PGM 8 2110</p>	
<p><b>f. ASK OR VERIFY –</b> Was . . . an employee of –</p>	<p>PGM 8 2112</p>	<p>1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm? – SKIP to Check Item E8</b></p>
<p><b>11a. ASK OR VERIFY –</b> Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2114</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 12</i> 2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	<p>2116 2120</p>	<p>FROM Month Day TO Month Day</p>
<p><b>CHECK ITEM E6.1</b> Did . . . stop working for this employer during the reference period?</p>	<p>2123</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12</i></p>
<p><b>11c. What is the main reason . . . stopped working for (name of employer)?</b></p>	<p>2124</p>	<p>1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason</p>
<p><b>12. ASK OR VERIFY –</b> How many hours per week did . . . usually work at this job?</p>	<p>2125</p>	<p>Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p><b>13. Was . . . paid by the hour on this job?</b></p>	<p>2126</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15</i></p>
<p><b>14. What was . . .'s regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b></p>	<p>2128</p>	<p>\$ . x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E8</i></p>
<p><b>15. During the 4-month period how often was . . . paid on this job?</b></p>	<p>2130</p>	<p>1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way – <i>Specify</i> _____</p>

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)**

**8a. READ STATEMENT ONLY ONCE PER RESPONDENT**

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.

What was the total amount of pay that . . . received BEFORE deductions on this job in (Read each month)?

FOR MEMBERS OF THE ARMED FORCES – (Be sure to include housing allowances and any other special types of pay.)

NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.



		INTERVIEWER USE ONLY	
LAST MONTH			
2032	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total</b> \$	.00
2 MONTHS AGO			
2034	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total</b> \$	.00
3 MONTHS AGO			
2036	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total</b> \$	.00
4 MONTHS AGO			
2038	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total</b> \$	.00

<b>CHECK ITEM E4</b>	Is "DK" marked in all parts of 8a?	2040	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
----------------------	------------------------------------	------	--

<b>8b.</b> If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)	2042	1 <input type="checkbox"/> Yes – Mark Reminder Card, Item 3a 2 <input type="checkbox"/> No
--	------	---

<b>9a.</b> On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?	2044	1 <input type="checkbox"/> Yes – SKIP to Check Item E5 2 <input type="checkbox"/> No
--	------	---

<b>b.</b> Is (was) . . . covered by a union or employee association contract?	2046	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
---	------	---

<b>CHECK ITEM E5</b>	Number of employers in item 1b, page 11?	2048	1 <input type="checkbox"/> 1 employer – SKIP to Check Item E8, page 15 2 <input type="checkbox"/> 2 or more employers
----------------------	--	------	--

**Section 2 – EARNINGS AND EMPLOYMENT (Continued)**

**Part A1 – EMPLOYER IDENTIFICATION NUMBER 1**

<p><b>2a. What is the name of the employer for whom . . . worked during this 4-month period?</b></p> <p><i>(If . . . worked for more than one employer, enter the employer for whom . . . worked the most hours during the 4-month period or the most recent employer.)</i></p>	PGM 8 2000	Employer name  
<p><b>CHECK ITEM E3</b> Enter number "1" for this employer in box _____</p>	PGM 8 2002	Employer I.D. No. <input type="checkbox"/>
<p><b>2b. What kind of business or industry was (Name of company or business)?</b></p> <p><b>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</b></p>	PGM 8 2005	_____ _____ _____
<p><b>c. ASK OR VERIFY –</b> Is it mainly –</p>	PGM 8 2006	1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b>
<p><b>d. What kind of work was . . . doing on this job?</b> <b>For example: Electrical engineer, stock clerk, typist, farmer</b></p>	PGM 8 2008	_____ _____
<p><b>e. What were . . . 's main activities or duties?</b> <b>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</b></p>	PGM 8 2010	_____ _____
<p><b>f. ASK OR VERIFY –</b> <b>Was . . . an employee of –</b></p>	PGM 8 2012	1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm? – SKIP to Check Item E5</b>
<p><b>3a. ASK OR VERIFY –</b> <b>Was . . . employed by (Name of employer) during the entire 4-month period?</b></p>	PGM 7 2014	1 <input type="checkbox"/> Yes – <b>SKIP to 4</b> 2 <input type="checkbox"/> No
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	2016 2020	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <b>2018</b> TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <b>2022</b>
<p><b>CHECK ITEM E3.1</b> Did . . . stop working for this employer during the reference period?</p>	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP to 4</b>
<p><b>3c. What is the main reason . . . stopped working for (name of employer)?</b> <i>Mark (X) only one</i></p>	2024	1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason
<p><b>4. ASK OR VERIFY –</b> <b>How many hours per week did . . . usually work at this job?</b></p>	2025	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<p><b>5. Was . . . paid by the hour on this job?</b></p>	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <b>SKIP to 7</b>
<p><b>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</b></p>	2028	\$ <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <b>SKIP to Check Item E5</b>
<p><b>7. During the 4-month period how often was . . . paid on this job?</b></p>	2030	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Some other way – <i>Specify</i> _____

