

EARNINGS AND EMPLOYMENT (Continued)

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

7. 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 style="text-align: right;">★</p> <p>NOTE: Topical module insertions to the core questionnaire are circled.</p>	LAST MONTH	2238	\$ <input type="text"/> . <input type="text"/> 00	\$.00
			x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$.00
				\$.00
				\$.00
				\$.00
	2 MONTHS AGO	2240	\$ <input type="text"/> . <input type="text"/> 00	\$.00
			x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$.00
				\$.00
				\$.00
				\$.00
	3 MONTHS AGO	2242	\$ <input type="text"/> . <input type="text"/> 00	\$.00
			x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$.00
				\$.00
				\$.00
				\$.00
	4 MONTHS AGO	2244	\$ <input type="text"/> . <input type="text"/> 00	\$.00
			x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$.00
				\$.00
				\$.00
				\$.00
CHECK ITEM S4	Is "DK" marked in all parts of item 7?	2246	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 4a 2 <input type="checkbox"/> No	
CHECK ITEM S5	Refer to item 4a, page 18. Is this business incorporated?	2250	1 <input type="checkbox"/> Yes – SKIP to 10b 2 <input type="checkbox"/> No	
CHECK ITEM S6	Has information about the net profit (or loss) for this business already been obtained by another household member?	2252	1 <input type="checkbox"/> Yes – SKIP to 10b 2 <input type="checkbox"/> No	
9a.	Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses, for the business during the 4-month period?	2254	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 10b	
b.	What was the net profit or loss?	2256	\$ <input type="text"/> . <input type="text"/> 00	} SKIP to 10b
		2258	x4 <input type="checkbox"/> Loss in amount box – If "Broke even," mark \$1 in box.	
10a.	About how much did . . . earn from this business after expenses during the 4-month period?	2260	\$ <input type="text"/> . <input type="text"/> 00	
			x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
b.	Was . . . self-employed in this business as of (Read last day of the reference period)?	8000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 11f	

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

**CHECK
ITEM S7**

Refer to item 4b, page 18.
Is sole proprietorship marked in 4b?

8002 1 Yes – SKIP to Check Item S8
2 No

11a. As of (Read last day of reference period), what percent of this business did . . . own?

8004 Percent
x1 DK
x2 Ref – SKIP to 11f

**CHECK
ITEM S8**

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

8006 1 Yes – SKIP to 11f
2 No

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

8008 \$. 00 – SKIP to 11d
x3 None – SKIP to 11d
x1 DK
x2 Ref. – SKIP to 11f



8009 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.)

8010 1 Yes – Mark Callback Summary and Reminder Card, Item 5a
2 No

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

8012 \$. 00 – SKIP to 11f
x3 None – SKIP to 11f
x1 DK
x2 Ref. – SKIP to 11f



8013 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.)

8014 1 Yes – Mark Callback Summary and Reminder Card, Item 5b
2 No

f. 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 Statement A, page 50

NOTES

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

<p>20d. Was . . . self-employed in this business as of (Read last day of the reference period)?</p>	<p>8016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to first ISS Code or Statement A, page 50</p>
<p>CHECK ITEM S15 Refer to item 15b, page 21. Is sole proprietorship marked in 15b?</p>	<p>8018 1 <input type="checkbox"/> Yes — SKIP to Check Item S16 2 <input type="checkbox"/> No</p>
<p>21a. As of (Read last day of the reference period), what percent of this business did . . . own?</p>	<p>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</p>
<p>CHECK ITEM S16 Has the information below about the total value and total debt for this business already been obtained from another household member?</p>	<p>8022 1 <input type="checkbox"/> Yes — SKIP to first ISS Code or Statement A, page 50 2 <input type="checkbox"/> No</p>
<p>21b. As of (Read last day of the reference period), what is the total value of this business before figuring in any debts that might be owed against it? ★</p>	<p>8024 \$ <input type="text"/> . <input type="text"/> <input type="text"/> — SKIP to 21d x3 <input type="checkbox"/> None — SKIP to 21d x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50</p> <p>8025 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>8026 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 5a 2 <input type="checkbox"/> No</p>
<p>d. As of (Read last day of reference period), what was the total debt owed against this business? ★</p>	<p>8028 \$ <input type="text"/> . <input type="text"/> <input type="text"/> } SKIP to first ISS Code or Statement A, page 50 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to first ISS Code or Statement A, page 50</p> <p>8029 1 <input type="checkbox"/> Office Use Only</p>
<p>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.)</p>	<p>8030 1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 5b } SKIP to first ISS Code or Statement A, page 50 2 <input type="checkbox"/> No</p>

