

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? Please answer by giving the week number that appears to the right of each week on the calendar.

1004

x5 ALL

1006

1

1018

7

1030

13

1008

2

1020

8

1032

14

1010

3

1022

9

1034

15

1012

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1024

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1036

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1014

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1026

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1038

17

1016

6

1028

12

1040

18

Mark (X) all that apply.

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 Check Item R6, 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 Inadequate transportation
 11 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? Please answer by giving the week number that appears to the right of each week on the calendar.

1060

x5 ALL

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

Mark (X) all that apply.

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? Please answer by giving the week number that appears to the right of each week on the calendar.
 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? Please answer by giving the week number that appears to the right of each week on the calendar.
 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>7h. During the weeks that . . . wanted a job but was not looking for one, what was the main reason . . . was not looking?</p> <p><i>Mark (X) only one.</i></p>	<p>1228 <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>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p>1230 <input type="text"/> <input type="text"/> Hours per week x3 <input type="checkbox"/> None } <i>SKIP to Check Item R4</i> x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM R3 <i>Refer to item 8a.</i> Did . . . usually work 35 or more hours per week?</p>	<p>1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i></p>
<p>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.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i></p>
<p>C. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	<p>1233 x5 <input type="checkbox"/> All 1234 <input type="text"/> Weeks Last month 1235 <input type="text"/> Weeks 2 months ago 1236 <input type="text"/> Weeks 3 months ago 1237 <input type="text"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</p> <p><i>Mark (X) only one.</i></p>	<p>1238 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>CHECK ITEM R4 <i>Refer to item 5a, page 2.</i> The response to item 5a is:</p>	<p>1239 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i></p>
<p>10. During this 4-month period did . . . receive any money from worker's compensation for any kind of job-related illness or injury?</p>	<p>1246 1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Was an interview obtained for . . . last reference period (cc items 44–47)?</p>	<p>1248 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R11, page 6</i></p>
<p>CHECK ITEM R7 Are any income types listed in the Income Roster (item 11b)?</p>	<p>1250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12a</i></p>

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

11 a. According to the information we obtained last time, . . . had received (Read income types in 11b, column (2)) during (8 months ago) through (5 months ago). Was this information recorded correctly? 1251 Yes
2 No — Resolve problems and make appropriate entries in 11b, column (5) } Ask 11c

b. INCOME ROSTER (ISS CODES 1 — 56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1252 <input type="checkbox"/>	1254 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1255 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1256 <input type="checkbox"/>	1258 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1259 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1260 <input type="checkbox"/>	1262 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1263 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1264 <input type="checkbox"/>	1266 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1267 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1268 <input type="checkbox"/>	1270 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1271 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1272 <input type="checkbox"/>	1274 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1275 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1276 <input type="checkbox"/>	1278 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1279 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1280 <input type="checkbox"/>	1282 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1283 <input type="checkbox"/>	2 <input type="checkbox"/>

c. At any time during the past 4 months, that is _____, and _____, did . . . get income from (Read income types in 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

12a. At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?

1284 Yes
2 No — SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

- 1286 Social Security — Mark "1" on ISS
 1288 Federal Supplemental Security Income (Federal SSI) — Mark "3" on ISS
 1290 A serviceman's or widow's pension from the Veterans Administration (VA) — Mark "8" on ISS
 1292 Anything else — Mark appropriate code on ISS and specify
 1294

13a. At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?

1296 Yes
2 No — SKIP to Check Item R8

b. What was the source of this income?

Anything else?

Mark (X) all that apply.

- 1298 U.S. Government Railroad Retirement — Mark "2" on ISS
 1300 Black Lung payments — Mark "9" on ISS
 1302 Worker's Compensation — Mark "10" on ISS
 1304 Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
 1306 Pension from company or union — Mark "30" on ISS
 1308 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
 1310 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
 1312 National Guard or Reserve Forces retirement — Mark "33" on ISS
 1314 State government pension — Mark "34" on ISS
 1316 Local government pension — Mark "35" on ISS
 1318 Income from paid-up life insurance policies or annuities — Mark "36" on ISS
 1320 Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.
 1322

CHECK ITEM R8

Is "Medicare" (code 172) marked for . . . on cc item 47?

1324 Yes — Mark "172" on ISS and SKIP to Check Item R23, page 8
2 No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Is "Disabled" (code 171) marked for . . . on cc item 47?	1326	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Is . . . 65 years of age or over?	1328	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
14a.	How long did . . . serve on active duty in the Armed Forces?	1332	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
b.	Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
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%)	1336	<input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
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.)	1338	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Is . . . 18 years of age or over?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
15a.	During this 4-month period, did . . . receive any Social Security payments?	1342	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
CHECK ITEM R13	Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
15b.	What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	1346	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 x1 <input type="checkbox"/> DK } SKIP to 16a
c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1348	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 16a
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15d.	During the 4-month period did . . . receive any Social Security payments especially for . . . 's children (under 18)?	1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
16a.	During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
b.	Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
17a.	Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
b.	During the 4-month period did . . . receive any retirement income other than Social Security?	1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>17c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	<p>1364 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p>1366 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p>1368 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p>1370 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS</p> <p>1372 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS</p> <p>1374 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p>1376 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p>1378 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS</p> <p>1380 <input type="checkbox"/></p>
<p>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 <input type="checkbox"/> Yes — Mark "36" on ISS</p> <p><input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Is . . . 70 years of age or over?</p>	<p>1384 <input type="checkbox"/> Yes — SKIP to Check Item R17</p> <p><input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 <input type="checkbox"/> Yes — Mark "171" on ISS</p> <p><input type="checkbox"/> No — SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item R17</p>
<p>c. What kind of income? Anything else? Mark (X) all that apply.</p>	<p>1390 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p>1392 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS</p> <p>1394 <input type="checkbox"/> Worker's Compensation — Mark "10" on ISS</p> <p>1396 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS</p> <p>1398 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p>1400 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p>1402 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS</p> <p>1406 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p>1408 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p>1410 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS</p> <p>1412 <input type="checkbox"/></p>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	<p>1414 <input type="checkbox"/> Married — SKIP to 20</p> <p><input type="checkbox"/> Widowed — SKIP to 22a</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Never married — SKIP to Check Item R18</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 <input type="checkbox"/> Yes — Mark "29" on ISS and SKIP to Check Item R18</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } SKIP to Check Item R18</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</p>	<p>1418 <input type="checkbox"/> Widowed — SKIP to 22a</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Both widowed and divorced</p> <p><input type="checkbox"/> No — SKIP to Check Item R21</p>
<p>CHECK ITEM R18 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	<p>1420 <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No — SKIP to Check Item R19</p>
<p>21. 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.)</p>	<p>1422 <input type="checkbox"/> Yes — Mark "28" on ISS</p> <p><input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>

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CHECK ITEM R19	Is "Both widowed and divorced" (box 3) marked in item 20, page 7?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R21</i>
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R21</i>
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		1430	2 <input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS
		1432	3 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS
		1434	4 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		1436	5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1440	7 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		1442	8 <input type="checkbox"/> State government pension — Mark "34" on ISS
		1444	9 <input type="checkbox"/> Local government pension — Mark "35" on ISS
		1446	10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		1448	11 <input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS
		1450	12 <input type="checkbox"/> Other or DK — <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS</i>
		1452	<input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R20	Is "Veterans Compensation or pension" marked in item 22b?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R21</i>
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	Is . . . 65 years of age or over?	1458	1 <input type="checkbox"/> Yes — <i>SKIP to 23a</i> 2 <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R23</i>
23a.	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?	1462	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R23</i>
b.	May I see . . . 's Medicare card to record the claim number and type of coverage?	1464	[] [] [] - [] [] - 1466 [] [] [] [] - 1467 [] []
		1468	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 (Types A and B) 4 <input type="checkbox"/> Card not available — ASK 23c
c.	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.)	1470	1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 2</i> 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1474	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item R25</i> 2 <input type="checkbox"/> No
CHECK ITEM R24	Is . . . 18 years of age or over?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 27a</i>
CHECK ITEM R25	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1478	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item R26</i> 2 <input type="checkbox"/> No
24.	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.)	1480	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>27a. 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.)</p>	1536	<p>1 <input type="checkbox"/> Yes — SKIP to 27c 2 <input type="checkbox"/> No</p>																					
<p><i>ASK OR VERIFY —</i></p> <p>b. Was . . . covered by a health insurance plan in somebody else's name?</p>	1537	<p>1 <input type="checkbox"/> Yes } SKIP to Check Item R30 2 <input type="checkbox"/> No }</p>																					
<p>c. Did . . . have a plan in . . . 's own name during the entire 4-month period?</p>	1538	<p>1 <input type="checkbox"/> Yes — SKIP to 27e 2 <input type="checkbox"/> No</p>																					
<p>d. In which months did . . . have a plan? <i>Mark (X) all that apply.</i></p>	1540 1542 1544 1546	<p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>																					
<p>e. Was . . . 's plan provided through an employer or union (or through a former employer or a pension plan)?</p>	1548	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27g</p>																					
<p>f. Did the employer or union (former employer or pension plan) pay for all, part, or none of the cost of this plan?</p>	1550	<p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>																					
<p>g. Was this an individual plan or a family plan?</p>	1552	<p>1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family</p>																					
<p>h. Did . . . 's health plan cover all the persons living here?</p>	1554	<p>1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No</p>																					
<p>i. Other than . . . , which persons in this household were covered by . . . 's plan?</p>	1556 1558 1560 1562 1564 1566	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:40%;">Person No.</th> <th style="width:50%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1556</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1566</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1556			1558			1560			1562			1564			1566	x3 <input type="checkbox"/> None	
	Person No.	Name																					
1556																							
1558																							
1560																							
1562																							
1564																							
1566	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R30 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	1568	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R32</p>																					
<p>CHECK ITEM R31 Have each of these children already been identified as members of a family health insurance plan?</p>	1570	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27k</p>																					
<p>27j. I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?</p>	1572	<p>1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No</p>																					
<p>k. 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.)</p>	1574 1576 1578 1580 1582 1584 1586	<p>x5 <input type="checkbox"/> All children OR Person No. Name</p> <table style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align: center;">1576</td> <td style="border: 1px solid black; width: 30px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1578</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1580</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1582</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1584</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1586</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>	1576			1578			1580			1582			1584			1586	x3 <input type="checkbox"/> None				
1576																							
1578																							
1580																							
1582																							
1584																							
1586	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R32 Are any assets listed in the Asset Roster (Item 28b)?</p>	1588	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 29a</p>																					

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

28a. According to the information we obtained last time, . . . had (Read asset types in 28b, column (2)) **during (8 months ago) through (5 months ago) . Was this information recorded correctly?**

1589 1 Yes
 2 No — *Resolve problems and make appropriate entries in 28b, column (5)* } ASK 28c

b. ASSET ROSTER (ISS CODES 100 – 150, 174)

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1590 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1592 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1593 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1594 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1596 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1597 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1598 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1600 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1601 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1602 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1604 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1605 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1606 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1608 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1609 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1610 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1612 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1613 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1614 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1616 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1617 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1618 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1620 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1621 1 <input type="checkbox"/>	2 <input type="checkbox"/>

C. At any time during the past 4 months, that is _____, _____, and _____, did . . . still own (have) (Read assets in 28b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

29a. (In addition to the assets we have already mentioned) at any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (SHOW FLASHCARD N.)

