

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

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION
1988 PANEL
WAVE 6 QUESTIONNAIRE**

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

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

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. p.m.	a.m. p.m.
Finish time →	a.m. p.m.	a.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 "6"?

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

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 RECEIPIENCY

(SHOW FLASHCARD J)

<p>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? <i>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.</i></p>	<p style="text-align: center;">PGM 7</p> <p style="text-align: center;">1000</p> <p>1 <input type="checkbox"/> Yes — Mark "Worked" (code 170) on ISS and SKIP to 4 2 <input type="checkbox"/> No</p>																																				
<p>2a. Even though . . . did not have a job during this period, did . . . spend any time looking for work or on layoff from a job?</p>	<p style="text-align: center;">1002</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a</p>																																				
<p>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. <i>Mark (X) all that apply.</i></p>	<p style="text-align: center;">1004 x5 <input type="checkbox"/> ALL</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1006</td> <td style="padding: 2px;"><input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1018</td> <td style="padding: 2px;"><input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1030</td> <td style="padding: 2px;"><input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1008</td> <td style="padding: 2px;"><input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1020</td> <td style="padding: 2px;"><input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1032</td> <td style="padding: 2px;"><input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1010</td> <td style="padding: 2px;"><input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1022</td> <td style="padding: 2px;"><input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1034</td> <td style="padding: 2px;"><input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1012</td> <td style="padding: 2px;"><input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1024</td> <td style="padding: 2px;"><input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1036</td> <td style="padding: 2px;"><input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1014</td> <td style="padding: 2px;"><input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1026</td> <td style="padding: 2px;"><input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1038</td> <td style="padding: 2px;"><input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1016</td> <td style="padding: 2px;"><input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1028</td> <td style="padding: 2px;"><input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1040</td> <td style="padding: 2px;"><input type="checkbox"/> 18</td> </tr> </table>	1006	<input type="checkbox"/> 1	1018	<input type="checkbox"/> 7	1030	<input type="checkbox"/> 13	1008	<input type="checkbox"/> 2	1020	<input type="checkbox"/> 8	1032	<input type="checkbox"/> 14	1010	<input type="checkbox"/> 3	1022	<input type="checkbox"/> 9	1034	<input type="checkbox"/> 15	1012	<input type="checkbox"/> 4	1024	<input type="checkbox"/> 10	1036	<input type="checkbox"/> 16	1014	<input type="checkbox"/> 5	1026	<input type="checkbox"/> 11	1038	<input type="checkbox"/> 17	1016	<input type="checkbox"/> 6	1028	<input type="checkbox"/> 12	1040	<input type="checkbox"/> 18
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1016	<input type="checkbox"/> 6	1028	<input type="checkbox"/> 12	1040	<input type="checkbox"/> 18																																
<p>c. Could . . . have taken a job during any of those weeks if one had been offered?</p>	<p style="text-align: center;">1042</p> <p>1 <input type="checkbox"/> Yes — SKIP to 3a 2 <input type="checkbox"/> No</p>																																				
<p>d. What was the main reason . . . could not take a job during those weeks? <i>Mark (X) only one.</i></p>	<p style="text-align: center;">1044</p> <p>1 <input type="checkbox"/> Already had a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> School 4 <input type="checkbox"/> Other — Specify ↓</p>																																				
<p>3a. Even though . . . did not have a job during this period, did . . . do any work at all that earned some money?</p>	<p style="text-align: center;">1046</p> <p>1 <input type="checkbox"/> Yes — Mark "55" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R2</p>																																				
<p>b. In which of the months shown on this calendar did . . . do that work? <i>Mark (X) all that apply.</i></p>	<p style="text-align: center;">1048</p> <p style="text-align: center;">1050</p> <p style="text-align: center;">1052</p> <p style="text-align: center;">1054</p> <p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>																																				
<p>CHECK ITEM R2 <i>Refer to item 2a above.</i> Did . . . spend any time looking for work or on layoff from a job?</p>	<p style="text-align: center;">1055</p> <p>1 <input type="checkbox"/> Yes — SKIP to 9a, page 4 2 <input type="checkbox"/> No — SKIP to Check Item R6, page 4</p>																																				
<p>4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period? <i>Note that the person did not have to work each week.</i></p>	<p style="text-align: center;">1056</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a</p>																																				
<p>5a. Was . . . absent without pay from . . .'s job or business for any FULL weeks during the 4-month period?</p>	<p style="text-align: center;">1058</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8a, page 4</p>																																				
<p>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. <i>Mark (X) all that apply.</i></p>	<p style="text-align: center;">1060 x5 <input type="checkbox"/> ALL</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">1062</td> <td style="padding: 2px;"><input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1074</td> <td style="padding: 2px;"><input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1086</td> <td style="padding: 2px;"><input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1064</td> <td style="padding: 2px;"><input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1076</td> <td style="padding: 2px;"><input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1088</td> <td style="padding: 2px;"><input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1066</td> <td style="padding: 2px;"><input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1078</td> <td style="padding: 2px;"><input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1090</td> <td style="padding: 2px;"><input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1068</td> <td style="padding: 2px;"><input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1080</td> <td style="padding: 2px;"><input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1092</td> <td style="padding: 2px;"><input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1070</td> <td style="padding: 2px;"><input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1082</td> <td style="padding: 2px;"><input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1094</td> <td style="padding: 2px;"><input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1072</td> <td style="padding: 2px;"><input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1084</td> <td style="padding: 2px;"><input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1096</td> <td style="padding: 2px;"><input type="checkbox"/> 18</td> </tr> </table>	1062	<input type="checkbox"/> 1	1074	<input type="checkbox"/> 7	1086	<input type="checkbox"/> 13	1064	<input type="checkbox"/> 2	1076	<input type="checkbox"/> 8	1088	<input type="checkbox"/> 14	1066	<input type="checkbox"/> 3	1078	<input type="checkbox"/> 9	1090	<input type="checkbox"/> 15	1068	<input type="checkbox"/> 4	1080	<input type="checkbox"/> 10	1092	<input type="checkbox"/> 16	1070	<input type="checkbox"/> 5	1082	<input type="checkbox"/> 11	1094	<input type="checkbox"/> 17	1072	<input type="checkbox"/> 6	1084	<input type="checkbox"/> 12	1096	<input type="checkbox"/> 18
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<p>c. What was the main reason . . . was absent without pay from . . .'s job or business during those weeks? <i>Mark (X) only one.</i></p>	<p style="text-align: center;">1098</p> <p>1 <input type="checkbox"/> On layoff 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> On vacation 4 <input type="checkbox"/> Bad weather 5 <input type="checkbox"/> Labor dispute 6 <input type="checkbox"/> New job to begin within 30 days 7 <input type="checkbox"/> Other — Specify ↓</p> <div style="text-align: right; margin-top: 10px;"> } SKIP to 8a, page 4 </div>																																				