NOTES

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>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</p> <p>Interview status of . . .'s spouse.</p>	<p>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 style="text-align: right;">★</p>	<p>4504</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>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>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 style="text-align: right;">★</p>	<p>4508</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. 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>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 dividends) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?</p>	<p>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</p> <p>Interview status of . . .'s spouse.</p>	<p>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>4516</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>c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?</p>	<p>4518</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>CHECK ITEM A15</p> <p>Interview status of . . .'s spouse.</p>	<p>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 style="text-align: right;">★</p>	<p>8034</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>8035</p> <p>1 <input type="checkbox"/> Office Use Only</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>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 (Read last day of reference period)?</p>	<p>8038</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 5a</p>
<p>d. As of (Read last day of reference period), what was the amount of the debt or margin account?</p>	<p>8040 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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 the stocks or mutual fund shares held jointly with . . . 's (husband/wife), did . . . hold any other stocks or mutual fund shares?</p>	<p>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 (Read last day of reference period), 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>8044 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" 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>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>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 (Read last day of reference period)?</p>	<p>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 (Read last day of reference period), what was the amount of the debt or margin account?</p>	<p>8050 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } SKIP to next ISS Code or Statement A, page 50</p> <p>x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>

NOTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

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

Section 3 – AMOUNTS (Continued)

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

<p>3b. About how much was received in gross rent from this property during the 4-month period?</p>	<p>4612 \$ <input style="width: 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><i>Enter \$1 in amount box if respondent reports "broke even."</i></p>	<p>4614 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } SKIP to 3e</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p>4616 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 3e</p>
<p>d. As of (Read last day of 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"/> Number of properties</p> <p>x3 <input type="checkbox"/> None — SKIP to 4a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p>f. What type of property(ies) (was it/were they)?</p> <p><i>Mark (X) all that apply.</i></p>	<p>8080 1 <input type="checkbox"/> Vacation home 8082 2 <input type="checkbox"/> Other residential property 8084 3 <input type="checkbox"/> Farm property 8086 4 <input type="checkbox"/> Commercial property 8088 5 <input type="checkbox"/> Equipment 8090 6 <input type="checkbox"/> Other — Specify _____</p>
<p>g. As of (Read last day of reference period), what was the total market value of the property(ies)?</p> <p align="center">★</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><i>Enter \$1 in amount box if respondent reports "broke even."</i></p>	<p>4620 \$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 } SKIP to 4d</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p>4622 x4 <input type="checkbox"/> Lost money — Enter amount of loss in box — SKIP to 4d</p>

Section 3 — AMOUNTS (Continued)

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

<p>4c. Did . . . own any rental property jointly with others as of (Read last day of reference period)? (Not including property owned entirely by . . . and . . . 's spouse.)</p>	<p>8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to next ISS Code or x1 <input type="checkbox"/> DK } Statement A, page 50</p>
<p>d. How many properties did . . . own jointly with others as of (Read last day of reference period)?</p>	<p>8102 <input type="text"/> Number of properties x3 <input type="checkbox"/> None — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p>
<p>e. What type of property(ies) (was it/were they)?</p> <p>Mark (X) all that apply.</p>	<p>8104 1 <input type="checkbox"/> Vacation home 8106 2 <input type="checkbox"/> Other residential property 8108 3 <input type="checkbox"/> Farm property 8110 4 <input type="checkbox"/> Commercial property 8112 5 <input type="checkbox"/> Equipment 8114 6 <input type="checkbox"/> Other — Specify ↓</p>
<p>f. As of (Read last day of reference period), what was the total market value of the property(ies)?</p>	<p>8116 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p>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 } SKIP to 4i x1 <input type="checkbox"/> DK }</p>
<p>h. As of (Read last day of reference period), how much principal was owed on the property(ies)?</p>	<p>8120 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p>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 align="right">★</p>	<p>8122 \$ <input type="text"/> . <input type="text"/> 00 — SKIP to next ISS Code or Statement A, page 50 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to next ISS Code or Statement A, page 50</p> <p>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 — 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)

CHECK ITEM A17	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 A18	Is ISS Code 130 marked in Check Item A17?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A19	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 (husband/wife) by the borrower?	4712	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
c.	As of (Read last day of reference period), how much principal was owed to . . . and . . . 's (husband/wife) on this (these) mortgage(s)?	8126	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i>
		8127	1 <input type="checkbox"/> Office Use Only
2a.	(Besides any jointly held mortgages,) did . . . hold any mortgages in . . . 's own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A20</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:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item A20</i>
c.	As of (Read last day of reference period), how much principal was owed to . . . on this (these) mortgage(s)?	8128	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		8129	1 <input type="checkbox"/> Office Use Only
CHECK ITEM A20	Is ISS Code 140 or 150 marked in Check Item A17?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement A, page 50</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:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Statement A, page 50</i>
		4722	x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
CHECK ITEM A21	Is ISS Code 150 marked in Check Item A17?	8130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement A, page 50</i>
4.	As of (Read last day of reference period), what was . . . 's equity in other financial investments? (By equity we mean the total market value less any debts held against it.) <i>If investment is jointly owned, count only . . . 's share of equity.</i>	8132	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		8133	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.**

