

NOTICE — Your report to the Census Bureau is **confidential** by law (title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes.

1. Book	2. (cc 1) R.O. code	3a. (cc 2) PSU Segment Serial Sample digit	Check digit	b. (cc 3) Add. ID
6 of _____	_____	_____	0 8	_____

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION
1988 PANEL
WAVE 2 QUESTIONNAIRE**

4. (cc 17) a. Entry Add. ID	c. Name (cc 19a) First _____ Middle initial _____
b. PERSON Number (cc 18)	

5. PERSON CHARACTERISTICS — Fill a, b, c, and d using the control card			
a. Relationship code (cc 19b)	b. Date of birth (cc 24) Month Day Year	c. Sex code (cc 28)	d. Marital status code (cc 26a)

6. Interviewer identification
Code Name

7. PERSON INTERVIEW STATUS

a. Interview
1 Self
2 Proxy (Enter person number) _____ } **SKIP to 8**

CHECK ITEM N1 Does . . . 's person number begin with a "2"?

PGM 7
0900 1 Yes
2 No — **SKIP to Section 1, item 1, page 2**

b. Noninterview
1 Type Z refusal 2 Type Z other

CHECK ITEM N2 Was . . . missed when household members were listed for Wave 1?

0901 1 Yes — **Change person number in item 4b to a "100" level person number. Correct person number in cc items 18 and 31a and enter code "24" in cc item 23 for the missed person. SKIP to Section 1, item 1, page 2.**
2 No

8. Date of interview for this person
____ Month ____ Day } **Fill start time in item 9a, then go to Introduction**

9a. Interview time for this person

	Initial visit	Callback visit
Start time →	a.m. p.m.	a.m. p.m.
Finish time →	a.m. p.m.	a.m. p.m.

b. Total interview time for this person _____ Minutes

13a. On March 31, 1988, was . . . living in any of the kinds of places listed on this card? (Show Flashcard P)

0914 1 Yes x1 DK } **SKIP to Section 1, item 1, page 2**
2 No — **SKIP to Section 1, item 1, page 2** x2 Ref.

10a. Interviewer edit time

Start time →	a.m. p.m.
Finish time →	a.m. p.m.

b. Total interviewer edit time _____ Minutes

b. Which code on this card represents the kind of place . . . was living in on March 31, 1988?

0916 1 Armed Forces barracks 3 Nonhousehold setting
2 Outside the United States

11a. Pre-interview transcription time

Start time →	a.m. p.m.
Finish time →	a.m. p.m.

b. Total pre-interview time for transcription _____ Minutes

12. 1 Phone interview — Specify reason

NOTES

INTRODUCTION

INTERVIEWER INSTRUCTIONS — Read introduction once to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction.

(As I described during my last visit,) This survey is about the economic situation of people living in the United States. Most of the questions will be about . . . 's activities during _____, _____, and _____.

Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J.) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me.

We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here. (GO TO CHECK ITEM N1.)

Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

1. During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did . . . have a job or business, either full time or part time, even for only a few days?

Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.

PGM 7

1000

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

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

1002

- 1 Yes
 2 No — SKIP to 3a

b. Please look at the calendar. In which weeks was . . . looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1004

x5 ALL

1006

1

1018

7

1030

13

1008

2

1020

8

1032

14

1010

3

1022

9

1034

15

1012

4

1024

10

1036

16

1014

5

1026

11

1038

17

1016

6

1028

12

1040

18

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

1042

- 1 Yes — SKIP to 3a
 2 No

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

Mark (X) only one.

1044

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

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

1046

- 1 Yes — Mark "55" on ISS
 2 No — SKIP to Check Item R2

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

Mark (X) all that apply.

1048

1 Last month

1050

2 2 months ago

1052

3 3 months ago

1054

4 4 months ago

CHECK ITEM R2

Refer to item 2a above.

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

1055

- 1 Yes — SKIP to 9a, page 4
 2 No — SKIP to Check Item R6, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?

Note that the person did not have to work each week.

1056

- 1 Yes
 2 No — SKIP to 6a

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

1058

- 1 Yes
 2 No — SKIP to 8a, page 4

b. Please look at the calendar. In which weeks was . . . absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1060

x5 ALL

1062

1

1074

7

1086

13

1064

2

1076

8

1088

14

1066

3

1078

9

1090

15

1068

4

1080

10

1092

16

1070

5

1082

11

1094

17

1072

6

1084

12

1096

18

c. What was the main reason . . . was absent without pay from . . . 's job or business during those weeks?

Mark (X) only one.

1098

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

SKIP to 8a, page 4

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

6a. Please look at the calendar. In which weeks did ... have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

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

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

1136 1 Yes
2 No — SKIP to 7a

c. In which weeks was ... absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

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

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

Mark (X) only one.

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

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

1176 1 Yes
2 No — SKIP to 7e

b. In which of these weeks was ... looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar.

Mark (X) all that apply.

1178 x5 All weeks without a job

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

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

1216 1 Yes — SKIP to 7e
2 No

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

Mark (X) only one.

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

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

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

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

Mark (X) all that apply.

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

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?

1230

Hours per week

- x3 None } *SKIP to Check Item R4*
 x1 DK }

CHECK ITEM R3

Refer to item 8a.
 Did . . . usually work 35 or more hours per week?

1231

- 1 Yes
 2 No — *SKIP to 8c*

8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off or sickness.

1232

- 1 Yes
 2 No — *SKIP to Check Item R4*

C. How many weeks did . . . work fewer than 35 hours in the months of (*Read each month*)?

1233

- x5 All

1234

Weeks Last month

1235

Weeks 2 months ago

1236

Weeks 3 months ago

1237

Weeks 4 months ago

d. What was the main reason . . . worked fewer than 35 hours in those weeks?

Mark (X) only one.

1238

- 1 Could not find a full-time job
 2 Wanted to work part time
 3 Health condition or disability
 4 Normal working hours are fewer than 35 hours
 5 Slack work or material shortage
 6 Other — *Specify* ↓

CHECK ITEM R4

Refer to item 5a, page 2.
 The response to item 5a is:

1239

- 1 Yes (or blank)
 2 No — *SKIP to Check Item R5*

9a. During this 4-month period, did . . . receive any State unemployment compensation payments?

1240

- 1 Yes — *Mark "5" on ISS*
 2 No — *SKIP to Check Item R5*

b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?

1242

- 1 Yes — *Mark "6" on ISS*
 2 No

CHECK ITEM R5

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

1244

- 1 Yes
 2 No — *SKIP to Check Item R6*

10. During this 4-month period, did . . . receive any money from worker's compensation for any kind of job-related illness or injury?

1246

- 1 Yes — *Mark "10" on ISS*
 2 No

CHECK ITEM R6

Refer to cc items 44–47.
 Was an interview obtained for . . . last reference period?

1248

- 1 Yes
 2 No — *SKIP to Check Item R11, page 6*

CHECK ITEM R7

Refer to cc item 11b.
 Are any income types listed in the Income Roster?

1250

- 1 Yes
 2 No — *SKIP to 12a*

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received (Read income types in item 11b, column (2)) during (8 months ago) through (5 months ago).
 At any time during the past 4 months, that is _____, and _____, did . . . get income from (Read income types in item 11b, column (2))?
 MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

C. If "No" in column (4) — In which month did . . . last receive (Read income type)?
Note — If last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

b. INCOME ROSTER (ISS CODES 1 — 56)

Line No. (1)	Income type (2)	Income code (3)	This reference period (4)	(5)
1		1252	1254 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1255 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256	1258 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1259 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260	1262 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1263 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264	1266 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1267 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268	1270 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1271 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272	1274 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1275 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276	1278 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1279 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280	1282 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No — Fill col. (5).	1283 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

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

1284
1 Yes
2 No — SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

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

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

1296
1 Yes
2 No — SKIP to Check Item R8

b. What was the source of this income?

Anything else?

Mark (X) all that apply.

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

CHECK ITEM R8

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

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

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for ...?	1326	1 <input type="checkbox"/> Yes — Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No
CHECK ITEM R10	Refer to cc item 24. Is ... 65 years of age or older?	1328	1 <input type="checkbox"/> Yes — SKIP to 23a, page 8 2 <input type="checkbox"/> No — SKIP to Check Item R23, page 8
CHECK ITEM R11	Refer to cc items 32a and 32c. Is ... a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R12
14a.	How long did ... serve on active duty in the Armed Forces?	1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years x1 <input type="checkbox"/> DK
b.	Does ... have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 14d
c.	What is ...'s VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)	1336	<input type="text"/> <input type="text"/> <input type="text"/> Percent x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating } Mark "200" on ISS if rating is 100%; otherwise, mark "201"
d.	During this 4-month period, did ... receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds, and GI Bill benefits.)	1338	1 <input type="checkbox"/> Yes — Mark "8" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R12	Refer to cc item 24. Is ... 18 years of age or older?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a
15a.	During this 4-month period, did ... receive any Social Security payments?	1342	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R14
b.	What is the reason ... is getting Social Security, is it because ... is (Read categories) — Mark (X) only one.	1344	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason x1 <input type="checkbox"/> DK } SKIP to 16a
c.	Sometimes people get Social Security for more than one reason. Is there another reason ... receives Social Security?	1346	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason x1 <input type="checkbox"/> DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15d.	At what age did ... begin receiving Social Security because of (his/her) disability?	1349	<input type="text"/> <input type="text"/> Age in years x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 16a
CHECK ITEM R14	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 16a
15e.	During the 4-month period did ... receive any Social Security payments especially for ...'s children (under 18)?	1352	1 <input type="checkbox"/> Yes — Mark "1" on ISS 2 <input type="checkbox"/> No
16a.	During this 4-month period did ... receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes — Mark "3" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R15
b.	Did ... also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes — Mark "4" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is ... 40 years of age or older?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 18a

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	<p align="center">1360</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16</p>
<p>b. During the 4-month period did . . . receive any retirement income other than Social Security?</p>	<p align="center">1362</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d</p>
<p>c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	<p align="center">1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p align="center">1366 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p align="center">1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p align="center">1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS</p> <p align="center">1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS</p> <p align="center">1374 6 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p align="center">1376 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p align="center">1378 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.</p> <p align="center">1380 <input type="text"/> <input type="text"/></p>
<p>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p align="center">1382</p> <p>1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?</p>	<p align="center">1384</p> <p>1 <input type="checkbox"/> Yes — SKIP to Check Item R17 2 <input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p align="center">1386</p> <p>1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p align="center">1388</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17</p>
<p>c. What kind of income? Anything else? Mark (X) all that apply.</p>	<p align="center">1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS</p> <p align="center">1392 2 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS</p> <p align="center">1394 3 <input type="checkbox"/> Worker's Compensation — Mark "10" on ISS</p> <p align="center">1396 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS</p> <p align="center">1398 5 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS</p> <p align="center">1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS</p> <p align="center">1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS</p> <p align="center">1406 8 <input type="checkbox"/> State government pension — Mark "34" on ISS</p> <p align="center">1408 9 <input type="checkbox"/> Local government pension — Mark "35" on ISS</p> <p align="center">1410 10 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.</p> <p align="center">1412 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	<p align="center">1414</p> <p>1 <input type="checkbox"/> Married — SKIP to 20 2 <input type="checkbox"/> Widowed — SKIP to 22a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married — SKIP to Check Item R18</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p align="center">1416</p> <p>1 <input type="checkbox"/> Yes — Mark "29" on ISS and SKIP to Check Item R18 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R18 x2 <input type="checkbox"/> Ref. }</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</p>	<p align="center">1418</p> <p>1 <input type="checkbox"/> Widowed — SKIP to 22a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No — SKIP to Check Item R21</p>

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R19
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	<input type="checkbox"/> 1 Yes — Mark "28" on ISS <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK <input type="checkbox"/> x2 Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R21
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No } SKIP to Check Item R21 <input type="checkbox"/> x1 DK }
b.	What kind of income was this? Was there anything else? (SHOW FLASHCARD K) Mark (X) all that apply.	1428	<input type="checkbox"/> 1 U.S. Government Railroad Retirement — Mark "2" on ISS
		1430	<input type="checkbox"/> 2 Veterans Compensation or pension — Mark "8" on ISS
		1432	<input type="checkbox"/> 3 Black Lung payments — Mark "9" on ISS
		1434	<input type="checkbox"/> 4 Pension from company or union — Mark "30" on ISS
		1436	<input type="checkbox"/> 5 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	<input type="checkbox"/> 6 U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS
		1440	<input type="checkbox"/> 7 National Guard or Reserve Forces retirement — Mark "33" on ISS
		1442	<input type="checkbox"/> 8 State government pension — Mark "34" on ISS
		1444	<input type="checkbox"/> 9 Local government pension — Mark "35" on ISS
		1446	<input type="checkbox"/> 10 Income from paid-up life insurance policies or annuities — Mark "36" on ISS
		1448	<input type="checkbox"/> 11 Payments from estate or trust — Mark "37" on ISS
		1450	<input type="checkbox"/> 12 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS
		1452	<input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R20	Refer to item 22b above. Is "Veterans Compensation or pension" (box 2) marked?	1454	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R21
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> 1 Yes, in the service <input type="checkbox"/> 2 Yes, from service-related injury <input type="checkbox"/> 3 No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	<input type="checkbox"/> 1 Yes — SKIP to 23a <input type="checkbox"/> 2 No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FL ASHCARD L). Was . . . covered by Medicare?	1462	<input type="checkbox"/> 1 Yes — Mark "172" on ISS <input type="checkbox"/> 2 No } SKIP to Check Item R23 <input type="checkbox"/> x1 DK }
b.	May I see . . . 's Medicare card to record the claim number and type of coverage?	1464	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 1466 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 1467 <input type="text"/> <input type="text"/>
		1468	TYPE OF COVERAGE <input type="checkbox"/> 1 Hospital only (Type A) <input type="checkbox"/> 2 Medical only (Type B) <input type="checkbox"/> 3 Both hospital and medical (Types A and B) <input type="checkbox"/> 4 Card not available — ASK 23c
c.	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> 1 Yes — Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> 2 No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474	<input type="checkbox"/> 1 Yes — SKIP to Check Item R25 <input type="checkbox"/> 2 No

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
CHECK ITEM R25	Interview status of . . . 's spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes — SKIP to 25a 2 <input type="checkbox"/> No
24.	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes — Mark "27" on ISS 2 <input type="checkbox"/> No
25a.	(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486	1 <input type="checkbox"/> AFDC — Mark "20" on ISS
		1488	2 <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS
		1490	3 <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS
		1492	4 <input type="checkbox"/> Foster Child Card — Mark "23" on ISS
		1494	5 <input type="checkbox"/> WIC — Mark "25" on ISS
		1496	6 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "24" — Mark ISS
		1498	<input type="text"/> <input type="text"/>
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	1 <input type="checkbox"/> Yes — SKIP to 26b 2 <input type="checkbox"/> No
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any any time during the 4-month period?	1504	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1506	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
26c.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R29
d.	Which children were covered?	1510	x5 <input type="checkbox"/> All children OR Person No. Name
		1512	<input type="text"/> <input type="text"/> <input type="text"/>
		1514	<input type="text"/> <input type="text"/> <input type="text"/>
		1516	<input type="text"/> <input type="text"/> <input type="text"/>
		1518	<input type="text"/> <input type="text"/> <input type="text"/>
		1520	<input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM R29	Refer to items 26a—26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 27a
26e.	Was (. . ./(and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes — SKIP to 27a 2 <input type="checkbox"/> No
f.	In which months was (. . ./(and) . . . 's children) covered? Mark (X) all that apply.	1528	1 <input type="checkbox"/> Last month
		1530	2 <input type="checkbox"/> 2 months ago
		1532	3 <input type="checkbox"/> 3 months ago
		1534	4 <input type="checkbox"/> 4 months ago

