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U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**SURVEY OF INCOME  
AND PROGRAM  
PARTICIPATION**  
**1988 PANEL**  
**WAVE 3 QUESTIONNAIRE**

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

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

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

b. Noninterview  
1  Type Z refusal 2  Type Z other

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. \_\_\_\_\_ a.m.  
p.m. p.m.  
Finish time → \_\_\_\_\_ a.m. \_\_\_\_\_ a.m.  
p.m. p.m.

b. Total interview time for this person \_\_\_\_\_ Minutes

10a. Interviewer edit time  
Start time → \_\_\_\_\_ a.m. p.m.  
Finish time → \_\_\_\_\_ a.m. p.m.

b. Total interviewer edit time \_\_\_\_\_ Minutes

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 \_\_\_\_\_

**CHECK ITEM N1** Does . . . 's person number begin with a "3"?  
PGM 7 1  Yes  
0900 2  No — SKIP to Section 1, item 1, page 2

**CHECK ITEM N2** Was . . . missed when household members were listed for Wave 1?  
0901 1  Yes — SKIP to Section 1, item 1, page 2.  
2  No

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.

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

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

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

**PGM 7**

**1000**

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

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

**1002**

- 1  Yes  
 2  No — SKIP to 3a

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

**1004**

x5  ALL

**1006**

1

**1018**

7

**1030**

13

**1008**

2

**1020**

8

**1032**

14

**1010**

3

**1022**

9

**1034**

15

**1012**

4

**1024**

10

**1036**

16

**1014**

5

**1026**

11

**1038**

17

**1016**

6

**1028**

12

**1040**

18

Mark (X) all that apply.

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

**1042**

- 1  Yes — SKIP to 3a  
 2  No

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

**1044**

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

Mark (X) only one.

**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?**

**1048**

1  Last month

**1050**

2  2 months ago

**1052**

3  3 months ago

**1054**

4  4 months ago

Mark (X) all that apply.

**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.**

**1060**

x5  ALL

**1062**

1

**1074**

7

**1086**

13

**1064**

2

**1076**

8

**1088**

14

**1066**

3

**1078**

9

**1090**

15

**1068**

4

**1080**

10

**1092**

16

**1070**

5

**1082**

11

**1094**

17

**1072**

6

**1084**

12

**1096**

18

Mark (X) all that apply.

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

**1098**

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

SKIP to 8a, page 4

Mark (X) only one.

NOTES

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

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

Mark (X) all that apply.

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

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

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

<p><b>8a.</b> In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p><b>1230</b> <input type="text"/> <input type="text"/> Hours per week</p> <p>X3 <input type="checkbox"/> None } <i>SKIP to Check Item R4</i>  X1 <input type="checkbox"/> DK</p>
<p><b>CHECK ITEM R3</b> Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p><b>1231</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i></p>
<p><b>8b.</b> 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.</p>	<p><b>1232</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i></p>
<p><b>C.</b> How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	<p><b>1233</b> X5 <input type="checkbox"/> All</p> <p><b>1234</b> <input type="text"/> Weeks Last month</p> <p><b>1235</b> <input type="text"/> Weeks 2 months ago</p> <p><b>1236</b> <input type="text"/> Weeks 3 months ago</p> <p><b>1237</b> <input type="text"/> Weeks 4 months ago</p>
<p><b>d.</b> What was the main reason . . . worked fewer than 35 hours in those weeks?  <i>Mark (X) only one.</i></p>	<p><b>1238</b> 1 <input type="checkbox"/> Could not find a full-time job  2 <input type="checkbox"/> Wanted to work part time  3 <input type="checkbox"/> Health condition or disability  4 <input type="checkbox"/> Normal working hours are fewer than 35 hours  5 <input type="checkbox"/> Slack work or material shortage  6 <input type="checkbox"/> Other – <i>Specify</i></p>
<p><b>CHECK ITEM R4</b> Refer to item 5a, page 2. The response to item 5a is:</p>	<p><b>1239</b> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p><b>9a.</b> During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p><b>1240</b> 1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p><b>b.</b> During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p><b>1242</b> 1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R5</b> Is "Worked" (code 170) marked on the ISS?</p>	<p><b>1244</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i></p>
<p><b>10.</b> During this 4-month period, did . . . receive any money from worker's compensation for any kind of job-related illness or injury?</p>	<p><b>1246</b> 1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R6</b> Refer to cc items 44–47. Was an interview obtained for . . . last reference period?</p>	<p><b>1248</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R11, page 6</i></p>
<p><b>CHECK ITEM R7</b> Refer to cc item 11b. Are any income types listed in the Income Roster?</p>	<p><b>1250</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12a</i></p>

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) 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	ABDC 20	1252	1254 <input type="checkbox"/> Yes – Mark ISS <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	GA 21	1256	1258 <input type="checkbox"/> Yes – Mark ISS <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	FS 27	1260	1262 <input type="checkbox"/> Yes – Mark ISS <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 <input type="checkbox"/> Yes – Mark ISS <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 <input type="checkbox"/> Yes – Mark ISS <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 <input type="checkbox"/> Yes – Mark ISS <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 <input type="checkbox"/> Yes – Mark ISS <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 <input type="checkbox"/> Yes – Mark ISS <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  Yes  
 No – SKIP to 13a

**b.** What was it called?

Anything else?

Mark (X) all that apply.

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

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

1296  Yes  
 No – SKIP to Check Item R8

**b.** What was the source of this income?

Anything else?

Mark (X) all that apply.

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

**CHECK ITEM R8**

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

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

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

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

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

<p><b>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</b></p>	<p><b>1360</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16</p>
<p><b>b. During the 4-month period, did . . . receive any retirement income other than Social Security?</b></p>	<p><b>1362</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d</p>
<p><b>c. What kind of retirement income? Anything else? Mark (X) all that apply.</b></p>	<p><b>1364</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS  <b>1366</b> 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS  <b>1368</b> 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS  <b>1370</b> 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS  <b>1372</b> 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS  <b>1374</b> 6 <input type="checkbox"/> State government pension — Mark "34" on ISS  <b>1376</b> 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS  <b>1378</b> 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.  <b>1380</b> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>d. During this 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</b></p>	<p><b>1382</b> 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R16</b> Refer to cc item 24. Is . . . 70 years of age or older?</p>	<p><b>1384</b> 1 <input type="checkbox"/> Yes — SKIP to Check Item R17 2 <input type="checkbox"/> No</p>
<p><b>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</b></p>	<p><b>1386</b> 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R17</p>
<p><b>b. During this 4-month period, did . . . receive any income because of . . .'s health condition or disability? (Other than Social Security, SSI, or VA?)</b></p>	<p><b>1388</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17</p>
<p><b>c. What kind of income? Anything else? Mark (X) all that apply.</b></p>	<p><b>1390</b> 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS  <b>1392</b> 2 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS  <b>1394</b> 3 <input type="checkbox"/> Worker's Compensation — Mark "10" on ISS  <b>1396</b> 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS  <b>1398</b> 5 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS  <b>1400</b> 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS  <b>1402</b> 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS  <b>1406</b> 8 <input type="checkbox"/> State government pension — Mark "34" on ISS  <b>1408</b> 9 <input type="checkbox"/> Local government pension — Mark "35" on ISS  <b>1410</b> 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.  <b>1412</b> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>CHECK ITEM R17</b> Refer to cc item 26a. What is . . .'s marital status?</p>	<p><b>1414</b> 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><b>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</b></p>	<p><b>1416</b> 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><b>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced?</b></p>	<p><b>1418</b> 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)**

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



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

<b>CHECK ITEM R24</b>	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
<b>CHECK ITEM R25</b>	Interview status of . . . 's spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet co. 3 <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27
<b>CHECK ITEM R26</b>	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
<b>24.</b>	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
<b>25a.</b>	(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>b.</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="checkbox"/> <input type="checkbox"/>
<b>CHECK ITEM R27</b>	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
<b>26a.</b>	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
			} SKIP to Check Item R28
<b>b.</b>	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1504	1 <input type="checkbox"/> Yes — Mark "173" on ISS 2 <input type="checkbox"/> No
<b>CHECK ITEM R28</b>	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
<b>26c.</b>	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
<b>d.</b>	Which children were covered?	1510	x5 <input type="checkbox"/> All children OR Person No.      Name
		1512	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		1514	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		1516	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		1518	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		1520	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>CHECK ITEM R29</b>	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
<b>26e.</b>	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
<b>f.</b>	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)**

**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.)**

- 1536** 1  Yes  
2  No — *SKIP to Check Item R30*

**ASK OR VERIFY —**  
**b. Was . . . covered by a health insurance plan during the entire 4-month period?**

- 1538** 1  Yes — *SKIP to 27d*  
2  No

**c. In which months was . . . covered?**  
*Mark (X) all that apply.*

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

**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?**

- 1547** 1  Plan in own name — *SKIP to 27f*  
2  Someone else's plan  
3  Both — *SKIP to 27f*

**e. Whose plan covered . . . ?**

Household member

Person No.	Name	} <i>SKIP to Check Item R30</i>
<b>1548</b> <input type="checkbox"/>	<input type="checkbox"/>	

x4  Not a Household member

**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?**

- 1549** 1  Current employer or union  
2  Former employer  
3  CHAMPUS  
4  CHAMPVA  
5  Military  
6  Other  
x1  DK
- } *SKIP to 27h*

**g. Did . . . 's employer or union (former employer) pay all, part, or none of the cost of this plan?**

- 1550** 1  All  
2  Part  
3  None

**h. Was . . . 's plan an individual plan or a family plan?**

- 1552** 1  Individual — *SKIP to Check Item R30*  
2  Family

**i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)**

x5  All persons

Person No.	Name
<b>1556</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>1558</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>1560</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>1562</b> <input type="checkbox"/>	<input type="checkbox"/>
<b>1564</b> <input type="checkbox"/>	<input type="checkbox"/>

x3  None

**j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? Mark (X) all that apply.**

- 1567** 1  Yes, spouse  
**1568** 2  Yes, child(ren)  
**1569** 3  Yes, someone else  
**1570** 4  No

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*

**27k.**

*ASK OR VERIFY —*  
**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

**I. Which children were covered by a health insurance plan?**

**1575**

Person No.	Name
<input type="text"/>	<input type="text"/>

**1576**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**1577**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**1578**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**1579**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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?**

**1582**

Person No.	Name
<input type="text"/>	<input type="text"/>

**1583**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**1584**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**1585**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**1586**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
2		1594 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
3		1598 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
4		1602 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
5		1606 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
6		1610 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
7		1614 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
8		1618 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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  
x2  Ref. } SKIP to 30a

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

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

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

<p><b>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.)</b></p>	<p><b>1656</b> 1 <input type="checkbox"/> Yes, full-time                  2 <input type="checkbox"/> Yes, part-time                  3 <input type="checkbox"/> No — SKIP to Check Item R32</p>
<p><b>b. During which months was . . . enrolled?</b>                  Mark (X) all that apply.</p>	<p><b>1658</b> 1 <input type="checkbox"/> All months  <b>1660</b> 2 <input type="checkbox"/> Last month  <b>1662</b> 3 <input type="checkbox"/> 2 months ago  <b>1664</b> 4 <input type="checkbox"/> 3 months ago  <b>1666</b> 5 <input type="checkbox"/> 4 months ago</p>
<p><b>c. At what level or grade was . . . enrolled?</b>                  (If enrolled at more than one level during this period, check most recent level.)</p>	<p><b>1668</b> 1 <input type="checkbox"/> Elementary grades 1–8 } SKIP to Check                  2 <input type="checkbox"/> High school grades 9–12 } Item R32                  3 <input type="checkbox"/> College year 1                  4 <input type="checkbox"/> College year 2                  5 <input type="checkbox"/> College year 3                  6 <input type="checkbox"/> College year 4                  7 <input type="checkbox"/> College year 5                  8 <input type="checkbox"/> College year 6                  9 <input type="checkbox"/> Vocational school                  10 <input type="checkbox"/> Technical school                  11 <input type="checkbox"/> Business school</p>
<p><b>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?</b></p>	<p><b>1670</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — SKIP to Check Item R32</p>
<p><b>b. What kind of educational assistance did . . . receive? Anything else?</b>                  Mark (X) all that apply.</p>	<p><b>1672</b> 1 <input type="checkbox"/> GI Bill — Mark "40" on ISS  <b>1674</b> 2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS  <b>1676</b> 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS  <b>1678</b> 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS  <b>1680</b> 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS  <b>1682</b> 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS  <b>1684</b> 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS  <b>1686</b> 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS  <b>1688</b> 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS  <b>1690</b> 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS  <b>1692</b> 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS</p>
<p><b>CHECK ITEM R32</b> Refer to cc item 26a.                  Is code 2 (married, spouse absent) the current entry?</p>	<p><b>1694</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — SKIP to Check Item R33</p>
<p align="center">ASK OR VERIFY —</p> <p><b>32. Is . . . 's spouse in the Armed Forces?</b></p>	<p><b>1696</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>
<p><b>CHECK ITEM R33</b> Are any codes (excluding codes 171–173, 200–201) marked on the ISS?</p>	<p><b>1698</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — SKIP to 34a</p>
<p><b>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?</b></p>	<p><b>1700</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)</p>
<p><b>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</b></p>	<p><b>1702</b> 1 <input type="checkbox"/> Yes — SKIP to 34b                  2 <input type="checkbox"/> No — SKIP to Check Item E1, page 15</p>
<p><b>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?</b></p>	<p><b>1704</b> 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No — SKIP to Check Item P1, page 53</p>
<p><b>b. What kind of income did . . . receive? Anything else?</b></p>	<p align="center">Enter codes from income source list and mark ISS.</p> <p><b>1706</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1708</b> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>1710</b> <input type="text"/> <input type="text"/> <input type="text"/></p>