1 a. As of (Read last day of reference period), did anyone outside of this household owe money to . . . as the result of the sale of a business or property? (Exclude mortgages owed to . . . which have already been reported.)

8200 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to 2a*

b. How much was owed to . . . ?
(If shared, count only . . . 's share.)

8202 \$. 00
 x1 DK
 x2 Ref.

8203 1 Office Use Only

ASK OR VERIFY –
2 a. Did . . . own any U.S. Savings Bonds as of (Read last day of reference period)?

8204 1 Yes
 2 No – *SKIP to Check Item T1*

b. What was the FACE VALUE of the U.S. Savings Bonds that . . . owned?
(If ownership was shared, count only . . . 's share.)

8206 \$. 00
 x1 DK
 x2 Ref.

CHECK ITEM T1

Interview status of . . . 's spouse

8208 1 No spouse in household – *SKIP to 4a*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted – *SKIP to 4a*

2 c. As of (Read last day of reference period), did . . . own jointly with . . . 's (husband/wife) any checking accounts which do NOT earn interest?

8209 1 Yes
 2 No
 x1 DK
 x2 Ref. } *SKIP to 3a*

d. What is your best estimate of the amount of money . . . and . . . 's (husband/wife) had in those checking accounts as of (Read last day of reference period)?

8210 \$. 00
 x3 None
 x1 DK
 x2 Ref.

3 a. As of (Read last day of reference period), did . . . and . . . 's (husband/wife) together owe any money for –

If "Yes" to 3a ask –
3 b. How much was owed as of (Read last day of reference period)?

(1) Store bills or credit card bills?

8212 1 Yes
 2 No
 x1 DK
 x2 Ref.

8214 \$. 00
 x1 DK – *Probe*
 x2 Ref.

(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?

8216 1 Yes
 2 No
 x1 DK
 x2 Ref.

8218 \$. 00
 x1 DK – *Probe*
 x2 Ref.

(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)?

8220 1 Yes
 2 No
 x1 DK
 x2 Ref.

8222 \$. 00
 x1 DK – *Probe*
 x2 Ref.

NOTES

TOPICAL MODULES

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>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 do NOT earn interest?</p>	8232	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref.	} SKIP to 4c
<p>b. What is your best estimate of the amount of money ... had in those checking accounts as of (Read last day of reference period)? <i>(If account was shared, count only ...'s share.)</i></p>	8233	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 <input checked="" type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref.	
<p>c. Did ... have any debts, such as credit card bills, loans from a financial institution, or educational loans, in ...'s OWN name?</p>	8234	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref.	} SKIP to Check Item T2
<p>d. As of (Read last day of reference period), did ... owe any money (in ...'s OWN name) for –</p>			<p>4e. How much was owed as of (Read last day of reference period)?</p>
<p>(1) Store bills or credit card bills?</p>	8236	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref.	<p>8238 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 <input type="checkbox"/> DK – Probe <input type="checkbox"/> Ref.</p>
<p>(2) Loans obtained through a bank or credit union, other than car loans or home equity loans?</p>	8240	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref.	<p>8242 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 <input type="checkbox"/> DK – Probe <input type="checkbox"/> Ref.</p>
<p>(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)?</p>	8244	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref.	<p>8246 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 <input type="checkbox"/> DK – Probe <input type="checkbox"/> Ref.</p>
<p>CHECK ITEM T2 Refer to cc item 24. Is ... 21 years of age or older?</p>	8258	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item T11, page 59	
<p>5a. Does ... have an Individual Retirement Account – an IRA – in ...'s OWN name? <i>(Do not mark "Yes" if ... is only included in spouse's IRA account.)</i></p>	8260	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK <input type="checkbox"/> Ref.	} SKIP to 6a
<p>b. For how many years has ... contributed to ...'s IRA accounts?</p>	8262	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Years <input type="checkbox"/> DK <input type="checkbox"/> Ref. – SKIP to 6a	
<p>c. As of (Read last day of reference period), what is the total balance or market value (including interest earned) of ...'s IRA accounts? ★</p>	8264	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 <input type="checkbox"/> DK <input type="checkbox"/> Ref. – SKIP to 6a	– SKIP to 5e
<p>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	8266	<input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 17 <input type="checkbox"/> No – SKIP to 6a	
<p><i>(SHOW FLASHCARD AA)</i></p> <p>e. As of (Read last day of reference period), which kinds of assets did ... hold in ...'s IRA accounts? <i>Mark (X) all that apply.</i> Anything else?</p>	8268	<input type="checkbox"/> Certificates of deposit or other saving certificates <input type="checkbox"/> Money Market Funds <input type="checkbox"/> U.S. Government Securities <input type="checkbox"/> Municipal or Corporate Bonds <input type="checkbox"/> U.S. Savings Bonds <input type="checkbox"/> Stocks or Mutual Fund Shares <input type="checkbox"/> Other assets – Specify ↓	
	8270		
	8272		
	8274		
	8276		
	8278		
	8280		
	8282	<input checked="" type="checkbox"/> DK	