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

<p>(SHOW FLASHCARD J)</p> <p>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.</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1100</td> <td><input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1112</td> <td><input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1124</td> <td><input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1102</td> <td><input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1114</td> <td><input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1126</td> <td><input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1104</td> <td><input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1116</td> <td><input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1128</td> <td><input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1106</td> <td><input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1118</td> <td><input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1130</td> <td><input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1108</td> <td><input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1120</td> <td><input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1132</td> <td><input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1110</td> <td><input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1122</td> <td><input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1134</td> <td><input type="checkbox"/> 18</td> </tr> </table>	1100	<input type="checkbox"/> 1	1112	<input type="checkbox"/> 7	1124	<input type="checkbox"/> 13	1102	<input type="checkbox"/> 2	1114	<input type="checkbox"/> 8	1126	<input type="checkbox"/> 14	1104	<input type="checkbox"/> 3	1116	<input type="checkbox"/> 9	1128	<input type="checkbox"/> 15	1106	<input type="checkbox"/> 4	1118	<input type="checkbox"/> 10	1130	<input type="checkbox"/> 16	1108	<input type="checkbox"/> 5	1120	<input type="checkbox"/> 11	1132	<input type="checkbox"/> 17	1110	<input type="checkbox"/> 6	1122	<input type="checkbox"/> 12	1134	<input type="checkbox"/> 18
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<p>b. Of those weeks that . . . had a job or business, was . . . absent from work for any full weeks without pay?</p>	<p style="border: 1px solid black; padding: 2px;">1136</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a</p>																																				
<p>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.</p> <p><i>Mark (X) all that apply.</i></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1138</td> <td><input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1150</td> <td><input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1162</td> <td><input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1140</td> <td><input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1152</td> <td><input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1164</td> <td><input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1142</td> <td><input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1154</td> <td><input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1166</td> <td><input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1144</td> <td><input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1156</td> <td><input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1168</td> <td><input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1146</td> <td><input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1158</td> <td><input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1170</td> <td><input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1148</td> <td><input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1160</td> <td><input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1172</td> <td><input type="checkbox"/> 18</td> </tr> </table>	1138	<input type="checkbox"/> 1	1150	<input type="checkbox"/> 7	1162	<input type="checkbox"/> 13	1140	<input type="checkbox"/> 2	1152	<input type="checkbox"/> 8	1164	<input type="checkbox"/> 14	1142	<input type="checkbox"/> 3	1154	<input type="checkbox"/> 9	1166	<input type="checkbox"/> 15	1144	<input type="checkbox"/> 4	1156	<input type="checkbox"/> 10	1168	<input type="checkbox"/> 16	1146	<input type="checkbox"/> 5	1158	<input type="checkbox"/> 11	1170	<input type="checkbox"/> 17	1148	<input type="checkbox"/> 6	1160	<input type="checkbox"/> 12	1172	<input type="checkbox"/> 18
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<p>d. What was the main reason . . . was absent from . . . 's job or business during those weeks?</p> <p><i>Mark (X) only one.</i></p>	<p style="border: 1px solid black; padding: 2px;">1174</p> <p>1 <input type="checkbox"/> On layoff 2 <input type="checkbox"/> Own illness 3 <input type="checkbox"/> On vacation 4 <input type="checkbox"/> Bad weather 5 <input type="checkbox"/> Labor dispute 6 <input type="checkbox"/> New job to begin within 30 days 7 <input type="checkbox"/> Other — Specify ↓</p>																																				
<p>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?</p>	<p style="border: 1px solid black; padding: 2px;">1176</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7e</p>																																				
<p>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.</p> <p><i>Mark (X) all that apply.</i></p>	<p style="border: 1px solid black; padding: 2px;">1178</p> <p>x5 <input type="checkbox"/> All weeks without a job</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1180</td> <td><input type="checkbox"/> 1</td> <td style="border: 1px solid black; padding: 2px;">1192</td> <td><input type="checkbox"/> 7</td> <td style="border: 1px solid black; padding: 2px;">1204</td> <td><input type="checkbox"/> 13</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1182</td> <td><input type="checkbox"/> 2</td> <td style="border: 1px solid black; padding: 2px;">1194</td> <td><input type="checkbox"/> 8</td> <td style="border: 1px solid black; padding: 2px;">1206</td> <td><input type="checkbox"/> 14</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1184</td> <td><input type="checkbox"/> 3</td> <td style="border: 1px solid black; padding: 2px;">1196</td> <td><input type="checkbox"/> 9</td> <td style="border: 1px solid black; padding: 2px;">1208</td> <td><input type="checkbox"/> 15</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1186</td> <td><input type="checkbox"/> 4</td> <td style="border: 1px solid black; padding: 2px;">1198</td> <td><input type="checkbox"/> 10</td> <td style="border: 1px solid black; padding: 2px;">1210</td> <td><input type="checkbox"/> 16</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1188</td> <td><input type="checkbox"/> 5</td> <td style="border: 1px solid black; padding: 2px;">1200</td> <td><input type="checkbox"/> 11</td> <td style="border: 1px solid black; padding: 2px;">1212</td> <td><input type="checkbox"/> 17</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1190</td> <td><input type="checkbox"/> 6</td> <td style="border: 1px solid black; padding: 2px;">1202</td> <td><input type="checkbox"/> 12</td> <td style="border: 1px solid black; padding: 2px;">1214</td> <td><input type="checkbox"/> 18</td> </tr> </table>	1180	<input type="checkbox"/> 1	1192	<input type="checkbox"/> 7	1204	<input type="checkbox"/> 13	1182	<input type="checkbox"/> 2	1194	<input type="checkbox"/> 8	1206	<input type="checkbox"/> 14	1184	<input type="checkbox"/> 3	1196	<input type="checkbox"/> 9	1208	<input type="checkbox"/> 15	1186	<input type="checkbox"/> 4	1198	<input type="checkbox"/> 10	1210	<input type="checkbox"/> 16	1188	<input type="checkbox"/> 5	1200	<input type="checkbox"/> 11	1212	<input type="checkbox"/> 17	1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18
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1190	<input type="checkbox"/> 6	1202	<input type="checkbox"/> 12	1214	<input type="checkbox"/> 18																																
<p>c. Could . . . have taken a job during those weeks if one had been offered?</p>	<p style="border: 1px solid black; padding: 2px;">1216</p> <p>1 <input type="checkbox"/> Yes — SKIP to 7e 2 <input type="checkbox"/> No</p>																																				
<p>d. What was the main reason . . . could not take a job during those weeks?</p> <p><i>Mark (X) only one.</i></p>	<p style="border: 1px solid black; padding: 2px;">1218</p> <p>1 <input type="checkbox"/> Already had a job 2 <input type="checkbox"/> Temporary illness 3 <input type="checkbox"/> School 4 <input type="checkbox"/> Other — Specify ↓</p>																																				
<p>e. During the weeks that . . . did not have a job, did . . . do any work at all that earned some money?</p>	<p style="border: 1px solid black; padding: 2px;">1220</p> <p>1 <input type="checkbox"/> Yes — Mark "55" on ISS 2 <input type="checkbox"/> No — SKIP to 8a, page 4</p>																																				
<p>f. In which of the months shown on this calendar did . . . do that work?</p> <p><i>Mark (X) all that apply.</i></p>	<p style="border: 1px solid black; padding: 2px;">1222</p> <p style="border: 1px solid black; padding: 2px;">1224</p> <p style="border: 1px solid black; padding: 2px;">1226</p> <p style="border: 1px solid black; padding: 2px;">1228</p> <p>1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago</p>																																				

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p>1230 <input type="text"/> <input type="text"/> Hours per week</p> <p>x3 <input type="checkbox"/> None } SKIP to Check Item R4 x1 <input type="checkbox"/> DK }</p>
<p>CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p>1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 8c</p>
<p>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off or sickness.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R4</p>
<p>C. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	<p>1233 x5 <input type="checkbox"/> All</p> <p>1234 <input type="checkbox"/> Weeks Last month</p> <p>1235 <input type="checkbox"/> Weeks 2 months ago</p> <p>1236 <input type="checkbox"/> Weeks 3 months ago</p> <p>1237 <input type="checkbox"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks?</p> <p>Mark (X) only one.</p>	<p>1238 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other — Specify</p>
<p>CHECK ITEM R4 Refer to item 5a, page 2. The response to item 5a is:</p>	<p>1239 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No — SKIP to Check Item R5</p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes — Mark "5" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R5</p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes — Mark "6" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R6</p>
<p>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</p>	<p>1246 1 <input type="checkbox"/> Yes — Mark "10" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Refer to cc items 44–47. Was an interview obtained for . . . last reference period?</p>	<p>1248 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R11, page 6</p>
<p>CHECK ITEM R7 Refer to item 11b. Are any income types listed in the Income Roster?</p>	<p>1250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12a</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) – In which month did . . . last receive (Read income type)?
Note – If last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

b. INCOME ROSTER (ISS CODES 1 – 56)

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

12a. At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?
 1 Yes
 2 No – SKIP to 13a

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

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

13a. At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?
 1 Yes
 2 No – SKIP to Check Item R8

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

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

CHECK ITEM R3 Refer to cc item 47.
 Is "Medicare" (code 172) marked for . . . ?
 1324 1 Yes – Mark "172" on ISS and SKIP to Check Item R23, page 8
 2 No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 24, 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
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	1 <input type="checkbox"/> Yes — Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	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
22a.	During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R21 x1 <input type="checkbox"/> DK
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"/>
CHECK ITEM R20	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
22c.	Did . . . 's late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	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
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L). Was . . . covered by Medicare?	1462	1 <input type="checkbox"/> Yes — Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R23 x1 <input type="checkbox"/> DK
b.	May I see . . . 's Medicare card to record the claim number and type of coverage? ★	1464	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - 1466 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - 1467 <input type="checkbox"/> <input type="checkbox"/>
		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 } SKIP to Check Item R23
c.	If I were to call later would you be able to provide me with . . . 's Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . . 's Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 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 (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a																		
CHECK ITEM R25	Interview status of . . . 's spouse.	1480	<input type="checkbox"/> No spouse in household <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — SKIP to Check Item R27																		
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	<input type="checkbox"/> Yes — SKIP to 25a <input type="checkbox"/> No																		
24.	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	<input type="checkbox"/> Yes — Mark "27" on ISS <input type="checkbox"/> No																		
25a.	(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R27																		
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	<input type="checkbox"/> AFDC — Mark "20" on ISS <input type="checkbox"/> General Assistance or General Relief — Mark "21" on ISS <input type="checkbox"/> Indian, Cuban or Refugee Assistance — Mark "22" on ISS <input type="checkbox"/> Foster Child Care — Mark "23" on ISS <input type="checkbox"/> WIC — Mark "25" on ISS <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 <div style="margin-left: 100px;"> <input type="checkbox"/> <input type="checkbox"/> </div>																		
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	<input type="checkbox"/> Yes — SKIP to 26b <input type="checkbox"/> No																		
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	<input type="checkbox"/> Yes — Mark "173" on ISS <input type="checkbox"/> No																		
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1504	<input type="checkbox"/> Yes — Mark "173" on ISS <input type="checkbox"/> No																		
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1506	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R29																		
26c.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R29																		
d.	Which children were covered?	1510 1512 1514 1516 1518 1520	<input type="checkbox"/> All children OR <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;">Person No.</th> <th style="width: 10%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1512</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">1514</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">1516</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">1518</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: center;">1520</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Person No.	Name	1512	<input type="text"/>	<input type="text"/>	1514	<input type="text"/>	<input type="text"/>	1516	<input type="text"/>	<input type="text"/>	1518	<input type="text"/>	<input type="text"/>	1520	<input type="text"/>	<input type="text"/>
	Person No.	Name																			
1512	<input type="text"/>	<input type="text"/>																			
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1516	<input type="text"/>	<input type="text"/>																			
1518	<input type="text"/>	<input type="text"/>																			
1520	<input type="text"/>	<input type="text"/>																			
CHECK ITEM R29	Refer to items 26a–26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 27a																		
26e.	Was (. . . /and) . . . 's children) covered during the entire 4-month period?	1526	<input type="checkbox"/> Yes — SKIP to 27a <input type="checkbox"/> No																		
f.	In which months was (. . . /and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	<input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago																		