NOTES

## Section 2 – EARNINGS AND EMPLOYMENT

<b>CHECK ITEM E1</b>	Is "Worked" (code 170) marked on ISS?	<b>1712</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to first ISS Code marked or Check Item P1, page 53</i>
	<b>1 a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?</b> (Include unpaid worker in family business or farm as working for an employer.)	<b>1714</b>	1 <input type="checkbox"/> Worked for employer only 2 <input type="checkbox"/> Self-employed only – <i>SKIP to Statement B, page 20</i> 3 <input type="checkbox"/> Both worked for employer and self-employed
	<b>b. How many different employers did . . . work for during this 4-month period?</b>	<b>1716</b>	1 <input type="checkbox"/> 1 employer 2 <input type="checkbox"/> 2 employers 3 <input type="checkbox"/> 3 or more employers
<b>CHECK ITEM E2</b>	Refer to item 1a above. Is "Both worked for employer and self-employed" (box 3) marked?	<b>1718</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a, page 16</i>

**STATEMENT A**

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

NOTES

EARNINGS AND EMPLOYMENT

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

**Part A1 — EMPLOYER IDENTIFICATION NUMBER 1**

**2a. What is the name of the employer for whom . . . worked during this 4-month period?**  
*(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.)*

PGM 8 Employer name

2000

**CHECK ITEM E3** Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number

PGM 8 Employer I.D. No.

2002

**CHECK ITEM E3.1** Is the previous wave box marked for this employer in cc item 42?

PGM 8

2003

1  Yes  
2  No — SKIP to 2c

**2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?**

PGM 8

2004

1  Yes  
2  No — SKIP to 3a

**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

2005

*ASK OR VERIFY —*

**d. Is it mainly —**

PGM 8

2006

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

2008

**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

2010

*ASK OR VERIFY —*

**g. Was . . . an employee of —**

PGM 8

2012

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 —*

**3a. Was . . . employed by (Name of employer) during the entire 4-month period?**

PGM 7

2014

1  Yes — SKIP to 4  
2  No

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

2016 FROM /  Month 2018 /  Day

2020 TO /  Month 2022 /  Day

**CHECK ITEM E3.2** Did . . . stop working for this employer during the reference period?

2023

1  Yes  
2  No — SKIP to 4

**3c. What is the main reason . . . stopped working for (Name of employer)?**  
 Mark (X) only one.

2024

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

*ASK OR VERIFY —*

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

2025

/  Hours  
x3  None  
x1  DK

**5. Was . . . paid by the hour on this job?**

2026

1  Yes  
2  No — SKIP to 7a

**6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?**

2028

\$  .

x1  DK  
x2  Ref. — SKIP to Check Item E5

**7a. During the 4-month period, how often was . . . paid on this job?**

2029

1  Once a week  
2  Once each 2 weeks  
3  Once a month  
4  Twice a month  
5  Unpaid in family business or farm — SKIP to Check Item E5  
6  Some other way — Specify ↓

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

2030 /  Month 2031 /  Day

x1  DK  
x2  Ref.



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

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

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

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

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

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

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



**INTERVIEWER USE ONLY**

LAST MONTH		
2032	\$ <input type="text"/> . <input type="text"/>	\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		<b>Total</b> \$ _____ .00
2 MONTHS AGO		
2034	\$ <input type="text"/> . <input type="text"/>	\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		<b>Total</b> \$ _____ .00
3 MONTHS AGO		
2036	\$ <input type="text"/> . <input type="text"/>	\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		<b>Total</b> \$ _____ .00
4 MONTHS AGO		
2038	\$ <input type="text"/> . <input type="text"/>	\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		\$ _____ .00
		<b>Total</b> \$ _____ .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**

<p><b>10a. What is the name of the other employer for whom . . . worked during this 4-month period?</b> <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 2100</p>	<p>Employer name</p> <hr/>
<p><b>CHECK ITEM E6</b> Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →</p>	<p>PGM 8 2102</p>	<p>Employer I.D. No.</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<p><b>CHECK ITEM E6.1</b> Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 2103</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 10c</i></p>
<p><b>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</b></p>	<p>PGM 8 2104</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 11a</i></p>
<p><b>C. What kind of business or industry was (Name of company or business)?</b> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2105</p>	<hr/>
<p><i>ASK OR VERIFY –</i></p> <p><b>d. Is it mainly –</b></p>	<p>PGM 8 2106</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>
<p><b>e. What kind of work was . . . doing on this job?</b> For example: Electrical engineer, stock clerk, typist, farmer</p>	<p>PGM 8 2108</p>	<hr/>
<p><b>f. What were . . . 's main activities or duties on this job?</b> For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8 2110</p>	<hr/>
<p><i>ASK OR VERIFY –</i></p> <p><b>g. Was . . . an employee of –</b></p>	<p>PGM 8 2112</p>	<p>1 <input type="checkbox"/> <b>A private for-profit company or individual?</b> 2 <input type="checkbox"/> <b>A private not-for-profit, tax exempt, or charitable organization?</b> 3 <input type="checkbox"/> <b>Federal government (exclude Armed Forces)?</b> 4 <input type="checkbox"/> <b>State government?</b> 5 <input type="checkbox"/> <b>Local government?</b> 6 <input type="checkbox"/> <b>Armed Forces?</b> 7 <input type="checkbox"/> <b>Unpaid in family business or farm?</b></p>
<p><i>ASK OR VERIFY –</i></p> <p><b>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</b></p>	<p>PGM 7 2114</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 12</i> 2 <input type="checkbox"/> No</p>
<p><b>b. When was . . . employed by (Name of employer) during this 4-month period?</b></p>	<p>2116</p>	<p>FROM <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day</p>
	<p>2120</p>	<p>TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day</p>
<p><b>CHECK ITEM E6.2</b> Did . . . stop working for this employer during the reference period?</p>	<p>2123</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12</i></p>
<p><b>11c. What is the main reason . . . stopped working for (Name of employer)?</b></p>	<p>2124</p>	<p>1 <input type="checkbox"/> Laid off      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><i>ASK OR VERIFY –</i></p> <p><b>12. How many hours per week did . . . usually work at this job?</b></p>	<p>2125</p>	<p><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p><b>13. Was . . . paid by the hour on this job?</b></p>	<p>2126</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 15a</i></p>
<p><b>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</b></p>	<p>2128</p>	<p>\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E8</i></p>
<p><b>15a. During the 4-month period, how often was . . . paid on this job?</b></p>	<p>2129</p>	<p>1 <input type="checkbox"/> Once a week      6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks      <i>Specify</i> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E8</i></p>
<p><b>b. On what date was . . . last paid during this 4-month period?</b></p>	<p>2130</p>	<p><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Month <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> Day</p> <p>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 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	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total \$</b>	<b>.00</b>
2 MONTHS AGO			
2134	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total \$</b>	<b>.00</b>
3 MONTHS AGO			
2136	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total \$</b>	<b>.00</b>
4 MONTHS AGO			
2138	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		<b>Total \$</b>	<b>.00</b>

<b>CHECK ITEM E7</b>	Is "DK" marked in all parts of item 16a?	2140	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a
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<b>16b.</b> If we were to call back later would you (or . . .) be able to provide us with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of our survey.)	2142	1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 3b 2 <input type="checkbox"/> No
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<b>17a.</b> On this job, is (was) . . . a member of a labor union or of an employee association similar to a union?	2144	1 <input type="checkbox"/> Yes — SKIP to Check Item E8 2 <input type="checkbox"/> No
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<b>b.</b> Is (was) . . . covered by a union or employee association contract?	2146	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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<b>CHECK ITEM E8</b>	Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?	2148	1 <input type="checkbox"/> Yes — Read Statement B 2 <input type="checkbox"/> No — SKIP to first ISS Code or Check Item P1, page 53
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**Section 2 — EARNINGS AND EMPLOYMENT (Continued)**

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

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

<p><b>1 a. What was the name of . . . 's business/professional practice/farm?</b> <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> <hr/>								
<p><b>CHECK ITEM S1</b> Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>								
<p><b>CHECK ITEM S1.1</b> 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><b>1 b. Have . . . 's main activities or duties for this business changed during the past 8 months?</b></p>	<p>PGM 8 2203</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1g</p>								
<p><b>c. What kind of business was this?</b></p>	<p>PGM 8 2204</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> <b>d. Is it mainly —</b></p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>e. What kind of work was . . . doing at this business?</b></p>	<p>PGM 8 2208</p>	<hr/>								
<p><b>f. What were . . . 's most important activities or duties at this business?</b></p>	<p>PGM 8 2210</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> <b>g. How many hours per week did . . . usually work at this business?</b></p>	<p>PGM 7 2212</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span>Hours</span> </div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p><b>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10 x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S2</b> Have questions 3—5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No</p>								
<p><b>3. What was the total number of employees working for this business? Be sure to include . . . .</b> <i>Enter 999 if more than 1,000 employees.</i></p>	<p>2218</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span>Employees</span> </div> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>4 a. Was . . . 's business incorporated?</b></p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership</p>								
<p><b>5 a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a</p>								
<p><b>b. Which members?</b></p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Person No.</th> <th style="text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>	Person No.	Name	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
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<p><b>6 a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S3</b> Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — 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		\$ _____ .00
2238	\$ [ ] . [00]	\$ _____ .00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$ _____ .00
		<b>Total</b> \$ _____ .00
2 MONTHS AGO		\$ _____ .00
2240	\$ [ ] . [00]	\$ _____ .00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$ _____ .00
		<b>Total</b> \$ _____ .00
3 MONTHS AGO		\$ _____ .00
2242	\$ [ ] . [00]	\$ _____ .00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$ _____ .00
		<b>Total</b> \$ _____ .00
4 MONTHS AGO		\$ _____ .00
2244	\$ [ ] . [00]	\$ _____ .00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		\$ _____ .00
		<b>Total</b> \$ _____ .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><b>12a. What was the name of . . . 's other business/ professional practice/farm?</b> <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 2300	<p>Business name</p> <hr/>								
<p><b>CHECK ITEM S7</b> Enter business ID number from cc item 43, or if a new business, enter the next available ID number.</p>	PGM 8 2301	<p>Business I.D. No.</p> <hr/>								
<p><b>CHECK ITEM S7.1</b> Is the previous wave box marked for this business in cc item 43?</p>	PGM 8 2302	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c</p>								
<p><b>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</b></p>	PGM 8 2303	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g</p>								
<p><b>C. What kind of business was this?</b></p>	PGM 8 2304	<hr/>								
<p><i>ASK OR VERIFY –</i> <b>d. Is it mainly –</b></p>	PGM 8 2306	<p>1 <input type="checkbox"/> <b>Manufacturing?</b> 2 <input type="checkbox"/> <b>Wholesale Trade?</b> 3 <input type="checkbox"/> <b>Retail Trade?</b> 4 <input type="checkbox"/> <b>Some other kind of business?</b></p>								
<p><b>e. What kind of work was . . . doing at this business?</b></p>	PGM 8 2308	<hr/>								
<p><b>f. What were . . . 's most important activities or duties at this business?</b></p>	PGM 8 2310	<hr/>								
<p><b>g. How many hours per week did . . . usually work at this business?</b></p>	PGM 7 2312	<p><input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p><b>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?</b> <i>Gross earnings include sales and receipts before expenses.</i></p>	2314	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21 x1 <input type="checkbox"/> DK</p>								
<p><b>CHECK ITEM S8</b> Have questions 14–16b already been answered for this business by another household member?</p>	2316	<p>1 <input type="checkbox"/> Yes – SKIP to 17a 2 <input type="checkbox"/> No</p>								
<p><b>14. What was the total number of employees working for this business? Be sure to include . . .</b> <i>Enter 999 if more than 1,000 employees.</i></p>	2318	<p><input type="text"/> <input type="text"/> <input type="text"/> Employees</p> <p>x1 <input type="checkbox"/> DK</p>								
<p><b>15a. Was . . . 's business incorporated?</b></p>	2320	<p>1 <input type="checkbox"/> Yes – SKIP to 16a 2 <input type="checkbox"/> No</p>								
<p><b>b. Was . . . 's business a sole proprietorship or a partnership?</b></p>	2322	<p>1 <input type="checkbox"/> Sole proprietorship – SKIP to 17a 2 <input type="checkbox"/> Partnership</p>								
<p><b>16a. Aside from . . . were any other members of this household owners or partners in this business?</b></p>	2324	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a</p>								
<p><b>b. Which members?</b></p>	2326	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: left;">Person No.</th> <th style="width:70%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><hr/></td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><hr/></td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td><hr/></td> </tr> </tbody> </table>	Person No.	Name	<input type="text"/> <input type="text"/> <input type="text"/>	<hr/>	<input type="text"/> <input type="text"/> <input type="text"/>	<hr/>	<input type="text"/> <input type="text"/> <input type="text"/>	<hr/>
Person No.	Name									
<input type="text"/> <input type="text"/> <input type="text"/>	<hr/>									
<input type="text"/> <input type="text"/> <input type="text"/>	<hr/>									
<input type="text"/> <input type="text"/> <input type="text"/>	<hr/>									
<p><b>17a. Was . . . paid a regular salary from this business during the 4-month period?</b></p>	2332	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p><b>b. Did . . . receive any (other) income from the business during this 4-month period?</b></p>	2334	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p><b>CHECK ITEM S9</b> Is "Yes" marked in either item 17a or 17b?</p>	2336	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S11</p>								