1622 1 Yes
 2 No
 x1 DK } SKIP to 30a
 x2 Ref.

b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts)

- 1626 1 Regular or passbook savings accounts — Mark "100" on ISS
- 1628 2 Money market deposit accounts — Mark "101" on ISS
- 1630 3 Certificates of deposit or other savings certificates — Mark "102" on ISS
- 1632 4 Interest-earning checking accounts (such as NOW or Super-NOW accounts) — Mark "103" on ISS
- 1636 5 Money market funds — Mark "104" on ISS
- 1638 6 U. S. Government securities — Mark "105" on ISS
- 1640 7 Municipal or corporate bonds — Mark "106" on ISS
- 1642 8 Mortgages — Mark "130" on ISS
- 1644 9 U. S. Savings Bonds (E, EE) — Mark "174" on ISS
- 1646 10 Other interest-earning assets — Mark "107" on ISS and specify ↓
- 1648 11 Stocks or mutual fund shares — Mark "110" on ISS
- 1650 12 Rental property — Mark "120" on ISS
- 1652 13 Royalties — Mark "140" on ISS
- 1654 14 Other financial investments — Mark "150" on ISS and specify ↓

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

EARNINGS AND EMPLOYMENT

<p>30a. 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.)</p>	1656	<p>1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No — SKIP to Check Item R33</p>
<p>b. During which months was . . . enrolled? Mark (X) all that apply.</p>	1658 1660 1662 1664 1666	<p>1 <input type="checkbox"/> All months 2 <input type="checkbox"/> Last month 3 <input type="checkbox"/> 2 months ago 4 <input type="checkbox"/> 3 months ago 5 <input type="checkbox"/> 4 months ago</p>
<p>c. At what level or grade was . . . enrolled? (If enrolled at more than one level during this period, check most recent level.)</p>	1668	<p>1 <input type="checkbox"/> Elementary grades 1–8 } SKIP to Check 2 <input type="checkbox"/> High school grades 9–12 } Item R33 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school</p>
<p>31a. 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, any type of scholarship, grant, or other educational assistance?</p>	1670	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R33</p>
<p>b. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.</p>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<p>1 <input type="checkbox"/> GI Bill — Mark "40" on ISS 2 <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS</p>
<p>CHECK ITEM R33 Refer to cc item 26a. Is code 2 (Married, spouse absent) the current entry?</p>	1694	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R34</p>
<p>ASK OR VERIFY — 32. Is . . . 's spouse in the Armed Forces?</p>	1696	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R34 Are any income types (1–56), assets (100–150), "Worked" (170) or "Other educational assistance" (ISS codes 175–183) marked on the ISS?</p>	1698	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 34a</p>
<p>33a. You said that during the 4-month period . . . received income from — (Read all items coded 1–56, 100–150, 170, and 175–183 that are marked on the ISS.) Is that correct?</p>	1700	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)</p>
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</p>	1702	<p>1 <input type="checkbox"/> Yes — SKIP to 34b 2 <input type="checkbox"/> No — SKIP to Check Item E1</p>
<p>34a. 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?</p>	1704	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item P1, page 45</p>
<p>b. What kind of income did . . . receive? Anything else?</p>	1706 1708 1710	<p align="center">Enter codes from income source list and mark ISS.</p> <p>1706 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1708 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1710 <input type="text"/> <input type="text"/> <input type="text"/></p>

Section 2 – EARNINGS AND EMPLOYMENT

<p>CHECK ITEM E1 Is "Worked" (code 170) marked on ISS?</p>	<p>1712 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to first ISS Code or Check Item P1, page 45</i></p>
<p>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.)</p>	<p>1714 1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – <i>SKIP to Statement B, page 18</i> 3 <input type="checkbox"/> Both worked for employer and self-employed</p>
<p>b. How many different employers did . . . work for during this 4-month period?</p>	<p>1716 1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers</p>
<p>CHECK ITEM E2 Is "Both worked for employer and self-employed" (box 3) marked in 1a?</p>	<p>1718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i></p>

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>2a. What is the name of the employer for whom . . . worked during this 4-month period?</p> <p><i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 16. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2000</p>	<p>Employer name</p> <hr/>
<p>CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter next available ID number.</p>	<p>PGM 8 2002</p>	<p>Employer I.D. No.</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<p>2b. What kind of business or industry was (Name of company or business)?</p> <p>For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2004</p>	<hr/>
<p>c. ASK OR VERIFY — Is it mainly —</p>	<p>PGM 8 2006</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on this job?</p> <p>For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2008</p>	<hr/>
<p>e. What were . . .'s main activities or duties?</p> <p>For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2010</p>	<hr/>
<p>f. ASK OR VERIFY — Was . . . an employee of —</p>	<p>PGM 8 2012</p>	<p>1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal government (exclude Armed Forces)? 3 <input type="checkbox"/> State government? 4 <input type="checkbox"/> Local government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? — <i>SKIP to Check Item E5</i></p>
<p>3a. ASK OR VERIFY — Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2014</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 4</i> 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016</p>	<p>FROM</p> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day</div> </div> <p>TO</p> <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day</div> </div>

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		\$	.00
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
		Total \$	.00
2 MONTHS AGO		\$	.00
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
		Total \$	.00
3 MONTHS AGO		\$	.00
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
		Total \$	.00
4 MONTHS AGO		\$	.00
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
		Total \$.00

CHECK ITEM E4	Is "DK" marked in all parts of item 8a?	2040	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a
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8b.	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 Callback Summary and Reminder Card, Item 3a 2 <input type="checkbox"/> No
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9a.	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
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b.	Is (was) . . . covered by a union or employee association contract?	2046	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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CHECK ITEM E5	Number of employers in item 1b, page 13?	2048	1 <input type="checkbox"/> 1 employer – SKIP to Check Item E8, page 17 2 <input type="checkbox"/> 2 or more employers
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Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2100</p>	<p>Employer Name</p> <hr/>
<p>CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter next available ID number. →</p>	<p>PGM 8 2102</p>	<p>Employer I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
<p>10b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2104</p>	<hr/> <hr/>
<p>c. ASK OR VERIFY — Is it mainly —</p>	<p>PGM 8 2106</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2108</p>	<hr/>
<p>e. What were . . .'s main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2110</p>	<hr/> <hr/>
<p>f. ASK OR VERIFY — Was . . . an employee of —</p>	<p>PGM 8 2112</p>	<p>1 <input type="checkbox"/> A private company or individual? 2 <input type="checkbox"/> Federal government (exclude Armed Forces)? 3 <input type="checkbox"/> State government? 4 <input type="checkbox"/> Local government? 5 <input type="checkbox"/> Armed Forces? 6 <input type="checkbox"/> Unpaid in family business or farm? — <i>SKIP to Check Item E8</i></p>
<p>11a. ASK OR VERIFY — 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. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2116 2120</p>	<p>FROM <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Month</div> <div style="margin-right: 20px;">2118</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Day</div> </div> <p>TO <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-right: 5px;">Month</div> <div style="margin-right: 20px;">2122</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div>Day</div> </div> </p> </p>
<p>12. ASK OR VERIFY — How many hours per week did . . . usually work at this job?</p>	<p>2124</p>	<p><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	<p>2126</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 15</i></p>
<p>14. What was . . .'s regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	<p>2128</p>	<p>\$ <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item E8</i></p>
<p>15. During the 4-month period how often was . . . paid on this job?</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 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.



LAST MONTH

2132 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER USE ONLY

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
Total \$ _____ .00

2 MONTHS AGO

2134 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
Total \$ _____ .00

3 MONTHS AGO

2136 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
Total \$ _____ .00

4 MONTHS AGO

2138 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
 \$ _____ .00
Total \$ _____ .00

CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

2140 1 Yes
 2 No – SKIP to 17a

16b. 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.)

2142 1 Yes – Mark Callback Summary and Reminder Card, Item 3b
 2 No

17a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

2144 1 Yes – SKIP to Check Item E8
 2 No

b. Is (was) . . . covered by a union or employee association contract?

2146 1 Yes
 2 No

CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

2148 1 Yes – Read Statement B
 2 No – SKIP to first ISS Code or Check Item P1, page 45

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>1 a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 21. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name _____</p>
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<p>CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2202</p>	<p>Business I.D. No. <input style="width:40px;" type="text"/></p>
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<p>1 b. What kind of business was this?</p>	<p>PGM 8 2204</p>	<p>_____</p>
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<p><i>ASK OR VERIFY –</i> C. Is it mainly –</p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
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<p>d. What kind of work was . . . doing?</p>	<p>PGM 8 2208</p>	<p>_____</p>
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<p>e. What were . . . 's most important activities or duties?</p>	<p>PGM 8 2210</p>	<p>_____</p>
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<p><i>ASK OR VERIFY –</i> f. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2212</p>	<p><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
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<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <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>
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<p>CHECK ITEM S2 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>
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<p>3. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218</p>	<p><input style="width:30px;" type="text"/> Employees x1 <input type="checkbox"/> DK</p>
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<p>4 a. Was . . . 's business incorporated?</p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 5a</i> 2 <input type="checkbox"/> No</p>
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<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 6a</i> 2 <input type="checkbox"/> Partnership</p>
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<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>
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<p>b. Which members?</p>	<p>2226</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%; text-align: left;">Person No.</th> <th style="width:70%; text-align: left;">Name</th> </tr> <tr> <td><input style="width:30px;" type="text"/></td> <td>_____</td> </tr> </table>	Person No.	Name	<input style="width:30px;" type="text"/>	_____
Person No.	Name					
<input style="width:30px;" type="text"/>	_____					
	2228	<input style="width:30px;" type="text"/> _____				
	2230	<input style="width:30px;" type="text"/> _____				

<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
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<p>CHECK ITEM S3 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>
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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)?



LAST MONTH

2238 \$. 00

- x3 None
 x1 DK
 x2 Ref.

2 MONTHS AGO

2240 \$. 00

- x3 None
 x1 DK
 x2 Ref.

3 MONTHS AGO

2242 \$. 00

- x3 None
 x1 DK
 x2 Ref.

4 MONTHS AGO

2244 \$. 00

- x3 None
 x1 DK
 x2 Ref.

INTERVIEWER USE ONLY

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

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

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

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

CHECK ITEM S4

Is "DK" marked in all parts of item 7?

- 2246** 1 Yes
 2 No — SKIP to Check Item S5

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

- 2248** 1 Yes — Mark Callback Summary and Reminder Card, Item 4a
 2 No

CHECK ITEM S5

Refer to item 4a, page 18.
 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, for this business during the 4-month period?

- 2254** 1 Yes
 2 No — SKIP to 11

b. What was the net profit or loss?

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 45

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

2338 \$. 00

X3 None
X1 DK
X2 Ref.

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

2 MONTHS AGO

2340 \$. 00

X3 None
X1 DK
X2 Ref.

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

3 MONTHS AGO

2342 \$. 00

X3 None
X1 DK
X2 Ref.

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

4 MONTHS AGO

2344 \$. 00

X3 None
X1 DK
X2 Ref.

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

CHECK ITEM S10

Is "DK" marked in all parts of item 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 Callback Summary and Reminder Card, Item 4b
2 No

CHECK ITEM S11

Refer to item 15a, page 20. Is this business incorporated?

2350 1 Yes — SKIP to first ISS Code or Check Item P1, page 45
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 45
2 No

20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses, for this business during the 4-month period?

2354 1 Yes
2 No — SKIP to first ISS Code or Check Item P1, page 45

b. What was the net profit or loss?

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 45

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 45

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) <i>(Read name of income type) during the 4-month period.</i> <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p>3000 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3002 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 24</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 24</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></p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3008 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i></p>	
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3014 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No</p>	
<p>5a. Did . . . receive any <i>(Read name of income type) in (Read each month)?</i></p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>5b. How much did . . . receive in <i>(Read each month marked "Yes" in 5a)? Please answer by giving the total amount each month before any deductions.</i></p> <p>3018 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3022 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3026 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3030 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3032 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to A7</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 45</i></p>	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3034 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>	

NOTES

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	3036	
	3038	
	3040	
	3042	
	3044	
	3046	
	3048	
	3050	
	3052	
	3054	
CHECK ITEM A6 Is this ISS code "8"?	3056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3060	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 45
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3062	1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
8. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
9. Do . . . 's payments usually come on the first of the month or the third?	3066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A8 Refer to item 2, page 22. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
10a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		10b. If "Yes" in 10a — How much was received?
(Last month)	3070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	3078	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
11a. Were all children living here covered by these payments?	3086	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

11b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 45

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
3102	<input type="text"/>	<input type="text"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>
3118	<input type="text"/>	<input type="text"/>
3120	<input type="text"/>	<input type="text"/>

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

3122 1 Yes
 2 No
 x1 DK

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

(Last month)

3124 \$.
 x1 DK
 x2 Ref.

(2 months ago)

3126 1 Yes
 2 No
 x1 DK

3128 \$.
 x1 DK
 x2 Ref.

(3 months ago)

3130 1 Yes
 2 No
 x1 DK

3132 \$.
 x1 DK
 x2 Ref.

(4 months ago)

3134 1 Yes
 2 No
 x1 DK

3136 \$.
 x1 DK
 x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)?
 Mark (X) all that apply.

