

Section 1 – LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

PGM 7

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

1000

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

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

1002

- 1 Yes
 2 No – SKIP to 3a

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

1004

x5 ALL

Mark (X) all that apply.

- 1006** 1
1008 2
1010 3
1012 4
1014 5
1016 6

- 1018** 7
1020 8
1022 9
1024 10
1026 11
1028 12

- 1030** 13
1032 14
1034 15
1036 16
1038 17
1040 18

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

1042

- 1 Yes – SKIP to 3a
 2 No

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

1044

Mark (X) only one.

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

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

1046

- 1 Yes – Mark "55" on ISS
 2 No – SKIP to 9a, page 4

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

- 1048** Last month
1050 2 months ago
1052 3 months ago
1054 4 months ago

Mark (X) all that apply.

SKIP to 9a, page 4

4. Did . . . have a job or business, either full or part time, during EACH of the weeks in this period?
 Note that the person did not have to work each week.

1056

- 1 Yes
 2 No – SKIP to 6a

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

1058

- 1 Yes
 2 No – SKIP to 8a, page 4

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

1060

x5 ALL

Mark (X) all that apply.

- 1062** 1
1064 2
1066 3
1068 4
1070 5
1072 6

- 1074** 7
1076 8
1078 9
1080 10
1082 11
1084 12

- 1086** 13
1088 14
1090 15
1092 16
1094 17
1096 18

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

1098

Mark (X) only one.

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

SKIP to 8a, page 4

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

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

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

1136 1 Yes
 2 No — SKIP to 7a

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

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

d. What was the main reason ... was absent from ...'s job or business during those weeks?
 Mark (X) only one.

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

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

1176 1 Yes
 2 No — SKIP to 7e

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

1178 x5 All weeks without a job

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

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

1216 1 Yes — Skip to 7e
 2 No

d. What was the main reason ... could not take a job during those weeks?
 Mark (X) only one.

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

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

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

f. In which of the months shown on this calendar did ... do that work?
 Mark (X) all that apply.

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

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<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 x3 <input type="checkbox"/> None } <i>SKIP to 9a</i> 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 — <i>SKIP to 8c</i></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 — <i>SKIP to 9a</i></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 weeks 1234 <input type="text"/> Weeks Last month 1235 <input type="text"/> Weeks 2 months ago 1236 <input type="text"/> Weeks 3 months ago 1237 <input type="text"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? <i>Mark (X) only one.</i></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 — <i>Specify</i></p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes — <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No — <i>SKIP to Check Item R4</i></p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes — <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R4 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R5</i></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 — <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)</p>	<p>1330 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item R6</i></p>
<p>11a. How long did . . . serve on active duty in the Armed Forces?</p>	<p>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</p>
<p>b. Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?</p>	<p>1334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>SKIP to 11d</i> x1 <input type="checkbox"/> DK</p>
<p>c. What is . . .'s VA percent disability rating? Use the following probe if needed: (Such as 0,10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)</p>	<p>1336 <input type="text"/> <input type="text"/> <input type="text"/> Percent } <i>Mark "200" on ISS if rating is 100%; Otherwise, mark "201"</i> x3 <input type="checkbox"/> 0% x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating</p>
<p>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.)</p>	<p>1338 1 <input type="checkbox"/> Yes — <i>Mark "8" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Refer to cc item 24. Is . . . 18 years of age or older?</p>	<p>1340 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 15a</i></p>

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

12a. 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 R8
b. What is the reason . . . is getting Social Security, is it because . . . is (Read categories) — Mark (X) only one.	1344 1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason } SKIP to 13a x1 <input type="checkbox"/> DK
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 R7 Is "Disabled" marked in item 12b or 12c above?	1348 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
12d. At what age did . . . begin receiving Social Security because of (his/her) disability?	1349 <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> Age in years } SKIP to 13a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R8 Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 who live in this household?	1350 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 13a
12e. 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
13a. 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 R9
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 R9 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 15a
14a. Has . . . ever retired from a job or business? (Include retirement from the military.)	1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R10
b. During the 4-month period did . . . receive any retirement income other than Social Security?	1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 14d
c. What kind of retirement income? Anything else? Mark (X) all that apply.	1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension — Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code "38" — Mark ISS.
d. During this 4-month period did . . . receive any regular income from a paid-up life insurance policy or any other annuities?	1380 <input style="width:30px; height:20px;" type="text"/> <input style="width:30px; height:20px;" type="text"/> 1382 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No
CHECK ITEM R10 Refer to cc item 24. Is . . . 70 years of age or older?	1384 1 <input type="checkbox"/> Yes — SKIP to Check Item R11 2 <input type="checkbox"/> No
15a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	1386 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R11
b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)	1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R11 x1 <input type="checkbox"/> DK

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

15c. What kind of income? Anything else?