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

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

**18. READ STATEMENT ONLY ONCE PER RESPONDENT.**

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

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



**INTERVIEWER  
USE ONLY**

LAST MONTH

2338

\$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

2 MONTHS AGO

2340

\$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

3 MONTHS AGO

2342

\$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .00

4 MONTHS AGO

2344

\$  .  00

- x3  None  
x1  DK  
x2  Ref.

\$	.00
\$	.00
\$	.00
\$	.00
<b>Total</b>	\$ .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)

**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

**3000**

**CHECK ITEM A1**

Mark (X) income type code.

**3002**

- 1  ISS code 1 or 2 (SS or RR)
- 2  ISS code 25 (WIC) – SKIP to 13a, page 27
- 3  ISS code 27 (Food Stamps) – SKIP to 11a, page 26
- 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?

**3004**

- 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?**

**3006**

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

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

**3008**

- 1  Yes
- 2  No – SKIP to 9a

**CHECK ITEM A3**

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

**3010**

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

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

**3012**

- 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?

**3014**

- 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?

**3015**

- 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) . . . . .

**3016**

- 1  Yes
- 2  No
- x1  DK

**3018** \$  .

- x1  DK
- x2  Ref.

(2 months ago) . . . . .

**3020**

- 1  Yes
- 2  No
- x1  DK

**3022** \$  .

- x1  DK
- x2  Ref.

(3 months ago) . . . . .

**3024**

- 1  Yes
- 2  No
- x1  DK

**3026** \$  .

- x1  DK
- x2  Ref.

(4 months ago) . . . . .

**3028**

- 1  Yes
- 2  No
- x1  DK

**3030** \$  .

- x1  DK
- x2  Ref.

AMOUNTS – PART A



**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A5</b>	Mark (X) income type code.	<b>3032</b>	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>
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<b>6a. Were all the people living here covered by . . . 's payments?</b>		<b>3034</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
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<b>b. Which persons were covered?</b>			
	Person No.	Name	
	<b>3036</b>	<input type="text"/>	
	<b>3038</b>	<input type="text"/>	
	<b>3040</b>	<input type="text"/>	
	<b>3042</b>	<input type="text"/>	
	<b>3044</b>	<input type="text"/>	
	<b>3046</b>	<input type="text"/>	
	<b>3048</b>	<input type="text"/>	
	<b>3050</b>	<input type="text"/>	
	<b>3052</b>	<input type="text"/>	
	<b>3054</b>	<input type="text"/>	

<b>CHECK ITEM A6</b>	Is this ISS code "8"?	<b>3056</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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<b>7a. What type of Veterans' payments did . . . receive?</b>		<b>3058</b>	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
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<b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b>		<b>3060</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
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} *SKIP to next ISS Code or Check Item P1, page 53*

<b>CHECK ITEM A6.1</b>	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	<b>3062</b>	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
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<b>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.)</b>		<b>3064</b>	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>b. Do . . . 's payments usually come on the first of the month or the third?</b>		<b>3066</b>	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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<b>CHECK ITEM A7</b>	Refer to item 2, page 24. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	<b>3068</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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**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) .....

**3070** 1  Yes  
2  No  
x1  DK

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

**3072** \$  .   
x1  DK  
x2  Ref.

(2 months ago) .....

**3074** 1  Yes  
2  No  
x1  DK

**3076** \$  .   
x1  DK  
x2  Ref.

(3 months ago) .....

**3078** 1  Yes  
2  No  
x1  DK

**3080** \$  .   
x1  DK  
x2  Ref.

(4 months ago) .....

**3082** 1  Yes  
2  No  
x1  DK

**3084** \$  .   
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

<b>3088</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3090</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3092</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3094</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3096</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3098</b>	<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?**

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

**b. Which persons were covered?**

Person No. Name

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

**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  
2  2 months ago  
3  3 months ago  
4  4 months ago

**3140**

**3142**

**3144**

**b. Which persons were covered?**

**3146**

Person No.	Name
[ ][ ][ ]	

**3148**

[ ][ ][ ]	
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**3150**

[ ][ ][ ]	
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**3152**

[ ][ ][ ]	
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**3154**

[ ][ ][ ]	
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**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

**3200**

--	--

**CHECK ITEM A1**      Mark (X) income type code.

**3202**

- 1  ISS code 1 or 2 (SS or RR)
- 2  ISS code 25 (WIC) – SKIP to 13a, page 31
- 3  ISS code 27 (Food Stamps) – SKIP to 11a, page 30
- 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?

**3204**

- 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?**

**3206**

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

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

**3208**

- 1  Yes
- 2  No – SKIP to 9a

**CHECK ITEM A3**      Refer to cc item 26a.  
 Is . . . married?

**3210**

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

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

**3212**

- 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?

**3214**

- 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?

**3215**

- 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) .....

**3216**

- 1  Yes
- 2  No
- x1  DK

**3218**

\$	. 00
x1 <input type="checkbox"/> DK	
x2 <input type="checkbox"/> Ref.	

(2 months ago) .....

**3220**

- 1  Yes
- 2  No
- x1  DK

**3222**

\$	. 00
x1 <input type="checkbox"/> DK	
x2 <input type="checkbox"/> Ref.	

(3 months ago) .....

**3224**

- 1  Yes
- 2  No
- x1  DK

**3226**

\$	. 00
x1 <input type="checkbox"/> DK	
x2 <input type="checkbox"/> Ref.	

(4 months ago) .....

**3228**

- 1  Yes
- 2  No
- x1  DK

**3230**

\$	. 00
x1 <input type="checkbox"/> DK	
x2 <input type="checkbox"/> Ref.	

**Section 3 – AMOUNTS (Continued)**

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

**CHECK  
ITEM A5**

Mark (X) income type code.

**3232**

- 1  ISS code 1 or 2 – SKIP to Check Item A6.1
- 2  ISS code 8 or 20 through 24
- 3  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?**

**3234**

- 1  Yes – SKIP to Check Item A6
- 2  No

**b. Which persons were covered?**

	Person No.	Name
<b>3236</b>	<input type="text"/>	<input type="text"/>
<b>3238</b>	<input type="text"/>	<input type="text"/>
<b>3240</b>	<input type="text"/>	<input type="text"/>
<b>3242</b>	<input type="text"/>	<input type="text"/>
<b>3244</b>	<input type="text"/>	<input type="text"/>
<b>3246</b>	<input type="text"/>	<input type="text"/>
<b>3248</b>	<input type="text"/>	<input type="text"/>
<b>3250</b>	<input type="text"/>	<input type="text"/>
<b>3252</b>	<input type="text"/>	<input type="text"/>
<b>3254</b>	<input type="text"/>	<input type="text"/>

**CHECK  
ITEM A6**

Is this ISS code "8"?

**3256**

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

**7a. What type of Veterans' payments did ... receive?**

**3258**

- 1  Service connected disability compensation
- 2  Survivor benefits
- 3  Veterans' pension
- 4  Other Veterans' payments

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

**3260**

- 1  Yes
  - 2  No
  - x1  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?

**3262**

- 1  Yes – SKIP to Check Item A7
- 2  No

(SHOW FLASHCARD O)

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

**3264**

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

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

**3266**

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

**CHECK  
ITEM A7**

Refer to item 2, page 28.  
Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

**3268**

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

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
<b>3288</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3290</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3292</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3294</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3296</b>	<input type="text"/> <input type="text"/> <input type="text"/>	
<b>3298</b>	<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?**

**3300** 1  Yes – SKIP to Check Item A7.1  
2  No

**b. Which persons were covered?**

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

**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><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (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><b>3400</b>      <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>	
<p><b>CHECK ITEM A1</b>      <i>Mark (X) income type code.</i></p>	<p><b>3402</b></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 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</p>	
<p><b>CHECK ITEM A2</b>      <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p><b>3404</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3406</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3408</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 9a</p>	
<p><b>CHECK ITEM A3</b>      <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p><b>3410</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>	
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3412</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>	
<p><b>CHECK ITEM A4</b>      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><b>3414</b></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><b>CHECK ITEM A4.1</b>      <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p><b>3415</b></p> <p>1 <input type="checkbox"/> Yes – ASK 5b                  2 <input type="checkbox"/> No – ASK 5a</p>	
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <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>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>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).</b></p>	
<p>(Last month) . . . . .</p>	<p><b>3416</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3418</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/></p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3420</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3422</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/></p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3424</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3426</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/></p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3428</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3430</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; text-align: center;" type="text"/></p> <p>x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>



**Section 3 – AMOUNTS (Continued)**

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

**CHECK  
ITEM A5**

Mark (X) income type code.

**3432**

- 1  ISS code 1 or 2 – *SKIP to Check Item A6.1*
- 2  ISS code 8 or 20 through 24
- 3  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?**

**3434**

- 1  Yes – *SKIP to Check Item A6*
- 2  No

**b. Which persons were covered?**

Person No.                      Name

**3436**

--	--	--	--

**3438**

--	--	--	--

**3440**

--	--	--	--

**3442**

--	--	--	--

**3442**

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**3446**

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**3448**

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**3450**

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**3452**

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**3454**

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**CHECK  
ITEM A6**

Is this ISS code "8"?

**3456**

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

**7a. What type of Veterans' payments did ... receive?**

**3458**

- 1  Service connected disability compensation
- 2  Survivor benefits
- 3  Veterans' pension
- 4  Other Veterans' payments

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

**3460**

- 1  Yes
  - 2  No
  - x1  DK
- } *SKIP to next ISS Code or 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?

**3462**

- 1  Yes – *SKIP to Check Item A7*
- 2  No

(SHOW FLASHCARD 0)  
**8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)**

**3464**

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

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

**3466**

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

**CHECK  
ITEM A7**

Refer to item 2, page 32.  
Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

**3468**

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

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) . . . . .

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

**3470** 1  Yes  
2  No  
x1  DK

**3472** \$  . **00**  
x1  DK  
x2  Ref.

(2 months ago) . . . . .

**3474** 1  Yes  
2  No  
x1  DK

**3476** \$  . **00**  
x1  DK  
x2  Ref.

(3 months ago) . . . . .

**3478** 1  Yes  
2  No  
x1  DK

**3480** \$  . **00**  
x1  DK  
x2  Ref.

(4 months ago) . . . . .

**3482** 1  Yes  
2  No  
x1  DK

**3484** \$  . **00**  
x1  DK  
x2  Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

**b. Which children were covered?**

Person No. Name

<b>3488</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3490</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3492</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3494</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3496</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3498</b>	<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

<b>3502</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3504</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3506</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3508</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3510</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3512</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3514</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3516</b>	<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**

\$     
x1  DK  
x2  Ref.

(2 months ago) .....

**3526**

- 1  Yes  
2  No  
x1  DK

**3528**

\$     
x1  DK  
x2  Ref.

(3 months ago) .....

**3530**

- 1  Yes  
2  No  
x1  DK

**3532**

\$     
x1  DK  
x2  Ref.

(4 months ago) .....

