

**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)?



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

LAST MONTH

2238

\$  .  00

- X3  None  
X1  DK  
X2  Ref.

**INTERVIEWER USE ONLY**

\$ \_\_\_\_\_ .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 B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1 (Continued)**

<b>CHECK ITEM S7</b>	Refer to item 4b, page 18. Is sole proprietorship marked in 4b?	<b>8002</b>	1 <input type="checkbox"/> Yes – SKIP to Check Item S8 2 <input type="checkbox"/> No																								
<b>11a.</b>	As of (Read last day of reference period), what percent of this business did . . . own?	<b>8004</b>	<table style="width:100%;"> <tr> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">Percent</td> </tr> <tr> <td colspan="4">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td colspan="4">x2 <input type="checkbox"/> Ref. – SKIP to 11f</td> </tr> </table>	[ ]	[ ]	[ ]	Percent	x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref. – SKIP to 11f															
[ ]	[ ]	[ ]	Percent																								
x1 <input type="checkbox"/> DK																											
x2 <input type="checkbox"/> Ref. – SKIP to 11f																											
<b>CHECK ITEM S8</b>	Has the information below about the total value and total debt for this business already been obtained from another household member?	<b>8006</b>	1 <input type="checkbox"/> Yes – SKIP to 11f 2 <input type="checkbox"/> No																								
<b>b.</b>	As of (Read last day of the reference period), what was the total value of this business before figuring in any debts that might be owed against it? ★	<b>8008</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">.</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%;">– SKIP to 11d</td> </tr> <tr> <td colspan="6">x3 <input type="checkbox"/> None – SKIP to 11d</td> </tr> <tr> <td colspan="6">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td colspan="6">x2 <input type="checkbox"/> Ref. – SKIP to 11f</td> </tr> </table>	\$	[ ]	.	[ ]	[ ]	– SKIP to 11d	x3 <input type="checkbox"/> None – SKIP to 11d						x1 <input type="checkbox"/> DK						x2 <input type="checkbox"/> Ref. – SKIP to 11f					
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x3 <input type="checkbox"/> None – SKIP to 11d																											
x1 <input type="checkbox"/> DK																											
x2 <input type="checkbox"/> Ref. – SKIP to 11f																											
		<b>8009</b>	1 <input type="checkbox"/> Office Use Only																								
<b>c.</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.)	<b>8010</b>	1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 5a 2 <input type="checkbox"/> No																								
<b>d.</b>	As of (Read last day of reference period), what was the total debt owed against this business? ★	<b>8012</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">.</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%; text-align: center;">[ ]</td> <td style="width:10%;">– SKIP to 11f</td> </tr> <tr> <td colspan="6">x3 <input type="checkbox"/> None – SKIP to 11f</td> </tr> <tr> <td colspan="6">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td colspan="6">x2 <input type="checkbox"/> Ref. – SKIP to 11f</td> </tr> </table>	\$	[ ]	.	[ ]	[ ]	– SKIP to 11f	x3 <input type="checkbox"/> None – SKIP to 11f						x1 <input type="checkbox"/> DK						x2 <input type="checkbox"/> Ref. – SKIP to 11f					
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x2 <input type="checkbox"/> Ref. – SKIP to 11f																											
		<b>8013</b>	1 <input type="checkbox"/> Office Use Only																								
<b>e.</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.)	<b>8014</b>	1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 5b 2 <input type="checkbox"/> No																								
<b>f.</b>	Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?	<b>2262</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to first ISS Code or Statement A, page 50																								

NOTES

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

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

<b>18. READ STATEMENT ONLY ONCE PER RESPONDENT.</b>		<b>INTERVIEWER USE ONLY</b>	
<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)? <span style="float: right;">★</span></p>	<p align="center">LAST MONTH</p> <p><b>2338</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>
	<p align="center">2 MONTHS AGO</p> <p><b>2340</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>
	<p align="center">3 MONTHS AGO</p> <p><b>2342</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>
	<p align="center">4 MONTHS AGO</p> <p><b>2344</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>	<p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p>\$ _____ .00</p> <p><b>TOTAL</b> \$ _____ .00</p>
<b>CHECK ITEM S12</b>	Is "DK" marked in all parts of item 18?	<b>2346</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S13
<b>19.</b>	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.)	<b>2348</b>	1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 4b 2 <input type="checkbox"/> No
<b>CHECK ITEM S13</b>	Refer to item 15a, page 21. Is this business incorporated?	<b>2350</b>	1 <input type="checkbox"/> Yes – SKIP to 21b 2 <input type="checkbox"/> No
<b>CHECK ITEM S14</b>	Has information about the net profit (or loss) for this business already been obtained by another household member?	<b>2352</b>	1 <input type="checkbox"/> Yes – SKIP to 21b 2 <input type="checkbox"/> No
<b>20a.</b>	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?	<b>2354</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21b
<b>b.</b>	What was the net profit or loss? If "Broke even," mark \$1 in box.	<b>2356</b>	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00
		<b>2358</b>	x4 <input type="checkbox"/> Loss in amount box
<b>21a.</b>	About how much did . . . earn from this business after expenses during the 4-month period?	<b>2360</b>	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00
<b>b.</b>	Was . . . self-employed in this business as of (Read last day of the reference period)?	<b>8016</b>	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)**

<b>CHECK ITEM S15</b>	Refer to item 15b, page 21. Is sole proprietorship marked in 15b?	<b>8018</b>	<input type="checkbox"/> 1 Yes – SKIP to Check Item S16 <input type="checkbox"/> 2 No
<b>22a.</b>	As of (Read last day of the reference period), what percent of this business did . . . own?	<b>8020</b>	<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
<b>CHECK ITEM S16</b>	Has the information below about the total value and total debt for this business already been obtained from another household member?	<b>8022</b>	<input type="checkbox"/> 1 Yes – SKIP to first ISS Code or Statement A, page 50 <input type="checkbox"/> 2 No
<b>22b.</b>	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? ★	<b>8024</b>	\$ <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 <b>8025</b> <input type="checkbox"/> 1 Office Use Only
<b>C.</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.)	<b>8026</b>	<input type="checkbox"/> 1 Yes – Mark Callback Summary and Reminder Card, Item 5a <input type="checkbox"/> 2 No
<b>d.</b>	As of (Read last day of reference period), what was the total debt owed against this business? ★	<b>8028</b>	\$ <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 <b>8029</b> <input type="checkbox"/> 1 Office Use Only
<b>e.</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.)	<b>8030</b>	<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 (Continued)**