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R30**

Refer to cc items 24 and 27.

Is . . . the designated parent or guardian of children under 15 years old who live in this household?

1572

- 1 Yes
2 No — *SKIP to Check Item R31, page 12*

ASK OR VERIFY —

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

1574

- 1 Yes — *SKIP to 27m*
2 No

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

Person No. Name

1575

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1576

--	--	--

1577

--	--	--

1578

--	--	--

1579

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OR

1580

- x3 None — *SKIP to Check Item R31, page 12*

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

1581

- 1 Yes — **Which children?**

Person No. Name

1582

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1583

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1584

--	--	--

1585

--	--	--

1586

--	--	--

1587

- 2 No

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R31**

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

1588

- 1 Yes
2 No — SKIP to 29a

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))?
(Exclude IRA, Keogh, and 401K accounts.)

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? Exclude assets held in IRA, Keogh, and 401K accounts. (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, Keogh, and 401K accounts.)

1626

1 Regular or passbook savings accounts — Mark "100" on ISS

1628

2 Money market deposit accounts — Mark "101" on ISS

1630

3 Certificates of deposit or other savings certificates — Mark "102" on ISS

1632

4 Interest-earning checking accounts (such as NOW or Super NOW accounts) — Mark "103" on ISS

1636

5 Money market funds — Mark "104" on ISS

1638

6 U.S. Government securities — Mark "105" on ISS

1640

7 Municipal or corporate bonds — Mark "106" on ISS

1642

8 Mortgages — Mark "130" on ISS

1644

9 U.S. Savings Bonds (E, EE) — Mark "174" on ISS

1646

10 Other interest-earning assets — Mark "107" on ISS and specify ↓

1648

11 Stocks or mutual fund shares — Mark "110" on ISS

1650

12 Rental property — Mark "120" on ISS

1652

13 Royalties — Mark "140" on ISS

1654

14 Other financial investments — Mark "150" on ISS and specify ↓

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

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

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

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

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

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

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

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

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

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

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

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

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

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

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

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

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

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 cash 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 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

2 MONTHS AGO

2034 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2036 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2038 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM E4

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

- 2040** 1 Yes
2 No — SKIP to 9a

8b. If I were to call back later would you (or . . .) be able to provide me 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 this survey.)

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

9a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

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

b. Was . . . covered by a union or employee association contract during the 4-month period?

- 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>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A 1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8 2100	<p>Employer name</p> <hr/>
<p>CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →</p>	PGM 8 2102	<p>Employer I.D. No.</p> <input type="text"/>
<p>CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?</p>	PGM 8 2103	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 10c</i></p>
<p>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	PGM 8 2104	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 11a</i></p>
<p>C. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8 2105	<hr/>
<p><i>ASK OR VERIFY —</i> d. Is it mainly —</p>	PGM 8 2106	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8 2108	<hr/>
<p>f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8 2110	<hr/>
<p><i>ASK OR VERIFY —</i> g. Was . . . an employee of —</p>	PGM 8 2112	<p>1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p><i>ASK OR VERIFY —</i> 11a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7 2114	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 12</i> 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2116 2120	<p>FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day 2118 TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day 2122</p>
<p>CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?</p>	2123	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 12</i></p>
<p>11c. What is the main reason . . . stopped working for (Name of employer)?</p>	2124	<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> 12. How many hours per week did . . . usually work at this job?</p>	2125	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	2126	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 15a</i></p>
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	2128	<p>\$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to Check Item E8</i></p>
<p>15a. During the 4-month period, how often was . . . paid on this job?</p>	2129	<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. On what date was . . . last paid during this 4-month period?</p>	2130	<p><input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day 2131 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 cash housing allowances and any other special types of pay.)

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



INTERVIEWER USE ONLY

LAST MONTH

2132 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

Total \$ _____ .00

2 MONTHS AGO

2134 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

Total \$ _____ .00

3 MONTHS AGO

2136 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

Total \$ _____ .00

4 MONTHS AGO

2138 \$. 00

- x3 None
 x1 DK
 x2 Ref.

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

Total \$ _____ .00

CHECK ITEM E7

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

- 2140 1 Yes
 2 No – SKIP to 17a

16b. If I were to call back later would you (or . . .) be able to provide me 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 this survey.)

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

17a. On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?

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

b. Was . . . covered by a union or employee association contract during the 4-month period?

- 2146 1 Yes
 2 No

CHECK ITEM E8

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

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

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

1a. What was the name of . . . 's business/professional practice/farm?
(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.)

PGM 8 Business name
 2200 _____

CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →

PGM 8 Business I.D. No.
 2201

CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?

PGM 8
 2202 1 Yes
 2 No — SKIP to 1c

1b. Have . . . 's main activities or duties for this business changed during the past 8 months?

PGM 8
 2203 1 Yes
 2 No — SKIP to 1g

c. What kind of business was this?

PGM 8
 2204 _____

ASK OR VERIFY —

d. Is it mainly —

PGM 8
 2206 1 Manufacturing?
 2 Wholesale Trade?
 3 Retail Trade?
 4 Some other kind of business?

e. What kind of work was . . . doing at this business?

PGM 8
 2208 _____

f. What were . . . 's most important activities or duties at this business?

PGM 8
 2210 _____

ASK OR VERIFY —

g. How many hours per week did . . . usually work at this business?

PGM 7
 2212 Hours
 x3 None
 x1 DK

2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?
Gross earnings include sales and receipts before expenses.

2214 1 Yes
 2 No — SKIP to 10
 x1 DK

CHECK ITEM S2 Have questions 3—5b already been answered for this business by another household member?

2216 1 Yes — SKIP to 6a
 2 No

3. What was the total number of employees working for this business? Be sure to include . . .
Enter 999 if 1,000 or more employees.

2218 Employees
 x1 DK

4a. Was . . . 's business incorporated?

2220 1 Yes — SKIP to 5a
 2 No

b. Was . . . 's business a sole proprietorship or a partnership?

2222 1 Sole proprietorship — SKIP to 6a
 2 Partnership

5a. Aside from . . . were any other members of this household owners or partners in this business?

2224 1 Yes
 2 No — SKIP to 6a

b. Which members?

Person No.	Name
2226 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
2228 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
2230 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

6a. Was . . . paid a regular salary from this business during the 4-month period?

2232 1 Yes
 2 No

b. Did . . . receive any (other) income from the business during this 4-month period?

2234 1 Yes
 2 No

CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?

2236 1 Yes
 2 No — SKIP to Check Item S5

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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



INTERVIEWER USE ONLY

LAST MONTH

2238 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

2 MONTHS AGO

2240 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

3 MONTHS AGO

2242 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

4 MONTHS AGO

2244 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

CHECK ITEM S4

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

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

8. If I were to call back later would you (or . . .) be able to provide me 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 this 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," enter "\$1" in box.