Mark (X) all that apply.

- 1390** 1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1392** 2 Black Lung benefits — Mark "9" on ISS
- 1394** 3 Workers' Compensation — Mark "10" on ISS
- 1396** 4 Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
- 1398** 5 Pension from company or union — Mark "30" on ISS
- 1400** 6 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1402** 7 U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS
- 1406** 8 State government pension — Mark "34" on ISS
- 1408** 9 Local government pension — Mark "35" on ISS
- 1410** 10 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1412**

CHECK ITEM R11

Refer to cc item 26a.
What is ...'s marital status?

- 1414** 1 Married — SKIP to 17
- 2 Widowed — SKIP to 19a
- 3 Divorced
- 4 Separated
- 5 Never married — SKIP to Check Item R12

16. Did ... receive any alimony (or support payments other than child support) during the 4-month period?

- 1416** 1 Yes — Mark "29" on ISS and SKIP to Check Item R12
- 2 No
- x1 DK } SKIP to Check Item R12
- x2 Ref. }

17. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has ... ever been widowed or divorced?

If "Yes," mark previous marital status.

- 1418** 1 Widowed — SKIP to 19a
- 2 Divorced
- 3 Both widowed and divorced
- 4 No — SKIP to Check Item R15

CHECK ITEM R12

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 Yes
- 2 No — SKIP to Check Item R13

18. 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 Yes — Mark "28" on ISS
- 2 No
- x1 DK
- x2 Ref.

CHECK ITEM R13

Is "Both widowed and divorced" (box 3) marked in item 17?

- 1424** 1 Yes
- 2 No — SKIP to Check Item R15

19a. During this 4-month period, did ... receive any pensions or annuities as a widow(or) (other than Social Security)?

- 1426** 1 Yes
- 2 No
- x1 DK } SKIP to Check Item R15

b. What kind of income was this?

Was there anything else?

(SHOW FLASHCARD K)

Mark (X) all that apply.

- 1428** 1 U.S. Government Railroad Retirement — Mark "2" on ISS
- 1430** 2 Veterans' Compensation or pension — Mark "8" on ISS
- 1432** 3 Black Lung benefits — Mark "9" on ISS
- 1434** 4 Pension from company or union — Mark "30" on ISS
- 1436** 5 Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
- 1438** 6 U.S. Military retirement pay (exclude payments from the Veterans' Administration) — Mark "32" on ISS
- 1440** 7 National Guard or Reserve Forces retirement — Mark "33" on ISS
- 1442** 8 State government pension — Mark "34" on ISS
- 1444** 9 Local government pension — Mark "35" on ISS
- 1446** 10 Income from paid up life insurance policies or annuities — Mark "36" on ISS
- 1448** 11 Payments from estate or trust — Mark "37" on ISS
- 1450** 12 Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
- 1452**

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R14	Is "Veterans' Compensation or pension" (box 2) marked in item 19b?	1454	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R15
19c.	Did ...'s late spouse die while in the service or from a service-related injury?	1456	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R15	Refer to cc item 24. Is ... 65 years of age or older?	1458	<input type="checkbox"/> Yes — SKIP to 20a <input type="checkbox"/> No
CHECK ITEM R16	Refer to item 15a, page 5. Does ... have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R17
20a.	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	<input type="checkbox"/> Yes — Mark "172" on ISS <input type="checkbox"/> No } SKIP to Check Item R17 <input checked="" type="checkbox"/> DK }
b.	May I see ...'s Medicare card to record the claim number and type of coverage? <div style="text-align:center;">★</div>	1464	<div style="display: flex; justify-content: space-between;"> □□□□ - □□□□ - 1466 □□□□□□ - 1467 □□ </div> <p align="center">TYPE OF COVERAGE</p> <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Type A and B) <input type="checkbox"/> Card not available — ASK 20c
c.	If I were to call later would you be able to provide me with ...'s Medicare number? (This information is especially important for the purposes of this survey.)	1470	<input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> DK
CHECK ITEM R17	Refer to cc item 27. Is ... the designated parent or guardian of children under 18 years old who live in this household?	1474	<input type="checkbox"/> Yes — SKIP to Check Item R19 <input type="checkbox"/> No
CHECK ITEM R18	Refer to cc item 24. Is ... 18 years of age or older?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 24a
CHECK ITEM R19	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 23a
21.	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
22a.	During the 4-month period, did ... receive any 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 23a
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="display: flex; justify-content: space-between;"> □□ </div>
23a.	(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
CHECK ITEM R20	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 R21
23b.	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 R21