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

<p><b>1a.</b> 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"><b>4500</b></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><b>CHECK ITEM A13</b></p> <p>Interview status of . . .'s spouse.</p>	<p align="right"><b>4502</b></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><b>1b.</b> During the past 4 months how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)?</p> <p align="right">★</p>	<p align="right"><b>4504</b></p> <p>\$ <input type="text"/> . <input 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><b>c.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p align="right"><b>4506</b></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><b>2a.</b> During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)?</p> <p align="right">★</p>	<p align="right"><b>4508</b></p> <p>\$ <input type="text"/> . <input 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>b.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p align="right"><b>4510</b></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><b>3a.</b> (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"><b>4512</b></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><b>CHECK ITEM A14</b></p> <p>Interview status of . . .'s spouse.</p>	<p align="right"><b>4514</b></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><b>3b.</b> During the 4-month period how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?</p>	<p align="right"><b>4516</b></p> <p>\$ <input type="text"/> . <input 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><b>c.</b> During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p>	<p align="right"><b>4518</b></p> <p>\$ <input type="text"/> . <input 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><b>CHECK ITEM A15</b></p> <p>Interview status of . . .'s spouse.</p>	<p align="right"><b>8032</b></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><b>4a.</b> 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">★</p>	<p align="right"><b>8034</b></p> <p>\$ <input type="text"/> . <input 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 align="right"><b>8035</b></p> <p>1 <input type="checkbox"/> Office Use Only</p>
<p><b>b.</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"><b>8036</b></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><b>4c.</b> 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"><b>8038</b></p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p><b>d.</b> As of <i>(Read last day of reference period)</i>, what was the amount of the debt or margin account?</p>	<p align="center"><b>8040</b></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><b>5a.</b> 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"><b>8042</b></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>b.</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"><b>8044</b></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"><b>8045</b></p> <p>1 <input type="checkbox"/> Office Use Only</p>
<p><b>c.</b> If I were to call back later would you be able to provide me with an estimate of the amount? <b>(This information is especially important for the purposes of this survey.)</b></p>	<p align="center"><b>8046</b></p> <p>1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 13 2 <input type="checkbox"/> No</p>
<p><b>d.</b> 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"><b>8048</b></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>e.</b> As of <i>(Read last day of reference period)</i>, what was the amount of the debt or margin account?</p>	<p align="center"><b>8050</b></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 style="font-size: 2em;">}</p> <p>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)**

<b>1. Earlier you told me that . . . owned some rental property.</b>	
<b>CHECK ITEM A16</b> Interview status of . . . 's spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4 months?</b> <i>Include only property owned entirely by couple.</i>	<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2d</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4604</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" 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>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>	<b>4606</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } <i>SKIP to 2e</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> <b>4608</b> x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box – SKIP to 2e</i>
<b>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).)</b>	<b>8052</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK
<b>e. How many properties did . . . own jointly with . . . 's (husband/wife) as of (Read last day of reference period)?</b>	<b>8054</b> <input style="width: 20px;" type="text"/> Number of properties 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>
<b>f. What type of property(ies) (was it/were they)?</b> <i>Mark (X) all that apply.</i>	<b>8056</b> 1 <input type="checkbox"/> Vacation home <b>8058</b> 2 <input type="checkbox"/> Other residential property <b>8060</b> 3 <input type="checkbox"/> Farm property <b>8062</b> 4 <input type="checkbox"/> Commercial property <b>8064</b> 5 <input type="checkbox"/> Equipment <b>8066</b> 6 <input type="checkbox"/> Other – <i>Specify _____</i>
<b>g. As of (Read last day of reference period), what was the total market value of the property(ies) ?</b>	<b>8068</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 2i</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Statement A, page 50</i> <b>8069</b> 1 <input type="checkbox"/> Office Use Only
<b>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.)</b>	<b>8070</b> 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 14</i> 2 <input type="checkbox"/> No
<b>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</b>	<b>8072</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK
<b>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</b>	<b>8074</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref. <b>8075</b> 1 <input type="checkbox"/> Office Use Only
<b>3a. Did . . . receive rental income from property owned entirely in . . . 's OWN name during the last 4 months?</b>	<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3d</i>