2256 \$. 00

2258 X4 Loss in amount box

} SKIP to 11

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

2260 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

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

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2300</p>	<p>Business name</p> <hr/>								
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2301</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>								
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2302</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 12c</i></p>								
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 2303</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 12g</i></p>								
<p>C. What kind of business was this?</p> <hr/> <p><i>ASK OR VERIFY —</i></p> <p>d. Is it mainly —</p>	<p>PGM 8 2304</p> <hr/> <p>PGM 8 2306</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>								
<p>e. What kind of work was . . . doing at this business?</p> <hr/>	<p>PGM 8 2308</p>	<hr/>								
<p>f. What were . . . 's most important activities or duties at this business?</p> <hr/>	<p>PGM 8 2310</p>	<hr/>								
<p>g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2312</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> Hours </div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>								
<p>CHECK ITEM S8 Have questions 14—16b already been answered for this business by another household member?</p>	<p>2316</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>								
<p>14. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2318</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> Employees </div> <p>x1 <input type="checkbox"/> DK</p>								
<p>15a. Was . . . 's business incorporated?</p>	<p>2320</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2322</p>	<p>1 <input type="checkbox"/> Sole proprietorship — <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>								
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2324</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 17a</i></p>								
<p>b. Which members?</p>	<p>2326</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: center;">Person No.</th> <th style="text-align: center;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </tbody> </table>	Person No.	Name						
Person No.	Name									
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2332</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2334</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	<p>2336</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item S11</i></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		\$ _____ .00
2338	\$ [] . [00]	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
	Total	\$ _____ .00

2 MONTHS AGO		\$ _____ .00
2340	\$ [] . [00]	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
	Total	\$ _____ .00

3 MONTHS AGO		\$ _____ .00
2342	\$ [] . [00]	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
	Total	\$ _____ .00

4 MONTHS AGO		\$ _____ .00
2344	\$ [] . [00]	\$ _____ .00
	x3 <input type="checkbox"/> None	\$ _____ .00
	x1 <input type="checkbox"/> DK	\$ _____ .00
	x2 <input type="checkbox"/> Ref.	\$ _____ .00
	Total	\$ _____ .00

CHECK ITEM S10 Is "DK" marked in all parts of item 18?

2346 1 Yes
2 No — SKIP to Check Item S11

19. If I were to call back later would you (or . . .) be able to provide me 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 this 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," enter "\$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. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Income code</td> <td style="width: 50%; text-align: center;">Name of income type</td> </tr> <tr> <td style="text-align: center;">3000</td> <td style="border: 1px solid black; width: 60px; height: 20px;"></td> </tr> </table>	Income code	Name of income type	3000	
Income code	Name of income type				
3000					

CHECK ITEM A1 <i>Mark (X) income type code.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3002</td> <td style="width: 50%;"> 1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 27</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 26</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i> </td> </tr> </table>	3002	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 27</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 26</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i>
3002	1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 27</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 26</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i>		

CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3004</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i> </td> </tr> </table>	3004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>		

2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3006</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i> </td> </tr> </table>	3006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>		

3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3008</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i> </td> </tr> </table>	3008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>
3008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i>		

CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3010</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i> </td> </tr> </table>	3010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>
3010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>		

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3012</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i> </td> </tr> </table>	3012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>
3012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>		

CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3014</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No </td> </tr> </table>	3014	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No
3014	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No		

CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3015</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i> </td> </tr> </table>	3015	1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i>
3015	1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i>		

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> 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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3016</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> <tr> <td style="width: 50%; text-align: center;">3020</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> <tr> <td style="width: 50%; text-align: center;">3024</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> <tr> <td style="width: 50%; text-align: center;">3028</td> <td style="width: 50%;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK </td> </tr> </table>	3016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
3016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK								
3020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK								
3024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK								
3028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK								
(Last month)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3018</td> <td style="width: 50%;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3018	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.						
3018	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								
(2 months ago)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3022</td> <td style="width: 50%;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3022	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.						
3022	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								
(3 months ago)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3026</td> <td style="width: 50%;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3026	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.						
3026	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								
(4 months ago)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">3030</td> <td style="width: 50%;"> \$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. </td> </tr> </table>	3030	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.						
3030	\$ <input style="width: 80px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.								

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).

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3032

- 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?

3034

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

b. Which persons were covered?

Person No. Name

3036

--	--	--	--

3038

--	--	--	--

3040

--	--	--	--

3042

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3044

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3046

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3048

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3050

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3052

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3054

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**CHECK
ITEM A6**

Is this ISS code "8"?

3056

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

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

3058

- 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?

3060

- 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?

3062

- 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.)

3064

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

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

3066

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

**CHECK
ITEM A7**

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

3068

- 1 Yes
- 2 No – SKIP to next ISS Code or 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?

3070 1 Yes
2 No
x1 DK

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

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

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

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

b. Which persons were covered?

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

Section 3 – AMOUNTS (Continued)

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

Amount field with \$ sign and 00 cents, plus DK and Ref. checkboxes.

(2 months ago) ...

3126

- 1 Yes
2 No
x1 DK

3128

Amount field with \$ sign and 00 cents, plus DK and Ref. checkboxes.

(3 months ago) ...

3130

- 1 Yes
2 No
x1 DK

3132

Amount field with \$ sign and 00 cents, plus DK and Ref. checkboxes.

(4 months ago) ...

3134

- 1 Yes
2 No
x1 DK

3136

Amount field with \$ sign and 00 cents, plus DK and Ref. checkboxes.

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

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

Mark (X) all that apply.

3138

1 Last month

3140

2 2 months ago

3142

3 3 months ago

3144

4 4 months ago

b. Which persons were covered?

3146

Person No. and Name fields for person 1.

3148

Person No. and Name fields for person 2.

3150

Person No. and Name fields for person 3.

3152

Person No. and Name fields for person 4.

3154

Person No. and Name fields for person 5.

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

NOTES

Section 3 — AMOUNTS

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

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

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

 (2 months ago)

 (3 months ago)

 (4 months ago)

3270 1 Yes
 2 No
 x1 DK

3274 1 Yes
 2 No
 x1 DK

3278 1 Yes
 2 No
 x1 DK

3282 1 Yes
 2 No
 x1 DK

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

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

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

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

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

VERIFY IF ONLY ONE CHILD OR ASK –
10a. Were all children living here covered by these payments?

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

b. Which children were covered?

Person No.	Name
3288 <input type="text"/> <input type="text"/> <input type="text"/>	
3290 <input type="text"/> <input type="text"/> <input type="text"/>	
3292 <input type="text"/> <input type="text"/> <input type="text"/>	
3294 <input type="text"/> <input type="text"/> <input type="text"/>	
3296 <input type="text"/> <input type="text"/> <input type="text"/>	
3298 <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
3302 <input type="text"/> <input type="text"/> <input type="text"/>	
3304 <input type="text"/> <input type="text"/> <input type="text"/>	
3306 <input type="text"/> <input type="text"/> <input type="text"/>	
3308 <input type="text"/> <input type="text"/> <input type="text"/>	
3310 <input type="text"/> <input type="text"/> <input type="text"/>	
3312 <input type="text"/> <input type="text"/> <input type="text"/>	
3314 <input type="text"/> <input type="text"/> <input type="text"/>	
3316 <input type="text"/> <input type="text"/> <input type="text"/>	

Section 3 – AMOUNTS (Continued)

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 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a
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<p>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.</p> <p>b. Did . . . receive food stamps in (Read each month)? NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p>		
(Last month)	3322	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3326	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	3330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
12c. If "Yes" in item 12b, ask – What was the total amount?		
	3324	\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> <input style="width: 30px; text-align: center;" type="text"/>
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3328	\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> <input style="width: 30px; text-align: center;" type="text"/>
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3332	\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> <input style="width: 30px; text-align: center;" type="text"/>
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3336	\$ <input style="width: 150px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> <input style="width: 30px; text-align: center;" type="text"/>
		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

<p>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</p>		
	3338	1 <input type="checkbox"/> Last month
	3340	2 <input type="checkbox"/> 2 months ago
	3342	3 <input type="checkbox"/> 3 months ago
	3344	4 <input type="checkbox"/> 4 months ago
b. Which persons were covered?		Person No. Name
	3346	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____
	3348	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____
	3350	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____
	3352	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____
	3354	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> _____

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps – code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3400 <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402</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 35</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 34</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3404</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3406</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3410</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3412</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3414</p> <p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3415</p> <p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3418 \$ <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>(2 months ago)</p>	<p>3420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3422 \$ <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>(3 months ago)</p>	<p>3424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3426 \$ <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>(4 months ago)</p>	<p>3428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3430 \$ <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)

**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

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3438

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3440

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3442

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3444

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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)

3470 1 Yes
2 No
x1 DK

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

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

(2 months ago)

3474 1 Yes
2 No
x1 DK

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

(3 months ago)

3478 1 Yes
2 No
x1 DK

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

(4 months ago)

3482 1 Yes
2 No
x1 DK

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

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

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

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

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

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

b. Which persons were covered?

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

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3521

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3522

- 1 Yes
2 No
x1 DK

3524

\$. **00**

- x1 DK
x2 Ref.

(2 months ago)

3526

- 1 Yes
2 No
x1 DK

3528

\$. **00**

- x1 DK
x2 Ref.

(3 months ago)

3530

- 1 Yes
2 No
x1 DK

3532

\$. **00**

- x1 DK
x2 Ref.