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 45*

Section 3 – AMOUNTS

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

	Income code	Name of income type	
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	3200	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3202	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 14, page 27</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 27</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>	
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	3204	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>	
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?	3206	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>	
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3208	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i>	
CHECK ITEM A3 Is . . . married?	3210	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>	
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?	3212	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>	
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . .'s spouse?	3214	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> No	
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		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.	
(Last month)	3216	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3218 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3220	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3222 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3224	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3226 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3228	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3230 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 <i>Mark (X) income type code.</i>	3232	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to A7</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 45</i>	
6a. Were all the people living here covered by . . .'s payments?	3234	<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)

6b. Which persons were covered?	Person No.	Name
	3236 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3238 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3240 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3242 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3244 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3246 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3248 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3250 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3252 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
	3254 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

CHECK ITEM A6 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 45
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7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	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 45
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CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3262 1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
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8. (SHOW FLASHCARD O) Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3264 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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9. Do . . . 's payments usually come on the first of the month or the third?	3266 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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CHECK ITEM A8 Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
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10a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		10b. If "Yes" in 10a – How much was received?
(Last month)	3270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3272 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

11a. Were all children living here covered by these payments?	3286 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No
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Section 3 – AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	3400	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
CHECK ITEM A1 <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 30</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 30</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>
CHECK ITEM A2 <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 to Check Item A3</i>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?	3406	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3408	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 10a</i>
CHECK ITEM A3 Is . . . married?	3410	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?	3412	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
CHECK ITEM A4 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 45</i> <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		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.
(Last month)	3416	3418 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3420	3422 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3424	3426 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3428	3430 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 <i>Mark (X) income type code.</i>	3432	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to A7</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 45</i>
6a. Were all the people living here covered by . . . 's payments?	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
6b. Which persons were covered?		<input type="text"/>	<input type="text"/>
	3436	<input type="text"/>	<input type="text"/>
	3438	<input type="text"/>	<input type="text"/>
	3440	<input type="text"/>	<input type="text"/>
	3442	<input type="text"/>	<input type="text"/>
	3444	<input type="text"/>	<input type="text"/>
	3446	<input type="text"/>	<input type="text"/>
	3448	<input type="text"/>	<input type="text"/>
	3450	<input type="text"/>	<input type="text"/>
	3452	<input type="text"/>	<input type="text"/>
	3454	<input type="text"/>	<input type="text"/>
CHECK ITEM A6 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 45	
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	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 45	
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3462	1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No	
8. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3464	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
9. Do . . . 's payments usually come on the first of the month or the third?	3466	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
CHECK ITEM A8 Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45	
10a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		10b. If "Yes" in 10a – How much was received?	
(Last month)	3470	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3472 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3474	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3476 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3478	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3480 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3482	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3484 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
11a. Were all children living here covered by these payments?	3486	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 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
3488	<input type="text"/>	<input type="text"/>
3490	<input type="text"/>	<input type="text"/>
3492	<input type="text"/>	<input type="text"/>
3494	<input type="text"/>	<input type="text"/>
3496	<input type="text"/>	<input type="text"/>
3498	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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

3500 1 Yes — SKIP to 13a
 2 No

b. Which persons were covered?

	Person No.	Name
3502	<input type="text"/>	<input type="text"/>
3504	<input type="text"/>	<input type="text"/>
3506	<input type="text"/>	<input type="text"/>
3508	<input type="text"/>	<input type="text"/>
3510	<input type="text"/>	<input type="text"/>
3512	<input type="text"/>	<input type="text"/>
3514	<input type="text"/>	<input type="text"/>
3516	<input type="text"/>	<input type="text"/>
3518	<input type="text"/>	<input type="text"/>
3520	<input type="text"/>	<input type="text"/>

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

(Last month)

3522 1 Yes
 2 No
 x1 DK

(2 months ago)

3526 1 Yes
 2 No
 x1 DK

(3 months ago)

3530 1 Yes
 2 No
 x1 DK

(4 months ago)

3534 1 Yes
 2 No
 x1 DK

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

3524 \$.
 x1 DK
 x2 Ref.

3528 \$.
 x1 DK
 x2 Ref.

3532 \$.
 x1 DK
 x2 Ref.

3536 \$.
 x1 DK
 x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers 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

SKIP to next ISS Code or Check Item P1, page 45

Section 3 – AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	3600 <input type="text"/> <input type="text"/>	
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3602	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 33</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 33</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>
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	3604	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?	3606	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3608	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i>
CHECK ITEM A3 Is . . . married?	3610	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?	3612	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . .'s spouse?	3614	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		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.
(Last month)	3616	3618 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3620	3622 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3624	3626 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3628	3630 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 <i>Mark (X) income type code.</i>	3632	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to A7</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 45</i>
6a. Were all the people living here covered by . . .'s payments?	3634	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)

6b. Which persons were covered?	Person No.	Name
	3636 <input type="text"/>	<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"/>

CHECK ITEM A6 Is this ISS code "8"?	3656	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
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7. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?	3660	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	} SKIP to next ISS Code or Check Item P1, page 45
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CHECK ITEM A7 Was this ISS code marked for ... in cc item 45 last reference period?	3662	<input type="checkbox"/> Yes — SKIP to Check Item A8 <input type="checkbox"/> No
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8. (SHOW FLASHCARD O) Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3664	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other <input type="checkbox"/> DK
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9. Do ...'s payments usually come on the first of the month or the third?	3666	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK
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CHECK ITEM A8 Refer to item 2, page 31. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3668	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
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10a. Were Social Security (Railroad Retirement) payments received for ...'s children in (Read each month)?		10b. If "Yes" in 10a — How much was received?
(Last month)	3670	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(2 months ago)	3674	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(3 months ago)	3678	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
(4 months ago)	3682	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK

11a. VERIFY IF ONLY ONE CHILD OR ASK — Were all children living here covered by these payments?	3686	<input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 45 <input type="checkbox"/> No
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Section 3 – AMOUNTS (Continued)

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

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

SKIP to next ISS Code or Check Item P1, page 45

12a. Were all the people living here covered under . . . 's food stamp allotment?	3700	1 <input type="checkbox"/> Yes — <i>SKIP to 13a</i> 2 <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3702	[][]
	3704	[][]
	3706	[][]
	3708	[][]
	3710	[][]
	3712	[][]
	3714	[][]
	3716	[][]
	3718	[][]
	3720	[][]

13a. Did . . . receive food stamps in (Read each month)?		13b. If "Yes" in 13a, ask – What was the total amount?
(Last month)	3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3724 \$ [] [] . 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 \$ [] [] . 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 \$ [] [] . 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 \$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did . . . receive any WIC vouchers in (Read each month)? Mark (X) all that apply.	3738	1 <input type="checkbox"/> Last month	} <i>SKIP to next ISS Code or Check Item P1, page 45</i>
	3740	2 <input type="checkbox"/> 2 months ago	
	3742	3 <input type="checkbox"/> 3 months ago	
	3744	4 <input type="checkbox"/> 4 months ago	

Section 3 — AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps — code 27.)</p>	Income code	Name of income type
	3800	<input type="text"/> <input type="text"/>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	3802	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 14, page 36</i></p> <p>3 <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 12a, page 36</i></p> <p>4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i></p> <p>5 <input type="checkbox"/> Other ISS codes — <i>SKIP to 5a</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent, or guardian of children under age 18?</p>	3804	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	3806	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3808	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to 10a</i></p>
<p>CHECK ITEM A3 Is . . . married?</p>	3810	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to 5a</i></p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	3812	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to 5a</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</p>	3814	<p>1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 45</i></p> <p>2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>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.</p>
<p>(Last month)</p>	3816	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	3820	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	3824	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	3828	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	3832	<p>1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to A7</i></p> <p>2 <input type="checkbox"/> ISS code 8 or 20 through 24</p> <p>3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 45</i></p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3834	<p>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i></p> <p>2 <input type="checkbox"/> No</p>
<p>NOTES</p>		

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	3836	<input type="text"/>
	3838	<input type="text"/>
	3840	<input type="text"/>
	3842	<input type="text"/>
	3844	<input type="text"/>
	3846	<input type="text"/>
	3848	<input type="text"/>
	3850	<input type="text"/>
	3852	<input type="text"/>
	3854	<input type="text"/>
CHECK ITEM A6 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 45
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 } SKIP to next ISS Code or Check Item P1, page 45
CHECK ITEM A7 Was this ISS code marked for ... in cc item 45 last reference period?	3862	1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
8. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3864	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
9. 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
CHECK ITEM A8 Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3868	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
10a. Were Social Security (Railroad Retirement) payments received for ...'s children in (Read each month)?		10b. If "Yes" in 10a – How much was received?
(Last month)	3870	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3874	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	3878	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3882	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		3872 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3876 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3880 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3884 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
11a. 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 45 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
3888	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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
3902	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>
3918	<input type="text"/>	<input type="text"/>
3920	<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 45

14. Did ... receive any WIC vouchers in (Read each month)?
Mark (X) all that apply.

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 45

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>4000 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>4002 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 39</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 12a, page 39</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></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>4004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>4006 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>4008 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10a</i></p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>4010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	<p>4012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in 1 already been recorded during an interview for . . . 's spouse?</p>	<p>4014 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p>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.</p>
<p>(Last month)</p>	<p>4016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>4020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>4024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>4028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>4032 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to A7</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 45</i></p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>4034 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>
<p>NOTES</p>	

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	4036	
	4038	
	4040	
	4042	
	4044	
	4046	
	4048	
	4050	
	4052	
	4054	
CHECK ITEM A6 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 45
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	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 45
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	4062	1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
8. (SHOW FLASHCARD O) Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
9. 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
CHECK ITEM A8 Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Check Item P1, page 45
10a. Were Social Security (Railroad Retirement) payments received for . . .'s children in (Read each month)?		10b. If "Yes" in 10a — How much was received?
(Last month)	4070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
		4072
		\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" 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 style="width:80px;" type="text"/> . <input style="width:30px;" 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 style="width:80px;" type="text"/> . <input style="width:30px;" 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 style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
11a. <small>VERIFY IF ONLY ONE CHILD OR ASK —</small> 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 45 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	
	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 45

12a. Were all the people living here covered under ...'s food stamp allotment?	4100	1 <input type="checkbox"/> Yes – <i>SKIP to 13a</i> 2 <input type="checkbox"/> No	
	b. Which persons were covered?		
	Person No.	Name	
	4102	<input type="text"/>	<input type="text"/>
	4104	<input type="text"/>	<input type="text"/>
	4106	<input type="text"/>	<input type="text"/>
	4108	<input type="text"/>	<input type="text"/>
	4110	<input type="text"/>	<input type="text"/>
	4112	<input type="text"/>	<input type="text"/>
	4114	<input type="text"/>	<input type="text"/>
	4116	<input type="text"/>	<input type="text"/>
	4118	<input type="text"/>	<input type="text"/>
4120	<input type="text"/>	<input type="text"/>	

13a. Did ... receive food stamps in (Read each month)?	(Last month)	4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	13b. If "Yes" in 13a, ask – What was the total amount?	4124	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	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"/>	<input type="text"/>	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"/>	<input type="text"/>	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"/>	<input type="text"/>	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Check Item P1, page 45

14. Did ... receive any WIC vouchers in (Read each month)? Mark (X) all that apply.	4138	1 <input type="checkbox"/> Last month	} <i>SKIP to next ISS Code or Check Item P1, page 45</i>
	4140	2 <input type="checkbox"/> 2 months ago	
	4142	3 <input type="checkbox"/> 3 months ago	
	4144	4 <input type="checkbox"/> 4 months ago	

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A9	Asset types owned. <i>Mark (X) all that apply.</i>	4300	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	2 <input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	3 <input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	4 <input type="checkbox"/> ISS Code 103 – Interest-earning Checking Accounts (such as NOW or Super-NOW accounts)
1. Earlier you said that . . . had <i>(Read names of owned assets).</i>			
CHECK ITEM A10	Interview status of . . . 's spouse.	4308	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)?	4310	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 <i>(Read asset types)</i> during the 4-month period?	4312	\$ <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 45</i>
c.	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? ★	4314	\$ <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 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? <i>(This information is especially important for the purposes of this survey.)</i>	4316	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 5</i> 2 <input type="checkbox"/> No
3a.	Besides any <i>(Read asset types)</i> owned jointly with . . . 's (husband/wife), did . . . have any other <i>(Read asset types)?</i>	4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
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?	4320	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
c.	What is your best estimate of the average amount that . . . had in these <i>(Read asset types)</i> during the 4-month period? ★	4322	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? <i>(This information is especially important for the purposes of this survey.)</i>	4324	1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 6</i> } <i>SKIP to next ISS Code or Check Item P1, page 45</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)

CHECK ITEM A11	Asset types owned. <i>Mark (X) all that apply.</i>	4400	1 <input type="checkbox"/> ISS Code 104 – Money Market funds
		4402	2 <input type="checkbox"/> ISS Code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS Code 106 – Municipal or corporate bonds
		4406	4 <input type="checkbox"/> ISS Code 107 – Other interest-earning assets – <i>Specify</i> ↓

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

CHECK ITEM A12	Interview status of . . . 's spouse.	4408	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>
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2a. Did . . . own any of these jointly with . . . 's (husband/wife)?	4410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
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b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4412 \$ <input style="width: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 45</i>
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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? ★	4414 \$ <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 45</i>
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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.)	4416 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 7</i> 2 <input type="checkbox"/> No
--	--

3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
---	--

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4420 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
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c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4422 \$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
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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.)	4424 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 8</i> 2 <input type="checkbox"/> No
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NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