**3534**

- 1  Yes  
2  No  
x1  DK

**3536**

\$     
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

**3540**

2  2 months ago

**3542**

3  3 months ago

**3544**

4  4 months ago

**b. Which persons were covered?**

Person No.      Name

**3546**

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**3548**

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**3550**

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**3552**

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**3554**

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

NOTES

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (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 style="text-align: center;"><b>3600</b>      <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>      <i>Mark (X) income type code.</i></p>	<p style="text-align: center;"><b>3602</b></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><b>CHECK ITEM A2</b>      <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p style="text-align: center;"><b>3604</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p style="text-align: center;"><b>3606</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p style="text-align: center;"><b>3608</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 9a</p>
<p><b>CHECK ITEM A3</b>      <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p style="text-align: center;"><b>3610</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p style="text-align: center;"><b>3612</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p><b>CHECK ITEM A4</b>      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;"><b>3614</b></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><b>CHECK ITEM A4.1</b>      <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p style="text-align: center;"><b>3615</b></p> <p>1 <input type="checkbox"/> Yes – ASK 5b                  2 <input type="checkbox"/> No – ASK 5a</p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <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>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. 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="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>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).</b></p> </div> <p style="text-align: center;"><b>3616</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>3618</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p style="text-align: center;"><b>3620</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>3622</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p style="text-align: center;"><b>3624</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>3626</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p style="text-align: center;"><b>3628</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>3630</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" 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><b>CHECK ITEM A5</b>      <i>Mark (X) income type code.</i></p>	<p><b>3632</b></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>
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<p><b>6a. Were all the people living here covered by . . . 's payments?</b></p>	<p><b>3634</b></p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>
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<p><b>b. Which persons were covered?</b></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><b>3636</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3638</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3640</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3642</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3644</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3646</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3648</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3650</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3652</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><b>3654</b></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	<b>3636</b>	<input type="text"/>	<input type="text"/>	<b>3638</b>	<input type="text"/>	<input type="text"/>	<b>3640</b>	<input type="text"/>	<input type="text"/>	<b>3642</b>	<input type="text"/>	<input type="text"/>	<b>3644</b>	<input type="text"/>	<input type="text"/>	<b>3646</b>	<input type="text"/>	<input type="text"/>	<b>3648</b>	<input type="text"/>	<input type="text"/>	<b>3650</b>	<input type="text"/>	<input type="text"/>	<b>3652</b>	<input type="text"/>	<input type="text"/>	<b>3654</b>	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
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<b>3640</b>	<input type="text"/>	<input type="text"/>																																
<b>3642</b>	<input type="text"/>	<input type="text"/>																																
<b>3644</b>	<input type="text"/>	<input type="text"/>																																
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<b>3652</b>	<input type="text"/>	<input type="text"/>																																
<b>3654</b>	<input type="text"/>	<input type="text"/>																																

<p><b>CHECK ITEM A6</b>      <i>Is this ISS code "8"?</i></p>	<p><b>3656</b></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>
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<p><b>7a. What type of Veterans' payments did . . . receive?</b></p>	<p><b>3658</b></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>
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<p><b>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p><b>3660</b></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>
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<p><b>CHECK ITEM A6.1</b>      <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><b>3662</b></p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i>                  2 <input type="checkbox"/> No</p>
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<p><i>(SHOW FLASHCARD O)</i>  <b>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.)</b></p>	<p><b>3664</b></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>
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<p><b>b. Do . . . 's payments usually come on the first of the month or the third?</b></p>	<p><b>3666</b></p> <p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>
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<p><b>CHECK ITEM A7</b>      <i>Refer to item 2, page 36.</i>                  Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p><b>3668</b></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>
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**NOTES**

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**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.

*VERIFY IF ONLY ONE CHILD OR ASK –*

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

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

**b. Which children were covered?**

Person No.	Name
<b>3688</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3690</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3692</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3694</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3696</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3698</b> <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
<b>3702</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3704</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3706</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3708</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3710</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3712</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3714</b> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3716</b> <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**

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**3748**

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**3750**

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**3752**

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**3754**

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

NOTES

## Section 3 – AMOUNTS

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> (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><b>3800</b>      <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>	
<p><b>CHECK ITEM A1</b>      Mark (X) income type code.</p>	<p><b>3802</b></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 43                  3 <input type="checkbox"/> ISS code 27 (Food Stamps) – SKIP to 11a, page 42                  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><b>CHECK ITEM A2</b>      Refer to cc item 27. Is . . . a designated parent, or guardian of children under age 18?</p>	<p><b>3804</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</b></p>	<p><b>3806</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p><b>3808</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to 9a</p>	
<p><b>CHECK ITEM A3</b>      Refer to cc item 26a. Is . . . married?</p>	<p><b>3810</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>	
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</b></p>	<p><b>3812</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>	
<p><b>CHECK ITEM A4</b>      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><b>3814</b></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><b>CHECK ITEM A4.1</b>      Refer to item 11b, page 5. Is this income source listed on the income roster?</p>	<p><b>3815</b></p> <p>1 <input type="checkbox"/> Yes – ASK 5b                  2 <input type="checkbox"/> No – ASK 5a</p>	
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> 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>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>	<p><b>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).</b></p>	
<p>(Last month) . . . . .</p>	<p><b>3816</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3818</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago) . . . . .</p>	<p><b>3820</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3822</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago) . . . . .</p>	<p><b>3824</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3826</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> 00                  x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago) . . . . .</p>	<p><b>3828</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>	<p><b>3830</b>      \$ <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" 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><b>CHECK ITEM A5</b>      <i>Mark (X) income type code.</i></p>	<p align="center"><b>3832</b></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><b>6a. Were all the people living here covered by ...'s payments?</b></p>	<p align="center"><b>3834</b></p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i>                  2 <input type="checkbox"/> No</p>																																	
<p><b>b. Which persons were covered?</b></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 align="center"><b>3836</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3838</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3800</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3842</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3844</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3846</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3848</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3850</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3852</b></td><td style="text-align:center">     </td><td></td></tr> <tr><td align="center"><b>3854</b></td><td style="text-align:center">     </td><td></td></tr> </tbody> </table>		Person No.	Name	<b>3836</b>			<b>3838</b>			<b>3800</b>			<b>3842</b>			<b>3844</b>			<b>3846</b>			<b>3848</b>			<b>3850</b>			<b>3852</b>			<b>3854</b>		
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<b>3854</b>																																		
<p><b>CHECK ITEM A6</b>      <i>Is this ISS code "8"?</i></p>	<p align="center"><b>3856</b></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><b>7a. What type of Veterans' payments did ... receive?</b></p>	<p align="center"><b>3858</b></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>b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?</b></p>	<p align="center"><b>3860</b></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><b>CHECK ITEM A6.1</b>      <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 align="center"><b>3862</b></p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i>                  2 <input type="checkbox"/> No</p>																																	
<p><i>(SHOW FLASHCARD 0)</i>  <b>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.)</b></p>	<p align="center"><b>3864</b></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>b. Do ...'s payments usually come on the first of the month or the third?</b></p>	<p align="center"><b>3866</b></p> <p>1 <input type="checkbox"/> First                  2 <input type="checkbox"/> Third                  3 <input type="checkbox"/> Other                  x1 <input type="checkbox"/> DK</p>																																	
<p><b>CHECK ITEM A7</b>      <i>Refer to item 2, page 40.</i>                  Were (Social Security/Railroad Retirement) payments received especially for ...'s children?</p>	<p align="center"><b>3868</b></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) . . . . .

**3870** 1  Yes  
 2  No  
 x1  DK

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

**3872** \$  **00**  
 x1  DK  
 x2  Ref.

(2 months ago) . . . . .

**3874** 1  Yes  
 2  No  
 x1  DK

**3876** \$  **00**  
 x1  DK  
 x2  Ref.

(3 months ago) . . . . .

**3878** 1  Yes  
 2  No  
 x1  DK

**3880** \$  **00**  
 x1  DK  
 x2  Ref.

(4 months ago) . . . . .

**3882** 1  Yes  
 2  No  
 x1  DK

**3884** \$  **00**  
 x1  DK  
 x2  Ref.

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

**3886** 1  Yes — SKIP to next ISS Code or Check Item P1, page 53  
 2  No

**b. Which children were covered?**

Person No.	Name
<b>3888</b> <input type="text"/>	
<b>3890</b> <input type="text"/>	
<b>3892</b> <input type="text"/>	
<b>3894</b> <input type="text"/>	
<b>3896</b> <input type="text"/>	
<b>3898</b> <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  Yes — SKIP to Check Item A7.1  
 2  No

**b. Which persons were covered?**

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

<p><b>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.</b> <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;"><b>4000</b>      <input style="width: 40px; height: 20px;" type="text"/></p>
<p><b>CHECK ITEM A1</b>      <i>Mark (X) income type code.</i></p>	<p style="text-align: center;"><b>4002</b></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 47</i>                  3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 46</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><b>CHECK ITEM A2</b>      <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p style="text-align: center;"><b>4004</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</b></p>	<p style="text-align: center;"><b>4006</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p><b>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</b></p>	<p style="text-align: center;"><b>4008</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p><b>CHECK ITEM A3</b>      <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p style="text-align: center;"><b>4010</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p><b>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</b></p>	<p style="text-align: center;"><b>4012</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p><b>CHECK ITEM A4</b>      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;"><b>4014</b></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><b>CHECK ITEM A4.1</b>      <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p style="text-align: center;"><b>4015</b></p> <p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i>                  2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p><b>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?</b> <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>b. Did . . . receive any (Read name of income type) in (Read each month)?</b> NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. 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="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>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).</b></p> </div> <p style="text-align: center;"><b>4016</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>4020</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>4024</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p> <p style="text-align: center;"><b>4028</b>      1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  x1 <input type="checkbox"/> DK</p>
	<p style="text-align: center;"><b>4018</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p style="text-align: center;"><b>4022</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p style="text-align: center;"><b>4026</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p> <p style="text-align: center;"><b>4030</b>      \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/></p> <p style="text-align: center;">x1 <input type="checkbox"/> DK                  x2 <input type="checkbox"/> Ref.</p>

**Section 3 – AMOUNTS (Continued)**

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

**CHECK  
ITEM A5**

Mark (X) income type code.

**4032**

- 1  ISS code 1 or 2 – SKIP to Check Item A6.1
- 2  ISS code 8 or 20 through 24
- 3  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?**

**4034**

- 1  Yes – SKIP to Check Item A6
- 2  No

**b. Which persons were covered?**

	Person No.	Name
<b>4036</b>	<input type="text"/>	<input type="text"/>
<b>4038</b>	<input type="text"/>	<input type="text"/>
<b>4040</b>	<input type="text"/>	<input type="text"/>
<b>4042</b>	<input type="text"/>	<input type="text"/>
<b>4044</b>	<input type="text"/>	<input type="text"/>
<b>4046</b>	<input type="text"/>	<input type="text"/>
<b>4048</b>	<input type="text"/>	<input type="text"/>
<b>4050</b>	<input type="text"/>	<input type="text"/>
<b>4052</b>	<input type="text"/>	<input type="text"/>
<b>4054</b>	<input type="text"/>	<input type="text"/>

**CHECK  
ITEM A6**

Is this ISS code "8"?

**4056**

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

**7a. What type of Veterans' payments did ... receive?**

**4058**

- 1  Service connected disability compensation
- 2  Survivor benefits
- 3  Veterans' pension
- 4  Other Veterans' payments

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

**4060**

- 1  Yes
  - 2  No
  - x1  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?

**4062**

- 1  Yes – SKIP to Check Item A7
- 2  No

(SHOW FLASHCARD O)

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

**4064**

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

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

**4066**

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

**CHECK  
ITEM A7**

Refer to item 2, page 44.

Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

**4068**

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

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) . . . . .

**4070** 1  Yes  
2  No  
x1  DK

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

**4072** \$            
x1  DK  
x2  Ref.

(2 months ago) . . . . .

**4074** 1  Yes  
2  No  
x1  DK

**4076** \$            
x1  DK  
x2  Ref.

(3 months ago) . . . . .

**4078** 1  Yes  
2  No  
x1  DK

**4080** \$            
x1  DK  
x2  Ref.

(4 months ago) . . . . .

**4082** 1  Yes  
2  No  
x1  DK

**4084** \$            
x1  DK  
x2  Ref.

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

**4086** 1  Yes — SKIP to next ISS Code or Check Item P1, page 53  
2  No

**b. Which children were covered?**

Person No. Name

<b>4088</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4090</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4092</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4094</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4096</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4098</b>	<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?**

**4100** 1  Yes — SKIP to Check Item A7.1  
2  No

**b. Which persons were covered?**

Person No. Name

<b>4102</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4104</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4106</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4108</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4110</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4112</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4114</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4116</b>	<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?