**Section 3 — AMOUNTS (Continued)**

**Part E — RENTAL INCOME (ISS Code 120) (Continued)**

<p><b>3b. About how much was received in gross rent from this property during the 4-month period?</b></p>	<p><b>4612</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p><b>c. What is your best estimate of the amount that was cleared after expenses?</b></p>	<p><b>4614</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" 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><b>4616</b> x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 3e</p>
<p><b>d. As of (Read last day of reference period), did ... own any rental property in ...'s OWN name?</b></p>	<p><b>8076</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } SKIP to 4a  x1 <input type="checkbox"/> DK</p>
<p><b>e. How many properties did ... own in ...'s OWN name as of (Read last day of reference period)?</b></p>	<p><b>8078</b> <input style="width: 30px;" type="text"/> Number of properties</p> <p>x3 <input type="checkbox"/> None — SKIP to 4a  x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p><b>f. What type of property(ies) (was it/were they)?</b>  <i>Mark (X) all that apply.</i></p>	<p><b>8080</b> 1 <input type="checkbox"/> Vacation home  <b>8082</b> 2 <input type="checkbox"/> Other residential property  <b>8084</b> 3 <input type="checkbox"/> Farm property  <b>8086</b> 4 <input type="checkbox"/> Commercial property  <b>8088</b> 5 <input type="checkbox"/> Equipment  <b>8090</b> 6 <input type="checkbox"/> Other — Specify _____</p>
<p><b>g. As of (Read last day of reference period), what was the total market value of the property(ies)?</b></p> <p align="right">★</p>	<p><b>8092</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 — SKIP to 3i</p> <p>x1 <input type="checkbox"/> DK  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p><b>8093</b> 1 <input type="checkbox"/> Office Use Only</p>
<p><b>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.)</b></p>	<p><b>8094</b> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 15  2 <input type="checkbox"/> No</p>
<p><b>i. Was there a mortgage, deed of trust, or other debt on the property(ies)?</b></p>	<p><b>8096</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No } SKIP to 4a  x1 <input type="checkbox"/> DK</p>
<p><b>j. As of (Read last day of reference period), how much principal was owed on the property(ies)?</b></p>	<p><b>8098</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None  x1 <input type="checkbox"/> DK — Probe  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p><b>8099</b> 1 <input type="checkbox"/> Office Use Only</p>
<p><b>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.)</b></p>	<p><b>4618</b> 1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No — SKIP to 4c</p>
<p><b>b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?</b></p>	<p><b>4620</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" 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><b>4622</b> 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><b>4c.</b> 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><b>8100</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } SKIP to next ISS Code or Statement A, page 50                  x1 <input type="checkbox"/> DK }</p>
<p><b>d.</b> How many properties did . . . own jointly with others as of (Read last day of reference period)?</p>	<p><b>8102</b> <input type="text"/> Number of properties                  x3 <input type="checkbox"/> None — SKIP to next ISS Code or Statement A, page 50                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p><b>e.</b> What type of property(ies) (was it/were they)?                  Mark (X) all that apply.</p>	<p><b>8104</b> 1 <input type="checkbox"/> Vacation home  <b>8106</b> 2 <input type="checkbox"/> Other residential property  <b>8108</b> 3 <input type="checkbox"/> Farm property  <b>8110</b> 4 <input type="checkbox"/> Commercial property  <b>8112</b> 5 <input type="checkbox"/> Equipment  <b>8114</b> 6 <input type="checkbox"/> Other — Specify )</p>
<p><b>f.</b> As of (Read last day of reference period), what was the total market value of the property(ies)?</p>	<p><b>8116</b> \$ <input type="text"/> . <input type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p><b>8117</b> 1 <input type="checkbox"/> Office Use Only</p>
<p><b>g.</b> Was there a mortgage, deed of trust, or other debt on the property(ies)?</p>	<p><b>8118</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No } SKIP to 4i                  x1 <input type="checkbox"/> DK }</p>
<p><b>h.</b> As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p><b>8120</b> \$ <input type="text"/> . <input type="text"/> 00                  x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p><b>8121</b> 1 <input type="checkbox"/> Office Use Only</p>
<p><b>i.</b> 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><b>8122</b> \$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Statement A, page 50                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p><b>8123</b> 1 <input type="checkbox"/> Office Use Only</p>
<p><b>j.</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><b>8124</b> 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 16 } SKIP to next ISS Code or Statement A, page 50                  2 <input type="checkbox"/> No }</p>

NOTES

**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A17</b>	Asset types owned. <i>Mark (X) all that apply.</i>	<b>4700</b>	1 <input type="checkbox"/> ISS Code 130 – Mortgages																
		<b>4702</b>	2 <input type="checkbox"/> ISS Code 140 – Royalties																
		<b>4704</b>	3 <input type="checkbox"/> ISS Code 150 – Other financial investments																
<b>CHECK ITEM A18</b>	Is ISS Code 130 marked in Check Item A17?	<b>4706</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>																
<b>CHECK ITEM A19</b>	Interview status of . . . 's spouse.	<b>4708</b>	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>																
<b>1a.</b>	Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	<b>4710</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>																
<b>b.</b>	During the past 4 months how much interest was paid to . . . and . . . 's (husband/wife) by the borrower?	<b>4712</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; text-align: center;">00</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x3 <input type="checkbox"/> None</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	\$		00					x3 <input type="checkbox"/> None				x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref.
\$		00																	
			x3 <input type="checkbox"/> None																
			x1 <input type="checkbox"/> DK																
			x2 <input type="checkbox"/> Ref.																
<b>C.</b>	As of (Read last day of reference period), how much principal was owed to . . . and . . . 's (husband/wife) on this (these) mortgage(s)?	<b>8126</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; text-align: center;">00</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x3 <input type="checkbox"/> None</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i></td> </tr> </table>	\$		00					x3 <input type="checkbox"/> None				x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i>
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		<b>8127</b>	1 <input type="checkbox"/> Office Use Only																
<b>2a.</b>	(Besides any jointly held mortgages,) did . . . hold any mortgages in . . . 's own name?	<b>4714</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A20</i>																
<b>b.</b>	(Earlier you said that . . . held a mortgage.) During the past 4 months how much interest was paid to . . . by the borrower?	<b>4716</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; text-align: center;">00</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x3 <input type="checkbox"/> None</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i></td> </tr> </table>	\$		00					x3 <input type="checkbox"/> None				x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i>
\$		00																	
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			x1 <input type="checkbox"/> DK																
			x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i>																
<b>C.</b>	As of (Read last day of reference period), how much principal was owed to . . . on this (these) mortgage(s)?	<b>8128</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; text-align: center;">00</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x3 <input type="checkbox"/> None</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	\$		00					x3 <input type="checkbox"/> None				x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref.
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			x2 <input type="checkbox"/> Ref.																
		<b>8129</b>	1 <input type="checkbox"/> Office Use Only																
<b>CHECK ITEM A20</b>	Is ISS Code 140 or 150 marked in Check Item A17?	<b>4718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement A, page 50</i>																
<b>3.</b>	Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)?  <i>If income was shared, count only . . . 's share.</i>	<b>4720</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; text-align: center;">00</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x3 <input type="checkbox"/> None</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x2 <input type="checkbox"/> Ref. – <i>SKIP to Statement A, page 50</i></td> </tr> </table>	\$		00					x3 <input type="checkbox"/> None				x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref. – <i>SKIP to Statement A, page 50</i>
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			x3 <input type="checkbox"/> None																
			x1 <input type="checkbox"/> DK																
			x2 <input type="checkbox"/> Ref. – <i>SKIP to Statement A, page 50</i>																
		<b>4722</b>	x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>																
<b>CHECK ITEM A21</b>	Is ISS Code 150 marked in Check Item A17?	<b>8130</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement A, page 50</i>																
<b>4.</b>	As of (Read last day of reference period), what was . . . 's equity in other financial investments? (By equity we mean the total market value less any debts held against it.)  <i>If investment is jointly owned, count only . . . 's share of equity.</i>	<b>8132</b>	<table style="width:100%;"> <tr> <td style="width:10%;">\$</td> <td style="width:40%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; text-align: center;">00</td> <td style="width:30%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x3 <input type="checkbox"/> None</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td></td> <td></td> <td>x2 <input type="checkbox"/> Ref.</td> </tr> </table>	\$		00					x3 <input type="checkbox"/> None				x1 <input type="checkbox"/> DK				x2 <input type="checkbox"/> Ref.
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			x1 <input type="checkbox"/> DK																
			x2 <input type="checkbox"/> Ref.																
		<b>8133</b>	1 <input type="checkbox"/> Office Use Only																