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.)	4500	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM A13 Interview status of . . . 's spouse.	4502	<input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . . 's (husband/wife)? ★	4504	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 2a</i> <input type="checkbox"/> None – <i>SKIP to 2a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
C. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4506	<input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 9</i> <input type="checkbox"/> No
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . . 's name only)? ★	4508	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 – <i>SKIP to 3a</i> <input type="checkbox"/> None – <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
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	<input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 10</i> <input type="checkbox"/> No
3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested?	4512	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 45</i>
CHECK ITEM A14 Interview status of . . . 's spouse.	4514	<input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i>
3b. 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 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
C. 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 <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. } <i>SKIP to next ISS Code or Check Item P1, page 45</i>

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A15 Interview status of . . . 's spouse.	4600 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>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)? <i>Include only property owned entirely by couple.</i>	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4604 \$ <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 45</i>
c. What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4606 \$ <input 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 45</i> 4608 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name?	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4612 \$ <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 45</i>
c. What is your best estimate of the amount that was cleared after expenses? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4614 \$ <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 45</i> 4616 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)	4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS code or Check Item P1, page 45</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months? <i>Enter \$1 in amount box if respondent reports "broke even."</i>	4620 \$ <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. 4622 x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

SKIP to next ISS Code or Check Item P1, page 45

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A16	Asset types owned. <i>Mark (X) all that apply.</i>	4700	1 <input type="checkbox"/> ISS Code 130 – Mortgages
		4702	2 <input type="checkbox"/> ISS Code 140 – Royalties
		4704	3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A17	Is ISS Code 130 marked in Check Item A16?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A18	Interview status of . . . 's spouse.	4708	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</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>
1a.	Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
b.	During the past 4 months how much interest was paid to . . . and . . . 's spouse by the borrower?	4712	\$ <input style="width:60px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2a.	(Besides these jointly held mortgages), did . . . hold any mortgages in . . . 's own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A19</i>
b.	(Earlier you said that . . . held a mortgage.) During the past 4 months how much interest was paid to . . . by the borrower?	4716	\$ <input style="width:60px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A19	Is ISS Code 140 or 150 marked in Check Item A16?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1</i>
3.	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>	4720	\$ <input style="width:60px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4722	x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to section 5, page 46</i>
	1 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?	4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item P2</i>
	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? <i>Mark (X) all that apply.</i>	4818 4820 4822	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
	c. What was the total amount of the energy assistance received by this household during the past 4 months?	4824	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P2	Are there any children 5 to 18 who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to section 5, page 46</i>
	2 a. Do any of the children in this household usually eat a complete hot lunch offered at school?	4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to section 5, page 46</i>
	b. How many children?	4830	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	c. Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2f</i>
	d. How many children?	4834	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	e. Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>	4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
	f. Do any of the children receive free or reduced-price school breakfasts this school year?	4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to section 5, page 46</i>
	g. How many children?	4842	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
	h. Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>	4844 4846	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price

NOTES

Section 1 — LABOR FORCE AND RECIENCY

(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? Please answer by giving the week number that appears to the right of each week on the calendar.
Mark (X) all that apply.

1004 x5 ALL

1006 <input type="checkbox"/> 1	1018 <input type="checkbox"/> 7	1030 <input type="checkbox"/> 13
1008 <input type="checkbox"/> 2	1020 <input type="checkbox"/> 8	1032 <input type="checkbox"/> 14
1010 <input type="checkbox"/> 3	1022 <input type="checkbox"/> 9	1034 <input type="checkbox"/> 15
1012 <input type="checkbox"/> 4	1024 <input type="checkbox"/> 10	1036 <input type="checkbox"/> 16
1014 <input type="checkbox"/> 5	1026 <input type="checkbox"/> 11	1038 <input type="checkbox"/> 17
1016 <input type="checkbox"/> 6	1028 <input type="checkbox"/> 12	1040 <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 Check Item R2

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

CHECK ITEM R2 *Refer to item 2a above.*
 Did . . . spend any time looking for work or on layoff from a job?

1055 1 Yes — SKIP to 9a, page 4
 2 No — SKIP to Check Item R6, 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? Please answer by giving the week number that appears to the right of each week on the calendar.
Mark (X) all that apply.

1060 x5 ALL

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

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? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<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? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

<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 X

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? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

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?

Mark (X) only one.

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

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?

Mark (X) all that apply.

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 (Continued)

11 a. According to the information we obtained last time, . . . had received (Read income types in 11b, column (2)) during the period (8 months ago) through (5 months ago). Was this information recorded correctly?

1251 1 Yes
 2 No — Resolve problems and make appropriate entries in 11b, column (5) } Ask 11c

b. INCOME ROSTER (ISS CODES 1 – 56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1252 <input type="checkbox"/>	1254 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1255 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1256 <input type="checkbox"/>	1258 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1259 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1260 <input type="checkbox"/>	1262 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1263 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1264 <input type="checkbox"/>	1266 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1267 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1268 <input type="checkbox"/>	1270 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1271 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1272 <input type="checkbox"/>	1274 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1275 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1276 <input type="checkbox"/>	1278 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1279 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1280 <input type="checkbox"/>	1282 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1283 1 <input type="checkbox"/>	2 <input type="checkbox"/>

c. At any time during the past 4 months, that is _____, and _____ did . . . get income from (Read income types in 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

12 a. At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?

1284 1 Yes
 2 No — SKIP to 13a

b. What was it called?
 Anything else?
 Mark (X) all that apply.

1286 1 Social Security — Mark "1" on ISS
1288 2 Federal Supplemental Security Income (Federal SSI) — Mark "3" on ISS
1290 3 A serviceman's or widow's pension from the Veterans Administration (VA) — Mark "8" on ISS
1292 4 Anything else — Mark appropriate code on ISS and specify
1294

13 a. At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?

1296 1 Yes
 2 No — SKIP to Check Item R8

b. What was the source of this income?
 Anything else?
 Mark (X) all that apply.

1298 1 U.S. Government Railroad Retirement — Mark "2" on ISS
1300 2 Black Lung payments — Mark "9" on ISS
1302 3 Worker's Compensation — Mark "10" on ISS
1304 4 Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
1306 5 Pension from company or union — Mark "30" on ISS
1308 6 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
1310 7 U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
1312 8 National Guard or Reserve Forces retirement — Mark "33" on ISS
1314 9 State government pension — Mark "34" on ISS
1316 10 Local government pension — Mark "35" on ISS
1318 11 Income from paid-up life insurance policies or annuities — Mark "36" on ISS
1320 12 Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.
1322

CHECK ITEM R8 Is "Medicare" (code 172) marked for . . . on cc item 47?

1324 1 Yes — Mark "172" on ISS and SKIP to Check Item R23, page 8
 2 No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Is "Disabled" (code 171) marked for . . . on cc item 47?	1326	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Is . . . 65 years of age or over?	1328	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
14a.	How long did . . . serve on active duty in the Armed Forces?	1332	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
b.	Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
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%)	1336	<input type="text"/> <input type="text"/> <input type="text"/> Percent } Mark "200" on ISS if rating is 100%; otherwise, mark "201" x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating
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.)	1338	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Is . . . 18 years of age or over?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
15a.	During this 4-month period, did . . . receive any Social Security payments?	1342	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
CHECK ITEM R13	Is . . . 65 years of age or over?	1344	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
15b.	What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	1346	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 x1 <input type="checkbox"/> DK } SKIP to 16a
c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1348	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 16a
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15d.	During the 4-month period did . . . receive any Social Security payments especially for . . .'s children (under 18)?	1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
16a.	During this 4-month period did . . . receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
b.	Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Is . . . 40 years of age or over?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
17a.	Has . . . ever retired from a job or business? (Include retirement from the military.)	1360	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16
b.	During the 4-month period did . . . receive any retirement income other than Social Security?	1362	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>17c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — <i>Mark "2" on ISS</i></p> <p>1366 2 <input type="checkbox"/> Pension from company or union — <i>Mark "30" on ISS</i></p> <p>1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — <i>Mark "31" on ISS</i></p> <p>1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — <i>Mark "32" on ISS</i></p> <p>1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — <i>Mark "33" on ISS</i></p> <p>1374 6 <input type="checkbox"/> State government pension — <i>Mark "34" on ISS</i></p> <p>1376 7 <input type="checkbox"/> Local government pension — <i>Mark "35" on ISS</i></p> <p>1378 8 <input type="checkbox"/> Other or DK — <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.</i></p> <p>1380 <input type="checkbox"/> <input type="checkbox"/></p>
<p>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 1 <input type="checkbox"/> Yes — <i>Mark "36" on ISS</i></p> <p>2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Is . . . 70 years of age or over?</p>	<p>1384 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item R17</i></p> <p>2 <input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 1 <input type="checkbox"/> Yes — <i>Mark "171" on ISS</i></p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item R17</i></p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R17</i></p>
<p>c. What kind of income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement — <i>Mark "2" on ISS</i></p> <p>1392 2 <input type="checkbox"/> Black Lung payments — <i>Mark "9" on ISS</i></p> <p>1394 3 <input type="checkbox"/> Worker's Compensation — <i>Mark "10" on ISS</i></p> <p>1396 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — <i>Mark "13" on ISS</i></p> <p>1398 5 <input type="checkbox"/> Pension from company or union — <i>Mark "30" on ISS</i></p> <p>1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — <i>Mark "31" on ISS</i></p> <p>1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — <i>Mark "32" on ISS</i></p> <p>1406 8 <input type="checkbox"/> State government pension — <i>Mark "34" on ISS</i></p> <p>1408 9 <input type="checkbox"/> Local government pension — <i>Mark "35" on ISS</i></p> <p>1410 10 <input type="checkbox"/> Other or DK — <i>Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.</i></p> <p>1412 <input type="checkbox"/> <input type="checkbox"/></p>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	<p>1414 1 <input type="checkbox"/> Married — <i>SKIP to 20</i></p> <p>2 <input type="checkbox"/> Widowed — <i>SKIP to 22a</i></p> <p>3 <input type="checkbox"/> Divorced</p> <p>4 <input type="checkbox"/> Separated</p> <p>5 <input type="checkbox"/> Never married — <i>SKIP to Check Item R18</i></p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 1 <input type="checkbox"/> Yes — <i>Mark "29" on ISS and SKIP to Check Item R18</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item R18</i></p> <p>x2 <input type="checkbox"/> Ref.</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</p>	<p>1418 1 <input type="checkbox"/> Widowed — <i>SKIP to 22a</i></p> <p>2 <input type="checkbox"/> Divorced</p> <p>3 <input type="checkbox"/> Both widowed and divorced</p> <p>4 <input type="checkbox"/> No — <i>SKIP to Check Item R21</i></p>
<p>CHECK ITEM R18 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	<p>1420 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item R19</i></p>
<p>21. 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.)</p>	<p>1422 1 <input type="checkbox"/> Yes — <i>Mark "28" on ISS</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R19	Is "Both widowed and divorced" (box 3) marked in item 20, page 7?	1424	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R21
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	<input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS
		1430	<input type="checkbox"/> Veterans Compensation or pension — Mark "8" on ISS
		1432	<input type="checkbox"/> Black Lung payments — Mark "9" on ISS
		1434	<input type="checkbox"/> Pension from company or union — Mark "30" on ISS
		1436	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1440	<input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS
		1442	<input type="checkbox"/> State government pension — Mark "34" on ISS
		1444	<input type="checkbox"/> Local government pension — Mark "35" on ISS
		1446	<input type="checkbox"/> Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		1448	<input type="checkbox"/> Payments from estate or trust — Mark "37" on ISS
		1450	<input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
		1452	<input type="text"/> <input type="text"/>
CHECK ITEM R20	Is "Veterans Compensation or pension" (box 2) marked in item 22b?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R21	Is . . . 65 years of age or over?	1458	<input type="checkbox"/> Yes — SKIP to 23a <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7 Does . . . have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R23
23a.	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?	1462	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to Check Item R23
b.	May I see . . . 's Medicare card to record the claim number and type of coverage? ★	1464	<input type="text"/> - <input type="text"/> - 1466 <input type="text"/> - 1467 <input type="text"/>
		1468	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) <input type="checkbox"/> Card not available — ASK 23c
c.	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.)	1470	<input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to Check Item R25 <input type="checkbox"/> No
CHECK ITEM R24	Is . . . 18 years of age or over?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a
CHECK ITEM R25	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1478	<input type="checkbox"/> Yes — SKIP to Check Item R26 <input type="checkbox"/> No
24.	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.)	1480	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R26	Interview status of . . . 's spouse.	1482	<input type="checkbox"/> No spouse in household <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to Check Item R27</i>
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25a.	(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare (such as AFDC, WIC, or General Assistance) (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R27</i>
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b.	What kind of welfare did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	1486	<input type="checkbox"/> AFDC – <i>Mark "20" on ISS</i>
		1488	<input type="checkbox"/> General Assistance or General Relief – <i>Mark "21" on ISS</i>
		1490	<input type="checkbox"/> Indian, Cuban or Refugee Assistance – <i>Mark "22" on ISS</i>
		1492	<input type="checkbox"/> Foster Child Care – <i>Mark "23" on ISS</i>
		1494	<input type="checkbox"/> WIC – <i>Mark "25" on ISS</i>
		1496	<input type="checkbox"/> Other or DK – <i>Specify and enter code from income source list. If income type not listed or "DK", enter code "24" – Mark ISS</i>
		1498	<input type="checkbox"/> <input type="checkbox"/>