(4 months ago)

3534

- 1 Yes
2 No
x1 DK

3536

\$. **00**

- x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3538

- 1 Last month

3540

- 2 2 months ago

3542

- 3 3 months ago

3544

- 4 4 months ago

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

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

NOTES

Section 3 – AMOUNTS

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

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

3600

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CHECK ITEM A1

Mark (X) income type code.

3602

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – SKIP to 13a, page 39
- 3 ISS code 27 (Food Stamps) – SKIP to 11a, page 38
- 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?

3604

- 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?

3606

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

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

3608

- 1 Yes
- 2 No – SKIP to 9a

CHECK ITEM A3

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

3610

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

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

3612

- 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?

3614

- 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?

3615

- 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.

(Last month)

3616

- 1 Yes
- 2 No
- x1 DK

(2 months ago)

3620

- 1 Yes
- 2 No
- x1 DK

(3 months ago)

3624

- 1 Yes
- 2 No
- x1 DK

(4 months ago)

3628

- 1 Yes
- 2 No
- x1 DK

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).

3618

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

3622

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

3626

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

3630

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

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3632 1 <input type="checkbox"/> ISS code 1 or 2 — <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3634 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3636</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3638</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3640</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3642</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3644</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3646</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3648</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3650</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3652</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3654</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3636	<input type="text"/>	<input type="text"/>	3638	<input type="text"/>	<input type="text"/>	3640	<input type="text"/>	<input type="text"/>	3642	<input type="text"/>	<input type="text"/>	3644	<input type="text"/>	<input type="text"/>	3646	<input type="text"/>	<input type="text"/>	3648	<input type="text"/>	<input type="text"/>	3650	<input type="text"/>	<input type="text"/>	3652	<input type="text"/>	<input type="text"/>	3654	<input type="text"/>	<input type="text"/>
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3650	<input type="text"/>	<input type="text"/>																																
3652	<input type="text"/>	<input type="text"/>																																
3654	<input type="text"/>	<input type="text"/>																																
<p>CHECK ITEM A6 <i>Is this ISS code "8"?</i></p>	<p>3656 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>7a. What type of Veterans' payments did . . . receive?</p>	<p>3658 1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3660 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</p>	<p>3662 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>																																	
<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3664 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	<p>3666 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 <i>Refer to item 2, page 36.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p>3668 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	

NOTES

Section 3 – AMOUNTS (Continued)

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

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

NOTE – Social Security payments may be adjusted for inflation each January.

(Last month)

3670 1 Yes
 2 No
 x1 DK

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

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

(2 months ago)

3674 1 Yes
 2 No
 x1 DK

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

(3 months ago)

3678 1 Yes
 2 No
 x1 DK

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

(4 months ago)

3682 1 Yes
 2 No
 x1 DK

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

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

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

Section 3 – AMOUNTS (Continued)

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 <input type="checkbox"/> Yes — ASK 12b 2 <input type="checkbox"/> No — ASK 12a
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<p>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.</p> <p>b. Did . . . receive food stamps in (Read each month)? NOTE — Food stamp benefits may be adjusted for inflation in July and October.</p>							
(Last month)	3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3724	\$		00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728	\$		00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732	\$		00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736	\$		00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

<p>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</p>						
	3738	1 <input type="checkbox"/> Last month	3740	2 <input type="checkbox"/> 2 months ago	3742	3 <input type="checkbox"/> 3 months ago
	3744	4 <input type="checkbox"/> 4 months ago				
b. Which persons were covered?						
	3746	Person No.	Name			
	3748					
	3750					
	3752					
	3754					

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

NOTES

Section 3 – AMOUNTS

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

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

3800

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CHECK ITEM A1

Mark (X) income type code.

3802

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – SKIP to 13a, page 43
- 3 ISS code 27 (Food Stamps) – SKIP to 11a, page 42
- 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?

3804

- 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?

3806

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

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

3808

- 1 Yes
- 2 No – SKIP to 9a

CHECK ITEM A3

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

3810

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

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

3812

- 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?

3814

- 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?

3815

- 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)

3816

- 1 Yes
- 2 No
- x1 DK

3818 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

3820

- 1 Yes
- 2 No
- x1 DK

3822 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

3824

- 1 Yes
- 2 No
- x1 DK

3826 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

3828

- 1 Yes
- 2 No
- x1 DK

3830 \$. 00
 x1 DK
 x2 Ref.

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3832 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>6a. Were all the people living here covered by ...'s payments?</p>	<p>3834 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td>3836</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3838</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3840</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3842</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3844</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3846</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3848</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3850</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3852</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3854</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3836	<input type="text"/>	<input type="text"/>	3838	<input type="text"/>	<input type="text"/>	3840	<input type="text"/>	<input type="text"/>	3842	<input type="text"/>	<input type="text"/>	3844	<input type="text"/>	<input type="text"/>	3846	<input type="text"/>	<input type="text"/>	3848	<input type="text"/>	<input type="text"/>	3850	<input type="text"/>	<input type="text"/>	3852	<input type="text"/>	<input type="text"/>	3854	<input type="text"/>	<input type="text"/>
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3836	<input type="text"/>	<input type="text"/>																																
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3852	<input type="text"/>	<input type="text"/>																																
3854	<input type="text"/>	<input type="text"/>																																
<p>CHECK ITEM A6 Is this ISS code "8"?</p>	<p>3856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>7a. What type of Veterans' payments did ... receive?</p>	<p>3858 1 <input type="checkbox"/> Service connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?</p>	<p>3862 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>																																	
<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope ...'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3864 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do ...'s payments usually come on the first of the month or the third?</p>	<p>3866 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 <i>Refer to item 2, page 40.</i> Were (Social Security/Railroad Retirement) payments received especially for ...'s children?</p>	<p>3868 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?

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

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

3900 1 Yes – SKIP to Check Item A7.1
2 No

b. Which persons were covered?

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

Section 3 – AMOUNTS (Continued)

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>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about Food Stamps — code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p style="text-align: center;">4000 <input type="text"/></p>	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p style="text-align: center;">4002</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 47 3 <input type="checkbox"/> ISS code 27 (Food Stamps) — SKIP to 11a, page 46 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 — SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS codes — SKIP to Check Item A4.1</p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p style="text-align: center;">4004</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3</p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p style="text-align: center;">4006</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A3</p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p style="text-align: center;">4008</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 9a</p>	
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p style="text-align: center;">4010</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A4.1</p>	
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p style="text-align: center;">4012</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item A4.1</p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p style="text-align: center;">4014</p> <p>1 <input type="checkbox"/> Yes — SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p style="text-align: center;">4015</p> <p>1 <input type="checkbox"/> Yes — ASK 5b 2 <input type="checkbox"/> No — ASK 5a</p>	
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.</p>	<div style="border: 1px solid black; padding: 5px;"> <p>5c. How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p> </div>	
<p>(Last month)</p>	<p style="text-align: center;">4016</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;">4018</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p style="text-align: center;">4020</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;">4022</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p style="text-align: center;">4024</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;">4026</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p style="text-align: center;">4028</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p style="text-align: center;">4030</p> <p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

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

4036

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4038

--	--	--

4040

--	--	--

4042

--	--	--

4044

--	--	--

4046

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4048

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4050

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4052

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4054

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

(2 months ago)

4074 1 Yes
2 No
x1 DK

4076 \$. **00**
x1 DK
x2 Ref.

(3 months ago)

4078 1 Yes
2 No
x1 DK

4080 \$. **00**
x1 DK
x2 Ref.

(4 months ago)

4082 1 Yes
2 No
x1 DK

4084 \$. **00**
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

	Person No.	Name
4088	<input type="text"/>	
4090	<input type="text"/>	
4092	<input type="text"/>	
4094	<input type="text"/>	
4096	<input type="text"/>	
4098	<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
4102	<input type="text"/>	
4104	<input type="text"/>	
4106	<input type="text"/>	
4108	<input type="text"/>	
4110	<input type="text"/>	
4112	<input type="text"/>	
4114	<input type="text"/>	
4116	<input type="text"/>	

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

4121

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

4122

- 1 Yes
2 No
x1 DK

4124

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

(2 months ago)

4126

- 1 Yes
2 No
x1 DK

4128

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

(3 months ago)

4130

- 1 Yes
2 No
x1 DK

4132

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

(4 months ago)

4134

- 1 Yes
2 No
x1 DK

4136

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

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

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

Mark (X) all that apply.

4138

- 1 Last month

4140

- 2 2 months ago

4142

- 3 3 months ago

4144

- 4 4 months ago

b. Which persons were covered?

Person No. Name

4146

4148

4150

4152

4154

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300	<input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	<input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	<input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	<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) which excluded IRA, Keogh, and 401K accounts.

CHECK ITEM A9	Interview status of . . . 's spouse.	4308	<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)?

4310	<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))?

4312	\$.	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?

4314	\$.	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.)

4316	<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)?

4318	<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))?

4320	\$.	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?

4322	\$.	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.)