**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)**

<b>CHECK ITEM A8</b>	Asset types owned. Mark (X) all that apply.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4300</b></td> <td><input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4302</b></td> <td><input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4304</b></td> <td><input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4306</b></td> <td><input type="checkbox"/> ISS Code 103 – Interest-earning checking accounts (such as NOW or super-NOW accounts)</td> </tr> </table>	<b>4300</b>	<input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts	<b>4302</b>	<input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts	<b>4304</b>	<input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates	<b>4306</b>	<input type="checkbox"/> ISS Code 103 – Interest-earning checking accounts (such as NOW or super-NOW accounts)
<b>4300</b>	<input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts									
<b>4302</b>	<input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts									
<b>4304</b>	<input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates									
<b>4306</b>	<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).

<b>CHECK ITEM A9</b>	Interview status of . . . 's spouse.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><b>4308</b></td> <td><input type="checkbox"/> No spouse in household – SKIP to 3b</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Interview for spouse not yet conducted</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a</td> </tr> </table>	<b>4308</b>	<input type="checkbox"/> No spouse in household – SKIP to 3b		<input type="checkbox"/> Interview for spouse not yet conducted		<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
<b>4308</b>	<input type="checkbox"/> No spouse in household – SKIP to 3b							
	<input type="checkbox"/> Interview for spouse not yet conducted							
	<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a							

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

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

**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))?**

<b>4312</b>	\$	00	– SKIP to 3a
	x3 <input type="checkbox"/> None – SKIP to 3a		
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53		

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

<b>4314</b>	\$	00	– SKIP to 3a
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53		

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

<b>4316</b>	<input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 5
	<input type="checkbox"/> No

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

<b>4318</b>	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53

**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))?**

<b>4320</b>	\$	00	– SKIP to next ISS Code or Check Item P1, page 53
	x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 53		
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53		

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

<b>4322</b>	\$	00	– SKIP to next ISS Code or Check Item P1, page 53
	x1 <input type="checkbox"/> DK		
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53		

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

<b>4324</b>	<input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 6	}	SKIP to next ISS Code or Check Item P1, page 53
	<input type="checkbox"/> No		

NOTES

AMOUNTS – PARTS B & C



**Section 3 – AMOUNTS (Continued)**

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

<b>CHECK ITEM A10</b>	Asset types owned. Mark (X) all that apply.	<b>4400</b>	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		<b>4402</b>	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		<b>4404</b>	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		<b>4406</b>	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify _____

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

<b>CHECK ITEM A11</b>	Interview status of . . . 's spouse.	<b>4408</b>	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
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<b>2a. Did . . . own any of these jointly with . . . 's (husband/wife)?</b>	<b>4410</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
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<b>b. What is your best estimate of the total amount of interest earned on these jointly held</b> (Read asset types) <b>during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>	<b>4412</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
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<b>c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held</b> (Read asset types) <b>during the 4-month period?</b> ★	<b>4414</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
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<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>	<b>4416</b> 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 7 2 <input type="checkbox"/> No
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<b>3a. Besides any</b> (Read asset types) <b>owned jointly with . . . 's (husband/wife), did . . . own any other</b> (Read asset types)?	<b>4418</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
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<b>b. What is your best estimate of the total amount of interest . . . earned on these</b> (Read asset types) <b>during the 4-month period (including even small amounts credited to . . . 's account(s))?</b>	<b>4420</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 53 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
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<b>c. What is your best estimate of the average amount that . . . had in these</b> (Read asset types) <b>during the 4-month period?</b> ★	<b>4422</b> \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 53 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53
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<b>d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)</b>	<b>4424</b> 1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 8 2 <input type="checkbox"/> No	} SKIP to next ISS Code or Check Item P1, page 53
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**NOTES**

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AMOUNTS – PARTS B & C

**Section 3 – AMOUNTS (Continued)**

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

<b>1 a.</b> Earlier you told me that . . . owned stocks or mutual fund shares. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)	<b>4500</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
<b>CHECK ITEM A12</b> Interview status of . . .'s spouse.	<b>4502</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 2a</i>
<b>1 b.</b> During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? <span style="float:right">★</span>	<b>4504</b> \$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 — <i>SKIP to 2a</i> x3 <input type="checkbox"/> None — <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>c.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4506</b> 1 <input type="checkbox"/> Yes — <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No
<b>2 a.</b> During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? <span style="float:right">★</span>	<b>4508</b> \$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 — <i>SKIP to 3a</i> x3 <input type="checkbox"/> None — <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>b.</b> If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<b>4510</b> 1 <input type="checkbox"/> Yes — <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> No
<b>3 a.</b> (Besides the money that . . . received in dividend checks) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	<b>4512</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>CHECK ITEM A13</b> Interview status of . . .'s spouse.	<b>4514</b> 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3c</i>
<b>3 b.</b> During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?	<b>4516</b> \$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>c.</b> During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?	<b>4518</b> \$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

**Section 3 – AMOUNTS (Continued)**

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

<b>1. Earlier you told me that . . . owned some rental property.</b>	
<b>CHECK ITEM A14</b> Interview status of . . . 's spouse.	<b>4600</b> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
<b>2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)?</b> <i>Include only property owned entirely by couple.</i>	<b>4602</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4604</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00  X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>	<b>4606</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00  X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> <b>4608</b> X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>3a. Did . . . receive rental income from property owned entirely in . . . 's own name?</b>	<b>4610</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
<b>b. About how much was received in gross rent from this property during the 4-month period?</b>	<b>4612</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00  X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
<b>c. What is your best estimate of the amount that was cleared after expenses?</b>	<b>4614</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00  X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i> <b>4616</b> X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>
<b>4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)</b>	<b>4618</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS code or Check Item P1, page 53</i>
<b>b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?</b>	<b>4620</b> \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00  X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. <b>4622</b> X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

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

NOTES

**Section 3 – AMOUNTS (Continued)**

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

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

NOTES

PROGRAM QUESTIONS

## Section 4 – PROGRAM QUESTIONS

<b>CHECK ITEM P1</b>	Refer to cc item 19b. Is this the reference person's questionnaire?	<b>4800</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>CHECK ITEM P2</b>	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)	<b>4802</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2a
<b>1 a. What is your monthly rent?</b>		<b>4804</b>	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to 2a
<b>b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?</b> <i>Exclude telephone.</i>		<b>4806</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
<b>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?</b>		<b>4816</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
<b>b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?</b> <i>Mark (X) all that apply.</i>		<b>4818</b> <b>4820</b> <b>4822</b>	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
<b>c. What was the total amount of the energy assistance received by this household during the past 4 months?</b>		<b>4824</b>	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK
<b>CHECK ITEM P3</b>	Are there any children 5 to 18 years old who live in this household?	<b>4826</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>3a. Do any of the children in this household usually receive a complete hot lunch offered at school?</b>		<b>4828</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>b. How many children?</b>		<b>4830</b>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Children
<b>c. How many complete school lunches do all of the children receive per week?</b>		<b>4832</b>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of lunches x1 <input type="checkbox"/> DK
<b>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?</b>		<b>4834</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f
<b>e. In the past 4 months, were the lunches free, reduced-price, or were they full-price?</b> <i>Mark (X) all that apply.</i>		<b>4836</b>	1 <input type="checkbox"/> Free lunch — SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
<b>f. What was the average price paid by all of the children for a complete school lunch?</b>		<b>4838</b>	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> x1 <input type="checkbox"/> DK
<b>g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?</b>		<b>4840</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T1, page 54
<b>h. How many children?</b>		<b>4842</b>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Children
<b>i. How many complete school breakfasts do all of the children receive per week?</b>		<b>4844</b>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of breakfasts x1 <input type="checkbox"/> DK
<b>j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price?</b> <i>Mark (X) all that apply.</i>		<b>4846</b>	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

## Section 5 — TOPICAL MODULES

### Part A — WORK SCHEDULE

**CHECK  
ITEM T1**

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

- 8000** 1  Yes — Read statement A  
2  No — SKIP to Check Item T2, page 56

**STATEMENT A** →

**You said . . . worked during (Read reference period months). These next few questions ask about . . . 's work schedule during a typical week that . . . worked during that 4 month period.**

**1a. How many employers did . . . work for during a typical week?**  
(Count self-employed as one employer.)

- 8002** 1  1  
2  2  
3  3 +

If two or more employers, ask items 1b–h for the first job, then repeat for the second job.

**b. How many hours per day did . . . work that week?**

**8004**    Hours

**8006**    Hours

**c. How many days did . . . work during that week?**

**8008**  Days

**8010**  Days

**d. Which days of the week were these?**  
Mark (X) all that apply.

- 8012** x5  All days  
**8016** 1  Sunday  
**8020** 2  Monday  
**8024** 3  Tuesday  
**8028** 4  Wednesday  
**8032** 5  Thursday  
**8036** 6  Friday  
**8040** 7  Saturday  
**8044** 8  Monday–Friday

- 8014** x5  All days  
**8018** 1  Sunday  
**8022** 2  Monday  
**8026** 3  Tuesday  
**8030** 4  Wednesday  
**8034** 5  Thursday  
**8038** 6  Friday  
**8042** 7  Saturday  
**8046** 8  Monday–Friday

**e. During that week, at what time of day did . . . begin work most days?**

**8048**   :   { 1  a.m.  
2  p.m.  
(Time)

**8052**   :   { 1  a.m.  
2  p.m.  
(Time)

**f. At what time of day did . . . end work most days?**

**8056**   :   { 1  a.m.  
2  p.m.  
(Time)

**8060**   :   { 1  a.m.  
2  p.m.  
(Time)

NOTES

TOPICAL MODULES

**Section 5 – TOPICAL MODULES (Continued)**

**Part A – WORK SCHEDULE (Continued)**

**1g. Which of the following best describes . . . 's work schedule at this job?**

*Read categories.*

	JOB 1	JOB 2
<b>8064</b>	<p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify ↓ _____</p>	<b>8066</b>
		<p>1 <input type="checkbox"/> Regular daytime schedule</p> <p>2 <input type="checkbox"/> Regular evening shift</p> <p>3 <input type="checkbox"/> Regular night shift</p> <p>4 <input type="checkbox"/> Rotating shift (one that changes regularly from days to evenings or nights)</p> <p>5 <input type="checkbox"/> Split shift (one consisting of two distinct periods each day)</p> <p>6 <input type="checkbox"/> Irregular schedule (one that changes from day to day)</p> <p>7 <input type="checkbox"/> Other – Specify ↓ _____</p>

**h. What is the MAIN reason . . . works (Read shift description marked in item 1g)?**

<b>8068</b>	<p>Voluntary reasons</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p>Involuntary reasons</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirements of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>	<b>8070</b>
		<p>Voluntary reasons</p> <p>1 <input type="checkbox"/> Better child care arrangements</p> <p>2 <input type="checkbox"/> Better pay</p> <p>3 <input type="checkbox"/> Better arrangements for care of other family members</p> <p>4 <input type="checkbox"/> Allows time for school</p> <p>5 <input type="checkbox"/> Other voluntary reasons</p> <p>Involuntary reasons</p> <p>6 <input type="checkbox"/> Could not get any other job</p> <p>7 <input type="checkbox"/> Requirements of the job</p> <p>8 <input type="checkbox"/> Other involuntary reasons</p>

**Go to part B, page 56**

**NOTES**

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – CHILD CARE**

**CHECK  
ITEM T2**

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

- 8100** 1  Yes  
2  No – *SKIP to Check Item T12, page 60*  
*U = 15+*

**CHECK  
ITEM T3**

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

- 8102** 1  Yes – *SKIP to Check Item T6*  
2  No

**CHECK  
ITEM T4**

*Refer to item 30a, page 13.*  
Was . . . enrolled in school during the reference period?

- 8103** 1  Yes  
2  No – *SKIP to Check Item T5*

**1. About how many hours per week did . . . usually spend in school last month?**

- 8104**   Hours } *SKIP to Check Item T6*  
OR  
x1  Hours varied  
x2  Don't know  
x3  Not enrolled last month

**CHECK  
ITEM T5**

*Refer to item 2a, page 2.*  
Did . . . spend any time looking for work or on layoff from a job during the reference period?

- 8106** 1  Yes  
2  No – *SKIP to Check Item T12, page 60*

**2. About how many hours per week did . . . usually spend looking for a job last month?**

- 8108**   Hours  
OR  
x1  Hours varied  
x2  Don't know  
x3  Did not look for a job last month – *SKIP to Check Item T12, page 60*

NOTES



**Section 5 – TOPICAL MODULES (Continued)**

**Part B – CHILD CARE (Continued)**

<b>CHECK ITEM T6</b> Refer to cc items 18, 19, 24, and 27.  Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom the person is a parent or guardian.	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Age <input type="text"/>	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Age <input type="text"/>	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Age <input type="text"/>
	<b>8114</b> <input type="text"/> <input type="text"/> <input type="text"/> Name _____	<b>8116</b> <input type="text"/> <input type="text"/> <input type="text"/> Name _____	<b>8118</b> <input type="text"/> <input type="text"/> <input type="text"/> Name _____

ASK 3a–4f for the youngest child and then read 3a–4f for the second and third youngest.