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>27a. Was ... covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</p>	<p align="center">1536</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R30</p>																																					
<p><i>ASK OR VERIFY —</i> b. Was ... covered by a health insurance plan during the entire 4-month period?</p>	<p align="center">1538</p> <p>1 <input type="checkbox"/> Yes — SKIP to 27d 2 <input type="checkbox"/> No</p>																																					
<p>c. In which months was ... covered? <i>Mark (X) all that apply.</i></p>	<p align="center">1540</p> <p>1 <input type="checkbox"/> Last month</p> <p align="center">1542</p> <p>2 <input type="checkbox"/> 2 months ago</p> <p align="center">1544</p> <p>3 <input type="checkbox"/> 3 months ago</p> <p align="center">1546</p> <p>4 <input type="checkbox"/> 4 months ago</p>																																					
<p>d. Was ...'s health insurance coverage from a plan in ...'s own name (primary policy holder), or was ... covered as a family member on someone else's plan?</p>	<p align="center">1547</p> <p>1 <input type="checkbox"/> Plan in own name — SKIP to 27f 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both — SKIP to 27f</p>																																					
<p>e. Whose plan covered ...?</p>	<p align="center">Household member</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Person No.</td> <td style="width:40%; border-bottom: 1px solid black;">Name</td> </tr> <tr> <td align="center">1548</td> <td align="center"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table> </td> </tr> </table> <p>x4 <input type="checkbox"/> Not a Household member</p>	Person No.	Name	1548	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																	
Person No.	Name																																					
1548	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																					
<p>f. Was ...'s policy obtained through ...'s current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</p>	<p align="center">1549</p> <p>1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to 27h</p>																																					
<p>g. Did ...'s employer or union (former employer) pay all, part, or none of the cost of this plan?</p>	<p align="center">1550</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>																																					
<p>h. Was ...'s plan an individual plan or a family plan?</p>	<p align="center">1552</p> <p>1 <input type="checkbox"/> Individual — SKIP to Check Item R30 2 <input type="checkbox"/> Family</p>																																					
<p>i. Other than ..., which persons in this household were covered by ...'s plan? (Include children as well as adults.)</p>	<p align="center">1554</p> <p>x5 <input type="checkbox"/> All persons</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">Person No.</td> <td style="width:40%; border-bottom: 1px solid black;">Name</td> </tr> <tr> <td align="center">1556</td> <td align="center"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table> </td> </tr> <tr> <td align="center">1558</td> <td align="center"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table> </td> </tr> <tr> <td align="center">1560</td> <td align="center"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table> </td> </tr> <tr> <td align="center">1562</td> <td align="center"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table> </td> </tr> <tr> <td align="center">1564</td> <td align="center"> <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table> </td> </tr> </table> <p align="center">1566</p> <p>x3 <input type="checkbox"/> None</p>	Person No.	Name	1556	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>						1558	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>						1560	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>						1562	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>						1564	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>					
Person No.	Name																																					
1556	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																					
1558	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																					
1560	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																					
1562	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																					
1564	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>																																					
<p>j. Did ...'s plan cover anyone who did not live in this household during the past 4 months? <i>Mark (X) all that apply.</i></p>	<p align="center">1567</p> <p>1 <input type="checkbox"/> Yes, spouse</p> <p align="center">1568</p> <p>2 <input type="checkbox"/> Yes, child(ren)</p> <p align="center">1569</p> <p>3 <input type="checkbox"/> Yes, someone else</p> <p align="center">1570</p> <p>4 <input type="checkbox"/> No</p>																																					

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R30**

Refer to cc items 24 and 27.
Is . . . the designated parent or guardian of children under 15 years old who live in this household?

1572

- 1 Yes
2 No — *SKIP to Check Item R31*

ASK OR VERIFY —

27k. Were all of . . . 's children under 15 years old covered by a health insurance plan?
(Include CHAMPUS, CHAMPVA, and military plans.)
(Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)

1574

- 1 Yes — *SKIP to 27m*
2 No

l. Which children were covered by a health insurance plan?

Person No. Name

1575

--	--	--

1576

--	--	--

1577

--	--	--

1578

--	--	--

1579

--	--	--

OR

1580

- x3 None — *SKIP to Check Item R31*

m. Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?

1581

- 1 Yes — **Which children?**

Person No. Name

1582

--	--	--

1583

--	--	--

1584

--	--	--

1585

--	--	--

1586

--	--	--

1587

- 2 No

**CHECK
ITEM R31**

Refer to item 28b, page 12.
Are any assets listed in the Asset Roster?

1588

- 1 Yes
2 No — *SKIP to 29a*

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

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

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

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

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)			
1		1590 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1592 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
2		1594 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1596 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
3		1598 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1600 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
4		1602 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1604 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
5		1606 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1608 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
6		1610 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1612 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
7		1614 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1616 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
8		1618 <table border="1" style="float: right; width: 60px; height: 20px; margin-left: 20px;"><tr><td></td><td></td><td></td></tr></table>				1620 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No

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

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

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

- 1626 1 Regular or passbook savings accounts — Mark "100" on ISS
- 1628 2 Money market deposit accounts — Mark "101" on ISS
- 1630 3 Certificates of deposit or other savings certificates — Mark "102" on ISS
- 1632 4 Interest-earning checking accounts (such as NOW or Super NOW accounts) — Mark "103" on ISS
- 1636 5 Money market funds — Mark "104" on ISS
- 1638 6 U.S. Government securities — Mark "105" on ISS
- 1640 7 Municipal or corporate bonds — Mark "106" on ISS
- 1642 8 Mortgages — Mark "130" on ISS
- 1644 9 U.S. Savings Bonds (E, EE) — Mark "174" on ISS
- 1646 10 Other interest-earning assets — Mark "107" on ISS and specify

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

30a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1656</td> <td>1 <input type="checkbox"/> Yes, full-time</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> Yes, part-time</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></td> </tr> </table>	1656	1 <input type="checkbox"/> Yes, full-time		2 <input type="checkbox"/> Yes, part-time		3 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i>
1656	1 <input type="checkbox"/> Yes, full-time						
	2 <input type="checkbox"/> Yes, part-time						
	3 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i>						

b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1658</td> <td>1 <input type="checkbox"/> All months</td> </tr> <tr> <td style="text-align: center;">1660</td> <td>2 <input type="checkbox"/> Last month</td> </tr> <tr> <td style="text-align: center;">1662</td> <td>3 <input type="checkbox"/> 2 months ago</td> </tr> <tr> <td style="text-align: center;">1664</td> <td>4 <input type="checkbox"/> 3 months ago</td> </tr> <tr> <td style="text-align: center;">1666</td> <td>5 <input type="checkbox"/> 4 months ago</td> </tr> </table>	1658	1 <input type="checkbox"/> All months	1660	2 <input type="checkbox"/> Last month	1662	3 <input type="checkbox"/> 2 months ago	1664	4 <input type="checkbox"/> 3 months ago	1666	5 <input type="checkbox"/> 4 months ago
1658	1 <input type="checkbox"/> All months										
1660	2 <input type="checkbox"/> Last month										
1662	3 <input type="checkbox"/> 2 months ago										
1664	4 <input type="checkbox"/> 3 months ago										
1666	5 <input type="checkbox"/> 4 months ago										

c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1668</td> <td>1 <input type="checkbox"/> Elementary grades 1–8</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="2" style="vertical-align: middle;"><i>SKIP to Check Item R32</i></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> High school grades 9–12</td> </tr> <tr> <td></td> <td>3 <input type="checkbox"/> College year 1</td> <td></td> <td></td> </tr> <tr> <td></td> <td>4 <input type="checkbox"/> College year 2</td> <td></td> <td></td> </tr> <tr> <td></td> <td>5 <input type="checkbox"/> College year 3</td> <td></td> <td></td> </tr> <tr> <td></td> <td>6 <input type="checkbox"/> College year 4</td> <td></td> <td></td> </tr> <tr> <td></td> <td>7 <input type="checkbox"/> College year 5</td> <td></td> <td></td> </tr> <tr> <td></td> <td>8 <input type="checkbox"/> College year 6</td> <td></td> <td></td> </tr> <tr> <td></td> <td>9 <input type="checkbox"/> Vocational school</td> <td></td> <td></td> </tr> <tr> <td></td> <td>10 <input type="checkbox"/> Technical school</td> <td></td> <td></td> </tr> <tr> <td></td> <td>11 <input type="checkbox"/> Business school</td> <td></td> <td></td> </tr> </table>	1668	1 <input type="checkbox"/> Elementary grades 1–8	}	<i>SKIP to Check Item R32</i>		2 <input type="checkbox"/> High school grades 9–12		3 <input type="checkbox"/> College year 1				4 <input type="checkbox"/> College year 2				5 <input type="checkbox"/> College year 3				6 <input type="checkbox"/> College year 4				7 <input type="checkbox"/> College year 5				8 <input type="checkbox"/> College year 6				9 <input type="checkbox"/> Vocational school				10 <input type="checkbox"/> Technical school				11 <input type="checkbox"/> Business school		
1668	1 <input type="checkbox"/> Elementary grades 1–8	}	<i>SKIP to Check Item R32</i>																																								
	2 <input type="checkbox"/> High school grades 9–12																																										
	3 <input type="checkbox"/> College year 1																																										
	4 <input type="checkbox"/> College year 2																																										
	5 <input type="checkbox"/> College year 3																																										
	6 <input type="checkbox"/> College year 4																																										
	7 <input type="checkbox"/> College year 5																																										
	8 <input type="checkbox"/> College year 6																																										
	9 <input type="checkbox"/> Vocational school																																										
	10 <input type="checkbox"/> Technical school																																										
	11 <input type="checkbox"/> Business school																																										

31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1670</td> <td>1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i></td> </tr> </table>	1670	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i>
1670	1 <input type="checkbox"/> Yes				
	2 <input type="checkbox"/> No – <i>SKIP to Check Item R32</i>				

b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1672</td> <td>1 <input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1674</td> <td>2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1676</td> <td>3 <input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1678</td> <td>4 <input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1680</td> <td>5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1682</td> <td>6 <input type="checkbox"/> National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1684</td> <td>7 <input type="checkbox"/> Guaranteed Student Loan – <i>Mark "179" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1686</td> <td>8 <input type="checkbox"/> JTPA Training – <i>Mark "180" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1688</td> <td>9 <input type="checkbox"/> Employer Assistance – <i>Mark "181" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1690</td> <td>10 <input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i></td> </tr> <tr> <td style="text-align: center;">1692</td> <td>11 <input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i></td> </tr> </table>	1672	1 <input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>	1674	2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>	1676	3 <input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>	1678	4 <input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>	1680	5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>	1682	6 <input type="checkbox"/> National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>	1684	7 <input type="checkbox"/> Guaranteed Student Loan – <i>Mark "179" on ISS</i>	1686	8 <input type="checkbox"/> JTPA Training – <i>Mark "180" on ISS</i>	1688	9 <input type="checkbox"/> Employer Assistance – <i>Mark "181" on ISS</i>	1690	10 <input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>	1692	11 <input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>
1672	1 <input type="checkbox"/> GI Bill – <i>Mark "40" on ISS</i>																						
1674	2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) – <i>Mark "41" on ISS</i>																						
1676	3 <input type="checkbox"/> College Work Study – <i>Mark "175" on ISS</i>																						
1678	4 <input type="checkbox"/> PELL Grant – <i>Mark "176" on ISS</i>																						
1680	5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) – <i>Mark "177" on ISS</i>																						
1682	6 <input type="checkbox"/> National Direct Student Loan (NDSL) – <i>Mark "178" on ISS</i>																						
1684	7 <input type="checkbox"/> Guaranteed Student Loan – <i>Mark "179" on ISS</i>																						
1686	8 <input type="checkbox"/> JTPA Training – <i>Mark "180" on ISS</i>																						
1688	9 <input type="checkbox"/> Employer Assistance – <i>Mark "181" on ISS</i>																						
1690	10 <input type="checkbox"/> Fellowship/Scholarship – <i>Mark "182" on ISS</i>																						
1692	11 <input type="checkbox"/> Other financial aid – <i>Mark "183" on ISS</i>																						

CHECK ITEM R32 <i>Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1694</td> <td>1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No – <i>SKIP to Check Item R33</i></td> </tr> </table>	1694	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – <i>SKIP to Check Item R33</i>
1694	1 <input type="checkbox"/> Yes				
	2 <input type="checkbox"/> No – <i>SKIP to Check Item R33</i>				

<i>ASK OR VERIFY –</i> 32. Is . . . 's spouse in the Armed Forces?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1696</td> <td>1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No</td> </tr> </table>	1696	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No
1696	1 <input type="checkbox"/> Yes				
	2 <input type="checkbox"/> No				

CHECK ITEM R33 <i>Are any codes (excluding codes 171–173, 200–201) marked on the ISS?</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1698</td> <td>1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No – <i>SKIP to 34a</i></td> </tr> </table>	1698	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – <i>SKIP to 34a</i>
1698	1 <input type="checkbox"/> Yes				
	2 <input type="checkbox"/> No – <i>SKIP to 34a</i>				

33a. You said that during the 4-month period . . . received income from – (Read all items marked on the ISS, except codes 171–173, 200–201). Is that correct?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1700</td> <td>1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No – <i>Probe and resolve (Make corrections to ISS if necessary)</i></td> </tr> </table>	1700	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – <i>Probe and resolve (Make corrections to ISS if necessary)</i>
1700	1 <input type="checkbox"/> Yes				
	2 <input type="checkbox"/> No – <i>Probe and resolve (Make corrections to ISS if necessary)</i>				

b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1702</td> <td>1 <input type="checkbox"/> Yes – <i>SKIP to 34b</i></td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 15</i></td> </tr> </table>	1702	1 <input type="checkbox"/> Yes – <i>SKIP to 34b</i>		2 <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 15</i>
1702	1 <input type="checkbox"/> Yes – <i>SKIP to 34b</i>				
	2 <input type="checkbox"/> No – <i>SKIP to Check Item E1, page 15</i>				

34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1704</td> <td>1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td>2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 53</i></td> </tr> </table>	1704	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 53</i>
1704	1 <input type="checkbox"/> Yes				
	2 <input type="checkbox"/> No – <i>SKIP to Check Item P1, page 53</i>				

b. What kind of income did . . . receive? Anything else?	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">1706</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> </tr> <tr> <td style="text-align: center;">1708</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> <tr> <td style="text-align: center;">1710</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> <td style="text-align: center;">□</td> </tr> </table>	1706	□	□	□	1708	□	□	□	1710	□	□	□
1706	□	□	□										
1708	□	□	□										
1710	□	□	□										

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

- 1 Yes
2 No — *SKIP to first ISS Code marked or
Check Item P1, page 53*

**1 a. You said . . . worked during the 4-month
period. Was . . . working for an employer or
was . . . self-employed?**

**(Include unpaid worker in family business or
farm as working for an employer.)**

1714

- 1 Worked for employer only
2 Self-employed only — *SKIP to Statement B,
page 20*
3 Both worked for employer and self-employed

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

1716

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

**CHECK
ITEM E2**

Refer to item 1a above.
Is "Both worked for employer and
self-employed" (box 3) marked?

1718

- 1 Yes
2 No — *SKIP to 2a, page 16*

STATEMENT A →

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2000</p>	<p>Employer name _____</p>
<p>CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number _____</p>	<p>PGM 8 2002</p>	<p>Employer I.D. No. _____</p>
<p>CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 2003</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2c</p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 2004</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a</p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2005</p>	<p>_____</p>
<p>ASK OR VERIFY —</p> <p>d. Is it mainly —</p>	<p>PGM 8 2006</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2008</p>	<p>_____</p>
<p>f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2010</p>	<p>_____</p>
<p>ASK OR VERIFY —</p> <p>g. Was . . . an employee of —</p>	<p>PGM 8 2012</p>	<p>1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p>ASK OR VERIFY —</p> <p>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2014</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 4 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016 2020</p>	<p>FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day 2018 TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day 2022</p>
<p>CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?</p>	<p>2023</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	<p>2024</p>	<p>1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY —</p> <p>4. How many hours per week did . . . usually work at this job?</p>	<p>2025</p>	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028</p>	<p>\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5</p>
<p>7a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2029</p>	<p>1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way — 2 <input type="checkbox"/> Once each 2 weeks Specify 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm — SKIP to Check Item E5</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2030 2031</p>	<p><input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref.</p>

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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

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



INTERVIEWER USE ONLY

LAST MONTH		INTERVIEWER USE ONLY	
2032	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		Total \$	<u> </u> .00

2 MONTHS AGO		INTERVIEWER USE ONLY	
2034	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		Total \$	<u> </u> .00

3 MONTHS AGO		INTERVIEWER USE ONLY	
2036	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		Total \$	<u> </u> .00

4 MONTHS AGO		INTERVIEWER USE ONLY	
2038	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
		Total \$	<u> </u> .00

CHECK ITEM E4

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

2040 1 Yes
2 No — SKIP to 9a

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

2042 1 Yes — Mark Callback Summary and Reminder Card, Item 3a
2 No

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

2044 1 Yes — SKIP to Check Item E5
2 No

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

2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b, page 15?