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**CHECK
ITEM R22**

Refer to cc item 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 25

ASK OR VERIFY —

24k. 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 24m
2 No

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

Person No. Name

1575

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1576

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1577

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1578

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1579

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OR

1580

- x3 None — SKIP to 25

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

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1585

--	--	--

1586

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1587

- 2 No

25. Excluding IRA, Keogh, and 401K accounts, did . . . have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?

1624

- 1 Yes
2 No — SKIP to 27a

26. Did . . . have any —

1626

- 1 Yes — Mark "100" on ISS
2 No
x1 DK
x2 Ref.

a. Regular or passbook savings accounts?

1628

- 1 Yes — Mark "101" on ISS
2 No
x1 DK
x2 Ref.

b. Money market deposit accounts?

1630

- 1 Yes — Mark "102" on ISS
2 No
x1 DK
x2 Ref.

c. Certificates of deposit or other savings certificates?

1632

- 1 Yes — Mark "103" on ISS
2 No
x1 DK
x2 Ref.

27a. Did . . . own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA, Keogh, and 401K accounts.)

1634

- 1 Yes
2 No
x1 DK
x2 Ref. } SKIP to 28

(SHOW FLASHCARD N)

b. Which kinds of these assets did . . . own?

1636

1638

1640

1642

1644

1646

- 1 Money market funds — Mark "104" on ISS
2 U.S. Government securities — Mark "105" on ISS
3 Municipal or corporate bonds — Mark "106" on ISS
4 Mortgages — Mark "130" on ISS
5 U.S. Savings Bonds (E, EE) — Mark "174" on ISS
6 Other — Specify and mark "107" on ISS

Any others?

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

Mark (X) all that apply.

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>28. During the 4-month period did . . . have any — (Exclude IRA, Keogh, and 401k accounts.)</p> <p>a. Stocks or mutual fund shares?</p> <hr/> <p>b. Rental property?</p> <hr/> <p>c. Royalties?</p> <hr/> <p>d. Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?</p>	<p>1648 1 <input type="checkbox"/> Yes — Mark "110" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p>1650 1 <input type="checkbox"/> Yes — Mark "120" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p>1652 1 <input type="checkbox"/> Yes — Mark "140" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p> <hr/> <p>1654 1 <input type="checkbox"/> Yes — Specify and mark "150" on ISS _____ 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>29a. 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.)</p> <hr/> <p>b. During which months was . . . enrolled? Mark (X) all that apply.</p>	<p>1656 1 <input type="checkbox"/> Yes, full-time 2 <input type="checkbox"/> Yes, part-time 3 <input type="checkbox"/> No — SKIP to Check Item R23</p> <hr/> <p>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</p>
<p>c. At what level or grade was . . . enrolled? (If enrolled at more than one level during this period, check most recent level.)</p>	<p>1668 1 <input type="checkbox"/> Elementary grades 1–8 } SKIP to Check 2 <input type="checkbox"/> High school grades 9–12 } Item R23 3 <input type="checkbox"/> College year 1 4 <input type="checkbox"/> College year 2 5 <input type="checkbox"/> College year 3 6 <input type="checkbox"/> College year 4 7 <input type="checkbox"/> College year 5 8 <input type="checkbox"/> College year 6 9 <input type="checkbox"/> Vocational school 10 <input type="checkbox"/> Technical school 11 <input type="checkbox"/> Business school</p>
<p>30a. 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, or any other type of scholarship or grant?</p> <hr/> <p>b. What kind of educational assistance did . . . receive? Anything else? Mark (X) all that apply.</p>	<p>1670 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R23</p> <hr/> <p>1672 1 <input type="checkbox"/> GI Bill — Mark "40" on ISS 1674 2 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS 1676 3 <input type="checkbox"/> College Work Study — Mark "175" on ISS 1678 4 <input type="checkbox"/> PELL Grant — Mark "176" on ISS 1680 5 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS 1682 6 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS 1684 7 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS 1686 8 <input type="checkbox"/> JTPA Training — Mark "180" on ISS 1688 9 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS 1690 10 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS 1692 11 <input type="checkbox"/> Other financial aid — Mark "183" on ISS</p>
<p>CHECK ITEM R23 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?</p>	<p>1694 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R24</p>
<p>ASK OR VERIFY — 31. Is . . . 's spouse in the Armed Forces?</p>	<p>1696 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R24**