## Section 2 — EARNINGS AND EMPLOYMENT

<b>CHECK ITEM E1</b> Is "Worked" marked on ISS?	<b>1712</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to First ISS Code marked or Check Item P1, page 43</i>
<b>1 a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)</b>	<b>1714</b>	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only — <i>SKIP to Statement B, page 16</i> 3 <input type="checkbox"/> Both worked for employer and self-employed
<b>b. How many different employers did . . . work for during this 4-month period?</b>	<b>1716</b>	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
<b>CHECK ITEM E2</b> Is "Both worked for employer and self-employed" marked in 1a?	<b>1718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2a</i>

EARNINGS AND EMPLOYMENT

**STATEMENT A** . . . worked for an employer and was also self-employed. The first questions will be about . . .'s work for an employer.

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

**29a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)**

- 1656** 1  Yes, full time  
 2  Yes, part time  
 3  No – SKIP to Check Item R24

**b. During which months was . . . enrolled?**

Mark (X) all that apply.

- 1658** 1  All months  
**1660** 2  Last month  
**1662** 3  2 months ago  
**1664** 4  3 months ago  
**1666** 5  4 months ago

**c. At what level or grade was . . . enrolled?**

(If enrolled at more than one level during this period, check most recent level.)

- 1668** 1  Elementary grades 1–8 } SKIP to Check  
 2  High school grades 9–12 } Item R24  
 3  College year 1  
 4  College year 2  
 5  College year 3  
 6  College year 4  
 7  College year 5  
 8  College year 6  
 9  Vocational school  
 10  Technical school  
 11  Business school

**30a. Were any of . . .’s educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct Student Loan, or any other type of scholarship or grant?**

- 1670** 1  Yes  
 2  No – SKIP to Check Item R24

**b. What kind of educational assistance did . . . receive? Anything else?**

Mark (X) all that apply.

- 1672** 1  GI Bill – Mark “40” on ISS  
**1674** 2  Other Veteran’s Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – Mark “41” on ISS  
**1676** 3  College Work Study – Mark “175” on ISS  
**1678** 4  PELL Grant – Mark “176” on ISS  
**1680** 5  Supplemental Educational Opportunity Grant (SEOG) – Mark “177” on ISS  
**1682** 6  National Direct Student Loan (NSL) – Mark “178” on ISS  
**1684** 7  Guaranteed Student Loan – Mark “179” on ISS  
**1686** 8  JTPA Training – Mark “180” on ISS  
**1688** 9  Employer Assistance – Mark “181” on ISS  
**1690** 10  Fellowship/Scholarship – Mark “182” on ISS  
**1692** 11  Other financial aid – Mark “183” on ISS

**CHECK ITEM R24**

Refer to cc item 26a  
 What is . . .’s marital status?

- 1694** 1  Married, spouse absent  
 2  Other – SKIP to Check Item R25

ASK OR VERIFY –

**31. Is . . .’s spouse in the Armed Forces?**

- 1696** 1  Yes  
 2  No

**CHECK ITEM R25**

Are any income types, assets, “worked” or “other educational assistance” (ISS codes 175-183) marked on the ISS?

- 1698** 1  Yes  
 2  No – SKIP to 33a

**32a. You said that during the 4-month period . . . received income from – (Mention working or other educational assistance if appropriate and read income sources and assets from the ISS.) Is that correct?**

- 1700** 1  Yes  
 2  No – Probe and resolve (Make corrections to ISS if necessary)

**b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?**

- 1702** 1  Yes – SKIP to 33b  
 2  No – SKIP to Check Item E1

**33a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?**

- 1704** 1  Yes  
 2  No – SKIP to Check Item P1, page 43

**b. What kind of income did . . . receive? Anything else?**

Enter codes from income source list and mark ISS.