*SKIP to Statement A, page 50*

## Section 4 – TOPICAL MODULES

### Part A – ASSETS AND LIABILITIES

**Statement A**

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

<p><b>1a. As of</b> <i>(Read last day of reference period)</i>, <b>did anyone outside of this household owe money to . . . as the result of the sale of a business or property?</b> <b>(Exclude mortgages owed to . . . which have already been reported.)</b></p>	<p><b>8200</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. } <i>SKIP to 2a</i></p>	
<p><b>b. How much was owed to . . .?</b>  <i>(If shared, count only . . .'s share.)</i></p>	<p><b>8202</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p><b>8203</b> 1 <input type="checkbox"/> Office Use Only</p>	
<p><i>ASK OR VERIFY –</i></p> <p><b>2a. Did . . . own any U.S. Savings Bonds as of</b> <i>(Read last day of reference period)?</i></p>	<p><b>8204</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item T1</i></p>	
<p><b>b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?</b>  <i>(If ownership was shared, count only . . .'s share.)</i></p>	<p><b>8206</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>	
<p><b>CHECK ITEM T1</b> Interview status of . . .'s spouse</p>	<p><b>8208</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 4a</i>                  2 <input type="checkbox"/> Interview for spouse not yet conducted                  3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 4a</i></p>	
<p><b>2c. As of</b> <i>(Read last day of reference period)</i>, <b>did . . . own jointly with . . .'s (husband/wife) any checking accounts which did NOT earn interest?</b></p>	<p><b>8209</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. } <i>SKIP to 3a</i></p>	
<p><b>d. What is your best estimate of the amount of money . . . and . . .'s (husband/wife) had in those checking accounts as of</b> <i>(Read last day of reference period)?</i></p>	<p><b>8210</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x3 <input type="checkbox"/> None                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>	
<p><b>3a. As of</b> <i>(Read last day of reference period)</i>, <b>did . . . and . . .'s (husband/wife) together owe any money for –</b></p>	<p style="text-align: right;"><i>If "Yes" to 3a ask –</i></p> <p><b>3b. How much was owed as of</b> <i>(Read last day of reference period)?</i></p>	
<p><b>(1) Store bills or credit card bills? . . . . .</b></p>	<p><b>8212</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>	<p><b>8214</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK – <i>Probe</i>                  x2 <input type="checkbox"/> Ref.</p>
<p><b>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans? . . . . .</b></p>	<p><b>8216</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>	<p><b>8218</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK – <i>Probe</i>                  x2 <input type="checkbox"/> Ref.</p>
<p><b>(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered)?</b></p>	<p><b>8220</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>	<p><b>8222</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK – <i>Probe</i>                  x2 <input type="checkbox"/> Ref.</p>

NOTES

TOPICAL MODULES

**Section 4 – TOPICAL MODULES (Continued)**

**Part A – ASSETS AND LIABILITIES (Continued)**

<p><b>4a. (Besides any checking accounts owned jointly with ...'s spouse,) as of (Read last day of reference period), did ... own any (other) checking accounts which did NOT earn interest?</b></p>	<p><b>8232</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to 4c</i></p> <p>x2 <input type="checkbox"/> Ref. }</p>
<p><b>b. What is your best estimate of the amount of money ... had in those checking accounts as of (Read last day of reference period)?</b> <i>(If account was shared, count only ...'s share.)</i></p>	<p><b>8233</b> \$ <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.</p>
<p><b>c. Did ... have any debts, such as credit card bills, loans from a financial institution, or educational loans, in ...'s OWN name?</b></p>	<p><b>8234</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T2</i></p> <p>x2 <input type="checkbox"/> Ref. }</p>
<p><b>d. As of (Read last day of reference period), did ... owe any money (in ...'s OWN name) for –</b></p>	<p style="text-align: right;"><b>4e. How much was owed as of (Read last day of reference period)?</b></p>
<p><b>(1) Store bills or credit card bills? .....</b></p>	<p><b>8236</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p><b>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans? .....</b></p>	<p><b>8240</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p><b>(3) Any other debt we have not yet mentioned (Include medical bills not covered by insurance, money owed to private individuals, and any other debt not covered)? .....</b></p>	<p><b>8244</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
<p><b>8238</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe</p> <p>x2 <input type="checkbox"/> Ref.</p>	
<p><b>8242</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe</p> <p>x2 <input type="checkbox"/> Ref.</p>	
<p><b>8246</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe</p> <p>x2 <input type="checkbox"/> Ref.</p>	
<p><b>CHECK ITEM T2</b> Refer to cc item 24. Is ... 21 years of age or older?</p>	<p><b>8258</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T10, page 57</i></p>
<p><b>5a. Does ... have any Individual Retirement Accounts – any IRAs – in ...'s OWN name?</b> <i>(Do not mark "Yes" if ... is only included in spouse's IRA account.)</i></p>	<p><b>8260</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to 6a</i></p> <p>x2 <input type="checkbox"/> Ref. }</p>
<p><b>b. For how many years has ... contributed to ...'s IRA accounts?</b></p>	<p><b>8262</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Years</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to 6a</i></p>
<p><b>c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of ...'s IRA accounts?</b> ★</p>	<p><b>8264</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 5e</i></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to 6a</i></p>
<p><b>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.)</b></p>	<p><b>8266</b> 1 <input type="checkbox"/> Yes – <i>Mark Callback Summary and Reminder Card, Item 17</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to 6a</i></p>
<p><i>(SHOW FLASHCARD AA)</i></p> <p><b>e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s IRA accounts?</b> <i>Mark (X) all that apply.</i> <b>Anything else?</b></p>	<p><b>8268</b> 1 <input type="checkbox"/> Certificates of deposit or other saving certificates</p> <p><b>8270</b> 2 <input type="checkbox"/> Money Market Funds</p> <p><b>8272</b> 3 <input type="checkbox"/> U.S. Government Securities</p> <p><b>8274</b> 4 <input type="checkbox"/> Municipal or Corporate Bonds</p> <p><b>8276</b> 5 <input type="checkbox"/> U.S. Savings Bonds</p> <p><b>8278</b> 6 <input type="checkbox"/> Stocks or Mutual Fund Shares</p> <p><b>8280</b> 7 <input type="checkbox"/> Other assets – <i>Specify</i> ↓</p> <p>_____</p> <p><b>8282</b> x1 <input type="checkbox"/> DK</p>