CHECK ITEM R27	Is "Medicaid" (code 173) marked for . . . on cc item 47?	1500	<input type="checkbox"/> Yes – <i>SKIP to 26b</i> <input type="checkbox"/> No
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26a.	(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?	1502	<input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> <input type="checkbox"/> No	<i>} SKIP to Check Item R28</i>
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b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1504	<input type="checkbox"/> Yes – <i>Mark "173" on ISS</i> <input type="checkbox"/> No
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CHECK ITEM R28	(Refer to cc item 27.) Is . . . the designated parent or guardian of children under 18 who live in this household?	1506	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>
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26c.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item R29</i>
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d.	Which children were covered?	1510	<input checked="" type="checkbox"/> All children OR <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr> <td style="width:10%;">1512</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:80%;"></td> </tr> <tr> <td>1514</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>1516</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>1518</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>1520</td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>		Person No.	Name	1512	<input type="checkbox"/>		1514	<input type="checkbox"/>		1516	<input type="checkbox"/>		1518	<input type="checkbox"/>		1520	<input type="checkbox"/>	
	Person No.	Name																			
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1514	<input type="checkbox"/>																				
1516	<input type="checkbox"/>																				
1518	<input type="checkbox"/>																				
1520	<input type="checkbox"/>																				

CHECK ITEM R29	Was . . . or any of . . . 's children (under 18) covered by Medicaid?	1524	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 27a</i>
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26e.	Was (. . . /and) . . . 's children) covered during the entire 4-month period?	1526	<input type="checkbox"/> Yes – <i>SKIP to 27a</i> <input type="checkbox"/> No
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f.	In which months was (. . . /and) . . . 's children) covered? <i>Mark (X) all that apply.</i>	1528	<input type="checkbox"/> Last month
		1530	<input type="checkbox"/> 2 months ago
		1532	<input type="checkbox"/> 3 months ago
		1534	<input type="checkbox"/> 4 months ago

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>27a. 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.)</p>	1536	1 <input type="checkbox"/> Yes — SKIP to 27c 2 <input type="checkbox"/> No																					
<p>ASK OR VERIFY —</p> <p>b. Was . . . covered by a health insurance plan in somebody else's name?</p>	1537	1 <input type="checkbox"/> Yes } SKIP to Check Item R30 2 <input type="checkbox"/> No }																					
<p>c. Did . . . have a plan in . . . 's own name during the entire 4-month period?</p>	1538	1 <input type="checkbox"/> Yes — SKIP to 27e 2 <input type="checkbox"/> No																					
<p>d. In which months did . . . have a plan? Mark (X) all that apply.</p>	1540 1542 1544 1546	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago																					
<p>e. Was . . . 's plan provided through an employer or union (or through a former employer or a pension plan)?</p>	1548	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27g																					
<p>f. Did the employer or union (former employer or pension plan) pay for all, part, or none of the cost of this plan?</p>	1550	1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None																					
<p>g. Was this an individual plan or a family plan?</p>	1552	1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family																					
<p>h. Did . . . 's health plan cover all the persons living here?</p>	1554	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<p>i. Other than . . . , which persons in this household were covered by . . . 's plan?</p>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:25%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1556</td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1566</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1556			1558			1560			1562			1564			1566	x3 <input type="checkbox"/> None	
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1562																							
1564																							
1566	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R30 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?</p>	1568	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R32																					
<p>CHECK ITEM R31 Have each of these children already been identified as members of a family health insurance plan?</p>	1570	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27k																					
<p>27j. I have recorded that all of . . . 's children were covered by a health insurance plan — is that correct?</p>	1572	1 <input type="checkbox"/> Yes — SKIP to Check Item R32 2 <input type="checkbox"/> No																					
<p>k. 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.)</p>	1574	x5 <input type="checkbox"/> All children OR <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:25%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1576</td> <td style="border: 1px solid black; width: 20px;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1578</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1580</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1582</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1584</td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> </tr> <tr> <td style="text-align: center;">1586</td> <td colspan="2">x3 <input type="checkbox"/> None</td> </tr> </tbody> </table>		Person No.	Name	1576			1578			1580			1582			1584			1586	x3 <input type="checkbox"/> None	
	Person No.	Name																					
1576																							
1578																							
1580																							
1582																							
1584																							
1586	x3 <input type="checkbox"/> None																						
<p>CHECK ITEM R32 Are any assets listed in the Asset Roster (Item 28b)?</p>	1588	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 29a																					

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

28a. According to the information we obtained last time, . . . had (Read asset types in 28b, column (2)) **during the period (8 months ago) through (5 months ago). Was this information recorded correctly?**

1 Yes
2 No — Resolve problems and make appropriate entries in 28b, column (5)

} ASK 28c

1589

b. ASSET ROSTER (ISS CODES 100–150, 174)

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)	Previous reference period (5)	
				Should not have been listed	Was not listed; should have been
1		1590 [][]	1592 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1593 1 <input type="checkbox"/>	2 <input type="checkbox"/>
2		1594 [][]	1596 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1597 1 <input type="checkbox"/>	2 <input type="checkbox"/>
3		1598 [][]	1600 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1601 1 <input type="checkbox"/>	2 <input type="checkbox"/>
4		1602 [][]	1604 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1605 1 <input type="checkbox"/>	2 <input type="checkbox"/>
5		1606 [][]	1608 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1609 1 <input type="checkbox"/>	2 <input type="checkbox"/>
6		1610 [][]	1612 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1613 1 <input type="checkbox"/>	2 <input type="checkbox"/>
7		1614 [][]	1616 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1617 1 <input type="checkbox"/>	2 <input type="checkbox"/>
8		1618 [][]	1620 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No	1621 1 <input type="checkbox"/>	2 <input type="checkbox"/>

C. At any time during the past 4 months, that is _____, and _____, did . . . still own (have) (Read assets in 28b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 28b, COLUMN (4) FOR EACH ASSET TYPE LISTED.

29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (SHOW FLASHCARD N.)

1622

- 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to 30a

b. Which kinds of these assets did . . . own? Any others? (Exclude IRA and Keogh accounts)

1626

- 1 Regular or passbook savings accounts — Mark "100" on ISS
1628 2 Money market deposit accounts — Mark "101" on ISS
1630 3 Certificates of deposit or other savings certificates — Mark "102" on ISS
1632 4 Interest-earning checking accounts (such as NOW or Super NOW accounts) — Mark "103" on ISS
1636 5 Money market funds — Mark "104" on ISS
1638 6 U. S. Government securities — Mark "105" on ISS
1640 7 Municipal or corporate bonds — Mark "106" on ISS
1642 8 Mortgages — Mark "130" on ISS
1644 9 U. S. Savings Bonds (E, EE) — Mark "174" on ISS
1646 10 Other interest-earning assets — Mark "107" on ISS and specify

1648 11 Stocks or mutual fund shares — Mark "110" on ISS
1650 12 Rental property — Mark "120" on ISS
1652 13 Royalties — Mark "140" on ISS
1654 14 Other financial investments — Mark "150" on ISS and specify

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

EARNINGS AND EMPLOYMENT

<p>30a. 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.)</p>	1656	<input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No — SKIP to Check Item R33															
<p>b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i></p>	1658 1660 1662 1664 1666	<input type="checkbox"/> All months <input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago															
<p>c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i></p>	1668	<input type="checkbox"/> Elementary grades 1—8 } SKIP to Check Item R33 <input type="checkbox"/> High school grades 9—12 } <input type="checkbox"/> College year 1 <input type="checkbox"/> College year 2 <input type="checkbox"/> College year 3 <input type="checkbox"/> College year 4 <input type="checkbox"/> College year 5 <input type="checkbox"/> College year 6 <input type="checkbox"/> Vocational school <input type="checkbox"/> Technical school <input type="checkbox"/> Business school															
<p>31a. 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, any type of scholarship, grant, or other educational assistance?</p>	1670	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R33															
<p>b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i></p>	1672 1674 1676 1678 1680 1682 1684 1686 1688 1690 1692	<input type="checkbox"/> GI Bill — Mark "40" on ISS <input type="checkbox"/> Other Veteran's Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS <input type="checkbox"/> College Work Study — Mark "175" on ISS <input type="checkbox"/> PELL Grant — Mark "176" on ISS <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS <input type="checkbox"/> JTPA Training — Mark "180" on ISS <input type="checkbox"/> Employer Assistance — Mark "181" on ISS <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS <input type="checkbox"/> Other financial aid — Mark "183" on ISS															
<p>CHECK ITEM R33 <i>Refer to cc item 26a.</i> Is code 2 (Married, spouse absent) the current entry?</p>	1694	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R34															
<p align="center"><i>ASK OR VERIFY —</i></p> <p>32. Is . . . 's spouse in the Armed Forces?</p>	1696	<input type="checkbox"/> Yes <input type="checkbox"/> No															
<p>CHECK ITEM R34 Are any income types (1—56), assets (100—150), "Worked" (170) or "Other educational assistance" (ISS codes 175—183) marked on the ISS?</p>	1698	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 34a															
<p>33a. You said that during the 4-month period . . . received income from — (Read all items coded 1—56, 100—150, 170, and 175—183 that are marked on the ISS.) Is that correct?</p>	1700	<input type="checkbox"/> Yes <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)															
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</p>	1702	<input type="checkbox"/> Yes — SKIP to 34b <input type="checkbox"/> No — SKIP to Check Item E1															
<p>34a. 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?</p>	1704	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Topical Module Statement A, page 50															
<p>b. What kind of income did . . . receive? Anything else?</p>	1706 1708 1710	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">1706</td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 55%;"></td> </tr> <tr> <td style="text-align: center;">1708</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> </tr> <tr> <td style="text-align: center;">1710</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td></td> </tr> </table>	1706					1708					1710				
1706																	
1708																	
1710																	

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

Is "Worked" (code 170) marked on
ISS?

1712

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

**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.)**

1714

- 1 Worked for employer only
2 Self-employed only — *SKIP to Statement B,
page 18*
3 Both worked for employer and self-employed

**b. How many different employers did . . . work for
during this 4-month period?**

1716

- 1 1 employer
2 2 employers
3 3 or more employers

**CHECK
ITEM E2**

Is "Both worked for employer and
self-employed" (box 3) marked in 1a?

1718

- 1 Yes
2 No — *SKIP to 2a*

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>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 or more employers, enter one employer here and the other in part A2, page 16. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2000</p>	<p>Employer name _____</p>
<p>CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number →</p>	<p>PGM 8 2002</p>	<p>Employer I.D. No. <input type="checkbox"/></p>
<p>CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 2003</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2c</p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 2004</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a</p>
<p>C. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2005</p>	<p>_____</p>
<p><i>ASK OR VERIFY —</i></p> <p>d. Is it mainly —</p>	<p>PGM 8 2006</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2008</p>	<p>_____</p>
<p>f. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2010</p>	<p>_____</p>
<p><i>ASK OR VERIFY —</i></p> <p>g. Was . . . an employee of —</p>	<p>PGM 8 2012</p>	<p>1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item E5</p>
<p><i>ASK OR VERIFY —</i></p> <p>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2014</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 4 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016</p>	<p>FROM <input type="text"/> Month <input type="text"/> Day 2018 <input type="text"/> Day</p>
	<p>2020</p>	<p>TO <input type="text"/> Month <input type="text"/> Day 2022 <input type="text"/> Day</p>
<p>CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?</p>	<p>2023</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	<p>2024</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><i>ASK OR VERIFY —</i></p> <p>4. How many hours per week did . . . usually work at this job?</p>	<p>2025</p>	<p><input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028</p>	<p>\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5</p>
<p>7. During the 4-month period how often was . . . paid on this job?</p>	<p>2030</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 — Specify _____</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.



LAST MONTH

2032 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER USE ONLY

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

2 MONTHS AGO

2034 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

3 MONTHS AGO

2036 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

4 MONTHS AGO

2038 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

CHECK ITEM E4

Is "DK" marked in all parts of item 8a?

- 2040 1 Yes
2 No — SKIP to 9a

8b. 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 Yes — Mark Callback Summary and Reminder Card, Item 3a
2 No

9a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

- 2044 1 Yes — SKIP to Check Item E5
2 No

b. Is (was) . . . covered by a union or employee association contract?

- 2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b, page 13?