**1706**    \_\_\_\_\_  
**1708**    \_\_\_\_\_  
**1710**    \_\_\_\_\_

EARNINGS AND EMPLOYMENT

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

**24k. Were any of (Which of) . . . 's children (were) covered by a health insurance plan?**  
 (Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)

1574 x5  All children  
 OR  
 Person No. Name

1576    \_\_\_\_\_

1578    \_\_\_\_\_

1580    \_\_\_\_\_

1582    \_\_\_\_\_

1584    \_\_\_\_\_

1586 x3  None

**25. Excluding IRA and Keogh accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?**

1624 1  Yes  
 2  No – SKIP to 27a

**26. Did . . . have any –**

**a. Regular or passbook savings accounts?**

1626 1  Yes – Mark "100" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**b. Money market deposit accounts?**

1628 1  Yes – Mark "101" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**c. Certificates of deposit or other savings certificates?**

1630 1  Yes – Mark "102" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**d. NOW, Super NOW, or other interest-earning checking accounts?**

1632 1  Yes – Mark "103" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.)**

1634 1  Yes  
 2  No  
 x1  DK  
 x2  Ref. } SKIP to 28

(SHOW FLASHCARD N)

**b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts.)**  
 Mark (X) all that apply.

1636 1  Money market funds – Mark "104" on ISS  
 1638 2  U.S. Government securities – Mark "105" on ISS  
 1640 3  Municipal or corporate bonds – Mark "106" on ISS  
 1642 4  Mortgages – Mark "130" on ISS  
 1644 5  U.S. Savings Bonds (E, EE) – Mark "174" on ISS  
 1646 6  Other – Specify and mark "107" on ISS

**28. During the 4-month period did . . . have any – (Exclude IRA and Keogh accounts.)**

**a. Stocks or mutual fund shares?**

1648 1  Yes – Mark "110" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**b. Rental property?**

1650 1  Yes – Mark "120" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**c. Royalties?**

1652 1  Yes – Mark "140" on ISS  
 2  No  
 x1  DK  
 x2  Ref.

**d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?**

1654 1  Yes – Specify and mark "150" on ISS

2  No  
 x1  DK  
 x2  Ref.

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<p><b>23c. Which children were covered?</b></p>	<p><b>1510</b> x5 <input type="checkbox"/> All</p> <p align="center">OR</p> <p align="center">Person No. <span style="float:right">Name</span></p> <p><b>1512</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1514</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1516</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1518</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1520</b> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>CHECK ITEM R21</b> Was . . . or . . . 's children under 18 covered by Medicaid?</p>	<p><b>1524</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24a</p>
<p><b>23d. Was (. . ./(and) . . . 's children) covered during the entire 4-month period?</b></p>	<p><b>1526</b> 1 <input type="checkbox"/> Yes – SKIP to 24a 2 <input type="checkbox"/> No</p>
<p><b>e. In which months was (. . ./(and) . . . 's children) covered?</b> <i>Mark (X) all that apply.</i></p>	<p><b>1528</b> 1 <input type="checkbox"/> Last month <b>1530</b> 2 <input type="checkbox"/> 2 months ago <b>1532</b> 3 <input type="checkbox"/> 3 months ago <b>1534</b> 4 <input type="checkbox"/> 4 months ago</p>
<p><b>24a. During the 4-month period, did . . . have group or individual health insurance in . . . 's own name?</b> <b>(Exclude Medicaid, Medicare, CHAMPUS, CHAMPVA and plans paying benefits only for accidents or specific diseases.)</b></p>	<p><b>1536</b> 1 <input type="checkbox"/> Yes – SKIP to 24c 2 <input type="checkbox"/> No</p>
<p><i>ASK OR VERIFY –</i></p> <p><b>b. Was . . . covered by a health insurance plan in somebody else's name?</b></p>	<p><b>1537</b> 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } <i>SKIP to Check Item R22</i></p>
<p><b>c. Did . . . have this health insurance plan during the entire 4-month period?</b></p>	<p><b>1538</b> 1 <input type="checkbox"/> Yes – SKIP to 24e 2 <input type="checkbox"/> No</p>
<p><b>d. In which months did . . . have the plan?</b> <i>Mark (X) all that apply.</i></p>	<p><b>1540</b> 1 <input type="checkbox"/> Last month <b>1542</b> 2 <input type="checkbox"/> 2 months ago <b>1544</b> 3 <input type="checkbox"/> 3 months ago <b>1546</b> 4 <input type="checkbox"/> 4 months ago</p>
<p><b>e. Did . . . have a health plan provided through an employer or union (or through a former employer or a pension plan)?</b></p>	<p><b>1548</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 24g</p>
<p><b>f. Did the employer or union (former employer or pension plan) pay for part OR all of the cost of this plan?</b></p>	<p><b>1550</b> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>
<p><b>g. Was this an individual plan or a family plan?</b></p>	<p><b>1552</b> 1 <input type="checkbox"/> Individual – SKIP to Check Item R22 2 <input type="checkbox"/> Family</p>
<p><b>h. Did . . . 's health plan cover all the persons living here?</b></p>	<p><b>1554</b> 1 <input type="checkbox"/> Yes – SKIP to 25 2 <input type="checkbox"/> No</p>
<p><b>i. Other than . . . , which persons in this household were covered by . . . 's plan?</b></p>	<p align="center">Person No. <span style="float:right">Name</span></p> <p><b>1556</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1558</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1560</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1562</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1564</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1566</b> x3 <input type="checkbox"/> None</p>
<p><b>CHECK ITEM R22</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	<p><b>1568</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 25</p>
<p><b>CHECK ITEM R23</b> Have each of these children already been identified as members of a family health insurance plan?</p>	<p><b>1570</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 24k</i> x1 <input type="checkbox"/> DK</p>
<p><b>24j. I have recorded that all of . . . 's children were covered by a health insurance plan – is that correct?</b></p>	<p><b>1572</b> 1 <input type="checkbox"/> Yes – SKIP to 25 2 <input type="checkbox"/> No</p>