2048 1 1 employer — SKIP to Check Item E8, page 19
2 2 or more employers

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period?
(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)

PGM 8
2100

Employer name

CHECK ITEM E6

Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →

PGM 8
2102

Employer I.D. No.

CHECK ITEM E6.1

Is the previous wave box marked for this employer in cc item 42?

PGM 8
2103

1 Yes
2 No – SKIP to 10c

10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?

PGM 8
2104

1 Yes
2 No – SKIP to 11a

C. What kind of business or industry was (Name of company or business)?
For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8
2105

ASK OR VERIFY –

d. Is it mainly –

PGM 8
2106

1 Manufacturing?
2 Wholesale Trade?
3 Retail Trade?
4 Some other kind of business?

e. What kind of work was . . . doing on this job?
For example: Electrical engineer, stock clerk, typist, farmer

PGM 8
2108

f. What were . . . 's main activities or duties on this job?
For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8
2110

ASK OR VERIFY –

g. Was . . . an employee of –

PGM 8
2112

1 A private for-profit company or individual?
2 A private not-for-profit, tax exempt, or charitable organization?
3 Federal government (exclude Armed Forces)?
4 State government?
5 Local government?
6 Armed Forces?
7 Unpaid in family business or farm?

ASK OR VERIFY –

11a. Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7
2114

1 Yes – SKIP to 12
2 No

b. When was . . . employed by (Name of employer) during this 4-month period?

2116
2120

FROM Month Day
TO Month Day

CHECK ITEM E6.2

Did . . . stop working for this employer during the reference period?

2123

1 Yes
2 No – SKIP to 12

11c. What is the main reason . . . stopped working for (Name of employer)?

2124

1 Laid off 4 Job was temporary and ended
2 Retired 5 Quit to take another job
3 Discharged 6 Quit for some other reason

ASK OR VERIFY –

12. How many hours per week did . . . usually work at this job?

2125

Hours
x3 None
x1 DK

13. Was . . . paid by the hour on this job?

2126

1 Yes
2 No – SKIP to 15a

14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?

2128

\$
x1 DK
x2 Ref. – SKIP to Check Item E8

15a. During the 4-month period, how often was . . . paid on this job?

2129

1 Once a week 6 Some other way –
2 Once each 2 weeks Specify
3 Once a month
4 Twice a month
5 Unpaid in family business or farm – SKIP to Check Item E8

b. On what date was . . . last paid during this 4-month period?

2130

Month Day
x1 DK x1 DK
x2 Ref. x2 Ref.

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2(Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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

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



INTERVIEWER USE ONLY

LAST MONTH

2132 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

2 MONTHS AGO

2134 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

3 MONTHS AGO

2136 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

4 MONTHS AGO

2138 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

CHECK ITEM E7

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

2140 1 Yes
 2 No – SKIP to 17a

16b. If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)

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

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

2144 1 Yes – SKIP to Check Item E8
 2 No

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

2146 1 Yes
 2 No

CHECK ITEM E8

Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?

2148 1 Yes – Read Statement B
 2 No – SKIP to first ISS Code or Check Item P1, page 53

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

<p>1 a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name _____</p>								
<p>CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No. _____</p>								
<p>CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2202</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1c</p>								
<p>1 b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 2203</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1g</p>								
<p>c. What kind of business was this?</p>	<p>PGM 8 2204</p>	<p>_____</p>								
<p><i>ASK OR VERIFY —</i> d. Is it mainly —</p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>								
<p>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8 2208</p>	<p>_____</p>								
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8 2210</p>	<p>_____</p>								
<p><i>ASK OR VERIFY —</i> g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2212</p>	<p>____ Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10 x1 <input type="checkbox"/> DK</p>								
<p>CHECK ITEM S2 Have questions 3—5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No</p>								
<p>3. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218</p>	<p>____ Employees x1 <input type="checkbox"/> DK</p>								
<p>4 a. Was . . . 's business incorporated?</p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No</p>								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership</p>								
<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a</p>								
<p>b. Which members?</p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: center;">Person No.</th> <th style="text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">____</td> <td>_____</td> </tr> </tbody> </table>	Person No.	Name	____	_____	____	_____	____	_____
Person No.	Name									
____	_____									
____	_____									
____	_____									
<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5</p>								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



INTERVIEWER USE ONLY

LAST MONTH

2238 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

2 MONTHS AGO

2240 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2242 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2244 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM S4

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

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

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

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

CHECK ITEM S5

Refer to item 4a, page 20.
 Is this business incorporated?

- 2250 1 Yes — SKIP to 11
 2 No

CHECK ITEM S6

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

- 2252 1 Yes — SKIP to 11
 2 No

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

- 2254 1 Yes
 2 No — SKIP to 11

b. What was the net profit or loss?

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

2256 \$. 00

- 2258 x4 Loss in amount box

} SKIP to 11

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

2260 \$. 00

- x3 None
- x1 DK
- x2 Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period?

- 2262 1 Yes
 2 No — SKIP to first ISS Code or Check Item P1, page 53

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	PGM 8	Business name
	2300	_____
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	PGM 8	Business I.D. No.
	2301	<input type="checkbox"/>
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2302	2 <input type="checkbox"/> No – SKIP to 12c
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2303	2 <input type="checkbox"/> No – SKIP to 12g
<p>C. What kind of business was this?</p>	PGM 8	_____
	2304	_____
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2306	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
<p>e. What kind of work was . . . doing at this business?</p>	PGM 8	_____
	2308	_____
<p>f. What were . . . 's most important activities or duties at this business?</p>	PGM 8	_____
	2310	_____
<p>g. How many hours per week did . . . usually work at this business?</p>	PGM 7	<input type="text"/> <input type="text"/> Hours
	2312	x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	2314	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 21
		x1 <input type="checkbox"/> DK
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	2316	1 <input type="checkbox"/> Yes – SKIP to 17a
		2 <input type="checkbox"/> No
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if more than 1,000 employees.</i></p>	2318	<input type="text"/> <input type="text"/> <input type="text"/> Employees
		x1 <input type="checkbox"/> DK
<p>15a. Was . . . 's business incorporated?</p>	2320	1 <input type="checkbox"/> Yes – SKIP to 16a
		2 <input type="checkbox"/> No
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2322	1 <input type="checkbox"/> Sole proprietorship – SKIP to 17a
		2 <input type="checkbox"/> Partnership
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2324	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 17a
<p>b. Which members?</p>		Person No. Name
	2326	<input type="text"/> <input type="text"/> <input type="text"/> _____
	2328	<input type="text"/> <input type="text"/> <input type="text"/> _____
	2330	<input type="text"/> <input type="text"/> <input type="text"/> _____
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2332	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2334	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	2336	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to Check Item S11

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

The next question is about the income . . . received from this business during the 4-month period. We need the most accurate figures you can provide.

What was the total amount of income that . . . received from this business in (Read each month)?



INTERVIEWER USE ONLY

LAST MONTH

2338

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

2 MONTHS AGO

2340

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

3 MONTHS AGO

2342

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

4 MONTHS AGO

2344

\$. 00

- x3 None
 x1 DK
 x2 Ref.

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

CHECK ITEM S10

Is "DK" marked in all parts of item 18?

2346

- 1 Yes
 2 No — SKIP to Check Item S11

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

2348

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

CHECK ITEM S11

Refer to item 15a, page 22.
 Is this business incorporated?

2350

- 1 Yes — SKIP to first ISS Code or Check Item P1, page 53
 2 No

CHECK ITEM S12

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

2352

- 1 Yes — SKIP to first ISS Code or Check Item P1, page 53
 2 No

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

2354

- 1 Yes
 2 No — SKIP to first ISS Code or Check Item P1, page 53

b. What was the net profit or loss?

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

2356

\$. 00

2358

- x4 Loss in amount box

} SKIP to first ISS Code or Check Item P1, page 53

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

2360

\$. 00

- x3 None
 x1 DK
 x2 Ref.

} SKIP to first ISS Code or Check Item P1, page 53

Section 3 — AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p style="text-align: center;">3000 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p style="text-align: center;">3002</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) — <i>SKIP to 13a, page 27</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — <i>SKIP to 11a, page 26</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes — <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p style="text-align: center;">3004</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p style="text-align: center;">3006</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p style="text-align: center;">3008</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p style="text-align: center;">3010</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p style="text-align: center;">3012</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p style="text-align: center;">3014</p> <p>1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p style="text-align: center;">3015</p> <p>1 <input type="checkbox"/> Yes — <i>ASK 5b</i> 2 <input type="checkbox"/> No — <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<div style="display: flex; flex-direction: column;"> <div style="margin-bottom: 10px;"> <p style="text-align: center;">3016</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="margin-bottom: 10px;"> <p style="text-align: center;">3020</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="margin-bottom: 10px;"> <p style="text-align: center;">3024</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div> <p style="text-align: center;">3028</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> </div>
<p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">3018</p> <p>\$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> <div style="width: 45%;"> <p style="text-align: center;">3022</p> <p>\$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="text-align: center;">3026</p> <p>\$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> <div style="width: 45%;"> <p style="text-align: center;">3030</p> <p>\$ <input style="width: 80%;" type="text"/> . <input style="width: 10%;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>	

AMOUNTS — PART A

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3032	<input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A6.1 <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53																																	
6a. Were all the people living here covered by . . . 's payments?		3034	<input type="checkbox"/> Yes – SKIP to Check Item A6 <input type="checkbox"/> No																																	
b. Which persons were covered?			<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3036</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3038</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3040</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3042</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3044</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3046</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3048</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3050</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3052</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3054</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3036	<input type="text"/>	<input type="text"/>	3038	<input type="text"/>	<input type="text"/>	3040	<input type="text"/>	<input type="text"/>	3042	<input type="text"/>	<input type="text"/>	3044	<input type="text"/>	<input type="text"/>	3046	<input type="text"/>	<input type="text"/>	3048	<input type="text"/>	<input type="text"/>	3050	<input type="text"/>	<input type="text"/>	3052	<input type="text"/>	<input type="text"/>	3054	<input type="text"/>	<input type="text"/>
	Person No.	Name																																		
3036	<input type="text"/>	<input type="text"/>																																		
3038	<input type="text"/>	<input type="text"/>																																		
3040	<input type="text"/>	<input type="text"/>																																		
3042	<input type="text"/>	<input type="text"/>																																		
3044	<input type="text"/>	<input type="text"/>																																		
3046	<input type="text"/>	<input type="text"/>																																		
3048	<input type="text"/>	<input type="text"/>																																		
3050	<input type="text"/>	<input type="text"/>																																		
3052	<input type="text"/>	<input type="text"/>																																		
3054	<input type="text"/>	<input type="text"/>																																		
CHECK ITEM A6	Is this ISS code "8"?	3056	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53																																	
7a. What type of Veterans' payments did . . . receive?		3058	<input type="checkbox"/> Service connected disability compensation <input type="checkbox"/> Survivor benefits <input type="checkbox"/> Veterans' pension <input type="checkbox"/> Other Veterans' payments																																	
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3060	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53																																	
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3062	<input type="checkbox"/> Yes – SKIP to Check Item A7 <input type="checkbox"/> No																																	
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	(SHOW FLASHCARD O)	3064	<input type="checkbox"/> Blue <input type="checkbox"/> Buff <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other <input type="checkbox"/> DK																																	
b. Do . . . 's payments usually come on the first of the month or the third?		3066	<input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Other <input type="checkbox"/> DK																																	
CHECK ITEM A7	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3068	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53																																	

NOTES

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

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

NOTE – Social Security payments may be adjusted for inflation each January.
(Last month)

3070 1 Yes
2 No
x1 DK

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

3072 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3074 1 Yes
2 No
x1 DK

3076 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3078 1 Yes
2 No
x1 DK

3080 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3082 1 Yes
2 No
x1 DK

3084 \$. 00
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

3086 1 Yes – SKIP to next ISS Code or Check Item P1, page 53
2 No

b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 53

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

3100 1 Yes – SKIP to Check Item A7.1
2 No

b. Which persons were covered?

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

Section 3 – AMOUNTS

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.
Is food stamps (code 27) listed on the
income roster?

3121

- 1 Yes – ASK 12b
2 No – ASK 12a

**12a. In which month, during the 4 month
reference period, did . . . begin to receive food
stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

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

NOTE – Food stamp benefits may be adjusted
for inflation in July and October.

**12c. If "Yes" in item 12b, ask –
What was the total amount?**

(Last month)

3122

- 1 Yes
2 No
x1 DK

3124

\$. **00**

- x1 DK
x2 Ref.

(2 months ago)

3126

- 1 Yes
2 No
x1 DK

3128

\$. **00**

- x1 DK
x2 Ref.

(3 months ago)

3130

- 1 Yes
2 No
x1 DK

3132

\$. **00**

- x1 DK
x2 Ref.

(4 months ago)

3134

- 1 Yes
2 No
x1 DK

3136

\$. **00**

- x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 53

**13a. Did . . . receive any WIC benefits in (Read each
month)?**

Mark (X) all that apply.

3138

- 1 Last month

3140

- 2 2 months ago

3142

- 3 3 months ago

3144

- 4 4 months ago

b. Which persons were covered?

Person No. Name

3146

3148

3150

3152

3154

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>3200 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 31</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 30</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3204</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3206</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3210</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3214</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3215</p> <p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p> <p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>3216</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3220</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3224</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3228</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> </div> <div style="width: 45%;"> <p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p> <p>3218 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3222 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3226 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <p>3230 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> </div> </div>

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3232</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>6a. Were all the people living here covered by ...'s payments?</p>	<p>3234</p> <p>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr><td>3236</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3238</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3240</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3242</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3244</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3246</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3248</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3250</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3252</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3254</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3236	<input type="text"/>	<input type="text"/>	3238	<input type="text"/>	<input type="text"/>	3240	<input type="text"/>	<input type="text"/>	3242	<input type="text"/>	<input type="text"/>	3244	<input type="text"/>	<input type="text"/>	3246	<input type="text"/>	<input type="text"/>	3248	<input type="text"/>	<input type="text"/>	3250	<input type="text"/>	<input type="text"/>	3252	<input type="text"/>	<input type="text"/>	3254	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
3236	<input type="text"/>	<input type="text"/>																																
3238	<input type="text"/>	<input type="text"/>																																
3240	<input type="text"/>	<input type="text"/>																																
3242	<input type="text"/>	<input type="text"/>																																
3244	<input type="text"/>	<input type="text"/>																																
3246	<input type="text"/>	<input type="text"/>																																
3248	<input type="text"/>	<input type="text"/>																																
3250	<input type="text"/>	<input type="text"/>																																
3252	<input type="text"/>	<input type="text"/>																																
3254	<input type="text"/>	<input type="text"/>																																
<p>CHECK ITEM A6 Is this ISS code "8"?</p>	<p>3256</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>7a. What type of Veterans' payments did ... receive?</p>	<p>3258</p> <p>1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3260</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?</p>	<p>3262</p> <p>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>																																	
<p><i>(SHOW FLASHCARD O)</i></p> <p>8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3264</p> <p>1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do ...'s payments usually come on the first of the month or the third?</p>	<p>3266</p> <p>1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 <i>Refer to item 2, page 28.</i> Were (Social Security/Railroad Retirement) payments received especially for ...'s children?</p>	<p>3268</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	

NOTES

Section 3 – AMOUNTS (Continued)

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

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

NOTE — Social Security payments may be adjusted for inflation each January.
(Last month)

3270 1 Yes
2 No
x1 DK

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

3272 \$. **00**
x1 DK
x2 Ref.

(2 months ago)

3274 1 Yes
2 No
x1 DK

3276 \$. **00**
x1 DK
x2 Ref.