4324	<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)

CHECK ITEM A10	Asset types owned. <i>Mark (X) all that apply.</i>	4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		4406	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – <i>Specify ↓</i>
1. Earlier you said that . . . owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.			
CHECK ITEM A11	Interview status of . . . 's spouse.	4408	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a. Did . . . own any of these jointly with . . . 's (husband/wife)?		4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
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))?		4412	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★		4414	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		4416	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i> 2 <input type="checkbox"/> No
3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?		4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?		4420	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period? ★		4422	\$ <input style="width:80px;" type="text"/> . <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d. If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)		4424	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i> 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks and/or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)

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

CHECK ITEM A12

Interview status of . . .'s spouse.

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

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

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



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

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

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

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



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

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

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

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

CHECK ITEM A13

Interview status of . . .'s spouse.

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

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

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

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

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

NOTES

AMOUNTS - PARTS D&E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A14 Interview status of . . . 's spouse.	4600 1 <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife)? <i>Include only property owned entirely by couple.</i>	4602 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4604 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the amount that was cleared after expenses?	4606 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i> 4608 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name?	4610 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4a</i>
b. About how much was received in gross rent from this property during the 4-month period?	4612 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. What is your best estimate of the amount that was cleared after expenses?	4614 \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 53</i> 4616 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
4a. Did . . . receive any rental income from property owned jointly with others? (Not including property owned entirely by . . . and . . . 's spouse.)	4618 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS code or Check Item P1, page 53</i>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?	4620 \$ <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. 4622 x4 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i>
NOTES	} <i>SKIP to next ISS Code or Check Item P1, page 53</i>

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	Asset types owned. <i>Mark (X) all that apply.</i>	4700	1 <input type="checkbox"/> ISS Code 130 – Mortgages
		4702	2 <input type="checkbox"/> ISS Code 140 – Royalties
		4704	3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A17	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1 a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
b.	During the past 4 months, how much interest was paid to ... and ...'s spouse by the borrower?	4712	\$ <input style="width:80px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
2 a.	(Besides these jointly held mortgages) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A18</i>
b.	(Earlier you said that ... held a mortgage.) During the past 4 months, how much interest was paid to ... by the borrower?	4716	\$ <input style="width:80px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1</i>
3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? <i>If income was shared, count only ...'s share.</i>	4720	\$ <input style="width:80px;" type="text"/> . <input style="width:30px; text-align:center;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		4722	x4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
1 a. What is your monthly rent? <i>Include only the amount the respondent pays for rent. Exclude any subsidized amount.</i>		4804	\$ <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. } SKIP to 2a
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? <i>Exclude telephone.</i>		4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
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?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? <i>Mark (X) all that apply.</i>		4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
c. What was the total amount of the energy assistance received by this household during the past 4 months?		4824	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 x1 <input type="checkbox"/> DK
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
3a. Do any of the children in this household usually receive a complete hot lunch offered at school?		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
b. How many children?		4830	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Children
c. How many complete school lunches do all of the children receive per week?		4832	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of lunches x1 <input type="checkbox"/> DK
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?		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
e. In the past 4 months, were the lunches free, reduced-price, or were they full-price?		4836	1 <input type="checkbox"/> Free lunch – SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
f. What was the average price paid by all of the children for a complete school lunch?		4838	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> x1 <input type="checkbox"/> DK
g. Do any of the children usually receive breakfast at school under the Federal School Breakfast Program?		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
h. How many children?		4842	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Children
i. How many complete school breakfasts do all of the children receive per week?		4844	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of breakfasts x1 <input type="checkbox"/> DK
j. In the past 4 months, were the breakfasts free, reduced-price, or were they full-price?		4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

PROGRAM QUESTIONS

Section 5 – TOPICAL MODULES

Part A – WORK SCHEDULE

**CHECK
ITEM T1**

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

8000

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

STATEMENT C →

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.

JOB 1

JOB 2

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

1 Monday through Friday

8016

2 Sunday

8020

3 Monday

8024

4 Tuesday

8028

5 Wednesday

8032

6 Thursday

8036

7 Friday

8040

8 Saturday

8044

x5 All days

8014

1 Monday through Friday

8018

2 Sunday

8022

3 Monday

8026

4 Tuesday

8030

5 Wednesday

8034

6 Thursday

8038

7 Friday

8042

8 Saturday

8046

x5 All days

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

8048

:
(Time)

8050

{ 1 a.m.
2 p.m.

8052

:
(Time)

8054

{ 1 a.m.
2 p.m.

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

8056

:
(Time)

8058

{ 1 a.m.
2 p.m.

8060

:
(Time)

8062

{ 1 a.m.
2 p.m.

NOTES

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.

Mark (X) only one.

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

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

Mark (X) only one.

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

CHECK ITEM T1.1

Refer to item 1a.

Is box 2 or 3 marked?

8072	1 <input type="checkbox"/> Yes – Ask items 1b through 1h for next job	<i>Go to Check Item T2, page 56</i>
	2 <input type="checkbox"/> No – Go to Check Item T2, page 56	

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE

CHECK ITEM T2	<p><i>Refer to cc items 27 and 24.</i> Is . . . the designated parent or guardian of children under 15 years of age who live in this household?</p>	<p>8100 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 60</i></p>
CHECK ITEM T3	<p>Is "Worked" (code 170) marked on the ISS?</p>	<p>8102 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T6</i> 2 <input type="checkbox"/> No</p>
CHECK ITEM T4	<p><i>Refer to item 30a, page 13.</i> Was . . . enrolled in school during the reference period?</p>	<p>8103 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i></p>
<p>1. About how many hours per week did . . . usually spend in school last month?</p>	<p>8104 <input type="text"/> <input type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> Don't know x3 <input type="checkbox"/> Not enrolled last month</p> <p>} <i>SKIP to Check Item T6</i></p>	
CHECK ITEM T5	<p><i>Refer to item 2a, page 2.</i> Did . . . spend any time looking for work or on layoff from a job during the reference period?</p>	<p>8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 60</i></p>
<p>2. About how many hours per week did . . . usually spend looking for a job last month?</p>	<p>8108 <input type="text"/> <input type="text"/> Hours OR x1 <input type="checkbox"/> Hours varied x2 <input type="checkbox"/> Don't know x3 <input type="checkbox"/> Did not look for a job last month – <i>SKIP to Check Item T12, page 60</i></p>	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK ITEM T6	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
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.	Person No. Age 8114 <input type="text"/> <input type="text"/> <input type="text"/> _____ Name _____	Person No. Age 8116 <input type="text"/> <input type="text"/> <input type="text"/> _____ Name _____	Person No. Age 8118 <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.

<p>Now we have some questions about how the children in this household were cared for while ... was working (in school/looking for a job).</p> <p>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)?</p> <p><i>Mark the arrangement in which the child spent the most hours in a typical week last month.</i></p> <p><i>Mark (X) only one box.</i></p>	<p>8120</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> ... works at home</p> <p>12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month</p> <p>14 <input type="checkbox"/> ... did not work, go to school, or look for job last month</p> <p style="text-align: right;">} SKIP to Check Item T7</p> <p style="text-align: right;">} SKIP to next child or Check Item T12, page 60</p> <p style="text-align: right;">} SKIP to 5c, page 59</p>	<p>8122</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> ... works at home</p> <p>12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month</p> <p style="text-align: right;">} SKIP to Check Item T7</p> <p style="text-align: right;">} SKIP to next child or Check Item T12, page 60</p>	<p>8124</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> ... works at home</p> <p>12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month</p> <p style="text-align: right;">} SKIP to Check Item T7</p> <p style="text-align: right;">} SKIP to Check Item T12, page 60</p>
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<p>b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?</p>	<p>8126</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>	<p>8128</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>	<p>8130</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>
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<p>CHECK ITEM T7 Is box 3–8 marked in item 3a?</p>	<p>8132</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8134</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8136</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>
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<p>3c. Was any money payment usually made for this arrangement?</p>	<p>8138</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8140</p> <p>1 <input type="checkbox"/> Yes – SKIP to 3d</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8142</p> <p>1 <input type="checkbox"/> Yes – SKIP to 3d</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>
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<p>CHECK ITEM T8 Are there 2 or more children listed in Check Item T6?</p>	<p>8144</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3e</p>		
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<p>3d. 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?</p>	<p>8146</p> <p>1 <input type="checkbox"/> Payment for youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>	<p>8148</p> <p>1 <input type="checkbox"/> Payment for second youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>	<p>8150</p> <p>1 <input type="checkbox"/> Payment for third youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>
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<p>ASK OR VERIFY – 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 code X2 or X3 as applicable.)</p>	<p>8152</p> <p>\$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p>	<p>8154</p> <p>\$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p>	<p>8156</p> <p>\$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p> <p>x3 <input type="checkbox"/> Second youngest</p>
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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	SECOND YOUNGEST	THIRD YOUNGEST
	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
9. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 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>	8170 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>	8172 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>	8174 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?	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3–8 marked in item 4a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f
4c. Was any money payment usually made for this arrangement?	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f	8190 1 <input type="checkbox"/> Yes — SKIP to 4d 2 <input type="checkbox"/> No — SKIP to 4f	8192 1 <input type="checkbox"/> Yes — SKIP to 4d 2 <input type="checkbox"/> No — SKIP to 4f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4e		
ASK OR VERIFY — 4d. 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?	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
ASK OR VERIFY — 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 code X2 or X3 as applicable.)	8202 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8204 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 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)?	8208 <input type="text"/> <input type="text"/> Hours <i>SKIP to next child or Check Item T11</i>	8210 <input type="text"/> <input type="text"/> Hours <i>SKIP to next child or Check Item T11</i>	8212 <input type="text"/> <input type="text"/> Hours <i>SKIP to Check Item T11</i>

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

**CHECK
ITEM T11**

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?