**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>CHECK ITEM R14</b>	Is "Veterans Compensation or pension" marked in item 19b?	<b>1454</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R15
<b>19c.</b>	Did . . . 's late spouse die while in the service or from a service-related injury?	<b>1456</b>	<input type="checkbox"/> 1 Yes, in the service <input type="checkbox"/> 2 Yes, from service-related injury <input type="checkbox"/> 3 No
<b>CHECK ITEM R15</b>	Is . . . 65 years of age or over?	<b>1458</b>	<input type="checkbox"/> 1 Yes — SKIP to 20a <input type="checkbox"/> 2 No
<b>CHECK ITEM R16</b>	Refer to item 15a, page 5 Does . . . have a work disability?	<b>1460</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R17
<b>20a.</b>	Medicare is a health insurance program for disabled persons and persons 65 or over. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).  Was . . . covered by Medicare?	<b>1462</b>	<input type="checkbox"/> 1 Yes — Mark "172" on ISS <input type="checkbox"/> 2 No } SKIP to Check Item R17 <input checked="" type="checkbox"/> x1 DK }
<b>b.</b>	May I see . . . 's Medicare card to record the claim number and type of coverage?  ★	<b>1464</b>	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <b>1468</b> TYPE OF COVERAGE <input type="checkbox"/> 1 Hospital only (Type A) <input type="checkbox"/> 2 Medical only (Type B) <input type="checkbox"/> 3 Both hospital and medical (Type A and B) <input type="checkbox"/> 4 Card not available — ASK 20c
<b>c.</b>	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	<b>1470</b>	<input type="checkbox"/> 1 Yes — Mark Reminder Card, Item 2 <input type="checkbox"/> 2 No
<b>d.</b>	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	<b>1472</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input checked="" type="checkbox"/> x1 DK
<b>CHECK ITEM R17</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	<b>1474</b>	<input type="checkbox"/> 1 Yes — SKIP to 21 <input type="checkbox"/> 2 No
<b>CHECK ITEM R18</b>	Is . . . 18 years of age or over?	<b>1476</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 24a
<b>21.</b>	Was . . . authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	<b>1480</b>	<input type="checkbox"/> 1 Yes — Mark "27" on ISS <input type="checkbox"/> 2 No
<b>CHECK ITEM R19</b>	Interview status of . . . 's spouse.	<b>1482</b>	<input type="checkbox"/> 1 No spouse in household <input type="checkbox"/> 2 Interview for spouse not yet conducted <input type="checkbox"/> 3 Interview for spouse already conducted — SKIP to 23a
<b>22a.</b>	During the 4-month period, did . . . receive any welfare such as AFDC, WIC, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	<b>1484</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 23a
<b>b.</b>	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	<b>1486</b> <b>1488</b> <b>1490</b> <b>1492</b> <b>1494</b> <b>1496</b>	<input type="checkbox"/> 1 AFDC — Mark "20" on ISS <input type="checkbox"/> 2 General Assistance or General Relief — Mark "21" on ISS <input type="checkbox"/> 3 Indian, Cuban or Refugee Assistance — Mark "22" on ISS <input type="checkbox"/> 4 Foster Child Care — Mark "23" on ISS <input type="checkbox"/> 5 WIC — Mark "25" on ISS <input type="checkbox"/> 6 Other or DK — Specify and enter code from income source list. Enter "24" if not listed or DK. — Mark ISS
	(Refer to FLASHCARD M for Medicaid name.)	<b>1498</b>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
<b>23a.</b>	During the 4-month period was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	<b>1502</b>	<input type="checkbox"/> 1 Yes — Mark "173" on ISS <input type="checkbox"/> 2 No
<b>CHECK ITEM R20</b>	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	<b>1506</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R21
<b>23b.</b>	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	<b>1508</b>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R21