<b>Now we have some questions about how the children in this household were cared for while ... was working (in school/looking for a job).</b>  <b>3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that ... worked (was in school/was looking for a job)?</b>  Mark the arrangement in which the child spent the most hours in a typical week last month.  Mark (X) only one box.	<b>8120</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month 14 <input type="checkbox"/> ... did not work, go to school, or look for job last month	<b>8122</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month	<b>8124</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month
		} SKIP to Check Item T7  } SKIP to next child or Check Item T12, page 60  } SKIP to 5c, page 59	} SKIP to Check Item T7  } SKIP to next child or Check Item T12, page 60

<b>b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?</b>	<b>8126</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	<b>8128</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	<b>8130</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
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<b>CHECK ITEM T7</b> Is box 3–8 marked in item 3a?	<b>8132</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58	<b>8134</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58	<b>8136</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58
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<b>3c. Was any money payment usually made for this arrangement?</b>	<b>8138</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f, page 58	<b>8140</b> 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to 3f, page 58	<b>8142</b> 1 <input type="checkbox"/> Yes – SKIP to 3d 2 <input type="checkbox"/> No – SKIP to 3f, page 58
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<b>CHECK ITEM T8</b> Are there 2 or more children listed in Check Item T6?	<b>8144</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3e		
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<b>3d. Does ... (or ...'s family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child?</b>	<b>8146</b> 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	<b>8148</b> 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	<b>8150</b> 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
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<b>e. In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark codes X2 or X3 as applicable.)</b>	<b>8152</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK	<b>8154</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	<b>8156</b> \$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
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**Section 5 – TOPICAL MODULES (Continued)**

**Part B – CHILD CARE (Continued)**

3f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job) last month?	YOUNGEST <b>8158</b> [ ] [ ] Hours	SECOND YOUNGEST <b>8160</b> [ ] [ ] Hours	THIRD YOUNGEST <b>8162</b> [ ] [ ] Hours
9. Was any other arrangement usually used for (Name of child) in a typical week last month?	<b>8164</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11	<b>8166</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11	<b>8168</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11
4a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school/ was looking for a job)?  <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i>  <i>Mark (X) only one box.</i>	<b>8170</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)  <i>SKIP to Check Item T9</i>	<b>8172</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)  <i>SKIP to Check Item T9</i>	<b>8174</b> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)  <i>SKIP to Check Item T9</i>
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	<b>8176</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	<b>8178</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	<b>8180</b> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
<b>CHECK ITEM T9</b> Is box 3–8 marked in item 4a?	<b>8182</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	<b>8184</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	<b>8186</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f
4c. Was any money payment usually made for this arrangement?	<b>8188</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	<b>8190</b> 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f	<b>8192</b> 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f
<b>CHECK ITEM T10</b> Are there 2 or more children listed in Check Item T6?	<b>8194</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4e		
4d. ASK OR VERIFY – Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child?	<b>8196</b> 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	<b>8198</b> 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	<b>8200</b> 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
e. ASK OR VERIFY – In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark codes X2 or X3 as applicable.)	<b>8202</b> \$ [ ] [ ] . [ ] [ ] Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	<b>8204</b> \$ [ ] [ ] . [ ] [ ] Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	<b>8206</b> \$ [ ] [ ] . [ ] [ ] Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job)?	<b>8208</b> [ ] [ ] Hours SKIP to next child or Check Item T11	<b>8210</b> [ ] [ ] Hours SKIP to next child or Check Item T11	<b>8212</b> [ ] [ ] Hours SKIP to Check Item T11

**Section 5 – TOPICAL MODULES (Continued)**

**Part B – CHILD CARE (Continued)**

<b>CHECK ITEM T11</b>	<p>Refer to cc items 27 and 24. Is . . . the designated parent or guardian of 4 or more children under 15 years old who live in this household?</p>	<p><b>8214</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5b</i></p>
<b>5a.</b>	<p><b>Considering all of . . . 's children under 15 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used, in a typical week?</b> <i>(Exclude cost of school tuition for kindergarten, elementary or secondary school.)</i></p>	<p><b>8216</b> \$ <input style="width: 50px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 per week</p>
<b>b.</b>	<p><b>During (last month), did . . . (or . . . 's spouse) lose any time from work (school/job hunting) because the person who usually took care of the child(ren) was not available?</b></p>	<p><b>8218</b> 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> Don't know</p>
<b>c.</b>	<p><b>During the past 4 months, did . . . change any child care arrangements for any children under age 15?</b> <i>(Include ONLY changes in child care providers or location of child care.)</i></p>	<p><b>8220</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 60</i></p>
<b>d.</b>	<p><b>For what reason(s) did this/these child care arrangement(s) change?</b> <i>Mark (X) all that apply.</i></p>	<p><b>8222</b> 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment <b>8224</b> 2 <input type="checkbox"/> Beginning/ending/changes in . . . 's job <b>8226</b> 3 <input type="checkbox"/> Beginning/ending/changes in . . . 's school enrollment <b>8228</b> 4 <input type="checkbox"/> Cost <b>8230</b> 5 <input type="checkbox"/> Availability or hours of care provider <b>8232</b> 6 <input type="checkbox"/> Reliability of care provider <b>8234</b> 7 <input type="checkbox"/> Quality of care provided <b>8236</b> 8 <input type="checkbox"/> Location or accessibility to care provider <b>8238</b> 9 <input type="checkbox"/> Found better/less expensive/more convenient provider <b>8240</b> 10 <input type="checkbox"/> Never had any regular arrangement <b>8242</b> 11 <input type="checkbox"/> Other – <i>Specify</i> ↓</p>

**Go to part C, page 60**

NOTES

**Section 5 — TOPICAL MODULES (Continued)**

**Part C — CHILD SUPPORT AGREEMENTS**

<b>CHECK ITEM T12</b>	<p><i>Refer to cc items 24 and 25.</i></p> <p>Is . . . the parent of children under 21 years of age who live in this household?</p>	8300	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part D, page 62</p> <p><i>U = females 15+ in HH w/kids &lt;21</i></p>				
<b>CHECK ITEM T13</b>	<p>Is "Child Support Payments" (code 28) marked on the ISS?</p>	8302	<p>1 <input type="checkbox"/> Yes — SKIP to 2a 2 <input type="checkbox"/> No</p> <p><i>Female parent of kids &lt;21 who live in HH</i></p>				
<b>1.</b>	<p>These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?</p>	8304	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a</p> <p><i>Divorced female parent of kids &lt;21</i></p>				
<b>2a.</b>	<p>The following questions relate to the most recent child support agreement. Was this agreement a court-ordered agreement, or some other type of agreement?</p>	8306	<p>1 <input type="checkbox"/> Court-ordered agreement 2 <input type="checkbox"/> Other type of agreement — Specify</p>				
<b>b.</b>	<p>In what year was this agreement FIRST reached?</p>	8308	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p style="margin-left: 100px;"><i>Div - 2764</i></p>	1	9		
1	9						
<b>c.</b>	<p>Has the dollar amount ever been changed?</p>	8310	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2e</p>				
<b>d.</b>	<p>In what year was the amount last changed?</p>	8312	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	1	9		
1	9						
<b>e.</b>	<p>How were the payments to be received? Were they — (Read categories)?</p>	8314	<p>1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare agency? 4 <input type="checkbox"/> Some other method?</p>				
<b>f.</b>	<p>ASK OR VERIFY — Is . . . still supposed to receive child support payments?</p>	8316	<p>1 <input type="checkbox"/> Yes — SKIP to 2h 2 <input type="checkbox"/> No</p>				
<b>g.</b>	<p>Why not?</p>	8318	<p>1 <input type="checkbox"/> Child(ren) over the age limit 2 <input type="checkbox"/> Other parent deceased 3 <input type="checkbox"/> Other parent not working 4 <input type="checkbox"/> Other — Specify</p> <p style="text-align: right; margin-right: 20px;">} SKIP to 2l</p>				
<b>h.</b>	<p>How regularly are the child support payments received — would you say regularly, occasionally, seldom, or never?</p>	8320	<p>1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Never</p>				
<b>i.</b>	<p>What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent child support agreement)?</p>	8322	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>OR</p> <p>x1 <input type="checkbox"/> DK</p>				
<b>j.</b>	<p>What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?</p>	8324	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>OR</p> <p>x3 <input type="checkbox"/> None</p> <p>OR</p> <p>x1 <input type="checkbox"/> DK</p>				

**Section 5 – TOPICAL MODULES (Continued)**

**Part C – CHILD SUPPORT AGREEMENTS (Continued)**

**2k. Which children living here were covered by that agreement?**

**8326** X3  None  
 X5  All  
 OR

Person No.      Name

**8328**

**8330**

**8332**

**l. What child custody arrangements did that agreement specify?**

**8334** 1  Visitation arrangements with the other parent  
 2  Shared living arrangements  
 3  Other arrangements – *Specify* ↓

4  No custody arrangements specified in the agreement

ASK OR VERIFY –

**m. Does . . . know the current address of the other parent?**

**8336** 1  Yes  
 2  No  
 3  Other parent deceased – *SKIP to 2p*

**n. Does the other parent now live in this state?**

**8338** 1  Yes  
 2  No  
 X1  Don't know } *SKIP to 2p*

**o. Does the other parent now live in this city or county?**

**8340** 1  Yes  
 2  No  
 X1  Don't know

**CHECK ITEM T14**

*Refer to cc items 24 and 25.*  
 Does . . . have more than one child under 21 years of age who lives in this household?

**8342** 1  Yes  
 2  No – *SKIP to 3a*

**2p. (Other than the support agreement/payments discussed above), were any of . . . 's children in this household covered by another child support agreement?**

**8344** 1  Yes  
 2  No

**3a. Has . . . ever contacted a public agency (such as the child support enforcement office) for aid in obtaining child support?**

**8346** 1  Yes  
 2  No – *SKIP to part D, page 62*  
*Divorced parent of kids @ 21...*

**b. In what year did . . . last contact that agency?**

**8348**

**c. What type of help did . . . need (most recently)?**

*Mark (X) all that apply.*

**8350** 1  Locate the other parent  
**8352** 2  Establish paternity/maternity  
**8354** 3  Establish support obligation  
**8356** 4  Enforce support order  
**8358** 5  Obtain collection  
**8360** 6  Other – *Specify* ↓

**d. Did . . . receive any help from that agency?**

**8362** 1  Yes  
 2  No – *SKIP to part D, page 62*

**e. What kind of help did . . . receive (most recently)?**

*Mark (X) all that apply.*

**8364** 1  Locate the other parent  
**8366** 2  Establish paternity/maternity  
**8368** 3  Establish support obligation  
**8370** 4  Enforce support order  
**8372** 5  Obtain collection  
**8374** 6  Other – *Specify* ↓

**Go to part D**

**Section 5 – TOPICAL MODULES (Continued)**

**Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS**

**1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household?**  
*(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)*

**8400**

1  Yes  
 2  No – *SKIP to Check Item T16, page 63*

**2. Did . . . make regular payments, lump-sum payments, or both?**

**8402**

1  Regular  
 2  Lump-sum  
 3  Both

**3a. Were any of these payments for the support of . . . 's child or children under 21 years of age?**

**8404**

1  Yes  
 2  No  
 x1  DK } *SKIP to 5b*

**b. For how many children did . . . make support payments?**

**8406**

Children  
 x1  DK

**c. Were any of these payments the result of a court-order or some other kind of written agreement?**

**8408**

1  Yes  
 2  No – *SKIP to 4c*

**d. Was this/these agreement(s) a court-ordered agreement or some other type of agreement?**  
*Mark (X) all that apply.*

**8410**  
**8412**

1  Court-order  
 2  Other agreement – *Specify* ↓

**These next few questions relate to the most recent court-ordered and/or written child support agreement for . . . 's child(ren).**

**3e. In what year was this agreement FIRST reached?**

**8414**

1 9

**f. Has the dollar amount ever been changed?**

**8416**

1  Yes  
 2  No – *SKIP to 3h*

**g. In what year was the amount last changed?**

**8418**

1 9

**h. Is . . . still supposed to pay child support?**

**8420**

1  Yes  
 2  No

**i. How much did . . . pay in child support under this agreement during the past 12 months?**

**8422**

\$  .     
 x1  DK

**j. Were these payments made by withholding money from . . . 's paycheck?**

**8424**

1  Yes  
 2  No

**4a. (Other than the most recent support agreement/ payments discussed above), were any of . . . 's other children outside of this household under age 21 covered by any other court-ordered and/or written child support agreement?**