TOPICAL MODULES

**Section 4 – TOPICAL MODULES (Continued)**

**Part A – ASSETS AND LIABILITIES (Continued)**

<p><b>6a. Does . . . have a KEOGH account in . . .'s OWN name?</b></p>	<p><b>8284</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. } <i>SKIP to 7a</i></p>
<p><b>b. For how many years has . . . contributed to . . .'s KEOGH account?</b></p>	<p><b>8286</b> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Years                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. — <i>SKIP to 7a</i></p>
<p><b>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . .'s KEOGH account(s)?</b> ★</p>	<p><b>8288</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 — <i>SKIP to 6e</i>                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. — <i>SKIP to 7a</i></p>
<p><b>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.)</b></p>	<p><b>8290</b> 1 <input type="checkbox"/> Yes — <i>Mark Callback Summary and Reminder Card, Item 18</i>                  2 <input type="checkbox"/> No — <i>SKIP to 7a</i></p>
<p><i>(SHOW FLASHCARD AA)</i>  <b>e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . .'s KEOGH account(s)?</b>  <i>Mark (X) all that apply.</i>  <b>Anything else?</b></p>	<p><b>8292</b> 1 <input type="checkbox"/> Certificates of deposit or other savings certificates  <b>8294</b> 2 <input type="checkbox"/> Money Market Funds  <b>8296</b> 3 <input type="checkbox"/> U.S. Government Securities  <b>8298</b> 4 <input type="checkbox"/> Municipal or Corporate Bonds  <b>8300</b> 5 <input type="checkbox"/> U.S. Savings Bonds  <b>8302</b> 6 <input type="checkbox"/> Stocks or Mutual Fund Shares  <b>8304</b> 7 <input type="checkbox"/> Other assets — <i>Specify</i> _____  <b>8306</b> x1 <input type="checkbox"/> DK</p>
<p><b>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</b></p>	<p><b>8308</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref. } <i>SKIP to Statement B, page 53</i></p>
<p><b>b. What is the current FACE VALUE of ALL life insurance policies that . . . has?</b></p>	<p><b>8309</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.  <b>8310</b> 1 <input type="checkbox"/> Office Use Only</p>
<p><b>CHECK ITEM T3</b> Is "Worked" (code 170) marked on the ISS?</p>	<p><b>8311</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to Statement B, page 53</i></p>
<p><b>7c. Are any of . . .'s life insurance policies provided through . . .'s current employer(s)?</b></p>	<p><b>8312</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — <i>SKIP to Statement B, page 53</i></p>
<p><b>d. What is the FACE VALUE of the life insurance policies provided through . . .'s employer(s)?</b></p>	<p><b>8313</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

NOTES

**Section 4 – TOPICAL MODULES (Continued)**

**Part B – PENSION PLAN COVERAGE**

**Statement B**

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

**CHECK ITEM T4**

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

- 8314** 1  Yes — Enter name(s) and job number(s) below  
2  No — SKIP to Check Item T9, page 56

Employer 1	Employer 2
Employer name	Employer name
Job number <input type="checkbox"/>	Job number <input type="checkbox"/>

**CHECK ITEM T5**

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

- 8320** 1  Yes  
2  No — SKIP to 1b

(For each employer ask the appropriate items 1a through item 3m on page 55, and then return for next employer.)  
ASK OR VERIFY —

**1 a. Did . . . work for (Read employer's name) at any time during the time period of (Same reference months) in 1987?**

Employer 1	Employer 2
<b>8322</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T7, page 55 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8324</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item T9, page 56 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

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

<b>8330</b> 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more } SKIP to 2a x1 <input type="checkbox"/> DK	<b>8332</b> 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1000 or more } SKIP to 2a x1 <input type="checkbox"/> DK
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**c. Does (Read employer's name) operate in more than one location?**

<b>8334</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 2a x1 <input type="checkbox"/> DK	<b>8336</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to 2a x1 <input type="checkbox"/> DK
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**d. About how many persons are employed by (Read employer's name) at all locations — would you say (Read categories)?**