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

**15c. What kind of income? Anything else?**

Mark (X) all that apply.

- 1390**  1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392**  2 Black Lung benefits — Mark "9" on ISS
- 1394**  3 Worker's Compensation — Mark "10" on ISS
- 1396**  4 Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398**  5 Pension from company or union — Mark "30" on ISS
- 1400**  6 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402**  7 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1406**  8 State government pension — Mark "34" on ISS
- 1408**  9 Local government pension — Mark "35" on ISS
- 1410**  10 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.

**CHECK ITEM R11**

Refer to cc item 26a.  
What is ...'s marital status?

- 1414**  1 Married — SKIP to 17
- 2 Widowed — SKIP to 19a
- 3 Divorced
- 4 Separated
- 5 Never married — SKIP to Check Item R12

**16. Did ... receive any alimony (or support payments other than child support) during the 4-month period?**

- 1416**  1 Yes — Mark "29" on ISS and SKIP to Check Item R12
- 2 No
- x1 DK } SKIP to Check Item R12
- x2 Ref. }

**17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?**

- 1418**  1 Widowed — SKIP to 19a
- 2 Divorced
- 3 Both widowed and divorced
- 4 No — SKIP to Check Item R15

**CHECK ITEM R12**

Refer to cc item 27.  
Is ... the designated parent or guardian of children under 18 who live in this household?

- 1420**  1 Yes
- 2 No — SKIP to Check Item R13

**18. Did ... receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)**

- 1422**  1 Yes — Mark "28" on ISS
- 2 No
- x1 DK
- x2 Ref.

**CHECK ITEM R13**

Is "Both widowed and divorced" box marked in item 17?

- 1424**  1 Yes
- 2 No — SKIP to Check Item R15

**19a. During this 4-month period, did ... receive any pensions or annuities as a widow(er) (other than Social Security)?**

- 1426**  1 Yes
- 2 No
- x1 DK } SKIP to Check Item R15

**b. What kind of income was this?**

Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428**  1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430**  2 Veterans Compensation or pension — Mark "8" on ISS
- 1432**  3 Black Lung benefits — Mark "9" on ISS
- 1434**  4 Pension from company or union — Mark "30" on ISS
- 1436**  5 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438**  6 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
- 1440**  7 National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442**  8 State government pension — Mark "34" on ISS
- 1444**  9 Local government pension — Mark "35" on ISS
- 1446**  10 Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448**  11 Payments from estate or trust — Mark "37" on ISS
- 1450**  12 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.

**Section 1 — LABOR FORCE AND RECIPIENCY (Continued)**

<b>12a. During this 4-month period, did . . . receive any Social Security payments?</b>	<b>1342</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R8
<b>CHECK ITEM R7</b> Is . . . 65 years of age or over?	<b>1344</b> 1 <input type="checkbox"/> Yes — SKIP to 13a 2 <input type="checkbox"/> No
<b>12b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) —</b> <i>Mark (X) only one.</i>	<b>1346</b> 1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed) or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK
<b>C. Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?</b>	<b>1348</b> 1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed) or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK } SKIP to 13a
<b>CHECK ITEM R8</b> Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	<b>1350</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
<b>12d. During the 4-month period did . . . receive any Social Security payments especially for . . .'s children (under 18)?</b>	<b>1352</b> 1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
<b>13a. During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?</b>	<b>1354</b> 1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R9
<b>b. Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?</b>	<b>1356</b> 1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R9</b> Is . . . 40 years of age or over?	<b>1358</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
<b>14a. Has . . . ever retired from a job or business? (Include retirement from the military.)</b>	<b>1360</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10
<b>b. During the 4-month period did . . . receive any retirement income other than Social Security?</b>	<b>1362</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d
<b>C. What kind of retirement income? Anything else?</b> <i>Mark (X) all that apply.</i>	<b>1364</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS <b>1366</b> 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS <b>1368</b> 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS <b>1370</b> 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS <b>1372</b> 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS <b>1374</b> 6 <input type="checkbox"/> State government pension — Mark "34" on ISS <b>1376</b> 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS <b>1378</b> 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS. ↓ <b>1380</b> <input type="text"/> <input type="text"/>
<b>d. During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b>	<b>1382</b> 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R10</b> Is . . . 70 years of age or over?	<b>1384</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
<b>15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b>	<b>1386</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
<b>b. During this 4-month period, did . . . receive any income because of . . .'s health condition or disability? (Other than Social Security, SSI, or VA?)</b>	<b>1388</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R11