**8426**

1  Yes  
 2  No – *SKIP to 4c*

**b. How much did . . . pay in child support for this/these arrangement(s) during the past 12 months?**

**8428**

\$  .     
 x1  DK

**c. (Other than the agreement discussed above) were any child support payments made without a written child support agreement for . . . 's children under age 21?**

**8430**

1  Yes  
 2  No – *SKIP to 5a*

**d. How much did . . . pay for child support under this arrangement during the past 12 months?**

**8432**

\$  .     
 x1  DK

**Section 5 – TOPICAL MODULES (Continued)**

**Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)**

**5a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?**

**8434** 1  Yes  
2  No — *SKIP to Check Item T16*

**b. For how many (other) persons did . . . make support payments?**

**8436**   Persons  
x1  DK

*ASK 5c – 5e FOR THE FIRST TWO PERSONS MENTIONED.*

**c. How is this person related to . . . ?**

*Mark (X) only one box.*

FIRST PERSON	SECOND PERSON
<b>8438</b> 1 <input type="checkbox"/> Parent	<b>8440</b> 1 <input type="checkbox"/> Parent
2 <input type="checkbox"/> Spouse	2 <input type="checkbox"/> Spouse
3 <input type="checkbox"/> Ex-spouse	3 <input type="checkbox"/> Ex-spouse
4 <input type="checkbox"/> Child under 21	4 <input type="checkbox"/> Child under 21
5 <input type="checkbox"/> Child 21 or older	5 <input type="checkbox"/> Child 21 or older
6 <input type="checkbox"/> Other relative	6 <input type="checkbox"/> Other relative
7 <input type="checkbox"/> Nonrelative	7 <input type="checkbox"/> Nonrelative

**d. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?**

<b>8442</b> 1 <input type="checkbox"/> Private home or apartment	<b>8444</b> 1 <input type="checkbox"/> Private home or apartment
2 <input type="checkbox"/> Nursing home	2 <input type="checkbox"/> Nursing home
3 <input type="checkbox"/> Someplace else	3 <input type="checkbox"/> Someplace else

**e. How much did . . . pay for the support of this person during the past 12 months?**

<b>8446</b> \$ <input type="text"/> . <input type="text"/> 00	<b>8448</b> \$ <input type="text"/> . <input type="text"/> 00
x1 <input type="checkbox"/> DK	x1 <input type="checkbox"/> DK

**CHECK ITEM T15**

Is the entry in item 5b "03" or more?

**8450** 1  Yes  
2  No — *SKIP to Check Item T16*

**6. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?**

**8452** \$  .  00  
x1  DK

**CHECK ITEM T16**

*Refer to item 27h, page 10.*  
Did . . . have a family plan health insurance policy?

**8454** 1  Yes  
2  No — *SKIP to part E, page 64*

**7a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . . 's household?**

**8456** 1  Yes  
2  No — *SKIP to part E, page 64*

**b. How many persons outside of . . . 's household were covered by . . . 's policy?**

**8458**   Number  
x1  DK

**c. How were these persons related to . . . ?**

*Mark (X) all that apply.*

**8460** 1  Child(ren)  
**8462** 2  Spouse  
**8464** 3  Other — *Specify* ↓  
\_\_\_\_\_

**Go to part E, page 64**

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part E – LONG-TERM CARE**

<b>1. Were there times in the past month when . . . needed help with things like personal care, housework, preparing meals, or getting to the store or doctor because . . . had a health problem or condition?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8500</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement B, page 66</i>
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<b>2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8502</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement B, page 66</i>
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<b>3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8504</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>
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<b>b. Who helped . . . with such things? Anyone else?</b> <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<b>FIRST HELPER</b>	<b>SECOND HELPER</b>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8506</div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8508</div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help

ASK OR VERIFY – <b>C. Is (Person mentioned above) a household member?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8510</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8514</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8518</div> 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8512</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8516</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8520</div> 2 <input type="checkbox"/> No
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<b>4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8522</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>
--	--

<b>b. Who helped . . . with such things? Anyone else?</b> <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<b>FIRST HELPER</b>	<b>SECOND HELPER</b>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8524</div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8526</div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help

ASK OR VERIFY – <b>C. Is (Person mentioned above) a household member?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8528</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8532</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8536</div> 2 <input type="checkbox"/> No	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8530</div> 1 <input type="checkbox"/> Yes Person number <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8534</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8538</div> 2 <input type="checkbox"/> No
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**Section 5 — TOPICAL MODULES (Continued)**

**Part E — LONG-TERM CARE (Continued)**

<b>5a. Because of . . . 's health or condition, did . . . need help to prepare meals?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8540</b></div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6a</i>								
<b>b. Who helped . . . with such things?</b> <b>Anyone else?</b> <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: center;">FIRST HELPER</th> <th style="width:50%; text-align: center;">SECOND HELPER</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8542</b></div>   <b>RELATIVE</b>                              1 <input type="checkbox"/> Son                              2 <input type="checkbox"/> Daughter                              3 <input type="checkbox"/> Spouse                              4 <input type="checkbox"/> Parent                              5 <input type="checkbox"/> Other relative    <b>NONRELATIVE</b>                              6 <input type="checkbox"/> Friend or neighbor                              7 <input type="checkbox"/> Paid help                              8 <input type="checkbox"/> Other nonrelative                                9 <input type="checkbox"/> Did not receive help                         </td> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8544</b></div>   <b>RELATIVE</b>                              1 <input type="checkbox"/> Son                              2 <input type="checkbox"/> Daughter                              3 <input type="checkbox"/> Spouse                              4 <input type="checkbox"/> Parent                              5 <input type="checkbox"/> Other relative    <b>NONRELATIVE</b>                              6 <input type="checkbox"/> Friend or neighbor                              7 <input type="checkbox"/> Paid help                              8 <input type="checkbox"/> Other nonrelative                                9 <input type="checkbox"/> Did not receive help                         </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8542</b></div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8544</b></div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help				
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<b>d. During the past 4 months, did . . . receive any meals provided by a community service, either delivered to the home or served in a group setting?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8558</b></div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6a</i>								
<b>e. How many meals a week did . . . usually receive?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8560</b></div> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> x1 <input type="checkbox"/> DK								
<b>6a. Did . . . need help from another person in order to get around outside the house?</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8562</b></div> 1 <input type="checkbox"/> Unable to leave the house — <i>SKIP to 7a</i> 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No — <i>SKIP to 7a</i>								
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FIRST HELPER	SECOND HELPER								
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8564</b></div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8566</b></div> <b>RELATIVE</b> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative  <b>NONRELATIVE</b> 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative  9 <input type="checkbox"/> Did not receive help								
ASK OR VERIFY — <b>c. Is (Person mentioned above) a household member?</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="width:50%; vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8568</b></div>                               1 <input type="checkbox"/> Yes  <div style="margin-left: 40px;">↓ Person number</div> <div style="margin-left: 40px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>8572</b></div>   <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8576</b></div>                               2 <input type="checkbox"/> No                         </td> <td style="width:50%; vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8570</b></div>                               1 <input type="checkbox"/> Yes  <div style="margin-left: 40px;">↓ Person number</div> <div style="margin-left: 40px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>8574</b></div>   <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8578</b></div>                               2 <input type="checkbox"/> No                         </td> </tr> </tbody> </table>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8568</b></div> 1 <input type="checkbox"/> Yes <div style="margin-left: 40px;">↓ Person number</div> <div style="margin-left: 40px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>8572</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8576</b></div> 2 <input type="checkbox"/> No				<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8570</b></div> 1 <input type="checkbox"/> Yes <div style="margin-left: 40px;">↓ Person number</div> <div style="margin-left: 40px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>8574</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8578</b></div> 2 <input type="checkbox"/> No			
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8568</b></div> 1 <input type="checkbox"/> Yes <div style="margin-left: 40px;">↓ Person number</div> <div style="margin-left: 40px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>8572</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8576</b></div> 2 <input type="checkbox"/> No				<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8570</b></div> 1 <input type="checkbox"/> Yes <div style="margin-left: 40px;">↓ Person number</div> <div style="margin-left: 40px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"><b>8574</b></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>8578</b></div> 2 <input type="checkbox"/> No					

**Section 5 – TOPICAL MODULES (Continued)**

**Part E – LONG-TERM CARE (Continued)**

**7a. (Because of . . . 's health or condition) did . . . need the help of another person for keeping track of money and bills?**

- 8580**  
 1  Yes  
 2  No – SKIP to 8a

**b. Who helped . . . with such things? Anybody else?**

(Mark up to two helpers; one in each column. If only one helper, mark first column.)

**FIRST HELPER**

**SECOND HELPER**

**RELATIVE**

**RELATIVE**

- 8582**  
 1  Son  
 2  Daughter  
 3  Spouse  
 4  Parent  
 5  Other relative
- NONRELATIVE**  
 6  Friend or neighbor  
 7  Paid help  
 8  Other nonrelative  
 9  Did not receive help

- 8584**  
 1  Son  
 2  Daughter  
 3  Spouse  
 4  Parent  
 5  Other relative
- NONRELATIVE**  
 6  Friend or neighbor  
 7  Paid help  
 8  Other nonrelative  
 9  Did not receive help

**ASK OR VERIFY –**  
**c. Is (Person mentioned above) a household member?**

- |  |  |
|--|--|
| <p><b>8586</b> 1 <input type="checkbox"/> Yes</p> <p style="text-align: center;">Person number</p> <p><b>8590</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p><b>8594</b> 2 <input type="checkbox"/> No</p> | <p><b>8588</b> 1 <input type="checkbox"/> Yes</p> <p style="text-align: center;">Person number</p> <p><b>8592</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p><b>8596</b> 2 <input type="checkbox"/> No</p> |
|--|--|

**ASK OR VERIFY –**  
**8a. During the past month, did . . . (or . . . 's family) pay for any of the help that . . . received?**

- 8598**  
 1  Yes  
 2  No  
 x1  DK } SKIP to Check Item T17

**b. How much was paid for such help during (Read last month)?**

- 8600** \$  .
- x1  DK

**CHECK ITEM T17**

Refer to item 6a, page 65.  
 Was . . . unable to leave the house or did . . . need help to get around outside the house?

- 8602**  
 1  Yes – SKIP to Check Item T18, page 68  
 2  No

**STATEMENT B** →

**These next few questions concern helping persons with a health problem or condition with personal care, housework, meal preparation, shopping, or getting around outside the home.**

**9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household? (Exclude professional care givers who are paid for this assistance.)**

- 8604**  
 1  Yes  
 2  No – SKIP to Check Item T18, page 68

**b. How many persons did . . . help in this way?**

- 8606**  
 1  One  
 2  Two  
 3  Three or more

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part E – LONG-TERM CARE (Continued)**

**9C. How was (were) this person (these people) related to ...?**

- 8608**
- FIRST PERSON HELPED
- 1  Parent
  - 2  Brother/sister
  - 3  Child
  - 4  Grandparent
  - 5  Other relative
  - 6  Not a relative

- 8610**
- SECOND PERSON HELPED
- 1  Parent
  - 2  Brother/sister
  - 3  Child
  - 4  Grandparent
  - 5  Other relative
  - 6  Not a relative

- 8612**
- THIRD PERSON HELPED
- 1  Parent
  - 2  Brother/sister
  - 3  Child
  - 4  Grandparent
  - 5  Other relative
  - 6  Not a relative

**10. During the last month, did ... give any of the following kinds of help?**

**a. Help someone dress, eat, bathe, or get to the bathroom?** .....

- |             |                            |                            |
|-------------|----------------------------|----------------------------|
|             | YES                        | NO                         |
| <b>8614</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**b. Help someone with housework such as washing dishes, straightening up, or light cleaning?** .....