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

**Section 4 – TOPICAL MODULES (Continued)**

**Part B – PENSION PLAN COVERAGE (Continued)**

	Employer 1	Employer 2
<p><b>2a. Does ...'s employer or union have a retirement plan for any of its employees?</b></p> <p><i>(Exclude Social Security and Railroad Retirement.)</i></p>	<p><b>8342</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T6</i></p>	<p><b>8344</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T9, page 56</i></p>
<p><b>b. Is ... included in such a plan?</b></p>	<p><b>8346</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T6</i></p>	<p><b>8348</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T9, page 56</i></p>
<p><b>c. Why isn't ... included in such a plan?</b></p> <p><i>Mark (X) all that apply.</i></p>	<p><b>8350</b> 1 <input type="checkbox"/> Chose not to belong</p> <p><b>8354</b> 2 <input type="checkbox"/> No one in ...'s type of job can belong</p> <p><b>8358</b> 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year</p> <p><b>8362</b> 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date</p> <p><b>8366</b> 5 <input type="checkbox"/> ... is too young</p> <p><b>8370</b> 6 <input type="checkbox"/> ... has not worked for this employer long enough</p> <p><b>8374</b> 7 <input type="checkbox"/> Other – <i>Specify</i> ↓</p> <p><b>8378</b> x1 <input type="checkbox"/> DK</p>	<p><b>8352</b> 1 <input type="checkbox"/> Chose not to belong</p> <p><b>8356</b> 2 <input type="checkbox"/> No one in ...'s type of job can belong</p> <p><b>8360</b> 3 <input type="checkbox"/> ... does not work enough hours, weeks, or months per year</p> <p><b>8364</b> 4 <input type="checkbox"/> ... started this job too close to ...'s retirement date</p> <p><b>8368</b> 5 <input type="checkbox"/> ... is too young</p> <p><b>8372</b> 6 <input type="checkbox"/> ... has not worked for this employer long enough</p> <p><b>8376</b> 7 <input type="checkbox"/> Other – <i>Specify</i> ↓</p> <p><b>8380</b> x1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM T6</b></p> <p>Is another employer listed in Check Item T4, page 53?</p>	<p><b>8382</b> 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T8, page 56</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T9, page 56</i></p>	<p><i>SKIP to Check Item T9, page 56</i></p>
<p><b>3a. Is ... included in more than one retirement or pension plan on this job?</b></p>	<p><b>8384</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p><b>8386</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p><b>b. Is ...'s (basic) retirement plan a profit sharing plan?</b></p>	<p><b>8388</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p><b>8390</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p><b>c. Are the retirement benefits of ...'s (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</b></p> <p><i>Mark (X) only one.</i></p>	<p><b>8392</b> 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>	<p><b>8394</b> 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>
<p><b>d. Does (Read employer's name) make payments towards ...'s (basic) plan?</b></p>	<p><b>8396</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p><b>8398</b> 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>

**Section 4 – TOPICAL MODULES (Continued)**

**Part B – PENSION PLAN COVERAGE (Continued)**

	Employer 1	Employer 2
<b>3e. Does . . . make payments toward . . . 's (basic) plan? (Include payments deducted from . . . 's pay.)</b>	<b>8400</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>	<b>8402</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>
<b>f. How much does . . . contribute toward . . . 's (basic) plan?</b>	<b>8404</b> \$ <input type="text"/> . <input type="text"/> 00  <b>8408</b> PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year  OR <b>8412</b> <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary  OR <b>8416</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8406</b> \$ <input type="text"/> . <input type="text"/> 00  <b>8410</b> PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year  OR <b>8414</b> <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary  OR <b>8418</b> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>g. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . . 's retirement benefits.)</b> <i>(If respondent reports years and months, round to full years)</i>	<b>8420</b> <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	<b>8422</b> <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK
<b>h. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?</b>	<b>8424</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3j</i>	<b>8426</b> 1 <input type="checkbox"/> Yes – <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3j</i>
<b>i. Is that because . . . has not been included in the plan enough years?</b>	<b>8428</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8430</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>j. Under this plan, could . . . 's retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . . 's contributions to the plan.)</b>	<b>8432</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8436</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>k. Does (Read employer's name) offer a 401K or thrift plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on the deferred salary until they retire or withdraw the money.</b>	<b>8438</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7</i> x1 <input type="checkbox"/> DK	<b>8440</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T9</i> x1 <input type="checkbox"/> DK
<b>l. Does . . . participate in this plan?</b>	<b>8442</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T7</i> x1 <input type="checkbox"/> DK	<b>8444</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to Check Item T9</i> x1 <input type="checkbox"/> DK
<b>m. As of (Read last day of reference period), what was the total amount . . . had in this plan?</b>	<b>8443</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8445</b> \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>CHECK ITEM T7</b> Is another employer listed in Check Item T4, page 53?	<b>8446</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T9</i>	<i>SKIP to Check Item T9</i>



**Section 4 – TOPICAL MODULES (Continued)**

**Part B – PENSION PLAN COVERAGE (Continued)**

<b>CHECK ITEM T8</b>	Was an interview obtained for . . . during Wave 4 (cc item 44 = 992 or entries in cc items 45, 46, or 47 for Wave 4)?	<b>8447</b>	1 <input type="checkbox"/> Yes — Ask item 1a, page 53 for Employer 2 2 <input type="checkbox"/> No — Ask item 1b, page 53 for Employer 2
<b>CHECK ITEM T9</b>	Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12 a on page 21?)	<b>8448</b>	1 <input type="checkbox"/> Yes — Enter names and business I.D. numbers below 2 <input type="checkbox"/> No — SKIP to Check Item T10
<i>Ask item 4 for each business owned.</i>		Name of first business	Name of second business
		Business I.D. Number	Business I.D. Number
		<b>8450</b> <input type="text"/>	<b>8452</b> <input type="text"/>
<b>4. Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?</b>		<b>8454</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8456</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

NOTES

**Section 4 – TOPICAL MODULES (Continued)**

**Part C – REAL ESTATE PROPERTY AND VEHICLES**

**CHECK ITEM T10**

Is this the reference person's questionnaire?