- 2048 1 1 employer — SKIP to Check Item E8, page 17
2 2 or more employers

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2100</p>	<p>Employer name _____</p>
<p>CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →</p>	<p>PGM 8 2102</p>	<p>Employer I.D. No. <input type="text"/></p>
<p>CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 2103</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 10c</i></p>
<p>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 2104</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 11a</i></p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2105</p>	<p>_____</p>
<p><i>ASK OR VERIFY —</i></p> <p>d. Is it mainly —</p>	<p>PGM 8 2106</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2108</p>	<p>_____</p>
<p>f. What were . . . 's main activities or duties? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2110</p>	<p>_____</p>
<p><i>ASK OR VERIFY —</i></p> <p>g. Was . . . an employee of —</p>	<p>PGM 8 2112</p>	<p>1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm? — SKIP to Check Item E8</p>
<p>11a. ASK OR VERIFY — 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. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2116</p>	<p>FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p>
	<p>2120</p>	<p>TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p>
<p>CHECK ITEM E6.2 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>11c. What is the main reason . . . stopped working for (name of employer)?</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>12. ASK OR VERIFY — How many hours per week did . . . usually work at this job?</p>	<p>2125</p>	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	<p>2126</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 15</i></p>
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	<p>2128</p>	<p>\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item E8</i></p>
<p>15. During the 4-month period how often was . . . paid on this job?</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 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.



LAST MONTH

2132 \$. 00

- x3 None
- x1 DK
- x2 Ref.

INTERVIEWER USE ONLY

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

Total \$ _____ .00

2 MONTHS AGO

2134 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

Total \$ _____ .00

3 MONTHS AGO

2136 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

Total \$ _____ .00

4 MONTHS AGO

2138 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

Total \$ _____ .00

CHECK ITEM E7

Is "DK" marked in all parts of item 16a?

- 2140 1 Yes
 2 No — SKIP to 17a

16b. 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.)

- 2142 1 Yes — Mark Callback Summary and Reminder Card, Item 3b
 2 No

17a. On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?

- 2144 1 Yes — SKIP to Check Item E8
 2 No

b. Is (was) . . . covered by a union or employee association contract?

- 2146 1 Yes
 2 No

CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?

- 2148 1 Yes — Read Statement B
 2 No — SKIP to first ISS Code or Topical Module Statement A, page 50

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>1 a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 21. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name</p> <hr/>								
<p>CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>								
<p>CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2202</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1c</p>								
<p>1 b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 2203</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1g</p>								
<p>C. What kind of business was this?</p> <hr/> <p><i>ASK OR VERIFY —</i></p>	<p>PGM 8 2204</p>	<hr/>								
<p>d. Is it mainly —</p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>								
<p>e. What kind of work was . . . doing?</p> <hr/>	<p>PGM 8 2208</p>	<hr/>								
<p>f. What were . . . 's most important activities or duties?</p> <hr/> <p><i>ASK OR VERIFY —</i></p>	<p>PGM 8 2210</p>	<hr/>								
<p>g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2212</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> <div style="margin-left: 5px;">Hours</div> </div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <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 — SKIP to 10a x1 <input type="checkbox"/> DK</p>								
<p>CHECK ITEM S2 Have questions 3—5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No</p>								
<p>3. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-left: 5px;"></div> <div style="margin-left: 5px;">Employees</div> </div> <p>x1 <input type="checkbox"/> DK</p>								
<p>4 a. Was . . . 's business incorporated?</p> <hr/>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No</p>								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership</p>								
<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a</p>								
<p>b. Which members?</p>	<p>2226</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: center;">Person No.</th> <th style="text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>	Person No.	Name						
Person No.	Name									
<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5</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

LAST MONTH

2238 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

2 MONTHS AGO

2240 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2242 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2244 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM S4

Is "DK" marked in all parts of item 7?

- 2246 1 Yes
2 No — SKIP to Check Item S5

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

- 2248 1 Yes — Mark Callback Summary and Reminder Card, Item 4a
2 No

CHECK ITEM S5

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

- 2250 1 Yes — SKIP to 10b
2 No

CHECK ITEM S6

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

- 2252 1 Yes — SKIP to 10b
2 No

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

- 2254 1 Yes
2 No — SKIP to 10b

b. What was the net profit or loss?

If "Broke even," mark \$1 in box.

2256 \$. 00

- 2258 x4 Loss in amount box

} SKIP to 10b

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

2260 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

- 8000 1 Yes
2 No — SKIP to 11f

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross income.)</i></p>	PGM 8 2300	Business name _____
<p>CHECK ITEM S9 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	PGM 8 2301	Business I.D. No. □
<p>CHECK ITEM S9.1 Is the previous wave box marked for this business in cc item 43?</p>	PGM 8 2302	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12c
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	PGM 8 2303	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12g
<p>C. What kind of business was this?</p>	PGM 8 2304	_____
<p><i>ASK OR VERIFY —</i> d. Is it mainly —</p>	PGM 8 2306	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?
<p>e. What kind of work was . . . doing?</p>	PGM 8 2308	_____
<p>f. What were . . . 's most important activities or duties?</p>	PGM 8 2310	_____
<p>g. How many hours per week did . . . usually work at this business?</p>	PGM 7 2312	□□ Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	2314	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 21a x1 <input type="checkbox"/> DK
<p>CHECK ITEM S10 Have questions 14—16b already been answered for this business by another household member?</p>	2316	1 <input type="checkbox"/> Yes — SKIP to 17a 2 <input type="checkbox"/> No
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if more than 1,000 employees.</i></p>	2318	□□□ Employees x1 <input type="checkbox"/> DK
<p>15a. Was . . . 's business incorporated?</p>	2320	1 <input type="checkbox"/> Yes — SKIP to 16a 2 <input type="checkbox"/> No
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2322	1 <input type="checkbox"/> Sole proprietorship — SKIP to 17a 2 <input type="checkbox"/> Partnership
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2324	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a
<p>b. Which members?</p>	2326	Person No. Name □□□ _____
	2328	□□□ _____
	2330	□□□ _____
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>CHECK ITEM S11 Is "Yes" marked in either item 17a or 17b?</p>	2336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S13

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.		INTERVIEWER USE ONLY
<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">LAST MONTH</p> <p>2338 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">2 MONTHS AGO</p> <p>2340 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">3 MONTHS AGO</p> <p>2342 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p align="center">4 MONTHS AGO</p> <p>2344 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">TOTAL \$ _____ .00</p> <hr/> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">TOTAL \$ _____ .00</p> <hr/> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">TOTAL \$ _____ .00</p> <hr/> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">\$ _____ .00</p> <p align="right">TOTAL \$ _____ .00</p>
CHECK ITEM S12 Is "DK" marked in all parts of item 18?	2346 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S13	
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 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 4b 2 <input type="checkbox"/> No	
CHECK ITEM S13 Refer to item 15a, page 21. Is this business incorporated?	2350 1 <input type="checkbox"/> Yes — SKIP to 21b 2 <input type="checkbox"/> No	
CHECK ITEM S14 Has information about the net profit (or loss) for this business already been obtained by another household member?	2352 1 <input type="checkbox"/> Yes — SKIP to 21b 2 <input type="checkbox"/> No	
20a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses, for this business during the 4 month period?	2354 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 21b	
<p>b. What was the net profit or loss?</p> <p><i>If "Broke even," mark \$1 in box.</i></p>	<p>2356 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>2358 x4 <input type="checkbox"/> Loss in amount box</p>	<p align="right">} SKIP to 21b</p>
21a. About how much did . . . earn from this business after expenses during the 4-month period?	2360 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00	
b. Was . . . self-employed in this business as of (Read last day of the reference period)?	8016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to first ISS code or Statement A, page 50	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

CHECK ITEM S15	Refer to item 15b, page 21. Is sole proprietorship marked in 15b?	8018	<input type="checkbox"/> 1 Yes – SKIP to Check Item S16 <input type="checkbox"/> 2 No
22a. As of (Read last day of the reference period), what percent of this business did . . . own?		8020	<input type="text"/> <input type="text"/> <input type="text"/> Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to first ISS Code or Statement A, page 50
CHECK ITEM S16	Has the information below about the total value and total debt for this business already been obtained from another household member?	8022	<input type="checkbox"/> 1 Yes – SKIP to first ISS Code or Statement A, page 50 <input type="checkbox"/> 2 No
22b. As of (Read last day of the reference period), what is the total value of this business before figuring in any debts that might be owed against it?	★	8024	<input type="text"/> \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 – SKIP to 22d x3 <input type="checkbox"/> None – SKIP to 22d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to first ISS Code or Statement A, page 50 8025 <input type="checkbox"/> 1 Office Use Only
C. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)		8026	<input type="checkbox"/> 1 Yes – Mark Callback Summary and Reminder Card, Item 5a <input type="checkbox"/> 2 No
d. As of (Read last day of reference period), what was the total debt owed against this business ?	★	8028	<input type="text"/> \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 } SKIP to first ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None ----- x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to first ISS Code or Statement A, page 50 8029 <input type="checkbox"/> 1 Office Use Only
e. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)		8030	<input type="checkbox"/> 1 Yes – Mark Callback Summary and Reminder Card, Item 5b } SKIP to first ISS Code or Statement A, page 50 <input type="checkbox"/> 2 No

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p>Income code Name of income type</p> <p>3000 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3002 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 26 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 26 <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</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3004 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3006 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3008 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3010 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3012 <input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3014 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p>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.</p>
<p>(Last month)</p>	<p>3016 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3018 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3020 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3022 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3024 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3026 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3028 <input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3030 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3032 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 50</p>
<p>6a. Were all the people living here covered by . . .'s payments?</p>	<p>3034 <input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No</p>
<p>NOTES</p>	

AMOUNTS – PART A

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 Statement A, page 50

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 Statement A, page 50

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

- 3062 1 Yes – SKIP to Check Item A8
 2 No

8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

- 3064 1 Blue
 2 Buff
 3 Direct Deposit
 4 Other
 x1 DK

b. 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 A8

Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

- 3068 1 Yes
 2 No – SKIP to next ISS Code or Statement A, page 50

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

(Last month)

- 3070 1 Yes
 2 No
 x1 DK

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

3072 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

- 3074 1 Yes
 2 No
 x1 DK

3076 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

- 3078 1 Yes
 2 No
 x1 DK

3080 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

- 3082 1 Yes
 2 No
 x1 DK

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 Statement A, page 50
 2 No

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

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

SKIP to next ISS Code or Statement A, page 50

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

12a. Did ... receive food stamps in (Read each month)?				
(Last month)	3122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	12b. If "Yes" in 12a, ask – What was the total amount?	3124 \$ <input style="width: 40px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3128	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3132	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3136	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Statement A, page 50

13a. Did ... receive any WIC benefits in (Read each month)? <i>Mark (X) all that apply.</i>	3138	1 <input type="checkbox"/> Last month		
	3140	2 <input type="checkbox"/> 2 months ago		
	3142	3 <input type="checkbox"/> 3 months ago		
	3144	4 <input type="checkbox"/> 4 months ago		
b. Which persons were covered?	Person No.	Name		
	3146			
	3148			
	3150			
	3152			
	3154			

SKIP to next ISS Code or Statement A, page 50

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p>3200 <input type="text"/> <input type="text"/></p>	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202 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 29</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 29</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></p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3204 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3206 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>	
<p>CHECK ITEM A3 Is . . . married?</p>	<p>3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>	
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3212 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3214 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Statement A, page 50</i> 2 <input type="checkbox"/> No</p>	
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>	<p>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.</p>	
<p>(Last month)</p>	<p>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3218 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3222 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3226 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3230 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3232 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A7</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 Statement A, page 50</i></p>	
<p>6a. Were all the people living here covered by . . .'s payments?</p>	<p>3234 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>	

NOTES

Section 3 – AMOUNTS (Continued)

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

		Person No.	Name
6b. Which persons were covered?	3236	<input type="text"/>	<input type="text"/>
	3238	<input type="text"/>	<input type="text"/>
	3240	<input type="text"/>	<input type="text"/>
	3242	<input type="text"/>	<input type="text"/>
	3244	<input type="text"/>	<input type="text"/>
	3246	<input type="text"/>	<input type="text"/>
	3248	<input type="text"/>	<input type="text"/>
	3250	<input type="text"/>	<input type="text"/>
	3252	<input type="text"/>	<input type="text"/>
	3254	<input type="text"/>	<input type="text"/>
CHECK ITEM A6 Is this ISS code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 50	
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	3262	1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No	
8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3264	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
b. Do . . . 's payments usually come on the first of the month or the third?	3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
CHECK ITEM A8 Refer to item 2, page 27. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		9b. If "Yes" in 9a — How much was received?	
(Last month)	3270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3272 \$ <input type="text"/> . <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> 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 \$ <input type="text"/> . <input type="text"/> 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 \$ <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?	3286	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No	

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.		Name
	3288	[][]	
	3290	[][]	
	3292	[][]	
	3294	[][]	
	3296	[][]	
	3298	[][]	

SKIP to next ISS Code or Statement A, page 50

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

12a. Did ... receive food stamps in (Read each month)?				
(Last month)	3322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3324	\$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3328	\$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3332	\$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3336	\$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Statement A, page 50

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

SKIP to next ISS Code or Statement A, page 50

Section 3 — AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i>	3400	
CHECK ITEM A1 <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 13a, page 32</i> <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 32</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>
CHECK ITEM A2 <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 to Check Item A3</i>
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?	3406	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item A3</i>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3408	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 9a</i>
CHECK ITEM A3 Is . . . married?	3410	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i>
4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?	3412	<input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i>
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	3414	<input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Statement A, page 50</i> <input type="checkbox"/> No
5a. Did . . . receive any (Read name of income type) in (Read each month)? NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.		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.
(Last month)	3416	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3420	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3424	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3428	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A5 <i>Mark (X) income type code.</i>	3432	<input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A7</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 Statement A, page 50</i>
6a. Were all the people living here covered by . . .'s payments?	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)

6b. Which persons were covered?