(3 months ago)

3278 1 Yes
2 No
x1 DK

3280 \$. **00**
x1 DK
x2 Ref.

(4 months ago)

3282 1 Yes
2 No
x1 DK

3284 \$. **00**
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK —

3286 1 Yes — SKIP to next ISS Code or Check Item P1, page 53
2 No

b. Which children were covered?

	Person No.	Name
3288	<input type="text"/>	
3290	<input type="text"/>	
3292	<input type="text"/>	
3294	<input type="text"/>	
3296	<input type="text"/>	
3298	<input type="text"/>	

SKIP to next ISS Code or Check Item P1, page 53

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

3300 1 Yes — SKIP to Check Item A7.1
2 No

b. Which persons were covered?

	Person No.	Name
3302	<input type="text"/>	
3304	<input type="text"/>	
3306	<input type="text"/>	
3308	<input type="text"/>	
3310	<input type="text"/>	
3312	<input type="text"/>	
3314	<input type="text"/>	
3316	<input type="text"/>	

Section 3 – AMOUNTS

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.
Is food stamps (code 27) listed on the
income roster?

3321

- 1 Yes – ASK 12b
2 No – ASK 12a

**12a. In which month, during the 4 month
reference period, did . . . begin to receive food
stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

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

NOTE – Food stamp benefits may be adjusted
for inflation in July and October.

**12c. If "Yes" in item 12b, ask –
What was the total amount?**

(Last month)

3322

- 1 Yes
2 No
x1 DK

3324

\$. **00**

- x1 DK
x2 Ref.

(2 months ago)

3326

- 1 Yes
2 No
x1 DK

3328

\$. **00**

- x1 DK
x2 Ref.

(3 months ago)

3330

- 1 Yes
2 No
x1 DK

3332

\$. **00**

- x1 DK
x2 Ref.

(4 months ago)

3334

- 1 Yes
2 No
x1 DK

3336

\$. **00**

- x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 53

**13a. Did . . . receive any WIC benefits in (Read each
month)?**

Mark (X) all that apply.

3338

1 Last month

3240

2 2 months ago

3342

3 3 months ago

3344

4 4 months ago

b. Which persons were covered?

Person No. Name

3346

3348

3350

3352

3354

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	Income code		Name of income type	
	3400			
CHECK ITEM A1	3402	Mark (X) income type code. <ul style="list-style-type: none"> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 35 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 34 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4.1 		
CHECK ITEM A2	3404	Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18? <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3 		
2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?	3406	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3 		
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3408	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a 		
CHECK ITEM A3	3410	Refer to cc item 26a. Is . . . married? <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1 		
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	3412	<ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1 		
CHECK ITEM A4	3414	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse? <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No 		
CHECK ITEM A4.1	3415	Refer to item 11b, page 5. Is this income source listed on the income roster? <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a 		
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>			<p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p>	
(Last month)	3416	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3418	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3422	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3426	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3430	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 3 — AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3432</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
--	---

<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3434</p> <p>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>
---	--

<p>b. Which persons were covered?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">3436</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3438</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3440</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3442</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3442</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3446</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3448</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3450</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3452</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> <tr> <td style="text-align: right;">3454</td> <td style="border: 1px solid black; width: 15px;"> </td> <td style="border: 1px solid black; width: 15px;"> </td> </tr> </tbody> </table>		Person No.	Name	3436			3438			3440			3442			3442			3446			3448			3450			3452			3454		
	Person No.	Name																																
3436																																		
3438																																		
3440																																		
3442																																		
3442																																		
3446																																		
3448																																		
3450																																		
3452																																		
3454																																		

<p>CHECK ITEM A6 <i>Is this ISS code "8"?</i></p>	<p>3456</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
---	--

<p>7a. What type of Veterans' payments did . . . receive?</p>	<p>3458</p> <p>1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>
--	---

<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3460</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
---	--

<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</p>	<p>3462</p> <p>1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>
---	--

<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3464</p> <p>1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>
---	---

<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	<p>3466</p> <p>1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK</p>
--	---

<p>CHECK ITEM A7 <i>Refer to item 2, page 32.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p>3468</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
---	--

NOTES

Section 3 – AMOUNTS (Continued)

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

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

NOTE – Social Security payments may be adjusted for inflation each January.
(Last month)

3470 1 Yes
2 No
x1 DK

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

3472 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3474 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3478 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3482 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

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

3486 1 Yes – SKIP to next ISS Code or Check Item P1, page 53
2 No

b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 53

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

3500 1 Yes – SKIP to Check Item A7.1
2 No

b. Which persons were covered?

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

Section 3 – AMOUNTS

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

CHECK ITEM A7.1

Refer to item 11b, page 5.
Is food stamps (code 27) listed on the income roster?

3521

- 1 Yes — ASK 12b
2 No — ASK 12a

12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

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

NOTE — Food stamp benefits may be adjusted for inflation in July and October.

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

(Last month)

3522

- 1 Yes
2 No
x1 DK

3524

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

(2 months ago)

3526

- 1 Yes
2 No
x1 DK

3528

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

(3 months ago)

3530

- 1 Yes
2 No
x1 DK

3532

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

(4 months ago)

3534

- 1 Yes
2 No
x1 DK

3536

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

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3538

- 1 Last month
2 2 months ago
3 3 months ago
4 4 months ago

3540

3542

3544

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p>Income code Name of income type</p> <p>3600 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – SKIP to 13a, page 39 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 38 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3604</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3606</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3610</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3612</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3614</p> <p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3615</p> <p>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3618 \$ <input type="text"/> . <input type="text"/><input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3622 \$ <input type="text"/> . <input type="text"/><input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3626 \$ <input type="text"/> . <input type="text"/><input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3630 \$ <input type="text"/> . <input type="text"/><input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3632 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
--	---

<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3634 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>
---	--

<p>b. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td>3636</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3638</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3640</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3642</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3644</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3646</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3648</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3650</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3652</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3654</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	3636	<input type="text"/>	<input type="text"/>	3638	<input type="text"/>	<input type="text"/>	3640	<input type="text"/>	<input type="text"/>	3642	<input type="text"/>	<input type="text"/>	3644	<input type="text"/>	<input type="text"/>	3646	<input type="text"/>	<input type="text"/>	3648	<input type="text"/>	<input type="text"/>	3650	<input type="text"/>	<input type="text"/>	3652	<input type="text"/>	<input type="text"/>	3654	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
3636	<input type="text"/>	<input type="text"/>																																
3638	<input type="text"/>	<input type="text"/>																																
3640	<input type="text"/>	<input type="text"/>																																
3642	<input type="text"/>	<input type="text"/>																																
3644	<input type="text"/>	<input type="text"/>																																
3646	<input type="text"/>	<input type="text"/>																																
3648	<input type="text"/>	<input type="text"/>																																
3650	<input type="text"/>	<input type="text"/>																																
3652	<input type="text"/>	<input type="text"/>																																
3654	<input type="text"/>	<input type="text"/>																																

<p>CHECK ITEM A6 <i>Is this ISS code "8"?</i></p>	<p>3656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
---	--

<p>7a. What type of Veterans' payments did . . . receive?</p>	<p>3658 1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>
--	---

<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK. } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
---	--

<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</p>	<p>3662 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>
---	--

<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3664 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>
---	---

<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	<p>3666 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK</p>
--	---

<p>CHECK ITEM A7 <i>Refer to item 2, page 36.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p>3668 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
---	--

NOTES

Section 3 – AMOUNTS (Continued)

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

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

NOTE — Social Security payments may be adjusted for inflation each January.
(Last month)

3670 1 Yes
2 No
x1 DK

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

3672 \$. **00**
x1 DK
x2 Ref.

(2 months ago)

3674 1 Yes
2 No
x1 DK

3676 \$. **00**
x1 DK
x2 Ref.

(3 months ago)

3678 1 Yes
2 No
x1 DK

3680 \$. **00**
x1 DK
x2 Ref.

(4 months ago)

3682 1 Yes
2 No
x1 DK

3684 \$. **00**
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK —

3686 1 Yes — SKIP to next ISS Code or Check Item P1, page 53
2 No

b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 53

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

3700 1 Yes — SKIP to Check Item A7.1
2 No

b. Which persons were covered?

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

Section 3 — AMOUNTS

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.
Is food stamps (code 27) listed on the
income roster?

3721

- 1 Yes — ASK 12b
2 No — ASK 12a

**12a. In which month, during the 4 month
reference period, did . . . begin to receive food
stamps? Was it in (Read each month)?**

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

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

NOTE — Food stamp benefits may be adjusted
for inflation in July and October.

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

(Last month)

3722

- 1 Yes
2 No
x1 DK

3724

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

(2 months ago)

3726

- 1 Yes
2 No
x1 DK

3728

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

(3 months ago)

3730

- 1 Yes
2 No
x1 DK

3732

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

(4 months ago)

3734

- 1 Yes
2 No
x1 DK

3736

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

SKIP to next ISS Code or Check Item P1, page 53

**13a. Did . . . receive any WIC benefits in (Read each
month)?**

Mark (X) all that apply.

3738

1 Last month

3740

2 2 months ago

3742

3 3 months ago

3744

4 4 months ago

b. Which persons were covered?

Person No: Name

3746

3748

3750

3752

3754

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p style="text-align: center;">3800 <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p style="text-align: center;">3802</p> <p>1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 43</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 42</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p style="text-align: center;">3804</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p style="text-align: center;">3806</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p style="text-align: center;">3808</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p style="text-align: center;">3810</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p style="text-align: center;">3812</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p style="text-align: center;">3814</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p style="text-align: center;">3815</p> <p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p> </div>
<p>(Last month)</p>	<p style="text-align: center;">3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p style="text-align: center;">3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p style="text-align: center;">3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p style="text-align: center;">3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
	<p style="text-align: center;">3818 \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p style="text-align: center;">3822 \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p style="text-align: center;">3826 \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p style="text-align: center;">3830 \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	3832	<p>1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3834	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%; text-align: center;">Person No.</th> <th style="width:80%; text-align: center;">Name</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">3836</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3838</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3800</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3842</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3844</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3846</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3848</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3850</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3852</td><td style="text-align: center;">[][]</td><td></td></tr> <tr><td style="text-align: center;">3854</td><td style="text-align: center;">[][]</td><td></td></tr> </tbody> </table>		Person No.	Name	3836	[][]		3838	[][]		3800	[][]		3842	[][]		3844	[][]		3846	[][]		3848	[][]		3850	[][]		3852	[][]		3854	[][]	
	Person No.	Name																																	
3836	[][]																																		
3838	[][]																																		
3800	[][]																																		
3842	[][]																																		
3844	[][]																																		
3846	[][]																																		
3848	[][]																																		
3850	[][]																																		
3852	[][]																																		
3854	[][]																																		
<p>CHECK ITEM A6 <i>Is this ISS code "8"?</i></p>	3856	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>7a. What type of Veterans' payments did . . . receive?</p>	3858	<p>1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	3860	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</p>	3862	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>																																	
<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	3864	<p>1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	3866	<p>1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 <i>Refer to item 2, page 40.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	3868	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	

NOTES

Section 3 – AMOUNTS (Continued)

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

9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month)	3870	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a — How much was received? \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		
	(2 months ago)	3874		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago)	3878		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago)	3882		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

VERIFY IF ONLY ONE CHILD OR ASK —

10a. Were all children living here covered by these payments?	3886	1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No
--	-------------	--

b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 53

11a. Were all the people living here covered under . . . 's food stamp allotment?	3900	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No
--	-------------	--

b. Which persons were covered?

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

Section 3 – AMOUNTS

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.
Is food stamps (code 27) listed on the income roster?

3921

- 1 Yes – ASK 12b
2 No – ASK 12a

12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)?

Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.

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

NOTE – Food stamp benefits may be adjusted for inflation in July and October.

**12c. If "Yes" in item 12b, ask –
What was the total amount?**

(Last month)

3922

- 1 Yes
2 No
x1 DK

3924

\$. 00

- x1 DK
x2 Ref.

(2 months ago)

3926

- 1 Yes
2 No
x1 DK

3928

\$. 00

- x1 DK
x2 Ref.

(3 months ago)

3930

- 1 Yes
2 No
x1 DK

3932

\$. 00

- x1 DK
x2 Ref.

(4 months ago)

3934

- 1 Yes
2 No
x1 DK

3936

\$. 00

- x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each month)?

Mark (X) all that apply.

3938

1 Last month

3940

2 2 months ago

3942

3 3 months ago

3944

4 4 months ago

b. Which persons were covered?

Person No. Name

3946

3948

3950

3952

3954

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS

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

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.
(Read "was authorized to receive" if asking about Food Stamps – code 27.)

Income code Name of income type

4000

--	--

CHECK ITEM A1

Mark (X) income type code.

4002

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – *SKIP to 13a, page 47*
- 3 ISS code 27 (Food Stamps) – *SKIP to 11a, page 46*
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 Other ISS codes – *SKIP to Check Item A4.1*

CHECK ITEM A2

Refer to cc item 27.
 Is . . . a designated parent, or guardian of children under age 18?

4004

- 1 Yes
- 2 No – *SKIP to Check Item A3*

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?

4006

- 1 Yes
- 2 No – *SKIP to Check Item A3*

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?

4008

- 1 Yes
- 2 No – *SKIP to 9a*

CHECK ITEM A3

Refer to cc item 26a.
 Is . . . married?

4010

- 1 Yes
- 2 No – *SKIP to Check Item A4.1*

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?

4012

- 1 Yes
- 2 No – *SKIP to Check Item A4.1*

CHECK ITEM A4

Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?

4014

- 1 Yes – *SKIP to next ISS Code or Check Item P1, page 53*
- 2 No

CHECK ITEM A4.1

Refer to item 11b, page 5.
 Is this income source listed on the income roster?

4015

- 1 Yes – *ASK 5b*
- 2 No – *ASK 5a*

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?
Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.

b. Did . . . receive any (Read name of income type) in (Read each month)?
 NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.

5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

(Last month)

4016

- 1 Yes
- 2 No
- x1 DK

4018 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

4020

- 1 Yes
- 2 No
- x1 DK

4022 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

4024

- 1 Yes
- 2 No
- x1 DK

4026 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

4028

- 1 Yes
- 2 No
- x1 DK

4030 \$. 00
 x1 DK
 x2 Ref.

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	4032	1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	----------------------------	-------------	---

6a. Were all the people living here covered by ...'s payments?		4034	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
---	--	-------------	--

b. Which persons were covered?			
	Person No.	Name	
	4036	[][]	
	4038	[][]	
	4040	[][]	
	4042	[][]	
	4044	[][]	
	4046	[][]	
	4048	[][]	
	4050	[][]	
	4052	[][]	
	4054	[][]	

CHECK ITEM A6	Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	-----------------------	-------------	--

7a. What type of Veterans' payments did ... receive?		4058	1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
---	--	-------------	---

b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?		4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
--	--	-------------	---

CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	4062	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
------------------------	--	-------------	--

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)		4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
--	--	-------------	---

b. Do ...'s payments usually come on the first of the month or the third?		4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other 4 <input type="checkbox"/> DK
--	--	-------------	---

CHECK ITEM A7	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	---	-------------	--

NOTES

Section 3 – AMOUNTS (Continued)

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

<p>9a. Were (Social Security/Railroad Retirement) payments received for . . . 's children in (Read each month)? NOTE – Social Security payments may be adjusted for inflation each January. (Last month)</p>	<p>9b. If "Yes" in item 9a – How much was received?</p> <p>4070 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4072 \$ <input style="width:100px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00</p> <p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>4074 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4076 \$ <input style="width:100px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00</p> <p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>4078 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4080 \$ <input style="width:100px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00</p> <p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>4082 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>4084 \$ <input style="width:100px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00</p> <p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i> 10a. Were all children living here covered by these payments?</p>	<p>4086 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
--	--

<p>b. Which children were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td>4088</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4090</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4092</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4094</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4096</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4098</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> </tbody> </table>		Person No.	Name	4088	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4090	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4092	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4094	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4096	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4098	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
	Person No.	Name																				
4088	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																					
4090	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																					
4092	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																					
4094	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																					
4096	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																					
4098	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																					

SKIP to next ISS Code or Check Item P1, page 53

<p>11a. Were all the people living here covered under . . . 's food stamp allotment?</p>	<p>4100 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No</p>
---	--

<p>b. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr> <td>4102</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4104</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4106</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4108</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4110</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4112</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4114</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> <tr> <td>4116</td> <td><input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></td> <td></td> </tr> </tbody> </table>		Person No.	Name	4102	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4104	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4106	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4108	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4110	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4112	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4114	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		4116	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>	
	Person No.	Name																										
4102	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4104	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4106	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4108	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4110	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4112	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4114	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											
4116	<input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>																											

Section 3 – AMOUNTS

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.
Is food stamps (code 27) listed on the
income roster?