**8526** 1  Yes  
2  No – SKIP to Check Item P1, page 61

**Statement C**

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

**CHECK ITEM T11**

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

**8528** 1  Yes – SKIP to Check Item T15  
2  No

**CHECK ITEM T12**

Refer to cc item 15. Tenure

**8530** 1  Owned or being bought  
2  Rented for cash  
3  Occupied without cash payment } SKIP to Check Item T16

**1 a. ASK OR VERIFY – Which persons in this household are the owners of this home?**

Person No.	Name
<b>8532</b> [ ][ ]	
<b>8534</b> [ ][ ]	
<b>8536</b> [ ][ ]	

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

**8538** Month [ ][ ] **8539** Year **1** **9** [ ][ ]  
x1  DK x1  DK

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

**8540** 1  Yes  
2  No  
x1  DK  
x2  Ref. } SKIP to 2

**d. Altogether how many mortgages, home equity loans, or other debts are there on this home?**

**8542** [ ] Number  
x1  DK

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

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

First mortgage	Second mortgage or other loan
<b>8564</b> \$ [ ] . [ ] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8566</b> \$ [ ] . [ ] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<b>8565</b> 1 <input type="checkbox"/> Office Use Only	<b>8567</b> 1 <input type="checkbox"/> Office Use Only

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

First mortgage	Second mortgage or other loan
<b>8568</b> <b>1</b> <b>9</b> [ ][ ] Year – If 1986, 1987, or 1988, ask month x1 <input type="checkbox"/> DK	<b>8570</b> <b>1</b> <b>9</b> [ ][ ] Year – If 1986, 1987, or 1988, ask month x1 <input type="checkbox"/> DK
<b>8569</b> [ ][ ] Month x1 <input type="checkbox"/> DK	<b>8571</b> [ ][ ] Month x1 <input type="checkbox"/> DK

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

First mortgage	Second mortgage or other loan
<b>8572</b> \$ [ ] . [ ] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2	<b>8574</b> \$ [ ] . [ ] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 2
<b>8573</b> 1 <input type="checkbox"/> Office Use Only	<b>8575</b> 1 <input type="checkbox"/> Office Use Only

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

First mortgage	Second mortgage or other loan
<b>8576</b> [ ][ ] Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK	<b>8578</b> [ ][ ] Years x8 <input type="checkbox"/> Not fixed x1 <input type="checkbox"/> DK

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

First mortgage	Second mortgage or other loan
<b>8580</b> [ ][ ] . [ ][ ] Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	<b>8582</b> [ ][ ] . [ ][ ] Percent x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

First mortgage	Second mortgage or other loan
<b>8584</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8586</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK

**Section 4 – TOPICAL MODULES (Continued)**

**Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)**

<b>1k. Was this mortgage obtained through an FHA or VA mortgage program?</b>	<b>8587</b> 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<b>8589</b> 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>CHECK ITEM T13</b> Refer to item 1d, page 57. Is there another loan or mortgage?	<b>8592</b> 1 <input type="checkbox"/> Yes – Ask item 1e, page 57 for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2	Go to Check Item T14
<b>CHECK ITEM T14</b> Refer to item 1d, page 57. Are there 3 or more mortgages or loans on this home?	<b>8594</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2	
<b>1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?</b>	<b>8596</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <b>8597</b> 1 <input type="checkbox"/> Office Use Only	
<b>2. What is the current value of this property; that is, how much do you think it would sell for on today's market if it were for sale?</b>	<b>8598</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <span style="float: right; font-size: 2em;">}</span> SKIP to 5a <b>8599</b> 1 <input type="checkbox"/> Office Use Only	
<b>CHECK ITEM T15</b> Refer to cc item 15. Tenure of mobile home	<b>8608</b> 1 <input type="checkbox"/> Owned or being bought 2 <input type="checkbox"/> Rented for cash 3 <input type="checkbox"/> Occupied without cash rent <span style="float: right; font-size: 2em;">}</span> SKIP to Check Item T16	
<b>3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?</b>	<b>8610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. <span style="float: right; font-size: 2em;">}</span> SKIP to 4	
<b>b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?</b>	<b>8612</b> 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home	
<b>c. How much principal is currently owed on this (these) mortgage(s)?</b>	<b>8624</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	
<b>4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?</b>	<b>8630</b> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. <span style="float: right; font-size: 2em;">}</span> SKIP to 5a	
<b>CHECK ITEM T16</b> Refer to cc items 16a and 16b – Is this residence in a public housing project, is it subsidized, or is it neither public nor subsidized?	<b>8658</b> 1 <input type="checkbox"/> In a public housing project 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Neither public nor subsidized <span style="float: right; font-size: 2em;">}</span> SKIP to 6a	
<b>5a. Do you or anyone in this household own any (other) real estate, such as a vacation home or undeveloped lot? Exclude rental property previously reported.</b>	<b>8660</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK <span style="float: right; font-size: 2em;">}</span> SKIP to 6a	
<b>b. Which persons in this household are the owners of this (these) property(ies)?</b>	<b>8662</b> Person No. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name _____ Person No. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name _____	
	<b>8664</b> Person No. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name _____ Person No. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name _____	