Are any codes (excluding 171–173, 200, and 201) marked on the ISS?

1698

- 1 Yes
2 No – SKIP to 33a

32a. You said that during the 4-month period . . . received income from – (Read all items marked on the ISS, except codes 171–173, 200, and 201.) Is that correct?

1700

- 1 Yes
2 No – Probe and resolve (Make corrections to ISS if necessary)

b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?

1702

- 1 Yes – SKIP to 33b
2 No – SKIP to Check Item E1, page 13

33a. 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?

1704

- 1 Yes
2 No – SKIP to Check Item P1, page 45

b. What kind of income did . . . receive?
Anything else?

Enter codes from income source list and mark ISS.

1706

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1708

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1710

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NOTES

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

- 1 Yes
 2 No – *SKIP to First ISS Code marked or Check Item P1, page 45*

1 a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed? (Include unpaid worker in family business or farm as working for an employer.)

1714

- 1 Worked for employer only
 2 Self-employed only – *SKIP to Statement B, page 18*
 3 Both worked for employer and self-employed

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

1716

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

**CHECK
ITEM E2**

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

1718

- 1 Yes
 2 No – *SKIP to 2a*

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 16. 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	Employer name
	2000	
<p>CHECK ITEM E3 Enter number "1" for this employer in box. →</p>	PGM 8	Employer I.D. No.
	2002	<input type="checkbox"/>
<p>2b. 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></p> <p>C. Is it mainly –</p>	PGM 8	<p>1 <input type="checkbox"/> Manufacturing?</p> <p>2 <input type="checkbox"/> Wholesale Trade?</p> <p>3 <input type="checkbox"/> Retail Trade?</p> <p>4 <input type="checkbox"/> Some other kind of business?</p>
	2006	
<p>d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8	
	2008	
<p>e. 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></p> <p>f. Was . . . an employee of –</p>	PGM 8	<p>1 <input type="checkbox"/> A private for-profit company or individual?</p> <p>2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?</p> <p>3 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>4 <input type="checkbox"/> State government?</p> <p>5 <input type="checkbox"/> Local government?</p> <p>6 <input type="checkbox"/> Armed Forces?</p> <p>7 <input type="checkbox"/> Unpaid in family business or farm?</p>
	2012	
<p><i>ASK OR VERIFY –</i></p> <p>3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 4</i></p> <p>2 <input type="checkbox"/> No</p>
	2014	
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2016	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
	2020	TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
<p>CHECK ITEM E3.1 Did . . . stop working for this employer during the reference period?</p>	2023	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 4</i></p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one</i></p>	2024	<p>1 <input type="checkbox"/> Laid off</p> <p>2 <input type="checkbox"/> Retired</p> <p>3 <input type="checkbox"/> Discharged</p> <p>4 <input type="checkbox"/> Job was temporary and ended</p> <p>5 <input type="checkbox"/> Quit to take another job</p> <p>6 <input type="checkbox"/> Quit for some other reason</p>
<p><i>ASK OR VERIFY –</i></p> <p>4. How many hours per week did . . . usually work at this job?</p>	2025	<p><input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	2026	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – <i>SKIP to 7a</i></p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	2028	<p>\$ <input type="text"/> . <input type="text"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – <i>SKIP to Check Item E5</i></p>
<p>7a. During the 4-month period how often was . . . paid on this job?</p>	2029	<p>1 <input type="checkbox"/> Once a week</p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E5</i></p> <p>6 <input type="checkbox"/> Some other way – <i>Specify</i> _____</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	2030	<p><input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
	2031	<p><input type="text"/> <input type="text"/> Day</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. 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.)