4121

- 1 Yes – ASK 12b
2 No – ASK 12a

**12a. In which month, during the 4 month
reference period, did . . . begin to receive food
stamps? Was it in** (Read each month)?

Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

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

NOTE – Food stamp benefits may be adjusted
for inflation in July and October.

**12c. If "Yes" in item 12b, ask –
What was the total amount?**

(Last month)

4122

- 1 Yes
2 No
x1 DK

4124

\$. **00**

- x1 DK
x2 Ref.

(2 months ago)

4126

- 1 Yes
2 No
x1 DK

4128

\$. **00**

- x1 DK
x2 Ref.

(3 months ago)

4130

- 1 Yes
2 No
x1 DK

4132

\$. **00**

- x1 DK
x2 Ref.

(4 months ago)

4134

- 1 Yes
2 No
x1 DK

4136

\$. **00**

- x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 53

13a. Did . . . receive any WIC benefits in (Read each
month)?

Mark (X) all that apply.

4138

- 1 Last month

4140

- 2 2 months ago

4142

- 3 3 months ago

4144

- 4 4 months ago

b. Which persons were covered?

Person No. Name

4146

4148

4150

4152

4154

SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	2 <input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	3 <input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	4 <input type="checkbox"/> ISS Code 103 – Interest-earning checking accounts (such as NOW or super-NOW accounts)
1. Earlier you said that . . . had (Read names of owned assets).			
CHECK ITEM A9	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4312	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4314	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4316	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 5</i> 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4320	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	4322	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4324	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 6</i> 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. Mark (X) all that apply.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4400</td> <td style="padding: 2px;">1 <input type="checkbox"/> ISS code 104 – Money Market funds</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4402</td> <td style="padding: 2px;">2 <input type="checkbox"/> ISS code 105 – U.S. Government securities</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4404</td> <td style="padding: 2px;">3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">4406</td> <td style="padding: 2px;">4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify ↓</td> </tr> </table>	4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds	4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities	4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds	4406	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify ↓
4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds									
4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities									
4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds									
4406	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify ↓									

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

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

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

b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4412</td> <td style="padding: 2px;">\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">x3 <input type="checkbox"/> None – <i>SKIP to 3a</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> </table>	4412	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i>		x3 <input type="checkbox"/> None – <i>SKIP to 3a</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
4412	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i>									
	x3 <input type="checkbox"/> None – <i>SKIP to 3a</i>									
	x1 <input type="checkbox"/> DK									
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>									

c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4414</td> <td style="padding: 2px;">\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> </table>	4414	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
4414	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to 3a</i>							
	x1 <input type="checkbox"/> DK							
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>							

d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4416</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">2 <input type="checkbox"/> No</td> </tr> </table>	4416	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i>		2 <input type="checkbox"/> No
4416	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i>					
	2 <input type="checkbox"/> No					

3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4418</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes</td> </tr> <tr> <td></td> <td style="padding: 2px;">2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> </table>	4418	1 <input type="checkbox"/> Yes		2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
4418	1 <input type="checkbox"/> Yes					
	2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>					

b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4420</td> <td style="padding: 2px;">\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> </table>	4420	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i>		x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
4420	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i>									
	x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i>									
	x1 <input type="checkbox"/> DK									
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>									

c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4422</td> <td style="padding: 2px;">\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">x1 <input type="checkbox"/> DK</td> </tr> <tr> <td></td> <td style="padding: 2px;">x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> </table>	4422	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i>		x1 <input type="checkbox"/> DK		x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
4422	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i>							
	x1 <input type="checkbox"/> DK							
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>							

d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4424</td> <td style="padding: 2px;">1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i></td> <td rowspan="2" style="padding: 2px; vertical-align: middle;">} <i>SKIP to next ISS Code or Check Item P1, page 53</i></td> </tr> <tr> <td></td> <td style="padding: 2px;">2 <input type="checkbox"/> No</td> </tr> </table>	4424	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i>	} <i>SKIP to next ISS Code or Check Item P1, page 53</i>		2 <input type="checkbox"/> No
4424	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i>	} <i>SKIP to next ISS Code or Check Item P1, page 53</i>					
	2 <input type="checkbox"/> No						

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)

- 4500** 1 Yes
 2 No } *SKIP to 3a*
 x1 DK

CHECK ITEM A12 Interview status of . . .'s spouse.

- 4502** 1 No spouse in household — *SKIP to 2a*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted — *SKIP to 2a*

1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? ★

- 4504** \$. 00 — *SKIP to 2a*
 x3 None — *SKIP to 2a*
 x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

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

- 4506** 1 Yes — *Mark Reminder Card and Callback Summary, Item 9*
 2 No

2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★

- 4508** \$. 00 — *SKIP to 3a*
 x3 None — *SKIP to 3a*
 x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

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

- 4510** 1 Yes — *Mark Reminder Card and Callback Summary, Item 10*
 2 No

3a. (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?

- 4512** 1 Yes
 2 No } *SKIP to next ISS Code or Check Item P1, page 53*
 x1 DK

CHECK ITEM A13 Interview status of . . .'s spouse.

- 4514** 1 No spouse in household — *SKIP to 3c*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted — *SKIP to 3c*

3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?

- 4516** \$. 00
 x3 None
 x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?

- 4518** \$. 00 } *SKIP to next ISS Code or Check Item P1, page 53*
 x3 None
 x1 DK
 x2 Ref.

NOTES

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A14 Interview status of . . . 's spouse.	<div style="display: flex; justify-content: space-between;"> 4600 <div style="margin-left: 10px;"> <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i> </div> </div>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)? <i>Include only property owned entirely by couple.</i>	<div style="display: flex; justify-content: space-between;"> 4602 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3a</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> 4604 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> 4606 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name?	<div style="display: flex; justify-content: space-between;"> 4610 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 4a</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> 4612 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> 4614 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)	<div style="display: flex; justify-content: space-between;"> 4618 <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to next ISS code or Check Item P1, page 53</i> </div> </div>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?	<div style="display: flex; justify-content: space-between;"> 4620 <div style="margin-left: 10px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div> </div> </div>
	<div style="display: flex; justify-content: space-between;"> 4622 <div style="margin-left: 10px;"> <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i> </div> </div>

SKIP to next ISS Code or Check Item P1, page 53

NOTES

AMOUNTS — PARTS D & E

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	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 A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A17	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
b.	During the past 4 months how much interest was paid to ... and ...'s spouse by the borrower?	4712	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2a.	(Besides these jointly held mortgages) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A18</i>
b.	(Earlier you said that ... held a mortgage.) During the past 4 months how much interest was paid to ... by the borrower?	4716	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1</i>
3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? <i>If income was shared, count only ...'s share.</i>	4720	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4722	x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

Section 4 — PROGRAM QUESTIONS

<p>CHECK ITEM P1 Refer to cc item 19b. Is this the reference person's questionnaire?</p>	4800	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 54</p>
<p>CHECK ITEM P2 Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)</p>	4802	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a</p>
<p>a. What is your monthly rent?</p>	4804	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a</p>
<p>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.</p>	4806	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?</p>	4816	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3</p>
<p>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? Mark (X) all that apply.</p>	4818 4820 4822	<p>1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord</p>
<p>c. What was the total amount of the energy assistance received by this household during the past 4 months?</p>	4824	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM P3 Are there any children 5 to 18 years old who live in this household?</p>	4826	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 54</p>
<p>3a. Do any of the children in this household usually receive a complete hot lunch offered at school?</p>	4828	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 54</p>
<p>b. How many children?</p>	4830	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children</p>
<p>c. How many complete school lunches do all of the children receive per week?</p>	4832	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of lunches x1 <input type="checkbox"/> DK</p>
<p>d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?</p>	4834	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f</p>
<p>e. In the past 4 months, were the lunches free, reduced-price, or were they full-price? Mark (X) all that apply.</p>	4836	<p>1 <input type="checkbox"/> Free lunch — SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch</p>
<p>f. What was the average price paid by all of the children for a complete school lunch?</p>	4838	<p>\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?</p>	4840	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Statement A, page 54</p>
<p>h. How many children?</p>	4842	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Children</p>
<p>i. How many complete school breakfasts do all of the children receive per week?</p>	4844	<p><input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Number of breakfasts x1 <input type="checkbox"/> DK</p>
<p>j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price? Mark (X) all that apply.</p>	4846	<p>1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast</p>

PROGRAM QUESTIONS

Section 5 – TOPICAL MODULES

Part A – RECIPIENCY HISTORY

Statement A → Now I have some questions regarding past participation in Government programs.

CHECK ITEM T1 Was an interview obtained for . . . in Wave 1? **8000** 1 Yes
2 No – SKIP to Check Item T3

INTERVIEWER INSTRUCTION – Look at column (5) of the "Income Roster" on page 5 for income codes 1–10, 20–35, 40, and 41. If the X3 "never received" box is marked for an income code, line through that income code in the "Reciency History Roster" below.

CHECK ITEM T2 Are any income types or special indicators listed in the Reciency History Roster below? **8002** 1 Yes
2 No – SKIP to Check Item T3

1. During our last visit we recorded that . . . received (Read all sources listed below) sometime during the period (8 months ago) through (5 months ago). When did . . . first begin to receive (Read each source)? (In column d, record beginning date of reciency that was occurring sometime in the period 5 to 8 months ago.)

RECIPIENCY HISTORY ROSTER (ISS Codes 1–10, 20–35, 40, 41, 172, 176)

Line No. (a)	Source (b)	ISS code (c)	Date reciency began (d)			
			Month OR DK	Year	OR	DK
1		8004 [][]	8006 [][] x1 <input type="checkbox"/>	8008 1 9 [][]	x1 <input type="checkbox"/>	
2		8010 [][]	8012 [][] x1 <input type="checkbox"/>	8014 1 9 [][]	x1 <input type="checkbox"/>	
3		8016 [][]	8018 [][] x1 <input type="checkbox"/>	8020 1 9 [][]	x1 <input type="checkbox"/>	
4		8022 [][]	8024 [][] x1 <input type="checkbox"/>	8026 1 9 [][]	x1 <input type="checkbox"/>	
5		8028 [][]	8030 [][] x1 <input type="checkbox"/>	8032 1 9 [][]	x1 <input type="checkbox"/>	
6		8034 [][]	8036 [][] x1 <input type="checkbox"/>	8038 1 9 [][]	x1 <input type="checkbox"/>	
7		8040 [][]	8042 [][] x1 <input type="checkbox"/>	8044 1 9 [][]	x1 <input type="checkbox"/>	
8		8046 [][]	8048 [][] x1 <input type="checkbox"/>	8050 1 9 [][]	x1 <input type="checkbox"/>	

CHECK ITEM T3 Refer to cc item 24. Is . . . 18 years of age or older? **8052** 1 Yes
2 No – SKIP to Check Item T10, page 56

CHECK ITEM T4 Refer to item 1, Reciency History Roster. Is "Food stamps" (code 27) listed? **8054** 1 Yes
2 No – SKIP to 2b

2a. Besides this period of time, have there been any other times when . . . was authorized to receive food stamps? **8056** 1 Yes – SKIP to 2d
2 No – SKIP to Check Item T5

b. Has . . . ever applied for the Federal Government's Food Stamp Program? **8058** 1 Yes
2 No – SKIP to Check Item T5

c. Has . . . ever been authorized to receive food stamps? **8060** 1 Yes
2 No – SKIP to Check Item T5

d. When did . . . first start receiving food stamps?
8062 [][] Month x1 Don't know
8064 1 9 [][] Year x1 Don't know

e. For how long did . . . receive food stamps that time?
8066 [][] Years
 OR
8068 [][] Months
8070 x1 Don't know

f. How many times in all have there been when . . . was authorized to receive food stamps? **8072** [][] Times
x1 Don't know

Section 5 – TOPICAL MODULES (Continued)

Part A – RECIPIENCY HISTORY (Continued)

CHECK ITEM T5	Refer to cc item 27. Is . . . a designated parent or guardian of children under 18 years old who live in this household?	8074	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
CHECK ITEM T6	Refer to Item 1, Recipency History Roster. Is "AFDC" (code 20) listed?	8076	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
3a.	Besides this period of time, have there been any other times when . . . received AFDC (ADC)?	8078	1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to Check Item T7
b.	Has . . . ever applied for benefits from the program called AFDC – Aid to Families With Dependent Children (or ADC)?	8080	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
c.	Has . . . ever received AFDC (ADC) benefits?	8082	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T7
d.	When did . . . first start receiving AFDC (ADC) benefits?	8084	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8086	1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
e.	For how long did . . . receive AFDC (ADC) that time?	8088	<input type="text"/> <input type="text"/> Years
			OR
		8090	<input type="text"/> <input type="text"/> Months
		8092	x1 <input type="checkbox"/> DK
f.	How many times in all have there been when . . . received AFDC (ADC)?	8094	<input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
CHECK ITEM T7	Refer to Item 1, Recipency History Roster. Is "SSI" (codes 3 or 4) listed?	8096	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4b
4a.	Besides this period of time, have there been any other times when . . . received SSI benefits?	8098	1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to Check Item T8
b.	Has . . . ever applied for benefits from the program called SSI (Supplemental Security Income)?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
c.	Has . . . ever received SSI benefits?	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T8
d.	When did . . . first start receiving SSI?	8104	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know
		8106	1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
e.	For how long did . . . receive SSI that time?	8108	<input type="text"/> <input type="text"/> Years
			OR
		8110	<input type="text"/> <input type="text"/> Months
		8112	x1 <input type="checkbox"/> DK
CHECK ITEM T8	Refer to cc item 47. Is "Medicaid" (code 173) marked?	8114	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T10, page 56
CHECK ITEM T9	Refer to cc item 45. Is "SSI" or "AFDC" (codes 3, 4, or 20) marked for Wave 1?	8116	1 <input type="checkbox"/> Yes – SKIP to Check Item T10, page 56 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – RECIPIENCY HISTORY (Continued)

5. During our last visit we recorded that . . . was covered by (Use local name for Medicaid). This question concerns the coverage that was being received at that time. When did that period of coverage first begin?

8118 Month x1 Don't know

8120 1 9 Year x1 Don't know

8122 x3 Never covered by Medicaid

CHECK ITEM T10 Refer to item 27a or 27b, page 10. Was . . . covered by a health insurance plan? (Is item 27a or 27b, page 10 marked "Yes"?)

8124 1 Yes
2 No – SKIP to item 7

6. We have recorded that . . . is covered by a private health insurance plan. For how long has . . . been covered by health insurance without interruption?

8126 Months
OR
8128 Years

x3 Have always had insurance
x1 DK

} SKIP to Check Item T11

7. We have recorded that . . . is not currently covered by a private health insurance plan. When was the last time . . . was covered by private health insurance?

8132 Month x1 Don't know

8134 1 9 Year x1 Don't know

8136 x3 Has never been covered

CHECK ITEM T11 Refer to cc item 19b. Is . . . the reference person?

8138 1 Yes
2 No – SKIP to Check Item T14

CHECK ITEM T12 Refer to cc item 16a. Is this housing unit public or subsidized?

8140 1 Yes
2 No – SKIP to Check Item T13

8. For how long has . . . been living in public or subsidized housing?

8142 Months
OR
8144 Years

x3 Have always lived in public housing
x1 DK

} SKIP to Check Item T14

CHECK ITEM T13 Is one or more of the following codes marked on the ISS for . . . : code 3, codes 20–27, or code 173?