**Section 4 – TOPICAL MODULES (Continued)**

**Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)**

<p><b>5c. What is the total value of (Read persons' names) equity in this (these) property(ies)? (By equity we mean the amount that could be obtained by selling the property and paying off any debts.)</b> <i>Count only share owned by household members.</i></p>	<p><b>8666</b> \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p> <p><b>8667</b> 1 <input type="checkbox"/> Office Use Only</p>															
<p><b>6a. Does anyone in this household own a car, van, or truck, excluding recreational vehicles (RV's) and motorcycles?</b></p>	<p><b>8714</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>															
<p><b>b. How many cars, trucks, or vans are owned by members of this household?</b></p>	<p><b>8716</b> <input type="text"/> <input type="text"/> Number of motor vehicles</p>															
<p><i>(Ask items 6c–6f for vehicle 1 and then return to 6c for additional vehicles.)</i></p> <p><b>c. Who is (are) the owner(s) of the (newest, next newest) motor vehicle?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Vehicle 1</th> <th style="width:33%;">Vehicle 2</th> <th style="width:33%;">Vehicle 3</th> </tr> </thead> <tbody> <tr> <td> <p>Person No. <b>8718</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p> </td> <td> <p>Person No. <b>8720</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p> </td> <td> <p>Person No. <b>8722</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p> </td> </tr> <tr> <td> <p>Person No. <b>8724</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p> </td> <td> <p>Person No. <b>8726</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p> </td> <td> <p>Person No. <b>8728</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p> </td> </tr> </tbody> </table>	Vehicle 1	Vehicle 2	Vehicle 3	<p>Person No. <b>8718</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p>	<p>Person No. <b>8720</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p>	<p>Person No. <b>8722</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p>	<p>Person No. <b>8724</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p>	<p>Person No. <b>8726</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p>	<p>Person No. <b>8728</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____</p>						
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<p><b>d. What is the year, make, and model of this vehicle?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p><b>8730</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> </td> <td style="width:33%;"> <p><b>8732</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> </td> <td style="width:33%;"> <p><b>8734</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p> </td> </tr> <tr> <td> <p><b>8736</b> x1 <input type="checkbox"/> DK</p> <p>Model _____</p> </td> <td> <p><b>8738</b> x1 <input type="checkbox"/> DK</p> <p>Model _____</p> </td> <td> <p><b>8740</b> x1 <input type="checkbox"/> DK</p> <p>Model _____</p> </td> </tr> <tr> <td> <p><b>8742</b> x1 <input type="checkbox"/> DK</p> </td> <td> <p><b>8744</b> x1 <input type="checkbox"/> DK</p> </td> <td> <p><b>8746</b> x1 <input type="checkbox"/> DK</p> </td> </tr> <tr> <td align="center"><b>OFFICE USE ONLY</b></td> <td align="center"><b>OFFICE USE ONLY</b></td> <td align="center"><b>OFFICE USE ONLY</b></td> </tr> <tr> <td><b>8748</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td><b>8750</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> <td><b>8752</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </tbody> </table>	<p><b>8730</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p>	<p><b>8732</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p>	<p><b>8734</b> <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>Make _____</p>	<p><b>8736</b> x1 <input type="checkbox"/> DK</p> <p>Model _____</p>	<p><b>8738</b> x1 <input type="checkbox"/> DK</p> <p>Model _____</p>	<p><b>8740</b> x1 <input type="checkbox"/> DK</p> <p>Model _____</p>	<p><b>8742</b> x1 <input type="checkbox"/> DK</p>	<p><b>8744</b> x1 <input type="checkbox"/> DK</p>	<p><b>8746</b> x1 <input type="checkbox"/> DK</p>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>OFFICE USE ONLY</b>	<b>8748</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>8750</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>8752</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p><b>e. Is this vehicle owned free and clear, or is there still money owed on it?</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p><b>8754</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17 x1 <input type="checkbox"/> DK</p> </td> <td style="width:33%;"> <p><b>8756</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17 x1 <input type="checkbox"/> DK</p> </td> <td style="width:33%;"> <p><b>8758</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a x1 <input type="checkbox"/> DK</p> </td> </tr> </tbody> </table>	<p><b>8754</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17 x1 <input type="checkbox"/> DK</p>	<p><b>8756</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T17 x1 <input type="checkbox"/> DK</p>	<p><b>8758</b> 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a x1 <input type="checkbox"/> DK</p>												
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<p><b>CHECK ITEM T17</b> Is there another vehicle which has not been asked about?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:33%;"> <p><b>8766</b> 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a</p> </td> <td style="width:33%;"> <p><b>8768</b> 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a</p> </td> <td style="width:33%; text-align: center;"> <p>Go to 7a</p> </td> </tr> </tbody> </table>	<p><b>8766</b> 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a</p>	<p><b>8768</b> 1 <input type="checkbox"/> Yes – Ask 6c for next vehicle 2 <input type="checkbox"/> No – Go to 7a</p>	<p>Go to 7a</p>												
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**Section 4 – TOPICAL MODULES (Continued)**

**Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)**

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

- 8770** 1  Motorcycle
- 8772** 2  Boat
- 8774** 3  Recreational vehicle (RV)
- 8776** 4  Other – *Specify* \_\_\_\_\_
- 8778** 5  No – *SKIP to Check Item P1, page 61*

*Mark (X) all that apply.*

*Ask items 7b–7e for each vehicle –*

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

	Vehicle 1	Vehicle 2
	Person No.      Name	Person No.      Name
<b>8780</b>	[ ] [ ] [ ]      [ ] [ ] [ ] [ ] [ ] [ ]	<b>8782</b> [ ] [ ] [ ]      [ ] [ ] [ ] [ ] [ ] [ ]
	Person No.      Name	Person No.      Name
<b>8784</b>	[ ] [ ] [ ]      [ ] [ ] [ ] [ ] [ ] [ ]	<b>8786</b> [ ] [ ] [ ]      [ ] [ ] [ ] [ ] [ ] [ ]

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

<b>8788</b>	\$ [ ] [ ] [ ] . [ ] [ ]	<b>8790</b>	\$ [ ] [ ] [ ] . [ ] [ ]
	x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item T18</i>		x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item P1, page 61</i>

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

<b>8792</b>	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item T18</i> x1 <input type="checkbox"/> DK	<b>8794</b>	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } <i>SKIP to Check Item P1, page 61</i> x1 <input type="checkbox"/> DK
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**e. How much is currently owed for this vehicle?**

<b>8796</b>	\$ [ ] [ ] [ ] . [ ] [ ]	<b>8798</b>	\$ [ ] [ ] [ ] . [ ] [ ]
	x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref.		x1 <input type="checkbox"/> DK – <i>Probe</i> x2 <input type="checkbox"/> Ref.

**CHECK ITEM T18** Are there any other vehicles which have not been asked about?

- 8800** 1  Yes – *Ask 7b for next vehicle*
- 2  No – *Go to Check Item P1, page 61*

*Go to Check Item P1, page 61*

NOTES

PROGRAM QUESTIONS