	Person No.	Name
3436	<input type="text"/>	<input type="text"/>
3438	<input type="text"/>	<input type="text"/>
3440	<input type="text"/>	<input type="text"/>
3442	<input type="text"/>	<input type="text"/>
3444	<input type="text"/>	<input type="text"/>
3446	<input type="text"/>	<input type="text"/>
3448	<input type="text"/>	<input type="text"/>
3450	<input type="text"/>	<input type="text"/>
3452	<input type="text"/>	<input type="text"/>
3454	<input type="text"/>	<input type="text"/>

CHECK ITEM A6

Is this ISS code "8"?

- 3456** 1 Yes
 2 No — SKIP to next ISS Code or Statement A, page 50

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

- 3460** 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Statement A, page 50

CHECK ITEM A7

Was this ISS code marked for . . . in cc item 45 last reference period?

- 3462** 1 Yes — SKIP to Check Item A8
 2 No

(SHOW FLASHCARD O)

8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)

- 3464** 1 Blue
 2 Buff
 3 Direct Deposit
 4 Other
 x1 DK

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

- 3466** 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A8

Refer to item 2, page 30. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?

- 3468** 1 Yes
 2 No — SKIP to next ISS Code or Statement A, page 50

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

(Last month)

- 3470** 1 Yes
 2 No
 x1 DK

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

3472 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

- 3474** 1 Yes
 2 No
 x1 DK

3476 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

- 3478** 1 Yes
 2 No
 x1 DK

3480 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

- 3482** 1 Yes
 2 No
 x1 DK

3484 \$. 00
 x1 DK
 x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK —

- 3486** 1 Yes — SKIP to next ISS Code or Statement A, page 50
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.		Name
	3488		
	3490		
	3492		
	3494		
	3496		
3498			

SKIP to next ISS Code or Statement A, page 50

11a. Were all the people living here covered under ...'s food stamp allotment?	3500	<input type="checkbox"/> Yes – SKIP to 12a <input type="checkbox"/> No
b. Which persons were covered?	Person No.	Name
	3502	
	3504	
	3506	
	3508	
	3510	
	3512	
	3514	
3516		

12a. Did ... receive food stamps in (Read each month)?			
(Last month)	3522	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3524
(2 months ago)	3526	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3528
(3 months ago)	3530	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3532
(4 months ago)	3534	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3536

	12b. If "Yes" in 12a, ask – What was the total amount?
	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00
	<input type="checkbox"/> DK <input type="checkbox"/> Ref.

SKIP to next ISS Code or Statement A, page 50

13a. Did ... receive any WIC benefits in (Read each month)?	3538	<input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago
b. Which persons were covered?	3540	
	3542	
	3544	
	Person No.	Name
	3546	
	3548	
3550		
3552		
3554		

SKIP to next ISS Code or Statement A, page 50

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	Income code	Name of income type
	3600	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>CHECK ITEM A1 Mark (X) income type code.</p>	3602	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 35</p> <p>3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 35</p> <p>4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</p> <p>5 <input type="checkbox"/> Other ISS codes – SKIP to 5a</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	3604	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	3606	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3608	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Is . . . married?</p>	3610	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	3612	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	3614	<p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50</p> <p>2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>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.</p>
<p>(Last month)</p>	3616	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	3620	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	3624	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	3628	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	3632	<p>1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7</p> <p>2 <input type="checkbox"/> ISS code 8 or 20 through 24</p> <p>3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 50</p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3634	<p>1 <input type="checkbox"/> Yes – SKIP to Check Item A6</p> <p>2 <input type="checkbox"/> No</p>

NOTES

Section 3 – AMOUNTS (Continued)

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

	Person No.	Name
6b. Which persons were covered?	3636 [][][]	
	3638 [][][]	
	3640 [][][]	
	3642 [][][]	
	3644 [][][]	
	3646 [][][]	
	3648 [][][]	
	3650 [][][]	
	3652 [][][]	
	3654 [][][]	

CHECK ITEM A6	Is this ISS code "8"?	3656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50
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7.	Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 50
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CHECK ITEM A7	Was this ISS code marked for . . . in cc item 45 last reference period?	3662 1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No
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	(SHOW FLASHCARD O) 8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3664 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
--	---	---

	b. 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
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CHECK ITEM A8	Refer to item 2, page 33. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3668 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50
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9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?		9b. If "Yes" in 9a – How much was received?
(Last month)	3670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3672 \$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3674 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3676 \$ [] [] . [] [] 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 \$ [] [] . [] [] 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 \$ [] [] . [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

10a.	VERIFY IF ONLY ONE CHILD OR ASK — Were all children living here covered by these payments?	3686 1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
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Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

	Person No.	Name
3688	<input type="text"/>	<input type="text"/>
3690	<input type="text"/>	<input type="text"/>
3692	<input type="text"/>	<input type="text"/>
3694	<input type="text"/>	<input type="text"/>
3696	<input type="text"/>	<input type="text"/>
3698	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement A, page 50

11a. Were all the people living here covered under ...'s food stamp allotment? **3700** 1 Yes — SKIP to 12a
2 No

b. Which persons were covered?

	Person No.	Name
3702	<input type="text"/>	<input type="text"/>
3704	<input type="text"/>	<input type="text"/>
3706	<input type="text"/>	<input type="text"/>
3708	<input type="text"/>	<input type="text"/>
3710	<input type="text"/>	<input type="text"/>
3712	<input type="text"/>	<input type="text"/>
3714	<input type="text"/>	<input type="text"/>
3716	<input type="text"/>	<input type="text"/>

12a. Did ... receive food stamps in (Read each month)?		12b. If "Yes" in 12a, ask — What was the total amount?
(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 Statement A, page 50

13a. Did ... receive any WIC benefits in (Read each month)? **3738** 1 Last month
3740 2 2 months ago
3742 3 3 months ago
3744 4 4 months ago
Mark (X) all that apply.

b. Which persons were covered?

	Person No.	Name
3746	<input type="text"/>	<input type="text"/>
3748	<input type="text"/>	<input type="text"/>
3750	<input type="text"/>	<input type="text"/>
3752	<input type="text"/>	<input type="text"/>
3754	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Statement A, page 50

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	Income code	Name of income type
	3800	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	3802	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 38</p> <p>3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 38</p> <p>4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4</p> <p>5 <input type="checkbox"/> Other ISS codes – SKIP to 5a</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent, or guardian of children under age 18?</p>	3804	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	3806	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3808	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 Is . . . married?</p>	3810	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . .'s spouse?</p>	3812	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	3814	<p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50</p> <p>2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>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.</p>
<p>(Last month)</p>	3816	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	3820	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	3824	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	3828	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	3832	<p>1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A7</p> <p>2 <input type="checkbox"/> ISS code 8 or 20 through 24</p> <p>3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Statement A, page 50</p>
<p>6a. Were all the people living here covered by . . .'s payments?</p>	3834	<p>1 <input type="checkbox"/> Yes – SKIP to Check Item A6</p> <p>2 <input type="checkbox"/> No</p>
<p>NOTES</p>		

Section 3 – AMOUNTS (Continued)

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

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

CHECK ITEM A6	Is this ISS code "8"?	3856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
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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 } SKIP to next ISS Code or Statement A, page 50
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CHECK ITEM A7	Was this ISS code marked for . . . in cc item 45 last reference period?	3862 1 <input type="checkbox"/> Yes – SKIP to Check Item A8 2 <input type="checkbox"/> No
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8a.	(SHOW FLASHCARD 0) Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3864 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
------------	--	---

b.	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
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CHECK ITEM A8	Refer to item 2, page 36. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50
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9a. Were Social Security (Railroad Retirement) payments received for . . . 's children in (Read each month)?	9b. If "Yes" in 9a – How much was received?
(Last month)	3870 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3872 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3874 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3876 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3878 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3880 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3882 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3884 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

10a.	VERIFY IF ONLY ONE CHILD OR ASK – Were all children living here covered by these payments?	3886 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
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Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	3888	Person No.		Name	
	3890				
	3892				
	3894				
	3896				
	3898				

SKIP to next ISS Code or Statement A, page 50

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

12a. Did . . . receive food stamps in (Read each month)?					
(Last month)	3922	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3924	\$	. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3928	\$	. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3932	\$	. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3934	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3936	\$	. 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

SKIP to next ISS Code or Statement A, page 50

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

SKIP to next ISS Code or Statement A, page 50

Section 3 — AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps — code 27.)</p>	Income code	Name of income type
	4000	
<p>CHECK ITEM A1 Mark (X) income type code.</p>	4002	<p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS code 25 (WIC) — SKIP to 13a, page 41</p> <p>3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 41</p> <p>4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4</p> <p>5 <input type="checkbox"/> Other ISS codes — SKIP to 5a</p>
<p>CHECK ITEM A2 Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	4004	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	4006	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	4008	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to 9a</p>
<p>CHECK ITEM A3 Is . . . married?</p>	4010	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to 5a</p>
<p>4. Did . . . receive Social Security (Railroad Retirement) jointly with . . . 's spouse?</p>	4012	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — SKIP to 5a</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	4014	<p>1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50</p> <p>2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)?</p> <p>NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC.</p>		<p>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.</p>
<p>(Last month)</p>	4016	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	4020	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	4024	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	4028	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 Mark (X) income type code.</p>	4032	<p>1 <input type="checkbox"/> ISS code 1 or 2 — SKIP to Check Item A7</p> <p>2 <input type="checkbox"/> ISS code 8 or 20 through 24</p> <p>3 <input type="checkbox"/> All other income codes — SKIP to next ISS Code or Statement A, page 50</p>
<p>6a. Were all the people living here covered by . . . 's payments?</p>	4034	<p>1 <input type="checkbox"/> Yes — SKIP to Check Item A6</p> <p>2 <input type="checkbox"/> No</p>
<p>NOTES</p>		

Section 3 — AMOUNTS (Continued)

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

		Person No.	Name
6b. Which persons were covered?	4036	<input type="text"/>	<input type="text"/>
	4038	<input type="text"/>	<input type="text"/>
	4040	<input type="text"/>	<input type="text"/>
	4042	<input type="text"/>	<input type="text"/>
	4044	<input type="text"/>	<input type="text"/>
	4046	<input type="text"/>	<input type="text"/>
	4048	<input type="text"/>	<input type="text"/>
	4050	<input type="text"/>	<input type="text"/>
	4052	<input type="text"/>	<input type="text"/>
	4054	<input type="text"/>	<input type="text"/>
CHECK ITEM A6 Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
7. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Statement A, page 50	
CHECK ITEM A7 Was this ISS code marked for . . . in cc item 45 last reference period?	4062	1 <input type="checkbox"/> Yes — SKIP to Check Item A8 2 <input type="checkbox"/> No	
(SHOW FLASHCARD 0) 8a. Social Security (Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK	
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	
CHECK ITEM A8 Refer to item 2, page 39. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50	
9a. Were Social Security (Railroad Retirement) payments received for . . .'s children in (Read each month)?		9b. If "Yes" in 9a — How much was received?	
(Last month)	4070	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4072 \$ <input type="text"/> . <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"/> . <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"/> . <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"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments?	4086	1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No	

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?	Person No.		Name
	4088	[][]	
	4090	[][]	
	4092	[][]	
	4094	[][]	
	4096	[][]	
	4098	[][]	

SKIP to next ISS Code or Statement A, page 50

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

12a. Did . . . receive food stamps in (Read each month)?				
(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 Statement A, page 50

13a. Did . . . receive any WIC benefits in (Read each month)?	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. Which persons were covered?	Person No.	Name
	4146	[][]
	4148	[][]
	4150	[][]
	4154	[][]

SKIP to next ISS Code or Statement A, page 50

Section 3 — AMOUNTS (Continued)

Part B — SAVINGS ACCOUNTS, MONEY MARKET DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, AND INTEREST-EARNING CHECKING ACCOUNTS (ISS Codes 100, 101, 102, and 103)

CHECK ITEM A9	Asset types owned. Mark (X) all that apply.	4300 1 <input type="checkbox"/> ISS code 100 — Regular/Passbook Savings Accounts 4302 2 <input type="checkbox"/> ISS code 101 — Money Market Deposit Accounts 4304 3 <input type="checkbox"/> ISS code 102 — Certificates of Deposit or other Savings Certificates 4306 4 <input type="checkbox"/> ISS code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts)
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1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA and KEOGH accounts.