8148 1 Yes
2 No – SKIP to Check Item T14

9. Is . . . on a waiting list for public or subsidized housing?

8150 1 Yes
2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY

CHECK ITEM T14

Refer to cc item 24.
Is . . . 18 to 64 years old?

8200

- 1 Yes
2 No — SKIP to Check Item T23, page 60

STATEMENT B

Now I would like to ask some questions about some of the jobs . . . has held.

CHECK ITEM T15

Refer to cc item 42 or 43.
Is there an employer or business listed?

8202

- 1 Yes
2 No — SKIP to Check Item T17

ASK OR VERIFY —
1. What was the name of . . . 's MAIN employer or business during the period (8 months ago) through (5 months ago)?
(If more than one, enter name of latest employer)

PGM 8

Name of employer or business

8204

CHECK ITEM T16

Refer to cc item 42 or 43.
What is the ID number of this employer or business?

PGM 7

8206

Employer number

8208

OR
 Business number

} SKIP to 3

CHECK ITEM T17

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

8210

- 1 Yes
2 No — SKIP to 5a

ASK OR VERIFY —
2. What was the name of . . . 's MAIN employer or business during the past 4 months?

PGM 8

Name of employer or business

8212

CHECK ITEM T18

Refer to Check Item E3, page 16, Check Item E6, page 18, Check Item S1, page 20, or Check Item S7, page 22.
What is the ID number of this employer or business?

PGM 7

8214

Employer number

8216

OR
 Business number

3. When did . . . start working for (Read name of employer or business)?
(If worked for more than one period of time, ask about latest period)

8218

Month x1 Don't know

8220

Year x1 Don't know

CHECK ITEM T19

Refer to Check Items T16 or T18 above.
Is "Employer number" entered.

8222

- 1 Yes
2 No — SKIP to 6a

4a. About how many persons are (were) employed by . . . 's employer at the location where . . . works (worked)?

8224

- 1 Under 25
2 25 to 99
3 100 to 499
4 500 to 999
5 1,000 or more } SKIP to 4d
x1 DK

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

8226

- 1 Yes
2 No } SKIP to 4d
x1 DK

c. About how many persons are (were) employed by . . . 's employer at ALL LOCATIONS?

8228

- 1 Under 25
2 25 to 99
3 100 to 499
4 500 to 999
5 1,000 or more
x1 DK

d. Is (Was) . . . a member of a labor union or of an employee association similar to a union at that job?

8230

- 1 Yes
2 No
x1 DK

e. Is (Was) . . . covered by a union or employee association contract at that job?

8232

- 1 Yes
2 No
x1 DK

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY – Continued

<p>4f. For how many years has . . . done the kind of work that . . . does on this job?</p>	<p>8234 <input type="text"/> <input type="text"/> Years</p> <p align="center">OR</p> <p>8236 <input type="text"/> <input type="text"/> Months</p> <p>8238 x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to 6a</p>
<p>5a. When did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<p>8240 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8242 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8244 x3 <input type="checkbox"/> Never worked for 2 consecutive weeks or more } ASK 5b</p> <p align="right">} SKIP to Check Item T20</p>
<p>b. What is the main reason . . . never worked 2 consecutive weeks or more at a job or business?</p>	<p>8246</p> <p>1 <input type="checkbox"/> Taking care of home or family</p> <p>2 <input type="checkbox"/> Ill or disabled</p> <p>3 <input type="checkbox"/> Going to school</p> <p>4 <input type="checkbox"/> Couldn't find work</p> <p>5 <input type="checkbox"/> Didn't want to work</p> <p>7 <input type="checkbox"/> Other</p> <p>x1 <input type="checkbox"/> DK</p> <p align="right">} SKIP to Check Item T23, page 60</p>
<p>6a. Before this job when did . . . last work at a paid job or business lasting 2 consecutive weeks or more?</p>	<p>8248 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8250 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>8252 x3 <input type="checkbox"/> Never had another job lasting two weeks or more – SKIP to Check Item T22</p>
<p>CHECK ITEM T20 Refer to item 5a or 6a above. Is the year 1976 or later?</p>	<p>8254 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to Check Item T22</p>
<p>6b. What was the name of . . .'s employer or business at that time?</p>	<p>PGM 8 Name of employer or business</p> <p>8256 _____</p>
<p>c. What kind of company, business, or industry was (Name of employer or business)?</p>	<p>PGM 8 _____</p> <p>8258 _____</p>
<p>d. Was that business or industry mainly – (Read categories)</p>	<p>PGM 8</p> <p>8260</p> <p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Wholesale trade?</p> <p>3 <input type="checkbox"/> Retail trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on that job?</p>	<p>PGM 8 _____</p> <p>8262 _____</p>
<p>f. What were . . .'s most important activities or duties?</p>	<p>PGM 8 _____</p> <p>8264 _____</p>
<p>g. Did . . . work for an employer on that job or was . . . self-employed?</p>	<p>PGM 7</p> <p>8266 1 <input type="checkbox"/> Worked for an employer</p> <p>2 <input type="checkbox"/> Self-employed</p>
<p>h. When did . . . START working for (Name of employer or business)?</p>	<p>8268 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8270 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>

Section 5 – TOPICAL MODULES (Continued)

Part B – EMPLOYMENT HISTORY (Continued)

6i. What was the main reason . . . stopped working for (Name of employer or business)?

8272

- 1 Layoff, plant closed
- 2 Discharged
- 3 Job was temporary and ended
- 4 Found a better job
- 5 Retirement/old age
- 6 Did not like working conditions
- 7 Dissatisfied with earnings
- 8 Did not like location
- 9 Going to school
- 10 Became pregnant/had child
- 11 Health reasons
- 12 Other family or personal reasons
- 13 Other — *Specify* ↓

7a. In what year did . . . first work six straight months or longer at a regular job or business?

8274

1 9

- x3 Never worked 6 straight months at a job or business — *SKIP to Check Item T23, page 60*
- x1 DK — *SKIP to 8a*

b. Since (Year in 7a) has . . . always worked at least six months during the year?

8276

- 1 Yes — *SKIP to Check Item T23, page 60*
- 2 No
- x1 DK — *SKIP to Check Item T23, page 60*

c. How many years were there when . . . worked at least 6 months?

8278

Years

x1 DK

CHECK ITEM T21

Refer to item 7a.
Is the year in item 7a 1976 or later?

8280

- 1 Yes — *SKIP to 8a*
- 2 No

7d. Since 1976 how many years have there been when . . . worked at least 6 months during the year?

8282

- x5 All years
- OR
- Years
- OR
- x1 DK

CHECK ITEM T22

Refer to item 7a above, or item 3, page 57.
Is there a year entered in item 7a or in item 3 (page 57)?

8284

- 1 Yes
- 2 No — *SKIP to Check Item T23, page 60*

8a. (People spend time out of the labor force for various reasons, such as taking care of a home or family, illness, going to school, or other reasons.) Since (Year in item 7a or 3), have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?

8286

- 1 Yes
- 2 No — *SKIP to Check Item T23, page 60*

b. About how many times has . . . gone 6 months or longer without working at a job or business?

8288

Times

x1 DK

c. When was the last time that . . . went 6 months or longer without working at a job or business?

8290

FROM

1 9

x1 DK

8292

TO

1 9

x1 DK

d. What was the main reason . . . did not work at a job or business during that time?

8294

- 1 Took care of family or home
- 2 Own illness or disability
- 3 Could not find work
- 4 Going to school
- 5 Became pregnant/had child
- 6 Other — *Specify* ↓

Section 5 – TOPICAL MODULES – Continued

Part C – WORK DISABILITY HISTORY

CHECK ITEM T23	Refer to cc item 24. What is . . . 's age?	8300	1 <input type="checkbox"/> 15 years old – SKIP to Statement D, page 62 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to Statement D, page 62
-----------------------	---	-------------	--

STATEMENT C → **Now I want to talk about any health or physical condition . . . may have that affected . . . 's ability to work.**

CHECK ITEM T24	Is "Disabled" (code 171) marked on the ISS for . . . ?	8302	1 <input type="checkbox"/> Yes – SKIP to 1a 2 <input type="checkbox"/> No
-----------------------	--	-------------	--

CHECK ITEM T25	Refer to cc, item 47. Is "Disabled" (code 171) marked on the control card for . . . ?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 1b
-----------------------	--	-------------	--

1 a. We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?	8306	1 <input type="checkbox"/> Yes – SKIP to 1c 2 <input type="checkbox"/> No – SKIP to Statement D, page 62
---	-------------	---

b. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	8308	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Statement D, page 62
---	-------------	--

c. When did . . . become limited in the kind or amount of work that . . . could do at a job?	8310	<input type="text"/> <input type="text"/> Month	<input type="checkbox"/> Don't know
	8312	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	<input type="checkbox"/> Don't know
	8314	x3 <input type="checkbox"/> Person was limited before person became of working age – SKIP to 2a x5 <input type="checkbox"/> Person became limited after retiring – SKIP to Statement D, page 62	

d. Was . . . employed at the time . . . 's work limitation began?	8316	1 <input type="checkbox"/> Yes – SKIP to 2a 2 <input type="checkbox"/> No
--	-------------	--

e. When was the last time . . . worked before . . . 's work limitation began?	8318	<input type="text"/> <input type="text"/> Month	<input type="checkbox"/> Don't know
	8320	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	<input type="checkbox"/> Don't know
	8322	x3 <input type="checkbox"/> Had never been employed before work limitation began	

2 a. ASK OR VERIFY – (SHOW FLASHCARD EE) What health condition is the main reason for . . . 's work limitation?	8324	<input type="text"/> <input type="text"/>	Code _____ Name of health condition _____
---	-------------	---	---

b. ASK OR VERIFY – Was this condition caused by an accident or injury?	8326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T26
--	-------------	--

c. Where did the accident or injury take place – was it (Read categories) – Mark (X) only one.	8328	1 <input type="checkbox"/> On the job? 2 <input type="checkbox"/> During service in the Armed Forces? 3 <input type="checkbox"/> In the home? 4 <input type="checkbox"/> Somewhere else?
--	-------------	---

CHECK ITEM T26	Is "Worked" (code 170) marked on the ISS?	8330	1 <input type="checkbox"/> Yes – SKIP to Check Item T27 2 <input type="checkbox"/> No
-----------------------	---	-------------	--

3 a. Does . . . 's health or condition prevent . . . from working at a job or business?	8332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a
--	-------------	--

b. When did . . . become unable to work at a job?	8334	<input type="text"/> <input type="text"/> Month	<input type="checkbox"/> Don't know
	8336	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year	<input type="checkbox"/> Don't know
	8338	x3 <input type="checkbox"/> Has never been able to work at a job – SKIP to Statement D, page 62	

Section 5 – TOPICAL MODULES (Continued)

Part C – WORK DISABILITY HISTORY (Continued)

**CHECK
ITEM T27**

Refer to item 8a, page 4.

Did . . . usually work 35 or more hours per week during the reference period?

8340

- 1 Yes — *SKIP to 4b*
- 2 No

4a. Is . . . now able to work at a full-time job or is . . . only able to work part-time?

8342

- 1 Full-time
- 2 Part-time

b. Is . . . now able to work regularly or is . . . only able to work occasionally or irregularly?

8344

- 1 Regularly
- 2 Only occasionally or irregularly

c. Is . . . now able to do the same kind of work . . . did before . . . 's work limitation began?

8346

- 1 Yes, able to do same kind of work
- 2 No, not able to do same kind of work
- 3 Did not work before limitation began

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – EDUCATION AND TRAINING HISTORY

STATEMENT D

Now I would like to ask you a few questions about . . . 's education and any work training . . . may have received.

CHECK ITEM T28

Refer to cc item 31b.

Was . . . 's highest grade attended grade 12 or less? (Codes 00–12 in cc item 31b)

8400

- 1 Yes
2 No – SKIP to item 3a

1. When did . . . last attend elementary or high school?

8402

Month x1 Don't know

8404

Year x1 Don't know

8406

- 1 Currently attending – SKIP to Check Item T32, page 64
2 Never attended

2. Has . . . received a high school diploma? (Include GED's.)

8408

- 1 Yes
2 No – SKIP to Check Item T31

3a. When did . . . receive a high school diploma?

8410

Month x1 Don't know

8412

Year x1 Don't know

b. Was the high school that . . . attended public; private, church-related; or private, not church-related?

8414

- 1 Public
2 Private, church-related
3 Private, not church-related
4 Did not attend high school
x1 DK

CHECK ITEM T29

Refer to cc item 31b.

Was . . . 's highest grade attended at least one year of college? (Codes 21–26 in cc item 31b)

8416

- 1 Yes
2 No – SKIP to Check Item T31

4a. When did . . . first attend college or a university?

8418

Month x1 Don't know

8420

Year x1 Don't know

b. What is the highest degree beyond a high school diploma that . . . has earned?

8422

- 1 PhD or equivalent
2 Professional degree such as Dentistry, Medicine, Law, or Theology
3 Master's degree
4 Bachelor's degree
5 Associate degree
6 Vocational certificate or diploma
7 Has not earned a degree } SKIP to 4f
x1 DK

c. When did . . . receive that degree?

8424

Month x1 Don't know

8426

Year x1 Don't know

(SHOW FLASHCARD FF)

d. In what field of study did . . . receive that degree?

8428

Code Field of study

x1 Don't know

CHECK ITEM T30

Refer to item 4b above.

Did . . . receive a degree higher than a Bachelor's degree? (Box 1, 2, or 3 marked in item 4b.)

8430

- 1 Yes
2 No – SKIP to Check Item T31

4e. When did . . . receive his/her Bachelor's degree?

8432

Month x1 Don't know

8434

Year x1 Don't know

} SKIP to Check Item T31

(SHOW FLASHCARD FF)

f. In what field of study were the courses that . . . took at college or university?

8436

Code Field of study

x1 Don't know

g. When was the last time that . . . was a student at a college or university?

8438

Month x1 Don't know

8440

Year x1 Don't know

OR

8442

- 1 Is still a student

Section 5 – TOPICAL MODULES (Continued)

Part D – EDUCATION AND TRAINING HISTORY (Continued)

CHECK ITEM T31	Refer to cc item 24. Is . . . 65 years of age or older?	<input type="checkbox"/> 8444 1 Yes — SKIP to Check Item T32, page 64 <input type="checkbox"/> 2 No
5a.	Has . . . ever received training designed to help find a job, improve job skills or learn a new job?	<input type="checkbox"/> 8446 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> x1 DK } SKIP to Check Item T32, page 64
b.	Was any of this training sponsored by any of the following programs (Read categories)? Mark (X) all that apply.	<input type="checkbox"/> 8448 1 Job Training Partnership Act (JTPA) <input type="checkbox"/> 8450 2 Comprehensive Employment Training Act (CETA) <input type="checkbox"/> 8452 3 Work Incentive Program (WIN) <input type="checkbox"/> 8454 4 Trade Adjustment Assistance Act <input type="checkbox"/> 8456 5 Veterans' Training Programs <input type="checkbox"/> 8458 6 No — SKIP to 5d
c.	What type of training program is (was) this? Mark (X) all that apply.	<input type="checkbox"/> 8460 1 Classroom training—job skills <input type="checkbox"/> 8462 2 Classroom training—basic education <input type="checkbox"/> 8464 3 On-the-job training <input type="checkbox"/> 8466 4 Job search assistance <input type="checkbox"/> 8468 5 Work experience <input type="checkbox"/> 8470 6 Other } SKIP to 5e
d.	Where did . . . receive this training? Mark (X) all that apply.	<input type="checkbox"/> 8472 1 Apprenticeship program <input type="checkbox"/> 8474 2 Business, commercial, or vocational school <input type="checkbox"/> 8476 3 Junior or community college <input type="checkbox"/> 8478 4 Program completed at a 4 year college or graduate school <input type="checkbox"/> 8480 5 High school vocational program <input type="checkbox"/> 8482 6 Training program at work <input type="checkbox"/> 8484 7 Military (exclude basic training) <input type="checkbox"/> 8486 8 Correspondence course <input type="checkbox"/> 8488 9 Training or experience received on previous job <input type="checkbox"/> 8490 10 Sheltered workshop <input type="checkbox"/> 8492 11 Vocational rehabilitation centers <input type="checkbox"/> 8494 12 Other
e.	Does . . . use this training on . . . 's (most recent) job?	<input type="checkbox"/> 8496 1 Yes <input type="checkbox"/> 2 No
f.	When did . . . start this (most recent) training? (If more than one training occurred, ask about the most recent one.)	<input type="checkbox"/> 8498 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know <input type="checkbox"/> 8500 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
g.	For how many weeks did . . . attend this (most recent) training program?	<input type="checkbox"/> 8502 <input type="text"/> <input type="text"/> Weeks <input type="checkbox"/> 8504 x3 <input type="checkbox"/> Currently attending <input type="checkbox"/> x4 <input type="checkbox"/> Less than 1 week <input type="checkbox"/> x1 <input type="checkbox"/> Don't know
h.	Who paid for this (most recent) program? Mark (X) all that apply.	<input type="checkbox"/> 8506 1 Self or family <input type="checkbox"/> 8508 2 Employer <input type="checkbox"/> 8510 3 Federal, State, or local government <input type="checkbox"/> 8512 4 Someone else

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FAMILY BACKGROUND

CHECK ITEM T32	Refer to cc item 24. What is ...'s age?	8550	1 <input type="checkbox"/> 24 years old or younger 2 <input type="checkbox"/> 65 years old or older 3 <input type="checkbox"/> 25 to 64 years old
-----------------------	--	-------------	---

} SKIP to Check Item T34

STATEMENT E → Now I would like to ask some questions about the family ... grew up in, around the time of ...'s 16th birthday.