- 8214** 1 Yes
2 No – SKIP to 5b

5a. 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?

(Exclude cost of school tuition for kindergarten, elementary or secondary school.)

- 8216** \$. 00 per week

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?

- 8218** 1 Yes, respondent lost time
2 Yes, spouse lost time
3 Both respondent and spouse lost time
4 No
x1 Don't know

c. During the past 4 months, did . . . change any child care arrangements for any children under age 15?

(Include ONLY changes in child care providers or location of child care.)

- 8220** 1 Yes
2 No – SKIP to Check Item T12, page 60

d. For what reason(s) did this/these child care arrangement(s) change?

Mark (X) all that apply.

- 8222** 1 Beginning/ending/changes in child's school enrollment
8224 2 Beginning/ending/changes in . . . 's job
8226 3 Beginning/ending/changes in . . . 's school enrollment
8228 4 Cost
8230 5 Availability or hours of care provider
8232 6 Reliability of care provider
8234 7 Quality of care provided
8236 8 Location or accessibility to care provider
8238 9 Found better/less expensive/more convenient provider
8240 10 Never had any regular arrangement
8242 11 Other – Specify ↓

Go to part C, page 60

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS

CHECK ITEM T12	Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children under 21 years of age who live in this household?	8300	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to part D, page 62</i>
CHECK ITEM T13	Is "Child Support Payments" (code 28) marked on the ISS?	8302	1 <input type="checkbox"/> Yes — <i>SKIP to 2a</i> 2 <input type="checkbox"/> No
1.	These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?	8304	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3a</i>
2a.	The following questions relate to the most recent child support agreement. Was this agreement a court-ordered agreement, or some other type of agreement?	8306	1 <input type="checkbox"/> Court-ordered agreement 2 <input type="checkbox"/> Other type of agreement — <i>Specify</i> ↓ _____
b.	In what year was this agreement FIRST reached?	8308	1 9 <input type="text"/> <input type="text"/>
c.	Has the dollar amount ever been changed?	8310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 2e</i>
d.	In what year was the amount last changed?	8312	1 9 <input type="text"/> <input type="text"/>
e.	How were the payments to be received? Were they — (Read categories)?	8314	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?
f.	ASK OR VERIFY — Is . . . still supposed to receive child support payments?	8316	1 <input type="checkbox"/> Yes — <i>SKIP to 2h</i> 2 <input type="checkbox"/> No
g.	Why not?	8318	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 — <i>Specify</i> ↓ _____ _____ <div style="float: right; margin-left: 20px;">} <i>SKIP to 2ℓ</i></div>
h.	How regularly are the child support payments received — would you say regularly, occasionally, seldom, or never?	8320	1 <input type="checkbox"/> Regularly 2 <input type="checkbox"/> Occasionally 3 <input type="checkbox"/> Seldom 4 <input type="checkbox"/> Never
i.	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)?	8322	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 OR x1 <input type="checkbox"/> DK
j.	What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?	8324	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK

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 Check Item T14*

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

8338 1 Yes
2 No
x1 Don't know } *SKIP to Check Item T14*

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 other 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*

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

<p>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?</p> <p><i>(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.)</i></p>	<p align="center">8400</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T16, page 63</i></p>
<p>2. Did . . . make regular payments, lump-sum payments, or both?</p>	<p align="center">8402</p> <p>1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both</p>
<p>3a. Were any of these payments for the support of . . .'s child or children under 21 years of age?</p>	<p align="center">8404</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 5b</i></p>
<p>b. For how many children did . . . make support payments?</p>	<p align="center">8406</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Children x1 <input type="checkbox"/> DK</p>
<p>c. Were any of these payments the result of a court-order or some other kind of written agreement?</p>	<p align="center">8408</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4c</i></p>
<p><i>ASK OR VERIFY —</i></p> <p>d. Was this/these agreement(s) a court-ordered agreement or some other type of agreement?</p> <p><i>Mark (X) all that apply.</i></p>	<p align="center">8410</p> <p align="center">8412</p> <p>1 <input type="checkbox"/> Court-order 2 <input type="checkbox"/> Other agreement — <i>Specify</i> ↓</p>
<p>These next few questions relate to the most recent court-ordered and/or written child support agreement for . . .'s child(ren).</p>	
<p>3e. In what year was this agreement FIRST reached?</p>	<p align="center">8414</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p>f. Has the dollar amount ever been changed?</p>	<p align="center">8416</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3h</i></p>
<p>g. In what year was the amount last changed?</p>	<p align="center">8418</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p>h. Is . . . still supposed to pay child support?</p>	<p align="center">8420</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>i. How much did . . . pay in child support under this agreement during the past 12 months?</p>	<p align="center">8422</p> <p>\$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>j. Were these payments made by withholding money from . . .'s paycheck?</p>	<p align="center">8424</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>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?</p>	<p align="center">8426</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4c</i></p>
<p>b. How much did . . . pay in child support for this/these arrangement(s) during the past 12 months?</p>	<p align="center">8428</p> <p>\$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>
<p>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?</p>	<p align="center">8430</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 5a</i></p>
<p>d. How much did . . . pay for child support under this arrangement during the past 12 months?</p>	<p align="center">8432</p> <p>\$ <input style="width: 60px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>x1 <input type="checkbox"/> DK</p>

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

8438

- 1 Parent
2 Spouse
3 Ex-spouse
4 Child under 21
5 Child 21 or older
6 Other relative
7 Nonrelative

8440

- 1 Parent
2 Spouse
3 Ex-spouse
4 Child under 21
5 Child 21 or older
6 Other relative
7 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?

8442

- 1 Private home or apartment
2 Nursing home
3 Someplace else

8444

- 1 Private home or apartment
2 Nursing home
3 Someplace else

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

8446

- \$. **00**
x1 DK

8448

- \$. **00**
x1 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*

ASK OR VERIFY –

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

ASK OR VERIFY –

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 – HOME HEALTH CARE

<p>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?</p>	<p align="center">8500</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 66</i></p>				
<p>2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?</p>	<p align="center">8502</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 66</i></p>				
<p>3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?</p>	<p align="center">8504</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i></p>				
<p>b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i></p>	<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;"> <p align="center">RELATIVE</p> <p align="center">8506</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p> </td> <td style="vertical-align: top; padding: 5px;"> <p align="center">RELATIVE</p> <p align="center">8508</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p> </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<p align="center">RELATIVE</p> <p align="center">8506</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p>	<p align="center">RELATIVE</p> <p align="center">8508</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p>
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<p>4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?</p>	<p align="center">8522</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>				
<p>b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i></p>	<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;"> <p align="center">RELATIVE</p> <p align="center">8524</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p> </td> <td style="vertical-align: top; padding: 5px;"> <p align="center">RELATIVE</p> <p align="center">8526</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p> </td> </tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<p align="center">RELATIVE</p> <p align="center">8524</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p>	<p align="center">RELATIVE</p> <p align="center">8526</p> <p>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</p> <p align="center">NONRELATIVE</p> <p>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</p>
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Section 5 — TOPICAL MODULES (Continued)

Part E — HOME HEALTH CARE (Continued)

5a. Because of . . . 's health or condition, did . . . need help to prepare meals?

8540

- 1 Yes
2 No — SKIP to 6a

b. Who helped . . . with such things? Anyone else?

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

FIRST HELPER

SECOND HELPER

RELATIVE

8542

- 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

8544

- 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?

8546

- 1 Yes
Person number

8550

8554

- 2 No

8548

- 1 Yes
Person number

8552

8556

- 2 No

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?

8558

- 1 Yes
2 No — SKIP to 6a

e. How many meals a week did . . . usually receive?

8560

- x1 DK

6a. Did . . . need help from another person in order to get around outside the house?

8562

- 1 Unable to leave the house — SKIP to 7a
2 Yes
3 No — SKIP to 7a

b. Who helped . . . with such things? Anyone else?

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

FIRST HELPER

SECOND HELPER

RELATIVE

8564

- 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

RELATIVE

8566

- 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?