Section 4 – TOPICAL MODULES (Continued)

Part A – ASSETS AND LIABILITIES (Continued)

<p>6a. Does . . . have a KEOGH account in . . . 's OWN name?</p>	<p>8284 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. For how many years has . . . contributed to . . . 's KEOGH account?</p>	<p>8286 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 7a</i></p>
<p>c. As of (Read last day of reference period), what was the total balance or market value of assets in . . . 's KEOGH account(s)?</p> <p align="right">★</p>	<p>8288 \$ <input type="text"/> . <input 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>d. If I were to call back later would you be able to provide me with an estimate of the amount? (This information is especially important for the purposes of this survey.)</p>	<p>8290 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></p> <p>e. As of (Read last day of reference period), which kinds of assets did . . . hold in . . . 's KEOGH account(s)?</p> <p><i>Mark (X) all that apply.</i></p> <p>Anything else?</p>	<p>8292 1 <input type="checkbox"/> Certificates of deposit or other savings certificates 8294 2 <input type="checkbox"/> Money Market Funds 8296 3 <input type="checkbox"/> U.S. Government Securities 8298 4 <input type="checkbox"/> Municipal or Corporate Bonds 8300 5 <input type="checkbox"/> U.S. Savings Bonds 8302 6 <input type="checkbox"/> Stocks or Mutual Fund Shares 8304 7 <input type="checkbox"/> Other assets – <i>Specify</i> _____ 8306 x1 <input type="checkbox"/> DK</p>
<p>7a. Does . . . have any life insurance? (Include group policies provided by employers.)</p>	<p>8308 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. What is the current FACE VALUE of ALL life insurance policies that . . . has?</p>	<p>8309 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8310 1 <input type="checkbox"/> Office Use Only</p>
<p>CHECK ITEM T3 Is "Worked" (code 170) marked on the ISS?</p>	<p>8311 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement B, page 53</i></p>
<p>7c. Are any of . . . 's life insurance policies provided through . . . 's current employer(s)?</p>	<p>8312 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement B, page 53</i></p>
<p>d. What is the FACE VALUE of the life insurance policies provided through . . . 's employer(s)?</p>	<p>8313 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE

Statement B →

Read to respondent: **These next questions concern . . . 's retirement expectations and pension plan coverage.**

CHECK ITEM T4

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

- 8324** 1 Yes – Enter name(s) and job number(s) below
 2 No – SKIP to Check Item T7, page 56

Employer 1	Employer 2
Employer name	Employer name
Job number	Job number
8326 <input type="checkbox"/>	8328 <input type="checkbox"/>

(For each employer ask through item 3m on page 55, and then return for next employer.)

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

- 8330** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more } SKIP to 2a
 x1 DK }

- 8332** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more } SKIP to 2a
 x1 DK }

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

- 8334** 1 Yes
 2 No } SKIP to 2a
 x1 DK }

- 8336** 1 Yes
 2 No } SKIP to 2a
 x1 DK }

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

- 8338** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more
 x1 DK

- 8340** 1 Under 25
 2 25 to 99
 3 100 to 499
 4 500 to 999
 5 1000 or more
 x1 DK