1. When ... was 16 years old, how many older and younger brothers and sisters did ... have? Include stepbrothers and stepsisters, and adopted children. <i>(Probe for the number of older and younger siblings)</i>	<table style="width:100%;"> <tr> <td style="width:10%;">8551</td> <td style="width:10%;">x3</td> <td><input type="checkbox"/> No brothers or sisters</td> <td></td> </tr> <tr> <td>8552</td> <td><input type="checkbox"/></td> <td>Older Brothers</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8554</td> <td><input type="checkbox"/></td> <td>Younger brothers</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8556</td> <td><input type="checkbox"/></td> <td>Older sisters</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8558</td> <td><input type="checkbox"/></td> <td>Younger sisters</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> <tr> <td>8560</td> <td><input type="checkbox"/></td> <td>Total</td> <td>x1 <input type="checkbox"/> Don't know</td> </tr> </table>	8551	x3	<input type="checkbox"/> No brothers or sisters		8552	<input type="checkbox"/>	Older Brothers	x1 <input type="checkbox"/> Don't know	8554	<input type="checkbox"/>	Younger brothers	x1 <input type="checkbox"/> Don't know	8556	<input type="checkbox"/>	Older sisters	x1 <input type="checkbox"/> Don't know	8558	<input type="checkbox"/>	Younger sisters	x1 <input type="checkbox"/> Don't know	8560	<input type="checkbox"/>	Total	x1 <input type="checkbox"/> Don't know
8551	x3	<input type="checkbox"/> No brothers or sisters																							
8552	<input type="checkbox"/>	Older Brothers	x1 <input type="checkbox"/> Don't know																						
8554	<input type="checkbox"/>	Younger brothers	x1 <input type="checkbox"/> Don't know																						
8556	<input type="checkbox"/>	Older sisters	x1 <input type="checkbox"/> Don't know																						
8558	<input type="checkbox"/>	Younger sisters	x1 <input type="checkbox"/> Don't know																						
8560	<input type="checkbox"/>	Total	x1 <input type="checkbox"/> Don't know																						

2a. When ... was 16, was ... living with: <i>(Interviewer: Read only as many categories to respondent as are necessary to determine who the guardians were. Mark only one box.)</i>	<table style="width:100%;"> <tr> <td style="width:10%;">8562</td> <td style="width:10%;"></td> <td> 1 <input type="checkbox"/> Both natural parents..... 2 <input type="checkbox"/> Natural mother and stepfather.. 3 <input type="checkbox"/> Natural father and stepmother.. 4 <input type="checkbox"/> Natural mother only parent present 5 <input type="checkbox"/> Natural father only parent present 6 <input type="checkbox"/> Other </td> <td style="width:10%; vertical-align: middle;">} SKIP to 3a</td> </tr> </table>	8562		1 <input type="checkbox"/> Both natural parents..... 2 <input type="checkbox"/> Natural mother and stepfather.. 3 <input type="checkbox"/> Natural father and stepmother.. 4 <input type="checkbox"/> Natural mother only parent present 5 <input type="checkbox"/> Natural father only parent present 6 <input type="checkbox"/> Other	} SKIP to 3a
8562		1 <input type="checkbox"/> Both natural parents..... 2 <input type="checkbox"/> Natural mother and stepfather.. 3 <input type="checkbox"/> Natural father and stepmother.. 4 <input type="checkbox"/> Natural mother only parent present 5 <input type="checkbox"/> Natural father only parent present 6 <input type="checkbox"/> Other	} SKIP to 3a		

b. When ... was 16, who was ... living with that was the head of the family?	<table style="width:100%;"> <tr> <td style="width:10%;">8564</td> <td style="width:10%;"></td> <td> 1 <input type="checkbox"/> Father 2 <input type="checkbox"/> Grandfather 3 <input type="checkbox"/> Some other male 4 <input type="checkbox"/> Mother</td> <td rowspan="4" style="width:10%; vertical-align: middle;">} SKIP to 5a</td> </tr> <tr> <td></td> <td></td> <td>5 <input type="checkbox"/> Grandmother</td> </tr> <tr> <td></td> <td></td> <td>6 <input type="checkbox"/> Some other female ...</td> </tr> <tr> <td></td> <td></td> <td>7 <input type="checkbox"/> Not applicable — SKIP to Check Item T34</td> </tr> </table>	8564		1 <input type="checkbox"/> Father 2 <input type="checkbox"/> Grandfather 3 <input type="checkbox"/> Some other male 4 <input type="checkbox"/> Mother	} SKIP to 5a			5 <input type="checkbox"/> Grandmother			6 <input type="checkbox"/> Some other female ...			7 <input type="checkbox"/> Not applicable — SKIP to Check Item T34
8564		1 <input type="checkbox"/> Father 2 <input type="checkbox"/> Grandfather 3 <input type="checkbox"/> Some other male 4 <input type="checkbox"/> Mother	} SKIP to 5a											
		5 <input type="checkbox"/> Grandmother												
		6 <input type="checkbox"/> Some other female ...												
		7 <input type="checkbox"/> Not applicable — SKIP to Check Item T34												

3a. When ... was 16, what was ...'s (father's/stepfather's or person marked in item 2b) occupation?	<table style="width:100%;"> <tr> <td style="width:10%;">8566</td> <td style="width:10%;">x1</td> <td><input type="checkbox"/> Did not have a paying job or business — SKIP to 4</td> </tr> <tr> <td>PGM 8</td> <td></td> <td>Write in occupation</td> </tr> <tr> <td>8568</td> <td></td> <td>_____</td> </tr> </table>	8566	x1	<input type="checkbox"/> Did not have a paying job or business — SKIP to 4	PGM 8		Write in occupation	8568		_____
8566	x1	<input type="checkbox"/> Did not have a paying job or business — SKIP to 4								
PGM 8		Write in occupation								
8568		_____								
b. What kind of business or industry was he working for? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<table style="width:100%;"> <tr> <td style="width:10%;">PGM 8</td> <td>_____</td> </tr> <tr> <td>8570</td> <td>_____</td> </tr> </table>	PGM 8	_____	8570	_____					
PGM 8	_____									
8570	_____									

4. What is the highest grade of school ...'s (father/stepfather or the person marked in item 2b) ever completed?	<table style="width:100%;"> <tr> <td style="width:10%;">PGM 7</td> <td></td> </tr> <tr> <td>8572</td> <td> 1 <input type="checkbox"/> Never attended 2 <input type="checkbox"/> Elementary 1–8 3 <input type="checkbox"/> High school 1–3 4 <input type="checkbox"/> High school graduate 5 <input type="checkbox"/> College 1–3 6 <input type="checkbox"/> College 4 7 <input type="checkbox"/> College 5 or more x1 <input type="checkbox"/> DK </td> </tr> </table>	PGM 7		8572	1 <input type="checkbox"/> Never attended 2 <input type="checkbox"/> Elementary 1–8 3 <input type="checkbox"/> High school 1–3 4 <input type="checkbox"/> High school graduate 5 <input type="checkbox"/> College 1–3 6 <input type="checkbox"/> College 4 7 <input type="checkbox"/> College 5 or more x1 <input type="checkbox"/> DK
PGM 7					
8572	1 <input type="checkbox"/> Never attended 2 <input type="checkbox"/> Elementary 1–8 3 <input type="checkbox"/> High school 1–3 4 <input type="checkbox"/> High school graduate 5 <input type="checkbox"/> College 1–3 6 <input type="checkbox"/> College 4 7 <input type="checkbox"/> College 5 or more x1 <input type="checkbox"/> DK				

CHECK ITEM T33	Refer to item 2a. Is box 1, 2, or 3 marked in item 2a?	8574	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T34
-----------------------	---	-------------	--

5a. When ... was 16, what was ...'s (mother's/stepmother's or person marked in item 2b) occupation?	<table style="width:100%;"> <tr> <td style="width:10%;">8576</td> <td style="width:10%;">x1</td> <td><input type="checkbox"/> Did not have a paying job or business — SKIP to 6</td> </tr> <tr> <td>PGM 8</td> <td></td> <td>Write in occupation</td> </tr> <tr> <td>8578</td> <td></td> <td>_____</td> </tr> </table>	8576	x1	<input type="checkbox"/> Did not have a paying job or business — SKIP to 6	PGM 8		Write in occupation	8578		_____
8576	x1	<input type="checkbox"/> Did not have a paying job or business — SKIP to 6								
PGM 8		Write in occupation								
8578		_____								
b. What kind of business or industry was she working for? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	<table style="width:100%;"> <tr> <td style="width:10%;">PGM 8</td> <td>_____</td> </tr> <tr> <td>8580</td> <td>_____</td> </tr> </table>	PGM 8	_____	8580	_____					
PGM 8	_____									
8580	_____									

6. What is the highest grade of school ...'s (mother/stepmother or the person marked in item 2b) ever completed?	<table style="width:100%;"> <tr> <td style="width:10%;">PGM 7</td> <td></td> </tr> <tr> <td>8582</td> <td> 1 <input type="checkbox"/> Never attended 2 <input type="checkbox"/> Elementary 1–8 3 <input type="checkbox"/> High school 1–3 4 <input type="checkbox"/> High school graduate 5 <input type="checkbox"/> College 1–3 6 <input type="checkbox"/> College 4 7 <input type="checkbox"/> College 5 or more x1 <input type="checkbox"/> DK </td> </tr> </table>	PGM 7		8582	1 <input type="checkbox"/> Never attended 2 <input type="checkbox"/> Elementary 1–8 3 <input type="checkbox"/> High school 1–3 4 <input type="checkbox"/> High school graduate 5 <input type="checkbox"/> College 1–3 6 <input type="checkbox"/> College 4 7 <input type="checkbox"/> College 5 or more x1 <input type="checkbox"/> DK
PGM 7					
8582	1 <input type="checkbox"/> Never attended 2 <input type="checkbox"/> Elementary 1–8 3 <input type="checkbox"/> High school 1–3 4 <input type="checkbox"/> High school graduate 5 <input type="checkbox"/> College 1–3 6 <input type="checkbox"/> College 4 7 <input type="checkbox"/> College 5 or more x1 <input type="checkbox"/> DK				

Section 5 — TOPICAL MODULES (Continued)

Part F — MARITAL HISTORY

CHECK ITEM T34	Refer to cc item 26a.	8600	1 <input checked="" type="checkbox"/> Married, spouse present 2 <input type="checkbox"/> Married, spouse absent 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated 6 <input type="checkbox"/> Never married — <i>SKIP to Statement G, page 67</i>
	What is . . . 's current marital status?		

STATEMENT F → **Now I have a few questions about . . . 's marital history.**

1.	How many times has . . . been married?	8602	1 <input checked="" type="checkbox"/> 1 — <i>SKIP to Check Item T38, page 66</i> 2 <input type="checkbox"/> 2 3 <input type="checkbox"/> 3 4 <input type="checkbox"/> 4 +
-----------	--	-------------	--

2a.	In what month and year did . . . get married for the first time?	8604	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8606 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
------------	--	-------------	---

b.	Did . . . 's first marriage end in widowhood or in divorce?	8608	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
-----------	---	-------------	--

c.	In what month and year was . . . (widowed/divorced)?	8610	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8612 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
-----------	--	-------------	---

CHECK ITEM T35	Refer to item 2b above. Is "Widowhood" marked in item 2b?	8614	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T36</i> 2 <input type="checkbox"/> No
-----------------------	--	-------------	---

2d.	In what month and year did . . . actually stop living with . . . 's spouse?	8616	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8618 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
------------	---	-------------	---

CHECK ITEM T36	Refer to item 1. How many times has . . . been married?	8620	1 <input type="checkbox"/> 2 — <i>SKIP to Check Item T38, page 66</i> 2 <input type="checkbox"/> 3 +
-----------------------	--	-------------	---

3a.	In what month and year did . . . get married for the second time?	8622	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8624 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
------------	---	-------------	---

b.	Did . . . 's second marriage end in widowhood or in divorce?	8626	1 <input type="checkbox"/> Widowhood 2 <input type="checkbox"/> Divorce
-----------	--	-------------	--

c.	In what month and year was . . . (widowed/divorced)?	8628	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8630 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
-----------	--	-------------	---

CHECK ITEM T37	Refer to item 3b. Is "Widowhood" marked?	8632	1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T38, page 66</i> 2 <input type="checkbox"/> No
-----------------------	---	-------------	--

3d.	In what month and year did . . . actually stop living with . . . 's second spouse?	8634	<input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know 8636 1 9 <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know
------------	--	-------------	---

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – MARITAL HISTORY (Continued)

CHECK ITEM T38	Has a Wave 2 interview been obtained for ...'s spouse?	8638	1 <input type="checkbox"/> Yes – <i>SKIP to Statement G</i> 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, no spouse in household
4a. In what month and year did ... get married (most recently)?		8640	[] [] Month x1 <input type="checkbox"/> Don't know 8642 [1] [9] [] [] Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T39	Refer to Check Item T34. What is ...'s current marital status?	8644	1 <input type="checkbox"/> Married, spouse present } <i>SKIP to Statement G</i> 2 <input type="checkbox"/> Married, spouse absent } 3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Separated – <i>SKIP to item 4c</i>
4b. In what month and year was ... (widowed/divorced)?		8646	[] [] Month x1 <input type="checkbox"/> Don't know 8648 [1] [9] [] [] Year x1 <input type="checkbox"/> Don't know
CHECK ITEM T40	Refer to Check Item T39. Is "Widowed" marked?	8650	1 <input type="checkbox"/> Yes – <i>SKIP to Statement G</i> 2 <input type="checkbox"/> No
4c. When did ... actually stop living with ...'s (most recent) spouse?		8652	[] [] Month x1 <input type="checkbox"/> Don't know 8654 [1] [9] [] [] Year x1 <input type="checkbox"/> Don't know

GO to Statement G

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – MIGRATION HISTORY

STATEMENT G

Now I have some questions about places where . . . has lived in the past, and where . . . was born.