LAST MONTH

2032 \$. 00

- x3 None
- x1 DK
- x2 Ref.

FIELD REPRESENTATIVE USE ONLY

\$ _____ .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 Reminder Card and Callback Summary, 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 13?

- 2048 1 1 employer – SKIP to Check Item E8, page 17
 2 2 or more employers

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A2 — EMPLOYER IDENTIFICATION NUMBER 2

10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8 2100	Employer name
CHECK ITEM E6 Enter number "2" for this employer in box. →	PGM 8 2102	Employer I.D. No. <input style="width: 30px; height: 15px;" type="text"/>
10b. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8 2105	
ASK OR VERIFY — C. Is it mainly —	PGM 8 2106	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?
d. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2108	
e. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2110	
ASK OR VERIFY — f. Was . . . an employee of —	PGM 8 2112	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?
ASK OR VERIFY — 11a. Was . . . employed by (Name of employer) during the entire 4-month period?	PGM 7 2114	1 <input type="checkbox"/> Yes — SKIP to 12 2 <input type="checkbox"/> No
b. When was . . . employed by (Name of employer) during this 4-month period?	2116	FROM <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month 2118 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day
	2120	TO <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month 2122 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day
CHECK ITEM E6.1 Did . . . stop working for this employer during the reference period?	2123	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12
11c. What is the main reason . . . stopped working for (name of employer)?	2124	1 <input type="checkbox"/> Laid off 2 <input type="checkbox"/> Retired 3 <input type="checkbox"/> Discharged 4 <input type="checkbox"/> Job was temporary and ended 5 <input type="checkbox"/> Quit to take another job 6 <input type="checkbox"/> Quit for some other reason
ASK OR VERIFY — 12. How many hours per week did . . . usually work at this job?	2125	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
13. Was . . . paid by the hour on this job?	2126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15a
14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?	2128	\$ <input style="width: 40px;" type="text"/> . <input style="width: 20px;" type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E8
15a. During the 4-month period how often was . . . paid on this job?	2129	1 <input type="checkbox"/> Once a week 2 <input type="checkbox"/> Once each 2 weeks 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 E8 6 <input type="checkbox"/> Some other way — Specify _____
b. On what date was . . . last paid during this 4-month period?	2130	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Month 2131 <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2(Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. 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.)



		FIELD REPRESENTATIVE USE ONLY	
LAST MONTH		\$	.00
2132	\$ <input type="text"/> . <input type="text"/>	\$.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
2134	\$ <input type="text"/> . <input type="text"/>	\$.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
2136	\$ <input type="text"/> . <input type="text"/>	\$.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
2138	\$ <input type="text"/> . <input type="text"/>	\$.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
		Total \$	.00

CHECK ITEM E7	Is "DK" marked in all parts of item 16a?	2140	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17a
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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 <input type="checkbox"/> Yes — Mark Reminder Card and Callback Summary, Item 3b 2 <input type="checkbox"/> No
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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 <input type="checkbox"/> Yes — SKIP to Check Item E8 2 <input type="checkbox"/> No
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b.	Was . . . covered by a union or employee association contract during the 4-month period?	2146	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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CHECK ITEM E8	Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?	2148	1 <input type="checkbox"/> Yes — Read Statement B 2 <input type="checkbox"/> No — SKIP to first ISS Code or Check Item P1, page 45
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Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B1 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

<p>1 a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name</p> <hr/>								
<p>CHECK ITEM S1 Enter number "1" for this business in box. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>								
<p>1 b. What kind of business was this?</p>	<p>PGM 8 2204</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> C. Is it mainly —</p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>								
<p>d. What kind of work was . . . doing on this job?</p>	<p>PGM 8 2208</p>	<hr/>								
<p>e. What were . . . 's most important activities or duties on this job?</p>	<p>PGM 8 2210</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> f. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2212</p>	<p>Hours</p> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 10</i> x1 <input type="checkbox"/> DK</p>								
<p>CHECK ITEM S2 Have questions 3 — 5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 6a</i> 2 <input type="checkbox"/> No</p>								
<p>3. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2218</p>	<p>Employees</p> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <p>x1 <input type="checkbox"/> DK</p>								
<p>4 a. Was . . . 's business incorporated?</p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes — <i>SKIP to 5a</i> 2 <input type="checkbox"/> No</p>								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship — <i>SKIP to 6a</i> 2 <input type="checkbox"/> Partnership</p>								
<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6a</i></p>								
<p>b. Which members?</p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%; text-align: left;">Person No.</th> <th style="width:70%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black;"></td> </tr> </tbody> </table>	Person No.	Name						
Person No.	Name									
<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item S5</i></p>								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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