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
<p>2a. Does . . . 's employer or union have a retirement plan for any of its employees?</p> <p><i>(Exclude Social Security and Railroad Retirement.)</i></p>	<p>8342 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T5</i></p>	<p>8344 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T7, page 56</i></p>
<p>b. Is . . . included in such a plan?</p>	<p>8346 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T5</i></p>	<p>8348 1 <input type="checkbox"/> Yes – <i>SKIP to 3a</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK – <i>SKIP to Check Item T7, page 56</i></p>
<p>c. Why isn't . . . included in such a plan?</p> <p><i>Mark (X) all that apply.</i></p>	<p>8350 1 <input type="checkbox"/> Chose not to belong</p> <p>8354 2 <input type="checkbox"/> No one in . . . 's type of job can belong</p> <p>8358 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year</p> <p>8362 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date</p> <p>8366 5 <input type="checkbox"/> . . . is too young</p> <p>8370 6 <input type="checkbox"/> . . . has not worked for this employer long enough</p> <p>8374 7 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>8378 x1 <input type="checkbox"/> DK</p>	<p>8352 1 <input type="checkbox"/> Chose not to belong</p> <p>8356 2 <input type="checkbox"/> No one in . . . 's type of job can belong</p> <p>8360 3 <input type="checkbox"/> . . . does not work enough hours, weeks, or months per year</p> <p>8364 4 <input type="checkbox"/> . . . started this job too close to . . . 's retirement date</p> <p>8368 5 <input type="checkbox"/> . . . is too young</p> <p>8372 6 <input type="checkbox"/> . . . has not worked for this employer long enough</p> <p>8376 7 <input type="checkbox"/> Other – <i>Specify</i> _____</p> <p>8380 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T5</p> <p>Is another employer listed in Check Item T4, page 53?</p>	<p>8382 1 <input type="checkbox"/> Yes – <i>Ask item 1a, page 53 for next employer</i></p> <p>2 <input type="checkbox"/> No – <i>SKIP to Check Item T7, page 56</i></p>	<p><i>SKIP to Check Item T7, page 56</i></p>
<p>3a. Is . . . included in more than one retirement or pension plan on this job?</p>	<p>8384 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8386 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>b. Is . . . 's (basic) retirement plan a profit sharing plan?</p>	<p>8388 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8390 1 <input type="checkbox"/> Yes – <i>SKIP to 3d</i></p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>c. Are the retirement benefits of . . . 's (basic) pension plan determined by years of service and pay, or by the amount of contributions to the plan?</p> <p><i>Mark (X) only one.</i></p>	<p>8392 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8394 1 <input type="checkbox"/> Based on years of service and pay</p> <p>2 <input type="checkbox"/> Based on the amount contributed to the plan</p> <p>x1 <input type="checkbox"/> DK</p>
<p>d. Does (Read employer's name) make payments towards . . . 's (basic) plan?</p>	<p>8396 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8398 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

	Employer 1	Employer 2
3e. Does . . . make payments toward . . . 's (basic) plan? (Include payments deducted from . . . 's pay.)	8400 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>	8402 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3g</i>
f. How much does . . . contribute toward . . . 's (basic) plan?	8404 \$ <input type="text"/> . <input type="text"/> 00 8408 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8412 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8416 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8406 \$ <input type="text"/> . <input type="text"/> 00 8410 PER – 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Biweekly 3 <input type="checkbox"/> Month 4 <input type="checkbox"/> Quarter 5 <input type="checkbox"/> Year OR 8414 <input type="text"/> <input type="text"/> . <input type="text"/> Percent of salary OR 8418 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
g. How long has . . . been included in this (basic) plan? (Include only the years that count toward . . . 's retirement benefits.) <i>(If respondent reports years and months, round to full years)</i>	8420 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK	8422 <input type="text"/> <input type="text"/> Years 1 <input type="checkbox"/> Less than 1 year x1 <input type="checkbox"/> DK
h. If . . . were to leave (Read employer's name) now or in the next few months, could . . . eventually receive some benefits from this plan upon reaching retirement age?	8424 1 <input type="checkbox"/> Yes – <i>SKIP to 3j</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK – <i>SKIP to 3j</i>	8426 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>
i. Is that because . . . has not been included in the plan enough years?	8428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8430 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
j. Under this plan, could . . . 's retirement benefits from this plan be received in a lump-sum payment? (Do not include lump-sum payments which are entirely refunds of . . . 's contributions to the plan.)	8432 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8436 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
k. Does (Read employer's name) offer a salary reduction plan, sometimes called a 401K 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.	8438 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T6</i>	8440 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T7</i>
l. Does . . . participate in this plan?	8442 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T6</i>	8444 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to Check Item T7</i>
m. As of (Read last day of reference period), what was the total amount . . . had in this plan?	8443 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8445 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T6 Is another employer listed in Check Item T4, page 53?	8446 1 <input type="checkbox"/> Yes – <i>Ask item 1a, page 53 for next employer</i> 2 <input type="checkbox"/> No – <i>Go to Check Item T7</i>	<i>Go to Check Item T7</i>