8568

- 1 Yes
Person number

8572

8576

- 2 No

8570

- 1 Yes
Person number

8574

8578

- 2 No

Section 5 – TOPICAL MODULES (Continued)

Part E – HOME HEALTH 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

8582

- RELATIVE
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

- RELATIVE
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?

8586

- 1 Yes

Person number

8590

8594

- 2 No

8588

- 1 Yes

Person number

8592

8596

- 2 No

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 D →

These next few questions concern help . . . may have given to persons who needed assistance for 3 months or more 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 – HOME HEALTH CARE (Continued)

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

FIRST PERSON HELPED

8608

- 1 Parent
- 2 Brother/sister
- 3 Child
- 4 Grandparent
- 5 Other relative
- 6 Not a relative

SECOND PERSON HELPED

8610

- 1 Parent
- 2 Brother/sister
- 3 Child
- 4 Grandparent
- 5 Other relative
- 6 Not a relative

THIRD PERSON HELPED

8612

- 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?

8614

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

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

8616

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

c. Prepare a meal?

8618

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

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

8620

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

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

8622

- | | | |
|---|--------------------------|--------------------------|
| 1 | <input type="checkbox"/> | <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

- | | | |
|----------------------|--------------------------|------|
| <input type="text"/> | <input type="text"/> | Days |
| x1 | <input type="checkbox"/> | DK |

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

8626

- | | | |
|----------------------|--------------------------|-------|
| <input type="text"/> | <input type="text"/> | Hours |
| x1 | <input type="checkbox"/> | DK |

(Enter "99" if 100 or greater.)

Go to part F, page 68

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – DISABILITY STATUS OF CHILDREN

<p>CHECK ITEM T18 <i>Refer to cc item 27.</i></p> <p>Is . . . the designated parent or guardian of children under 18 years old who live in this household?</p>	8700	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part G</i></p>		
<p>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?</p>	8702	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2a</i></p>		
<p>b. Which children? <i>Enter children by age, oldest first.</i></p>	8704	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8706	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____
<p><i>(SHOW FLASHCARD II)</i></p> <p>c. What health condition is the main reason (Name of child) has this difficulty?</p>	8710	Code <input type="text"/> <input type="text"/> Name of condition _____ _____	8712	Code <input type="text"/> <input type="text"/> Name of condition _____ _____
<p>d. Would you say (Name of child)'s limitation is severe, moderate, or minor?</p>	8716	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>	8718	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>
<p>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?</p>	8722	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to part G</i></p>		
<p>b. Which children? <i>Enter children by age, oldest first.</i></p>	8724	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____	8726	Person No. <input type="text"/> <input type="text"/> <input type="text"/> Name _____
<p><i>(SHOW FLASHCARD II)</i></p> <p>c. What health condition is the main reason (Name of child) has this difficulty?</p>	8730	Code <input type="text"/> <input type="text"/> Name of condition _____ _____	8732	Code <input type="text"/> <input type="text"/> Name of condition _____ _____
<p>d. Would you say (Name of child)'s limitation is severe, moderate, or minor?</p>	8736	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>	8738	<p>1 <input type="checkbox"/> Severe 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Minor</p>

Go to part G, page 69

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part G – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES

<p>These next few questions are about . . . 's health.</p> <p>1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>8816</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>2a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</p>	<p>8818</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3</i></p>
<p>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</p>	<p>8820 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i></p>	<p>8821 1 <input type="checkbox"/> Child birth 8822 2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) 8823 3 <input type="checkbox"/> Other medical</p>
<p>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</p>	<p>8824</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>e. How many nights in all did . . . spend in a hospital during the past 12 months?</p>	<p>8825 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>f. How many of these nights were in the past 4 months?</p>	<p>8826 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>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.)</p>	<p>8828 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>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.)</p>	<p>8830 <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. How many of these visits or calls were in the past 4 months?</p>	<p>8832 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>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?</p>	<p>8834</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 part H*
- 2 No

**CHECK
ITEM T20**

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

8840

- 1 Yes – *SKIP to part H*
- 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 part H*

(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* ↓

Go to part H

NOTES

Section 5 – TOPICAL MODULES – Continued

Part H – FUNCTIONAL ACTIVITIES

<p>The next few questions are about . . . 's health and ability to perform certain activities.</p>	
<p>1 a. Does . . . have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?</p>	<p>8900 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T21</p>
<p>b. Is . . . able to do this at all?</p>	<p>8902 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T21 Is . . . a self-respondent?</p>	<p>8904 1 <input type="checkbox"/> Yes — Mark 1c through 1e by observation 2 <input type="checkbox"/> No — ASK 1c through 1e</p>
<p>1 c. Does . . . have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if . . . usually wears one.)</p>	<p>8906 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1e</p>
<p>d. Is . . . able to do this at all?</p>	<p>8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Does . . . have any trouble having his/her speech understood?</p>	<p>8910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><i>MARK BY OBSERVATION IF APPARENT.</i></p> <p>2. Does . . . generally use an aid to help . . . get around such as crutches, a cane, or a wheelchair?</p>	<p>8912 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>These next questions ask whether . . . 's health or condition affects . . . 's ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.)</p>	
<p>3 a. Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</p>	<p>8914 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3c</p>
<p>b. Is . . . able to do this at all?</p>	<p>8916 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>c. Does . . . have any difficulty walking for a quarter of a mile — about 3 city blocks?</p>	<p>8918 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3e</p>
<p>d. Is . . . able to do this at all?</p>	<p>8920 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>e. Does . . . have any difficulty walking up a flight of stairs without resting?</p>	<p>8922 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3g</p>
<p>f. Is . . . able to walk up a flight of stairs without the help of another person?</p>	<p>8924 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>g. Does . . . have any difficulty getting around outside the house by . . . 's self?</p>	<p>8926 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3i</p>
<p>h. Does . . . need the help of another person in order to get around outside the house?</p>	<p>8928 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>i. Does . . . have any difficulty getting around inside the house by . . . 's self?</p>	<p>8930 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3k</p>
<p>j. Does . . . need the help of another person in order to get around inside the house?</p>	<p>8932 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>k. Does . . . have any difficulty getting into and out of bed by . . . 's self?</p>	<p>8934 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item C1, page 75</p>
<p>l. Does . . . need the help of another person in order to get in and out of bed?</p>	<p>8936 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Go to Check Item C1, page 75

NOTES

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CALLBACK SUMMARY

CHECK ITEM C1	Are any items marked on Reminder Card for ...?	5000	1 <input type="checkbox"/> Yes — Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No — SKIP to Check Item C2
<input type="checkbox"/>	1. Social Security Number <i>(Enter in cc item 33a)</i>		<input type="text"/> - <input type="text"/> - <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	2. Medicare claim number <i>(Item 23b, page 8)</i>	5002	<input type="text"/> - <input type="text"/> - 5004 <input type="text"/> - 5005 <input type="text"/>
<input type="checkbox"/>	3. EMPLOYER		
	a. Employer #1 <i>(Item 8a, page 17)</i> What was the total amount of pay received before deductions on this job in ...?	5006	\$ <input type="text"/> . <input type="text"/> <input type="text"/> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5008	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5010	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5012	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	b. Employer #2 <i>(Item 16a, page 19)</i> What was the total amount of pay received before deductions on this job in ...?	5014	\$ <input type="text"/> . <input type="text"/> <input type="text"/> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5016	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5018	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5020	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	4. SELF-EMPLOYMENT		
	a. Self-employment #1 <i>(Item 7, page 21)</i> What was the total amount of income received from this business in ...?	5022	\$ <input type="text"/> . <input type="text"/> <input type="text"/> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5024	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5026	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5028	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
	b. Self-employment #2 <i>(Item 18, page 23)</i> What was the total amount of income received from this business in ...?	5030	\$ <input type="text"/> . <input type="text"/> <input type="text"/> Last month x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5032	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 2 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5034	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 3 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5036	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 4 months ago x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	5. What was the average balance in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts held jointly by husband and wife? <i>(Item 2c, page 48)</i>		Amounts for the period — <input type="text"/> through <input type="text"/> 5038 \$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	6. What was the average balance in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts in own name? <i>(Item 3c, page 48)</i>	5040	\$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average balance in Money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 49)</i>	5042	\$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average balance in Money market funds/securities/ bonds in own name? <i>(Item 3c, page 49)</i>	5044	\$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? <i>(Item 1b, page 50)</i>	5048	\$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? <i>(Item 2a, page 50)</i>	5050	\$ <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
CHECK ITEM C2	Has an interview been conducted for all household members 15+?	5052	1 <input type="checkbox"/> Yes — Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No — Enter finish time for this household member, THEN interview next 15+ household member

CALLBACK SUMMARY

INCOME SOURCE SUMMARY (ISS)

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

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

INCOME SOURCE LIST

INCOME LIST

Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans compensation or pensions	35	Local government pensions
9	Black lung payments	36	Income from paid-up life insurance policies or annuities
10	Workers' 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	12
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