FIELD REPRESENTATIVE USE ONLY

LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO
2238 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2240 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2242 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2244 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
TOTAL \$.00	TOTAL \$.00	TOTAL \$.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 18.
 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 from 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 45

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 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 number "2" for this business in box. →</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>12b. What kind of business was this?</p>	<p>PGM 8 2304</p>	<hr/>								
<p><i>ASK OR VERIFY –</i> C. Is it mainly –</p>	<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>d. What kind of work was . . . doing on this job?</p>	<p>PGM 8 2308</p>	<hr/>								
<p>e. What were . . . 's most important activities or duties on this job?</p>	<p>PGM 8 2310</p>	<hr/>								
<p>f. 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 2328 2330</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: 30px; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; 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)?



		FIELD REPRESENTATIVE USE ONLY
<p>LAST MONTH</p> <p>2338 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>TOTAL \$.00</p>
<p>2 MONTHS AGO</p> <p>2340 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>TOTAL \$.00</p>
<p>3 MONTHS AGO</p> <p>2342 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>TOTAL \$.00</p>
<p>4 MONTHS AGO</p> <p>2344 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>		<p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>\$.00</p> <p>TOTAL \$.00</p>

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 20. Is this business incorporated? 2350

1 Yes – SKIP to first ISS Code or Check Item P1, page 45
2 No

CHECK ITEM S12 Has information about the net profit (or loss) for this business already been obtained from another household member? 2352

1 Yes – SKIP to first ISS Code or Check Item P1, page 45
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 45

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 45

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 45

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>3000 <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>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 24</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 24</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 5a</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>3004 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>3006 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>3008 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>3010 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3012 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</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>3014 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3032 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</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 45</i></p>
<p>6a. Were all the people living here covered by . . .'s payments?</p>	<p>3034 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>
<p>NOTES</p>	

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3036	
3038	
3040	
3042	
3044	
3046	
3048	
3050	
3052	
3054	

CHECK ITEM A6

Is this ISS code "8"?

- 3056
- 1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

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 45

(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 22.
 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 45

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

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

(Last month)

- 3070
- 1 Yes
 2 No
 x1 DK

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

3072

\$.00

x1 DK
 x2 Ref.

(2 months ago)

- 3074
- 1 Yes
 2 No
 x1 DK

3076

\$.00

x1 DK
 x2 Ref.

(3 months ago)

- 3078
- 1 Yes
 2 No
 x1 DK

3080

\$.00

x1 DK
 x2 Ref.

(4 months ago)

- 3082
- 1 Yes
 2 No
 x1 DK

3084

\$.00

x1 DK
 x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK —

- 3086
- 1 Yes — SKIP to next ISS Code or Check Item P1, page 45
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 45

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

3100 1 Yes – SKIP to 12a
2 No

b. Which persons were covered?

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

12a. Did ... receive food stamps in (Read each month)?

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

(Last month)

3122 1 Yes
2 No
x1 DK

(2 months ago)

3126 1 Yes
2 No
x1 DK

(3 months ago)

3130 1 Yes
2 No
x1 DK

(4 months ago)

3134 1 Yes
2 No
x1 DK

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

3124 \$. 00
x1 DK
x2 Ref.

3128 \$. 00
x1 DK
x2 Ref.

3132 \$. 00
x1 DK
x2 Ref.

3136 \$. 00
x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

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

Mark (X) all that apply.

3138 1 Last month
3140 2 2 months ago
3142 3 3 months ago
3144 4 4 months ago

b. Which persons were covered?