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

CHECK ITEM T7	Is . . . self employed? (Are any businesses entered in question 1a on page 18 or question 12a on page 21?)	8448 1 <input type="checkbox"/> Yes – Enter names and business I.D. numbers below 2 <input type="checkbox"/> No – SKIP to Check Item T8										
Ask item 4 for each business owned.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Name of first business</td> <td style="width:50%;">Name of second business</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td>Business I.D. Number</td> <td>Business I.D. Number</td> </tr> <tr> <td>8450 <input type="text"/></td> <td>8452 <input type="text"/></td> </tr> </table>	Name of first business	Name of second business					Business I.D. Number	Business I.D. Number	8450 <input type="text"/>	8452 <input type="text"/>
Name of first business	Name of second business											
Business I.D. Number	Business I.D. Number											
8450 <input type="text"/>	8452 <input type="text"/>											
4.	Not counting Social Security, IRA, or KEOGH accounts, is . . . covered by a pension or retirement plan in (Read name of business)?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> 8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> <td style="width:50%;"> 8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> </table>	8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK								
8454 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	8456 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK											
CHECK ITEM T8	Refer to cc item 24. Is . . . 55 to 64 years of age?	8458 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T9										
5a.	(Other than the plans we have already talked about) did . . . hold a job in the past from which . . . eventually expects to receive retirement benefits, either as a series of regular payments or as a lump-sum payment at retirement? (Exclude Social Security, Railroad Retirement, and other plans already reported.)	8460 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T9										
b.	Is this pension plan from – (Read categories) Mark (X) all that apply.	8462 1 <input type="checkbox"/> A private employer? 8464 2 <input type="checkbox"/> Military? 8466 3 <input type="checkbox"/> Federal Government (civilian)? 8468 4 <input type="checkbox"/> State or local governments? 8470 5 <input type="checkbox"/> A union? 8472 6 <input type="checkbox"/> Other – Specify _____										
c.	How many years (altogether) did . . . work on (that job/those jobs)?	8474 <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK										
CHECK ITEM T9	Refer to cc item 24. Is . . . 62 years of age or older?	8475 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10										
6a.	Did . . . ever receive a lump sum payment from a pension or retirement plan provided by . . . 's employer or union? (Include refunds of . . . 's own contributions to the plan.)	8476 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T10										
b.	How many times did . . . receive a lump sum payment?	8477 <input type="text"/> <input type="text"/> Number of times x1 <input type="checkbox"/> DK										
c.	When did . . . receive the (most recent) lump sum payment?	8478 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK										
d.	Approximately how much did . . . receive?	8479 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.										
e.	At the time . . . received the (most recent) lump sum payment, did . . . roll over the funds into an IRA or put them into another (or same) pension or retirement plan?	8480 1 <input type="checkbox"/> Yes – SKIP to Check Item T10 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item T10										

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

6f. At the time . . . received the lump sum payment, what did . . . do with those funds?

Mark (X) all that apply.

Anything else?

8481

- 1 Purchased a home or paid off a mortgage
- 2 Used it for children's education
- 3 Used it for a period of unemployment
- 4 Paid off loans, bills, or spent it on other items
- 5 Other – *Specify ↓*

x1 DK

CHECK ITEM T10

Are codes 30, 31, 32, 33, 34, or 35 marked on the ISS?

8482

- 1 Yes
- 2 No – *SKIP to Check Item T11, page 59*

Earlier you said . . . received some retirement income other than Social Security.

7a. Did . . . receive these benefits because . . . retired from a job or business or for some other reason?

8483

- 1 Retired from job
- 2 Some other reason
- x1 DK
- x2 Ref.

} *SKIP to Check Item T11, page 59*

The next few questions refer to the job in the past from which . . . received the retirement income.

If . . . received a pension from more than 1 source, ask about source of largest retirement income.

b. What kind of business or industry was . . . 's employer?

For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

8484

ASK OR VERIFY –

c. Was it mainly –

PGM 8

8486

- 1 **Manufacturing?**
- 2 **Wholesale trade?**
- 3 **Retail trade?**
- 4 **Some other kind of business?**

d. What kind of work was . . . doing on that job?

For example: Electrical engineer, stock clerk, typist, farmer.

PGM 8

8488

e. What were . . . 's main activities or duties?