- |             |                            |                            |
|-------------|----------------------------|----------------------------|
| <b>8616</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|-------------|----------------------------|----------------------------|

**c. Prepare a meal?** .....

- |             |                            |                            |
|-------------|----------------------------|----------------------------|
| <b>8618</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|-------------|----------------------------|----------------------------|

**d. Take someone shopping, to a doctor, or somewhere else outside the home?** .....

- |             |                            |                            |
|-------------|----------------------------|----------------------------|
| <b>8620</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|-------------|----------------------------|----------------------------|

**e. Help someone by keeping track of their money or bills?** .....

- |             |                            |                            |
|-------------|----------------------------|----------------------------|
| <b>8622</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
|-------------|----------------------------|----------------------------|

**11. During the past month, about how many days were there when ... gave personal care help to someone?**

**8624**      Days

x1  DK

**12. During the past month, about how many hours a week did ... spend providing personal care help?**

*(Enter "99" if 100 or greater.)*

**8626**      Hours

x1  DK

**Go to part F, page 68**

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part F – DISABILITY STATUS OF CHILDREN**

<b>CHECK ITEM T18</b>	<i>Refer to cc item 27.</i>	<b>8700</b>	Is . . . the designated parent or guardian of children under 18 years old who live in this household?  1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part G</i>
-----------------------	-----------------------------	-------------	--

<b>1a. Do any of . . . 's children (under 18) in this household have a long lasting physical, mental, or emotional condition which limits their ability to walk, run, or play?</b>	<b>8702</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i>
--	-------------	---

<b>b. Which children?</b> <i>Enter children by age, oldest first.</i>	<b>8704</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/>	<b>8706</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/>	<b>8708</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/>
		Name _____		Name _____		Name _____

<i>(SHOW FLASHCARD II)</i> <b>C. What health condition is the main reason (Name of child) has this difficulty?</b>	<b>8710</b>	Code <input type="text"/> <input type="text"/>	<b>8712</b>	Code <input type="text"/> <input type="text"/>	<b>8714</b>	Code <input type="text"/> <input type="text"/>
		Name of condition _____ _____		Name of condition _____ _____		Name of condition _____ _____

<b>d. Would you say (Name of child)'s limitation is severe, moderate, or minor?</b>	<b>8716</b>	1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor	<b>8718</b>	1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor	<b>8720</b>	1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor
---	-------------	--	-------------	--	-------------	--

<b>2a. Do any of . . . 's children (under 18) in this household have a long lasting physical, mental, or emotional condition which limits their ability to learn or do regular school work?</b>	<b>8722</b>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part G</i>
---	-------------	---

<b>b. Which children?</b> <i>Enter children by age, oldest first.</i>	<b>8724</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/>	<b>8726</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/>	<b>8728</b>	Person No. <input type="text"/> <input type="text"/> <input type="text"/>
		Name _____		Name _____		Name _____

<i>(SHOW FLASHCARD II)</i> <b>C. What health condition is the main reason (Name of child) has this difficulty?</b>	<b>8730</b>	Code <input type="text"/> <input type="text"/>	<b>8732</b>	Code <input type="text"/> <input type="text"/>	<b>8734</b>	Code <input type="text"/> <input type="text"/>
		Name of condition _____ _____		Name of condition _____ _____		Name of condition _____ _____

<b>d. Would you say (Name of child)'s limitation is severe, moderate, or minor?</b>	<b>8736</b>	1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor	<b>8738</b>	1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor	<b>8740</b>	1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor
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**Go to part G, page 69**

NOTES

**Section 5 – TOPICAL MODULES (Continued)**

**Part G – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES**

<p><b>These next few questions are about . . . 's health.</b></p> <p><b>1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</b></p>	<p><b>8816</b></p> <p>1 <input type="checkbox"/> Excellent                  2 <input type="checkbox"/> Very good                  3 <input type="checkbox"/> Good                  4 <input type="checkbox"/> Fair                  5 <input type="checkbox"/> Poor</p>
<p><b>2a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</b></p>	<p><b>8818</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to 3</i></p>
<p><b>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</b></p>	<p><b>8820</b></p> <p><input type="text"/> <input type="text"/> Times                  x1 <input type="checkbox"/> DK</p>
<p><b>c. What was the reason for . . . 's last hospital stay?</b>  <i>Mark (X) all that apply.</i></p>	<p><b>8821</b> 1 <input type="checkbox"/> Child birth  <b>8822</b> 2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches)  <b>8823</b> 3 <input type="checkbox"/> Other medical</p>
<p><b>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</b></p>	<p><b>8824</b></p> <p>1 <input type="checkbox"/> Yes, military                  2 <input type="checkbox"/> Yes, VA                  3 <input type="checkbox"/> Yes, both military and VA                  4 <input type="checkbox"/> No</p>
<p><b>e. How many nights in all did . . . spend in a hospital during the past 12 months?</b></p>	<p><b>8825</b></p> <p><input type="text"/> <input type="text"/> <input type="text"/> Nights                  x1 <input type="checkbox"/> DK</p>
<p><b>f. How many of these nights were in the past 4 months?</b></p>	<p><b>8826</b></p> <p>x5 <input type="checkbox"/> All nights                  OR  <input type="text"/> <input type="text"/> <input type="text"/> Nights                  OR                  x1 <input type="checkbox"/> DK                  x3 <input type="checkbox"/> None</p>
<p><b>3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)</b></p>	<p><b>8828</b></p> <p>x5 <input type="checkbox"/> All days                  OR  <input type="text"/> <input type="text"/> <input type="text"/> Days                  OR                  x1 <input type="checkbox"/> DK                  x3 <input type="checkbox"/> None</p>
<p><b>4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)</b></p>	<p><b>8830</b></p> <p><input type="text"/> <input type="text"/> Times                  OR                  x1 <input type="checkbox"/> DK                  x3 <input type="checkbox"/> None } <i>SKIP to 5a</i></p>
<p><b>b. How many of these visits or calls were in the past 4 months?</b></p>	<p><b>8832</b></p> <p><input type="text"/> <input type="text"/> Times                  OR                  x1 <input type="checkbox"/> DK                  x3 <input type="checkbox"/> None</p>
<p><b>5a. Is there a particular clinic, health center, doctor's office, or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?</b></p>	<p><b>8834</b></p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to Check Item T19, page 70</i></p>

**Section 5 – TOPICAL MODULES (Continued)**

**Part G – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES (Continued)**

**5b. To what kind of place does . . . usually go?**

*Mark (X) only one.*

**8836**

- 1  Doctor's office (or HMO)
- 2  VA hospital
- 3  Military hospital
- 4  Hospital outpatient clinic (not VA or military)
- 5  Hospital emergency room
- 6  Company or industry clinic
- 7  Health center (neighborhood health center or free or low-cost clinic)
- 8  Other – *Specify* ↓  
\_\_\_\_\_

**CHECK ITEM T19**

*Refer to item 27a, page 10.*

Is . . . covered by a health insurance plan?

**8838**

- 1  Yes – *SKIP to Check Item C1*
- 2  No

**CHECK ITEM T20**

Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?

**8840**

- 1  Yes – *SKIP to Check Item C1*
- 2  No

**6. I have recorded that . . . is not covered by a health insurance plan. Is that correct?**

**8842**

- 1  Correct
- 2  Incorrect – covered by some other plan – *SKIP to Check Item C1*

*(SHOW FLASHCARD JJ)*

**7. Which answer on this card best describes why . . . is not covered by health insurance?**

*Mark (X) only one.*

**8844**

- 1  Job layoff, job loss, or any reasons related to unemployment
- 2  Employer does not offer health insurance
- 3  Can't obtain health insurance because of poor health, illness, or age
- 4  Too expensive; can't afford health insurance
- 5  Dissatisfied with previous health insurance
- 6  Don't believe in health insurance
- 7  Have been healthy; not much sickness in the family; haven't needed health insurance
- 8  Able to go to VA or military hospital for medical care
- 9  Covered by some other health plan
- 10  Other – *Specify* ↓  
\_\_\_\_\_

NOTES

# CALLBACK SUMMARY

**CHECK ITEM C1**

Are any items marked on Reminder Card for ...?

**5000**

- 1  Yes – Mark appropriate item(s) below, then SKIP to Check Item C2  
 2  No – SKIP to Check Item C2

**1. Social Security Number**  
 (Enter in cc item 33) x1  DK x2  Ref. x3  None

**2. Medicare claim number**  
 (Item 23b, page 8) **5002**    -   - **5004**     - **5005**

**3. EMPLOYER**

**a. Employer #1** (Item 8a, page 17)  
 What was the total amount of pay received before deductions on this job in ...?

**5006** \$  .   Last month x1  DK x2  Ref. x3  None  
**5008** \$  .   2 months ago x1  DK x2  Ref. x3  None  
**5010** \$  .   3 months ago x1  DK x2  Ref. x3  None  
**5012** \$  .   4 months ago x1  DK x2  Ref. x3  None

**b. Employer #2** (Item 16a, page 19)  
 What was the total amount of pay received before deductions on this job in ...?

**5014** \$  .   Last month x1  DK x2  Ref. x3  None  
**5016** \$  .   2 months ago x1  DK x2  Ref. x3  None  
**5018** \$  .   3 months ago x1  DK x2  Ref. x3  None  
**5020** \$  .   4 months ago x1  DK x2  Ref. x3  None

**4. SELF-EMPLOYMENT**

**a. Self-employment #1** (Item 7, page 21)  
 What was the total amount of income received before deductions from this business in ...?

**5022** \$  .   Last month x1  DK x2  Ref. x3  None  
**5024** \$  .   2 months ago x1  DK x2  Ref. x3  None  
**5026** \$  .   3 months ago x1  DK x2  Ref. x3  None  
**5028** \$  .   4 months ago x1  DK x2  Ref. x3  None

**b. Self-employment #2** (Item 18, page 23)  
 What was the total amount of income received before deductions from this business in ...?

**5030** \$  .   Last month x1  DK x2  Ref. x3  None  
**5032** \$  .   2 months ago x1  DK x2  Ref. x3  None  
**5034** \$  .   3 months ago x1  DK x2  Ref. x3  None  
**5036** \$  .   4 months ago x1  DK x2  Ref. x3  None

**5. What was the average balance in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts held jointly by husband and wife?** (Item 2c, page 48)

Amounts for the period –  through

**5038** \$  .   x1  DK x2  Ref.

**6. What was the average balance in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts in own name?** (Item 3c, page 48)

**5040** \$  .   x1  DK x2  Ref.

**7. What was the average balance in Money market funds/securities/bonds held jointly by husband and wife?** (Item 2c, page 49)

**5042** \$  .   x1  DK x2  Ref.

**8. What was the average balance in Money market funds/securities/bonds in own name?** (Item 3c, page 49)

**5044** \$  .   x1  DK x2  Ref.

**9. What was the amount received in dividends by husband and wife jointly?** (Item 1b, page 50)

**5048** \$  .   x1  DK x2  Ref. x3  None

**10. What was the amount received in dividends in own name?** (Item 2a, page 50)

**5050** \$  .   x1  DK x2  Ref. x3  None

**CHECK ITEM C2** Has an interview been conducted for all household members 15+?

**5052** 1  Yes – Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW  
 2  No – Enter finish time for this household member, THEN interview next 15+ household member

MISSING WAVE

# 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)	
<b>1</b>		INCOME CODES 1-7 Social Security	(A) - 24 28 32 36 40 44	
<b>2</b>		U.S. Government Railroad Retirement pay		
<b>3</b>		Federal Supplemental Security Income (SSI)		
<b>5</b>		State Unemployment compensation		
<b>6</b>		Supplemental Unemployment Benefits		
<b>8</b>		INCOME CODES 8-13 Veterans compensation or pensions		
<b>20</b>		INCOME CODES 20-29 Aid to Families with Dependent Children (AFDC, ADC)		
<b>24</b>		Other Welfare — <i>Specify</i>		
<b>27</b>		Food Stamps		
<b>28</b>		Child Support payments		
<b>29</b>		Alimony payments		
<b>30</b>		INCOME CODES 30-38 Pension from company or union		
<b>40</b>		INCOME CODES 40-46 GI Bill education benefits		
<b>55</b>		INCOME CODES 50-56 Incidental or casual earnings		
<b>100</b>		ASSET CODES 100-150 Interest Earning Assets Regular/passbook/savings accounts in a bank, savings and loan or credit union		(B) - 48
<b>101</b>		Money market deposit accounts		
<b>102</b>		Certificates of Deposit or other savings certificates		
<b>103</b>		Interest earning checking accounts		
<b>104</b>		Money market funds		(C) - 49
<b>105</b>		U.S. Government securities		
<b>106</b>		Municipal or corporate bonds		
<b>107</b>		Other interest-earning assets		
<b>110</b>		Stocks or mutual fund shares	(D) - 50	
<b>120</b>		Rental property	(E) - 51	
<b>130</b>		Mortgages	(F) - 52	
<b>140</b>		Royalties		
<b>150</b>		Other financial investments		
<b>170</b>		SPECIAL INDICATOR CODES 170-183, 200, 201 Worked		Section 2
<b>171</b>		Disabled	DO NOT FILL	
<b>172</b>		Medicare		
<b>173</b>		Medicaid		
<b>174</b>		U.S. Savings Bonds		
<b>200</b>		VA disability rating of 100%		
<b>201</b>		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	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 R8 .....	5
Asset Roster, 28b, columns (2) and (3) .....	12
Check Item R31 .....	11
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