NOTES

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

<b>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1230</div> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> </div> <div>Hours per week</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK </div>
<b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1231</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No – SKIP to 8c </div>
<b>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacation, days off or sickness.</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1232</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No – SKIP to 9a </div>
<b>C. How many weeks did . . . work fewer than 35 hours in the months of _____, _____, and _____?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1233</div> <div style="margin-right: 10px;">x5 <input type="checkbox"/> All weeks</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1234</div> <div style="margin-right: 10px;"><input type="checkbox"/> Weeks Last month</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1235</div> <div style="margin-right: 10px;"><input type="checkbox"/> Weeks 2 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1236</div> <div style="margin-right: 10px;"><input type="checkbox"/> Weeks 3 months ago</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1237</div> <div style="margin-right: 10px;"><input type="checkbox"/> Weeks 4 months ago</div> </div> </div>
<b>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</b>  <i>Mark (X) only one.</i>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1238</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Could not find a full-time job</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> Wanted to work part time  3 <input type="checkbox"/> Health condition or disability  4 <input type="checkbox"/> Normal working hours are fewer than 35 hours  5 <input type="checkbox"/> Slack work or material shortage  6 <input type="checkbox"/> Other – Specify _____ </div>
<b>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1240</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes – Mark "5" on ISS</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No – SKIP to Check Item R4 </div>
<b>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1242</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes – Mark "6" on ISS</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No </div>
<b>CHECK ITEM R4</b> Is "Worked" marked on the ISS?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1244</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No – SKIP to Check Item R5 </div>
<b>10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1246</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes – Mark "10" on ISS</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No </div>
<b>CHECK ITEM R5</b> Refer to cc item 32a. Is . . . a veteran of the U.S. Armed Forces? <i>Mark "No" if currently in Armed Forces. ("Yes" marked in cc item 32c)</i>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1330</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No – SKIP to Check Item R6 </div>
<b>11a. How long did . . . serve on active duty in the Armed Forces?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1332</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Less than 6 months</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> 6 to 23 months  3 <input type="checkbox"/> 2 to 19 years  4 <input type="checkbox"/> 20 or more years  x1 <input type="checkbox"/> DK </div>
<b>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1334</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No  x1 <input type="checkbox"/> DK </div>
<b>C. What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1336</div> <div style="margin-right: 10px;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>Percent</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> 0%  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref.  101 <input type="checkbox"/> No rating </div>
<b>d. During this 4-month period did . . . receive pension or compensation payments from the Veterans Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)</b>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1338</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes – Mark "8" on ISS</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No </div>
<b>CHECK ITEM R6</b> Is . . . 18 years of age or over?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1340</div> <div style="margin-right: 10px;">1 <input type="checkbox"/> Yes</div> </div> <div style="margin-top: 5px;"> 2 <input type="checkbox"/> No – SKIP to 15a </div>
NOTES	

**Section 1 – LABOR FORCE AND RECIPIENCY (Continued)**

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**6a. Please look at the calendar. In which weeks did ... have a job or business?**