<p>1. When did . . . move into this home/apartment/mobile home?</p>	<p>8700 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8702 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p>x4 <input type="checkbox"/> Always lived here — <i>SKIP to Check Item T42, page 68</i></p>
<p>2. Before living here, where did . . . live? <i>(Refer to Flashcard GG for State or country code.)</i></p>	<p>8704 1 <input type="checkbox"/> Same state, same county 2 <input type="checkbox"/> Same state, different county <input type="checkbox"/> Different State — <i>Specify code</i></p> <p>8706 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK } <i>SKIP to item 6</i> <input type="checkbox"/> Different country — <i>Specify code</i></p> <p>8708 <input type="text"/> <input type="text"/> _____ x1 <input type="checkbox"/> DK</p>
<p>3. During what period of time did . . . live there?</p>	<p>8709 x4 <input type="checkbox"/> Lived there since birth — <i>SKIP to Check Item T42, page 68</i> FROM</p> <p>8710 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8712 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p> TO</p> <p>8714 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8716 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>4. Has . . . ever lived in another State or foreign country?</p>	<p>8718 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to item 7</i></p>
<p>5. What State or foreign country was that? <i>(If more than one, ask for most recent.)</i> <i>(Enter code from Flashcard GG.)</i></p>	<p>Specify code</p> <p>8720 <input type="text"/> <input type="text"/> _____</p> <p>x1 <input type="checkbox"/> Don't know</p>
<p>6. During what period of time did . . . live there?</p>	<p>8721 x4 <input type="checkbox"/> Lived there since birth — <i>SKIP to Check Item T42, page 68</i> FROM</p> <p>8722 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8724 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p> <p> TO</p> <p>8726 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p>8728 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
<p>7. In what State or foreign country was . . . born? <i>(Enter code from Flashcard GG.)</i></p>	<p>Specify code</p> <p>8730 <input type="text"/> <input type="text"/> _____</p>
<p>CHECK ITEM T41 <i>Refer to item 7 above.</i> Does the code in item 7 equal a foreign country code of 62–92 or 99?</p>	<p>8732 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T42, page 68</i></p>
<p>8. Is . . . a naturalized citizen of the United States?</p>	<p>8734 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No, born abroad of American parent or parents — <i>SKIP to Check Item T42, page 68</i></p>
<p>9. When did . . . come to the United States to stay?</p>	<p>8736 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>x5 <input type="checkbox"/> Before 1901</p>

Section 5 – TOPICAL MODULES (Continued)

Part H – FERTILITY HISTORY

CHECK ITEM T42

Refer to cc items 24 and 28.
What is . . . 's age and sex?

8750

- 1 Female – Read Statement H and then SKIP to item 2a
- 2 Male, 18+ years old
- 3 Male, 15–17 years old – SKIP to Check Item T53, page 70

STATEMENT H

Now I have a few questions about the number of children, if any, that have been born to . . .

1. How many children, IF ANY, is . . . the father of?

(If previously married, include all children born in previous and current marriages. Do not count adopted, foster, or stepchildren.)

8752

Number

- x3 None
- x1 Don't Know

} SKIP to Check Item T53, page 70

2a. How many children, if any, has . . . ever had? (Do not count stillbirths, adopted, foster, or stepchildren.)

8754

Number

- x3 None – SKIP to Check Item T53, page 70

CHECK ITEM T43

Refer to cc item 24.
Is . . . 65 years of age or older?

8756

- 1 Yes – SKIP to Check Item T53, page 70
- 2 No

2b. Are all of . . . 's children currently living in this household?

8758

- 1 Yes
- 2 No – SKIP to Check Item T45

CHECK ITEM T44

Refer to cc item 24.

Verify the birth date of . . . 's first, second, and last child (if more than one child ever born) and enter the person number of the child(ren).

8760

First child

Month

Year

Person number

8762

Second child

Month

Year

Person number

8766

Last child

Month

Year

Person number

8764

8768

8770

8772

8774

8776

} SKIP to Check Item T53, page 70

CHECK ITEM T45

Refer to item 2a.
How many children has . . . ever had?

8778

- 1 One child – SKIP to item 5a
- 2 2+ children

3a. When was . . . 's last child born?

8780

Month

- x1 Don't know

8782

1 9 Year

- x1 Don't know

CHECK ITEM T46

Refer to item 3a.
Was . . . 's last child born on or after January 1, 1965?

8784

- 1 Yes
- 2 No – SKIP to Check Item T48

ASK OR VERIFY –

3b. With whom does the child live now?

8786

- 1 Resides in this household – Go to Check Item T47

Resides elsewhere

- 2 In his/her own household

With relatives

- 3 With own father
- 4 With own grandparent(s)
- 5 With adoptive parent(s)
- 6 With other relative(s)

With nonrelatives

- 7 In foster care/foster family
- 8 In an institution (hospital)
- 9 In school
- 10 In correctional facility
- 11 Other
- 12 Deceased
- 13 DK

} SKIP to Check Item T48

CHECK ITEM T47

Write the person number of the last child.

8788

Person number of last child

CHECK ITEM T48

Refer to item 2a.
How many children has . . . ever had?

8790

- 1 2 – SKIP to item 5a
- 2 3+

4a. When was . . . 's second child born?

8792

Month

- x1 Don't know

8794

1 9 Year

- x1 Don't know

Section 5 – TOPICAL MODULES (Continued)

Part H – FERTILITY HISTORY (Continued)

<p>CHECK ITEM T49 Refer to item 4a. Was . . . 's second child born on or after January 1, 1965?</p>	<p align="center">8796</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to item 5a</i></p>
--	--

<p align="center"><i>ASK OR VERIFY —</i></p> <p>4b. With whom does the child live now?</p>	<p align="center">8798</p> <p>1 <input type="checkbox"/> Resides in this household — <i>Go to Check Item T50</i></p> <p align="center">Resides elsewhere</p> <p>2 <input type="checkbox"/> In his/her own household</p> <p align="center">With relatives</p> <p>3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parent(s) 6 <input type="checkbox"/> With other relative(s)</p> <p align="center">With nonrelatives</p> <p>7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK</p> <p align="right">} <i>SKIP to item 5a</i></p>
---	--

<p>CHECK ITEM T50 Write the person number of the second child.</p>	<p align="center">8800 <input type="text"/> <input type="text"/> <input type="text"/> Person number of second child</p>
---	--

<p>5a. When was . . . 's (first) child born?</p>	<p align="center">8802 <input type="text"/> <input type="text"/> Month x1 <input type="checkbox"/> Don't know</p> <p align="center">8804 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year x1 <input type="checkbox"/> Don't know</p>
---	--

<p>CHECK ITEM T51 Refer to item 5a. Was . . . 's (first) child born on or after January 1, 1965?</p>	<p align="center">8806</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T53, page 70</i></p>
---	--

<p align="center"><i>ASK OR VERIFY —</i></p> <p>5b. With whom does the child live now?</p>	<p align="center">8808</p> <p>1 <input type="checkbox"/> Resides in this household — <i>Go to Check Item T52</i></p> <p align="center">Resides elsewhere</p> <p>2 <input type="checkbox"/> In his/her own household</p> <p align="center">With relatives</p> <p>3 <input type="checkbox"/> With own father 4 <input type="checkbox"/> With own grandparent(s) 5 <input type="checkbox"/> With adoptive parent(s) 6 <input type="checkbox"/> With other relative(s)</p> <p align="center">With nonrelatives</p> <p>7 <input type="checkbox"/> In foster care/foster family 8 <input type="checkbox"/> In an institution (hospital) 9 <input type="checkbox"/> In school 10 <input type="checkbox"/> In correctional facility 11 <input type="checkbox"/> Other 12 <input type="checkbox"/> Deceased 13 <input type="checkbox"/> DK</p> <p align="right">} <i>SKIP to Check Item T53, page 70</i></p>
---	--

<p>CHECK ITEM T52 Write the person number of the (first) child.</p>	<p align="center">8810 <input type="text"/> <input type="text"/> <input type="text"/> Person number of first child</p>
--	---

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part I – HOUSEHOLD RELATIONSHIPS

CHECK ITEM T53	What is the composition of this household?	9266	1 <input type="checkbox"/> One person HH 2 <input type="checkbox"/> Two person HH consisting of husband and wife 3 <input type="checkbox"/> Two person HH consisting of non-relatives 4 <input type="checkbox"/> Other	} SKIP to Check Item C1, page 75
-----------------------	--	-------------	---	----------------------------------

CHECK ITEM T54	Is this the Reference Person's questionnaire?	9268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 75	
-----------------------	---	-------------	--	--

Pretranscribe each person's name and person number into column headings a–n; list names and person numbers in the SAME ORDER in the roster down the left side of this page.

AT TIME OF INTERVIEW

Verify the Roster against the current household composition in cc items 18 and 19a. If a person who was pretranscribed has left the household since last wave, **line out** name and person number in Roster space and column. If a person has entered the household since last wave, **write in** name and person number in the first available (blank) Roster space and column.

STATEMENT I → Now I need to record the EXACT relationships among the persons living here. Please answer by describing adoptive, step, or foster relationships, where appropriate. For each person number listed on the left side of this page, ask question 1 and enter codes from Flashcard HH.

	Name	Name	Name	Name	Name	Name
ASK OR VERIFY – 1. What is the EXACT relationship of (person listed in roster) to (each person listed in columns a–n)? ROSTER	9272 Person No. □ □ □ □	9274 Person No. □ □ □ □	9276 Person No. □ □ □ □	9278 Person No. □ □ □ □	9280 Person No. □ □ □ □	9282 Person No. □ □ □ □
9300 Name Person No. □ □ □ □						
9330 Name Person No. □ □ □ □	9332					
9360 Name Person No. □ □ □ □	9362	9364				
9390 Name Person No. □ □ □ □	9392	9394	9396			
9420 Name Person No. □ □ □ □	9422	9424	9426	9428		
9450 Name Person No. □ □ □ □	9452	9454	9456	9458	9460	
9480 Name Person No. □ □ □ □	9482	9484	9486	9488	9490	9492
9510 Name Person No. □ □ □ □	9512	9514	9516	9518	9520	9522
9540 Name Person No. □ □ □ □	9542	9544	9546	9548	9550	9552
9570 Name Person No. □ □ □ □	9572	9574	9576	9578	9580	9582
9600 Name Person No. □ □ □ □	9602	9604	9606	9608	9610	9612
9630 Name Person No. □ □ □ □	9632	9634	9636	9638	9640	9642
9660 Name Person No. □ □ □ □	9662	9664	9666	9668	9670	9672
9690 Name Person No. □ □ □ □	9692	9694	9696	9698	9700	9702

GO to Check Item C1, page 75

Section 5 – TOPICAL MODULES (Continued)

Part I – HOUSEHOLD RELATIONSHIPS (Continued)

NOTES

Name	Name	Name	Name	Name	Name	Name	Name
9284 g. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9286 h. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9288 i. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9290 j. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9292 k. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9294 l. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9296 m. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	9298 n. Person No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9524							
9554	9556						
9584	9586	9588					
9614	9616	9618	9620				
9644	9646	9648	9650	9652			
9674	9676	9678	9680	9682	9684		
9704	9706	9708	9710	9712	9714	9716	

NOTES

NOTES

NOTES

CALLBACK SUMMARY

CHECK ITEM C1	Are any items marked on Reminder Card for ...?	5000	1 <input type="checkbox"/> Yes – Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No – SKIP to Check Item C2		
<input type="checkbox"/>	1. Social Security Number <i>(Enter in cc item 33)</i>		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>	2. Medicare claim number <i>(Item 23b, page 8)</i>	5002	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> -	5004	<input type="text"/> <input type="text"/> <input type="text"/> - 5005
<input type="checkbox"/>	3. EMPLOYER				
	a. Employer #1 <i>(Item 8a, page 17)</i>	5006	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	Last month X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
	What was the total amount of pay received before deductions on this job in ...?	5008	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5010	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5012	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		b. Employer #2 <i>(Item 16a, page 19)</i>	5014	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00
	What was the total amount of pay received before deductions on this job in ...?	5016	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5018	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5020	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		4. SELF-EMPLOYMENT			
	a. Self-employment #1 <i>(Item 7, page 21)</i>	5022	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	Last month X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
	What was the total amount of income received before deductions from this business in ...?	5024	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5026	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5028	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		b. Self-employment #2 <i>(Item 18, page 23)</i>	5030	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00
	What was the total amount of income received before deductions from this business in ...?	5032	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5034	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5036	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		5. What was the average balance in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts held jointly by husband and wife? <i>(Item 2c, page 48)</i>		Amounts for the period — <input type="text"/> through <input type="text"/>	
		5038	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	6. What was the average balance in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts in own name? <i>(Item 3c, page 48)</i>	5040	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average balance in Money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 49)</i>	5042	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average balance in Money market funds/securities/ bonds in own name? <i>(Item 3c, page 49)</i>	5044	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? <i>(Item 1b, page 50)</i>	5048	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? <i>(Item 2a, page 50)</i>	5050	\$ <input type="text"/> . <input type="text"/> <input type="text"/>	00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
CHECK ITEM C2	Has an interview been conducted for all household members 15+?	5052	1 <input type="checkbox"/> Yes – Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No – Enter finish time for this household member, THEN interview next 15+ household member		

CALLBACK SUMMARY

INCOME SOURCE SUMMARY (ISS)

INSTRUCTION — Column (a) will show the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. Column (c) will show the type of income source. The Amounts section, should be filled starting with the page number shown in column (d) for those income sources which have been marked.

ISS code (a)	Mark (X) (b)	Type of income source and income source code (c)	Amounts section page number (d)	
1		INCOME CODES 1-7 Social Security	(A) - 24 28 32 36 40 44	
2		U.S. Government Railroad Retirement pay		
3		Federal Supplemental Security Income (SSI)		
5		State Unemployment compensation		
6		Supplemental Unemployment Benefits		
8		INCOME CODES 8-13 Veterans compensation or pensions		
20		INCOME CODES 20-29 Aid to Families with Dependent Children (AFDC, ADC)		
24		Other Welfare — <i>Specify</i>		
27		Food Stamps		
28		Child Support payments		
29		Alimony payments		
30		INCOME CODES 30-38 Pension from company or union		
40		INCOME CODES 40-46 GI Bill education benefits		
55		INCOME CODES 50-56 Incidental or casual earnings		
100		ASSET CODES 100-150 Interest Earning Assets Regular/passbook/savings accounts in a bank, savings and loan or credit union		(B) - 48
101		Money market deposit accounts		
102		Certificates of Deposit or other savings certificates		
103		Interest-earning checking accounts (such as NOW or Super NOW accounts)		(C) - 49
104		Money market funds		
105		U.S. Government securities		
106		Municipal or corporate bonds	(D) - 50	
107		Other interest-earning assets		
110		Stocks or mutual fund shares		
120		Rental property	(E) - 51	
130		Mortgages	(F) - 52	
140		Royalties		
150		Other financial investments		
170		SPECIAL INDICATOR CODES 170-183, 200, 201 Worked	Section 2	
171		Disabled	DO NOT FILL	
172		Medicare		
173		Medicaid		
174		U.S. Savings Bonds		
200		VA disability rating of 100%		
201		VA disability rating of less than 100%		

INCOME SOURCE LIST

INCOME LIST

Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans compensation or pensions	35	Local government pensions
9	Black lung payments	36	Income from paid-up life insurance policies or annuities
10	Worker's compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability or survivor
12	Employer or union temporary sickness policy	40	G.I. Bill
13	Payments from a sickness, accident or disability insurance policy purchased on your own	41	Other VA educational assistance
20	Aid to Families with Dependent Children (AFDC, ADC)	50	Income assistance from a charitable group
21	General assistance or General relief	51	Money from relatives or friends
22	Indian, Cuban, or Refugee Assistance	52	Lump sum payments
23	Foster child care payments	53	Income from roomers or boarders
24	Other welfare	54	National Guard or Reserve pay
25	WIC (Women, Infants and Children Nutrition Program)	55	Incidental or casual earnings
27	Food stamps	56	Other cash income not included elsewhere

ASSET LIST

SPECIAL INDICATORS

Code	Type	Code	Type
100	Regular/passbook savings accounts in a bank, savings and loan or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of Deposit or other savings certificates	172	Medicare
103	Interest-earning checking accounts (such as NOW or Super NOW accounts)	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College work study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earning assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	National Direct Student Loan (NDSL)
120	Rental property	179	Guaranteed Student Loan
130	Mortgages	180	JTPA Training
140	Royalties	181	Employer assistance
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover page)	1
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R27	9
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	11
Check Item T1	54
Reciprocity History Roster, 1, columns b and c	54
Check Item T14	57
Check Item T15 (only if T14 is "Yes")	57
Check Item T42	68
Household members' names and person numbers in roster and columns (on reference person's questionnaire)	70, 71
11a, Finish time (Cover page)	1

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

PROGRAM QUESTIONS

TOPICAL MODULES

CALLBACK SUMMARY