	Person No.	Name
3146	<input type="text"/>	<input type="text"/>
3148	<input type="text"/>	<input type="text"/>
3150	<input type="text"/>	<input type="text"/>
3152	<input type="text"/>	<input type="text"/>
3154	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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: 15%; border-bottom: 1px solid black;">Income code</td> <td style="width: 15%; border-bottom: 1px solid black;"> <input style="width: 100%;" type="text"/> </td> <td style="width: 70%; border-bottom: 1px solid black;">Name of income type</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3200</td> <td style="border-bottom: 1px solid black;"><input style="width: 100%;" type="text"/></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Income code	<input style="width: 100%;" type="text"/>	Name of income type	3200	<input style="width: 100%;" type="text"/>																																																					
Income code	<input style="width: 100%;" type="text"/>	Name of income type																																																									
3200	<input style="width: 100%;" type="text"/>																																																										
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3202 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 27</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 5a</i>																																																										
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	3204 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?	3206 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?	3208 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?	3210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>																																																										
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CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	3214 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No																																																										
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(Last month)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3216</td> <td style="width: 15%; border-bottom: 1px solid black;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> <td style="width: 70%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3218</td> <td style="width: 15%; border-bottom: 1px solid black;">\$ <input style="width: 50%;" type="text"/></td> <td style="width: 10%; border-bottom: 1px solid black;">.</td> <td style="width: 10%; border-bottom: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">x1 <input type="checkbox"/> DK</td> <td colspan="2" style="border-bottom: 1px solid black;">x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> (2 months ago) </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3220</td> <td style="width: 15%; border-bottom: 1px solid black;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> <td style="width: 70%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3222</td> <td style="width: 15%; border-bottom: 1px solid black;">\$ <input style="width: 50%;" type="text"/></td> <td style="width: 10%; border-bottom: 1px solid black;">.</td> <td style="width: 10%; border-bottom: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">x1 <input type="checkbox"/> DK</td> <td colspan="2" style="border-bottom: 1px solid black;">x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> (3 months ago) </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3224</td> <td style="width: 15%; border-bottom: 1px solid black;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> <td style="width: 70%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3226</td> <td style="width: 15%; border-bottom: 1px solid black;">\$ <input style="width: 50%;" type="text"/></td> <td style="width: 10%; border-bottom: 1px solid black;">.</td> <td style="width: 10%; border-bottom: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">x1 <input type="checkbox"/> DK</td> <td colspan="2" style="border-bottom: 1px solid black;">x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> (4 months ago) </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3228</td> <td style="width: 15%; border-bottom: 1px solid black;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> <td style="width: 70%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border-bottom: 1px solid black;">3230</td> <td style="width: 15%; border-bottom: 1px solid black;">\$ <input style="width: 50%;" type="text"/></td> <td style="width: 10%; border-bottom: 1px solid black;">.</td> <td style="width: 10%; border-bottom: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">x1 <input type="checkbox"/> DK</td> <td colspan="2" style="border-bottom: 1px solid black;">x2 <input type="checkbox"/> Ref.</td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px;"> CHECK ITEM A5 <i>Mark (X) income type code.</i> </td> <td style="padding: 5px;"> 3232 1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</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 45</i> </td> </tr> <tr> <td style="padding: 5px;"> 6a. 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NOTES

Section 3 — AMOUNTS (Continued)

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

6b. Which persons were covered?		Person No.	Name
	3236	[][]	
	3238	[][]	
	3240	[][]	
	3242	[][]	
	3244	[][]	
	3246	[][]	
	3248	[][]	
	3250	[][]	
	3252	[][]	
	3254	[][]	
CHECK ITEM A6	Is this ISS code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
7a. What type of Veterans' payments did . . . receive?		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
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		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 45</i>
<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.)		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
b. Do . . .'s payments usually come on the first of the month or the third?		3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 25. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to next ISS Code or Check Item P1, page 45</i>
9a. Were (Social Security/Railroad Retirement) payments received for . . .'s children in (Read each month)? NOTE — Social Security payments may be adjusted for inflation each January. (Last month)		3270	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)		3274	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)		3278	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)		3282	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
			9b. If "Yes" in item 9a — How much was received?
		3272	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3276	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3280	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
		3284	\$ [] [] . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. Were all children living here covered by these payments?	<i>VERIFY IF ONLY ONE CHILD OR ASK —</i>	3286	1 <input type="checkbox"/> Yes — <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 45

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

3300 1 Yes – SKIP to 12a
 2 No

b. Which persons were covered?