<input type="checkbox"/> 1100	<input type="checkbox"/> 1	<input type="checkbox"/> 1112	<input type="checkbox"/> 7	<input type="checkbox"/> 1124	<input type="checkbox"/> 13
<input type="checkbox"/> 1102	<input type="checkbox"/> 2	<input type="checkbox"/> 1114	<input type="checkbox"/> 8	<input type="checkbox"/> 1126	<input type="checkbox"/> 14
<input type="checkbox"/> 1104	<input type="checkbox"/> 3	<input type="checkbox"/> 1116	<input type="checkbox"/> 9	<input type="checkbox"/> 1128	<input type="checkbox"/> 15
<input type="checkbox"/> 1106	<input type="checkbox"/> 4	<input type="checkbox"/> 1118	<input type="checkbox"/> 10	<input type="checkbox"/> 1130	<input type="checkbox"/> 16
<input type="checkbox"/> 1108	<input type="checkbox"/> 5	<input type="checkbox"/> 1120	<input type="checkbox"/> 11	<input type="checkbox"/> 1132	<input type="checkbox"/> 17
<input type="checkbox"/> 1110	<input type="checkbox"/> 6	<input type="checkbox"/> 1122	<input type="checkbox"/> 12	<input type="checkbox"/> 1134	<input type="checkbox"/> 18

**b. Of those weeks that ... had a job or business, was ... absent from work for any full weeks without pay?**

1136    1  Yes  
2  No – SKIP to 7a

**c. In which weeks was ... absent without pay?**

<input type="checkbox"/> 1138	<input type="checkbox"/> 1	<input type="checkbox"/> 1150	<input type="checkbox"/> 7	<input type="checkbox"/> 1162	<input type="checkbox"/> 13
<input type="checkbox"/> 1140	<input type="checkbox"/> 2	<input type="checkbox"/> 1152	<input type="checkbox"/> 8	<input type="checkbox"/> 1164	<input type="checkbox"/> 14
<input type="checkbox"/> 1142	<input type="checkbox"/> 3	<input type="checkbox"/> 1154	<input type="checkbox"/> 9	<input type="checkbox"/> 1166	<input type="checkbox"/> 15
<input type="checkbox"/> 1144	<input type="checkbox"/> 4	<input type="checkbox"/> 1156	<input type="checkbox"/> 10	<input type="checkbox"/> 1168	<input type="checkbox"/> 16
<input type="checkbox"/> 1146	<input type="checkbox"/> 5	<input type="checkbox"/> 1158	<input type="checkbox"/> 11	<input type="checkbox"/> 1170	<input type="checkbox"/> 17
<input type="checkbox"/> 1148	<input type="checkbox"/> 6	<input type="checkbox"/> 1160	<input type="checkbox"/> 12	<input type="checkbox"/> 1172	<input type="checkbox"/> 18

**d. What was the main reason ... was absent from ...'s job or business during those weeks?**  
*Mark (X) only one.*

1174    1  On layoff  
2  Own illness  
3  On vacation  
4  Bad weather  
5  Labor dispute  
6  New job to begin within 30 days  
7  Other – Specify ↓

**7a. I have marked that there were some weeks in this period in which ... did NOT have a job or business. During that week or weeks did ... spend any time looking for work or on layoff?**

1176    1  Yes  
2  No – SKIP to 7e

**b. In which of these weeks was ... looking for work or on layoff from a job?**

1178    x5  All weeks without a job

<input type="checkbox"/> 1180	<input type="checkbox"/> 1	<input type="checkbox"/> 1192	<input type="checkbox"/> 7	<input type="checkbox"/> 1204	<input type="checkbox"/> 13
<input type="checkbox"/> 1182	<input type="checkbox"/> 2	<input type="checkbox"/> 1194	<input type="checkbox"/> 8	<input type="checkbox"/> 1206	<input type="checkbox"/> 14
<input type="checkbox"/> 1184	<input type="checkbox"/> 3	<input type="checkbox"/> 1196	<input type="checkbox"/> 9	<input type="checkbox"/> 1208	<input type="checkbox"/> 15
<input type="checkbox"/> 1186	<input type="checkbox"/> 4	<input type="checkbox"/> 1198	<input type="checkbox"/> 10	<input type="checkbox"/> 1210	<input type="checkbox"/> 16
<input type="checkbox"/> 1188	<input type="checkbox"/> 5	<input type="checkbox"/> 1200	<input type="checkbox"/> 11	<input type="checkbox"/> 1212	<input type="checkbox"/> 17
<input type="checkbox"/> 1190	<input type="checkbox"/> 6	<input type="checkbox"/> 1202	<input type="checkbox"/> 12	<input type="checkbox"/> 1214	<input type="checkbox"/> 18

**c. Could ... have taken a job during those weeks if one had been offered?**

1216    1  Yes – Skip to 7e  
2  No

**d. What was the main reason ... could not take a job during those weeks?**

1218    1  Already had a job  
2  Temporary illness  
3  School  
4  Other – Specify ↓