For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

8490

ASK OR VERIFY –

f. Was . . . an employee of –

PGM 8

8492

- 1 **A private company or union?**
- 2 **Federal Government (exclude Armed Forces)?**
- 3 **State Government?**
- 4 **Local Government?**
- 5 **Armed Forces?**
- 6 **Unpaid in family business or farm? – SKIP to Check Item T11, page 59**

NOTES

Section 4 – TOPICAL MODULES (Continued)

Part B – RETIREMENT EXPECTATIONS AND PENSION PLAN COVERAGE (Continued)

<p>8a. About how many persons were employed by that employer at the location . . . worked?</p>	<p>PGM 7</p>	<p>8494 1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK } <i>SKIP to 8d</i></p>
<p>b. Did that employer operate in more than one location?</p>	<p>8496</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 8d</i></p>
<p>c. About how many persons were employed by that employer at ALL LOCATIONS?</p>	<p>8498</p>	<p>1 <input type="checkbox"/> Under 25 2 <input type="checkbox"/> 25 to 99 3 <input type="checkbox"/> 100 to 499 4 <input type="checkbox"/> 500 to 999 5 <input type="checkbox"/> 1,000 or more x1 <input type="checkbox"/> DK</p>
<p>d. How many HOURS a week did . . . usually work at that job?</p>	<p>8500</p>	<p><input type="text"/> <input type="text"/> Hours per week x1 <input type="checkbox"/> DK</p>
<p>e. How many WEEKS a year did . . . usually work at that job? <i>(Include paid vacations and sick leave.)</i></p>	<p>8502</p>	<p><input type="text"/> <input type="text"/> Weeks per year x1 <input type="checkbox"/> DK</p>
<p>f. How many YEARS did . . . work at that job?</p>	<p>8504</p>	<p><input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK</p>
<p>g. In what year did . . . leave that job?</p>	<p>8506</p>	<p>1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> DK</p>
<p>h. When . . . left that job, how much was . . . earning (before deductions for taxes or anything else)? <i>(If self-employed, show NET business income.)</i></p>	<p>8508</p>	<p>\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 PER – 8510 1 <input type="checkbox"/> Week 2 <input type="checkbox"/> Month 3 <input type="checkbox"/> Year OR 8512 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item T11</i></p>
<p>i. In what year did . . . begin receiving this pension?</p>	<p>8514</p>	<p>1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK</p>
<p>j. Was the amount of . . . 's (basic) retirement benefits based on . . . 's years of service and pay, or on the amount of . . . 's contributions to the plan?</p>	<p>8516</p>	<p>1 <input type="checkbox"/> Based on years of service and pay 2 <input type="checkbox"/> Based on the amount contributed to plan x1 <input type="checkbox"/> DK</p>
<p>k. Did . . . take reduced benefits in order to elect a survivor option?</p>	<p>8518</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>l. Has . . . 's retirement pension ever been increased for cost-of-living changes?</p>	<p>8520</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 8n</i> 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>m. Does . . . 's pension plan include a cost-of-living adjustment provision?</p>	<p>8522</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p><i>ASK OR VERIFY –</i> n. Is . . . now covered by a health plan provided through . . . 's former employer?</p>	<p>8524</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES

CHECK ITEM T11

Is this the reference person's questionnaire?

8526

- 1 Yes
2 No — SKIP to Check Item P1, page 63

Statement C

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

CHECK ITEM T12

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

8528

- 1 Yes — SKIP to Check Item T16
2 No

CHECK ITEM T13

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 T17

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

8532

Person No.

Name

8534

8536

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

8538

Month

8539

Year

x1 DK

x1 DK

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

8540

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

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

8542

Number
x1 DK

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

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

8564

\$.
x1 DK
x2 Ref.

8565

1 Office Use Only

8566

\$.
x1 DK
x2 Ref.

8567

1 Office Use Only

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

8568

Year — If 1985, 1986, or 1987, ask month
x1 DK

8569

Month
x1 DK

8570

Year — If 1985, 1986, or 1987, ask month
x1 DK

8571

Month
x1 DK

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

8572

\$.
x1 DK
x2 Ref. — SKIP to 2

8573

1 Office Use Only

8574

\$.
x1 DK
x2 Ref. — SKIP to 2

8575

1 Office Use Only

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

8576

Years
x8 Not fixed
x1 DK

8578

Years
x8 Not fixed
x1 DK

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

8580

. Percent
x1 DK
x2 Ref.

8582

. Percent
x1 DK
x2 Ref.