CHECK ITEM A10	Interview status of . . . 's spouse.	4308 1 <input type="checkbox"/> No spouse in household — SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to 3a
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2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4310 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3b
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b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4312 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
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c.	As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?	4314 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 — SKIP to 3a x3 <input type="checkbox"/> None — SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
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d.	If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4316 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 6 2 <input type="checkbox"/> No
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3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next ISS Code or Statement A, page 50
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b.	What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period?	4320 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
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c.	As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?	4322 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 } SKIP to next ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50
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d.	If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4324 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 7 } SKIP to next ISS Code or Statement A, page 50 2 <input type="checkbox"/> No
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NOTES

AMOUNTS — PARTS B&C

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A11	Asset types owned. <i>Mark (X) all that apply.</i>	4400 1 <input type="checkbox"/> ISS code 104 – Money Market funds 4402 2 <input type="checkbox"/> ISS code 105 – U.S. Government securities 4404 3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds 4406 4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – <i>Specify</i> ↓ _____
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1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA and KEOGH accounts.

CHECK ITEM A12	Interview status of . . . 's spouse.	4408 1 <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>
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2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4410 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
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b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period?	4412 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i>
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c.	As of (Read last day of reference period), what was the total amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types)?	4414 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i>
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d.	If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4416 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 8</i> 2 <input type="checkbox"/> No
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3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	4418 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Statement A, page 50</i>
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b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period?	4420 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i>
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c.	As of (Read last day of reference period), what was the total amount that . . . had in these (Read asset types)?	4422 \$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 } <i>SKIP to next ISS Code or Statement A, page 50</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i>
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d.	If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	4424 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 9</i> } <i>SKIP to next ISS Code or Statement A, page 50</i> 2 <input type="checkbox"/> No
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NOTES

AMOUNTS – PARTS B&C

Section 3 – AMOUNTS (Continued)

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

<p>1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA and KEOGH accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)</p>	<p align="right">4500</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i></p>
<p>CHECK ITEM A13 Interview status of . . .'s spouse.</p>	<p align="right">4502</p> <p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i></p> <p>2 <input type="checkbox"/> Interview for spouse not yet conducted</p> <p>3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i></p>
<p>1b. During the past 4 months how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)?</p>	<p align="right">4504</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 2a</i></p> <p>x3 <input type="checkbox"/> None – <i>SKIP to 2a</i></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>c. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p align="right">4506</p> <p>1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 10</i></p> <p>2 <input type="checkbox"/> No</p>
<p>2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)?</p>	<p align="right">4508</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i></p> <p>x3 <input type="checkbox"/> None – <i>SKIP to 3a</i></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>b. If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p align="right">4510</p> <p>1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 11</i></p> <p>2 <input type="checkbox"/> No</p>
<p>3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?</p>	<p align="right">4512</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item A15</i></p>
<p>CHECK ITEM A14 Interview status of . . .'s spouse.</p>	<p align="right">4514</p> <p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i></p> <p>2 <input type="checkbox"/> Interview for spouse not yet conducted</p> <p>3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i></p>
<p>3b. During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?</p>	<p align="right">4516</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p>	<p align="right">4518</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>CHECK ITEM A15 Interview status of . . .'s spouse.</p>	<p align="right">8032</p> <p>1 <input type="checkbox"/> No spouse in household – <i>SKIP to 5b</i></p> <p>2 <input type="checkbox"/> Interview for spouse not yet conducted</p> <p>3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 5a</i></p>
<p>4a. As of (read last day of reference period), what was the market value of the stocks or mutual funds held jointly by . . . and . . .'s (husband/wife)? (Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)</p>	<p align="right">8034</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 4c</i></p> <p>x3 <input type="checkbox"/> None – <i>SKIP to 5a</i></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>b. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p align="right">8035</p> <p>1 <input type="checkbox"/> Office Use Only</p> <p align="right">8036</p> <p>1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 12</i></p> <p>2 <input type="checkbox"/> No</p>

AMOUNTS – PARTS D&E

Section 3 – AMOUNTS (Continued)

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

<p>4c. Was any debt or margin account held against these jointly held stocks or mutual funds as of <i>(Read last day of reference period)?</i></p>	<p align="center">8038</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>d. As of <i>(Read last day of reference period)</i>, what was the amount of the debt or margin account?</p>	<p align="center">8040</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>5a. Besides any stocks or mutual fund shares held jointly with ...'s (husband/wife), did ... hold any other stocks or mutual fund shares?</p>	<p align="center">8042</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS code or Statement A, page 50</p>
<p>b. As of <i>(Read last day of reference period)</i>, what was the market value of the stocks or mutual funds ... held in (his/her) OWN name? <i>(Exclude stock in own corporation if value of that corporation was already obtained in Section 2, Part B.)</i> ★</p>	<p align="center">8044</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – SKIP to 5d</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p align="center">8045 1 <input type="checkbox"/> Office Use Only</p>
<p>c. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p align="center">8046</p> <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 13 2 <input type="checkbox"/> No</p>
<p>d. Was any debt or margin account held against ...'s stocks or mutual funds as of <i>(Read last day of reference period)?</i></p>	<p align="center">8048</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Statement A, page 50</p>
<p>e. As of <i>(Read last day of reference period)</i>, what was the amount of the debt or margin account?</p>	<p align="center">8050</p> <p>\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> <p align="right">} SKIP to next ISS Code or Statement A, page 50</p>

NOTES

AMOUNTS – PARTS D&E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A16 Interview status of . . . 's spouse.	<div style="display: flex; justify-content: space-between;"> 4600 <div style="margin-left: 20px;"> <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i> </div> </div>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months? <i>Include only property owned entirely by couple.</i>	<div style="display: flex; justify-content: space-between;"> 4602 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 2d</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> 4604 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> 4606 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> </div>
d. As of (Read last day of reference period), did . . . own any rental property jointly with . . . 's (husband/wife)? (Include only property owned entirely by . . . and . . . 's (husband/wife).)	<div style="display: flex; justify-content: space-between;"> 8052 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to 3a</i> </div> </div>
e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?	<div style="display: flex; justify-content: space-between;"> 8054 <div style="margin-left: 20px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Number of properties <input type="checkbox"/> None — <i>SKIP to 3a</i> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div>
f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 15%;"> 8056 8058 8060 8062 8064 8066 </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Vacation home <input type="checkbox"/> Other residential property <input type="checkbox"/> Farm property <input type="checkbox"/> Commercial property <input type="checkbox"/> Equipment <input type="checkbox"/> Other — <i>Specify _____</i> </div> </div>
g. As of (Read last day of reference period), what was the total market value of the property(ies) ?	<div style="display: flex; justify-content: space-between;"> 8068 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i> </div> </div> </div>
h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> 8069 <div style="margin-left: 20px;"> <input type="checkbox"/> Office Use Only </div> </div>
i. Was there a mortgage, deed of trust, or other debt on the property(ies)?	<div style="display: flex; justify-content: space-between;"> 8070 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 14</i> <input type="checkbox"/> No </div> </div>
j. As of (Read last day of reference period), how much principal was owed on the property(ies)?	<div style="display: flex; justify-content: space-between;"> 8072 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } <i>SKIP to 3a</i> </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?	<div style="display: flex; justify-content: space-between;"> 8074 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK — <i>Probe</i> <input type="checkbox"/> Ref. </div> </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?	<div style="display: flex; justify-content: space-between;"> 8075 <div style="margin-left: 20px;"> <input type="checkbox"/> Office Use Only </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?	<div style="display: flex; justify-content: space-between;"> 4610 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3d</i> </div> </div>

Section 3 – AMOUNTS (Continued)

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

<p>3b. About how much was received in gross rent from this property during the 4-month period?</p>	<p>4612 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>C. What is your best estimate of the amount that was cleared after expenses?</p>	<p>4614 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } SKIP to 3e</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>4616 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 3e</p>
<p>d. As of (Read last day of reference period), did ... own any rental property in ...'s OWN name?</p>	<p>8076 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a x1 <input type="checkbox"/> DK</p>
<p>e. How many properties did ... own in ...'s OWN name as of (Read last day of reference period)?</p>	<p>8078 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of properties</p> <p>x3 <input type="checkbox"/> None – SKIP to 4a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p>
<p>f. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i></p>	<p>8080 1 <input type="checkbox"/> Vacation home 8082 2 <input type="checkbox"/> Other residential property 8084 3 <input type="checkbox"/> Farm property 8086 4 <input type="checkbox"/> Commercial property 8088 5 <input type="checkbox"/> Equipment 8090 6 <input type="checkbox"/> Other – Specify _____</p>
<p>g. As of (Read last day of reference period), what was the total market value of the property(ies)?</p>	<p>8092 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – SKIP to 3i</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>8093 1 <input type="checkbox"/> Office Use Only</p>
<p>h. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8094 1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 15 2 <input type="checkbox"/> No</p>
<p>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p>8096 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 4a x1 <input type="checkbox"/> DK</p>
<p>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p>8098 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>8099 1 <input type="checkbox"/> Office Use Only</p>
<p>4a. Did ... receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by ... and ...'s spouse.)</p>	<p>4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4c</p>
<p>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</p>	<p>4620 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } SKIP to 4d</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Statement A, page 50</p> <p>4622 x4 <input type="checkbox"/> Lost money – Enter amount of loss in box – SKIP to 4d</p>

Section 3 – AMOUNTS (Continued)

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

<p>4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)</p>	<p>8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Statement A, page 50</i> x1 <input type="checkbox"/> DK }</p>
<p>d. How many properties did . . . own jointly with others as of (Read last day of reference period)?</p>	<p>8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None — <i>SKIP to next ISS Code or Statement A, page 50</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i></p>
<p>e. What type of property(ies) (was it/were they)? <i>Mark (X) all that apply.</i></p>	<p>8104 1 <input type="checkbox"/> Vacation home 8106 2 <input type="checkbox"/> Other residential property 8108 3 <input type="checkbox"/> Farm property 8110 4 <input type="checkbox"/> Commercial property 8112 5 <input type="checkbox"/> Equipment 8114 6 <input type="checkbox"/> Other — <i>Specify</i> ↓</p>
<p>f. As of (Read last day of reference period), what was the total market value of the property(ies)?</p>	<p>8116 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i></p> <p>8117 1 <input type="checkbox"/> Office Use Only</p>
<p>g. Was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p>8118 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 4i</i> x1 <input type="checkbox"/> DK }</p>
<p>h. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p>8120 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i></p> <p>8121 1 <input type="checkbox"/> Office Use Only</p>
<p>i. As of (Read last day of reference period), what was the total value of . . . 's SHARE of equity in the property(ies)? (By equity we mean the total market value less any debts held against it.) ★</p>	<p>8122 \$ <input type="text"/> . <input type="text"/> 00 — <i>SKIP to next ISS Code or Statement A, page 50</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Statement A, page 50</i></p> <p>8123 1 <input type="checkbox"/> Office Use Only</p>
<p>j. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8124 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 16</i> } <i>SKIP to next ISS Code or Statement A, page 50</i> 2 <input type="checkbox"/> No }</p>

NOTES

Section 5 — PROGRAM QUESTIONS

CHECK ITEM P1	Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
1 a.	The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received 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?	4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P2
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? <i>Mark (X) all that apply.</i>	4818 4820 4822	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
c.	What was the total amount of the energy assistance received by this household during the past 4 months?	4824	\$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P2	Are there any children 5 to 18 who live in the household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
2 a.	Do any of the children in this household usually eat a complete hot lunch offered at school?	4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
b.	How many children?	4830	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
c.	Do any of the children receive free or reduced-price lunches this school year because they qualified for the Federal School Lunch Program?	4832	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2f
d.	How many children?	4834	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
e.	Are the lunches free or are they reduced-price? <i>Mark (X) all that apply.</i>	4836 4838	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price
f.	Do any of the children receive free or reduced-price school breakfasts this school year?	4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1
g.	How many children?	4842	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children
h.	Are the breakfasts free or are they reduced-price? <i>Mark (X) all that apply.</i>	4844 4846	1 <input type="checkbox"/> Free 2 <input type="checkbox"/> Reduced-price } Go to Check Item C1

NOTES

PROGRAM QUESTIONS