**e. During the weeks that ... did not have a job, did ... do any work at all that earned some money?**

1220    1  Yes – Mark "55" on ISS  
2  No – SKIP to 8a, page 4

**f. In which of the months shown on this calendar did ... do that work?**

1222    1  Last month  
 1224    2  2 months ago  
 1226    3  3 months ago  
 1228    4  4 months ago

NOTES

## Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

**1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did ... have a job or business, either full time or part time, even for only a few days?**  
*Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.*

**PGM 7**  
**1000** 1  Yes — Mark "Worked" (code 170) on ISS and SKIP to 4  
2  No

---

**2a. Even though ... did not have a job during this period, did ... spend any time looking for work or on layoff from a job?**

**1002** 1  Yes  
2  No — SKIP to 3a

---

**b. Please look at the calendar. In which weeks was ... looking for work or on layoff from a job?**  
*Mark (X) all that apply.*

**1004** x5  ALL

<b>1006</b> <input type="checkbox"/> 1	<b>1018</b> <input type="checkbox"/> 7	<b>1030</b> <input type="checkbox"/> 13
<b>1008</b> <input type="checkbox"/> 2	<b>1020</b> <input type="checkbox"/> 8	<b>1032</b> <input type="checkbox"/> 14
<b>1010</b> <input type="checkbox"/> 3	<b>1022</b> <input type="checkbox"/> 9	<b>1034</b> <input type="checkbox"/> 15
<b>1012</b> <input type="checkbox"/> 4	<b>1024</b> <input type="checkbox"/> 10	<b>1036</b> <input type="checkbox"/> 16
<b>1014</b> <input type="checkbox"/> 5	<b>1026</b> <input type="checkbox"/> 11	<b>1038</b> <input type="checkbox"/> 17
<b>1016</b> <input type="checkbox"/> 6	<b>1028</b> <input type="checkbox"/> 12	<b>1040</b> <input type="checkbox"/> 18

---

**c. Could ... have taken a job during any of those weeks if one had been offered?**

**1042** 1  Yes — SKIP to 3a  
2  No

---

**d. What was the main reason ... could not take a job during those weeks?**  
*Mark (X) only one.*

**1044** 1  Already had a job  
2  Temporary illness  
3  School  
4  Other — Specify ↓

---

**3a. Even though ... did not have a job during this period, did ... do any work at all that earned some money?**

**1046** 1  Yes — Mark "55" on ISS  
2  No — SKIP to 9a, page 4

---

**b. In which of the months shown on this calendar did ... do that work?**  
*Mark (X) all that apply.*

**1048** 1  Last month  
**1050** 2  2 months ago  
**1052** 3  3 months ago  
**1054** 4  4 months ago } SKIP to 9a, page 4

---

**4. Did ... have a job or business, either full or part time, during EACH of the weeks in this period?**  
*Note that the person did not have to work each week.*

**1056** 1  Yes  
2  No — SKIP to 6a

---

**5a. Was ... absent without pay from ...'s job or business for any FULL weeks during the 4-month period?**

**1058** 1  Yes  
2  No — SKIP to 8a, page 4

---

**b. Please look at the calendar. In which weeks was ... absent without pay?**  
*Mark (X) all that apply.*

**1060** x5  ALL

<b>1062</b> <input type="checkbox"/> 1	<b>1074</b> <input type="checkbox"/> 7	<b>1086</b> <input type="checkbox"/> 13
<b>1064</b> <input type="checkbox"/> 2	<b>1076</b> <input type="checkbox"/> 8	<b>1088</b> <input type="checkbox"/> 14
<b>1066</b> <input type="checkbox"/> 3	<b>1078</b> <input type="checkbox"/> 9	<b>1090</b> <input type="checkbox"/> 15
<b>1068</b> <input type="checkbox"/> 4	<b>1080</b> <input type="checkbox"/> 10	<b>1092</b> <input type="checkbox"/> 16
<b>1070</b> <input type="checkbox"/> 5	<b>1082</b> <input type="checkbox"/> 11	<b>1094</b> <input type="checkbox"/> 17
<b>1072</b> <input type="checkbox"/> 6	<b>1084</b> <input type="checkbox"/> 12	<b>1096</b> <input type="checkbox"/> 18

---

**c. What was the main reason ... was absent from ...'s job or business during those weeks?**  
*Mark (X) only one.*

**1098** 1  On layoff  
2  Own illness  
3  On vacation  
4  Bad weather  
5  Labor dispute  
6  New job to begin within 30 days  
7  Other — Specify ↓

} SKIP to 8a, page 4

NOTES