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

8584

- 1 Yes
2 No
x1 DK

8586

- 1 Yes
2 No
x1 DK

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

<p>1k. Was this mortgage obtained through an FHA or VA mortgage program?</p>	<p>8587 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>8589 1 <input type="checkbox"/> Yes – FHA 2 <input type="checkbox"/> Yes – VA 3 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM T14 Refer to item 1d, page 59. Is there another loan or mortgage?</p>	<p>8592 1 <input type="checkbox"/> Yes – Ask item 1e, page 59 for next loan or mortgage 2 <input type="checkbox"/> No – SKIP to 2</p>	<p>Go to Check Item T15</p>
<p>CHECK ITEM T15 Refer to item 1d, page 59. Are there 3 or more mortgages or loans on this home?</p>	<p>8594 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2</p>	
<p>1l. How much principal is currently owed on all the remaining mortgages or loans not reported previously?</p>	<p>8596 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 8597 1 <input type="checkbox"/> Office Use Only</p>	
<p>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?</p>	<p>8598 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 5a 8599 1 <input type="checkbox"/> Office Use Only</p>	
<p>CHECK ITEM T16 Refer to cc item 15. Tenure of mobile home</p>	<p>8608 1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented 3 <input type="checkbox"/> Occupied without cash rent } SKIP to Check Item T17</p>	
<p>3a. Is there a mortgage, installment loan, contract to purchase, or other debt on this mobile home or SITE?</p>	<p>8610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 4</p>	
<p>b. Is this a mortgage, contract, or other debt for just the SITE, or does it also apply to this mobile home?</p>	<p>8612 1 <input type="checkbox"/> Mobile home only 2 <input type="checkbox"/> Site only 3 <input type="checkbox"/> Site and home</p>	
<p>c. How much principal is currently owed on this (these) mortgage(s)?</p>	<p>8624 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.</p>	
<p>4. How much do you think this mobile home (and SITE) would sell for today if it were for sale?</p>	<p>8630 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. } SKIP to 5a</p>	
<p>CHECK ITEM T17 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?</p>	<p>8658 1 <input type="checkbox"/> In a public housing project } SKIP to 6a 2 <input type="checkbox"/> Subsidized 3 <input type="checkbox"/> Neither public nor subsidized</p>	
<p>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.</p>	<p>8660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 6a</p>	
<p>b. Which persons in this household are the owners of this (these) property(ies)?</p>	<p>8662 Person No. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name _____</p> <p>8664 Person No. <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Name _____</p>	

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

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

8666 \$. **00**

- x1 DK — Probe
x2 Ref.

8667 1 Office Use Only

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

8714 1 Yes
2 No — SKIP to 7a

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

8716 Number of motor vehicles

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

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

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

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

	Vehicle 1	Vehicle 2	Vehicle 3
8730	<input type="text"/> <input type="text"/> <input type="text"/>	8732	<input type="text"/> <input type="text"/> <input type="text"/>
x1 <input type="checkbox"/> DK		x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK
Make	<input type="text"/>	Make	<input type="text"/>
8736	x1 <input type="checkbox"/> DK	8738	x1 <input type="checkbox"/> DK
Model	<input type="text"/>	Model	<input type="text"/>
8742	x1 <input type="checkbox"/> DK	8744	x1 <input type="checkbox"/> DK

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
8748	<input type="text"/>	8750
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

8754	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK	8756	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T18 x1 <input type="checkbox"/> DK	8758	1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to 7a x1 <input type="checkbox"/> DK
-------------	---	-------------	---	-------------	---

f. How much is
currently owed for
this vehicle?

8760 \$. **00** **8762** \$. **00** **8764** \$. **00**

- x1 DK — Probe
x2 Ref.

CHECK ITEM T18

Is there another
vehicle which
has not been
asked about?

8766 1 Yes — Ask 6c for next vehicle
2 No — Go to 7a

8768 1 Yes — Ask 6c for next vehicle
2 No — Go to 7a

Go to 7a

Section 4 – TOPICAL MODULES (Continued)

Part C – REAL ESTATE PROPERTY AND VEHICLES (Continued)

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

- 8770** 1 Motorcycle
- 8772** 2 Boat
- 8774** 3 Recreational vehicle (RV)
- 8776** 4 Other – Specify _____
- 8778** 5 No – SKIP to Check Item P1, page 63

Mark (X) all that apply.

Ask items 7b–7e for each vehicle –

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

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

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

8788 \$ [] [] . 00	8790 \$ [] [] . 00
x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item T19	x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref. – SKIP to Check Item P1, page 63

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

8792 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item T19 x1 <input type="checkbox"/> DK	8794 1 <input type="checkbox"/> Money owed 2 <input type="checkbox"/> Free and clear } SKIP to Check Item P1, page 63 x1 <input type="checkbox"/> DK
---	---

e. How much is currently owed for this vehicle?

8796 \$ [] [] . 00	8798 \$ [] [] . 00
x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.	x1 <input type="checkbox"/> DK – Probe x2 <input type="checkbox"/> Ref.

CHECK ITEM T19

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 63

Go to Check Item P1, page 63

NOTES