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

12a. Did ... receive food stamps in (Read each month)?

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

(Last month)

3322 1 Yes
 2 No
 x1 DK

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

3324 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

3326 1 Yes
 2 No
 x1 DK

3328 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

3330 1 Yes
 2 No
 x1 DK

3332 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

3334 1 Yes
 2 No
 x1 DK

3336 \$. 00
 x1 DK
 x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

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

Mark (X) all that apply.

3338 1 Last month
 3340 2 2 months ago
 3342 3 3 months ago
 3344 4 4 months ago

b. Which persons were covered?

Person No.	Name
3346	<input type="text"/>
3348	<input type="text"/>
3350	<input type="text"/>
3352	<input type="text"/>
3354	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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: 15%;"></td> <td style="width: 35%; text-align: center;">Income code</td> <td style="width: 50%; text-align: center;">Name of income type</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">3400</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		Income code	Name of income type	3400		
	Income code	Name of income type					
3400							

CHECK ITEM A1 <i>Mark (X) income type code.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3402</td> <td style="padding-left: 5px;"> <input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 30</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 30</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i> </td> </tr> </table>	3402	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 30</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 30</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</i>
3402	<input type="checkbox"/> ISS code 1 or 2 (SS or RR) <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 30</i> <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 30</i> <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS codes – <i>SKIP to 5a</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="border: 1px solid black; padding: 2px;">3404</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i> </td> </tr> </table>	3404	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3404	<input type="checkbox"/> Yes <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="border: 1px solid black; padding: 2px;">3406</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i> </td> </tr> </table>	3406	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3406	<input type="checkbox"/> Yes <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="border: 1px solid black; padding: 2px;">3408</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i> </td> </tr> </table>	3408	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 9a</i>
3408	<input type="checkbox"/> Yes <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="border: 1px solid black; padding: 2px;">3410</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i> </td> </tr> </table>	3410	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
3410	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>		

4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3412</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i> </td> </tr> </table>	3412	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</i>
3412	<input type="checkbox"/> Yes <input type="checkbox"/> No – <i>SKIP to 5a</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="border: 1px solid black; padding: 2px;">3414</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> No </td> </tr> </table>	3414	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> No
3414	<input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> <input type="checkbox"/> No		

5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.	5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).				
(Last month)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3416</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="border: 1px solid black; padding: 2px;">3418</td> <td style="padding-left: 5px;"> \$ <input style="width: 60px;" 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>	3416	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3418	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3416	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3418	\$ <input style="width: 60px;" 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="border: 1px solid black; padding: 2px;">3420</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="border: 1px solid black; padding: 2px;">3422</td> <td style="padding-left: 5px;"> \$ <input style="width: 60px;" 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>	3420	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3422	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3420	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3422	\$ <input style="width: 60px;" 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="border: 1px solid black; padding: 2px;">3424</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="border: 1px solid black; padding: 2px;">3426</td> <td style="padding-left: 5px;"> \$ <input style="width: 60px;" 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>	3424	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3426	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3424	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3426	\$ <input style="width: 60px;" 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="border: 1px solid black; padding: 2px;">3428</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="border: 1px solid black; padding: 2px;">3430</td> <td style="padding-left: 5px;"> \$ <input style="width: 60px;" 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>	3428	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3430	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3428	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	3430	\$ <input style="width: 60px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		

CHECK ITEM A5 <i>Mark (X) income type code.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3432</td> <td style="padding-left: 5px;"> <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> </td> </tr> </table>	3432	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
3432	<input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to 8a</i> <input type="checkbox"/> ISS code 8 or 20 through 24 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 45</i>		

6a. Were all the people living here covered by . . . 's payments?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">3434</td> <td style="padding-left: 5px;"> <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No </td> </tr> </table>	3434	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No
3434	<input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> <input type="checkbox"/> No		

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3436	
3438	
3440	
3442	
3444	
3446	
3448	
3450	
3452	
3454	

CHECK ITEM A6

Is this ISS code "8"?

3456

- 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 45

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 45

(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.)

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 28.
 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 45

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 45
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 45

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

3500 1 Yes — SKIP to 12a
 2 No

b. Which persons were covered?

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

12a. Did ... receive food stamps in (Read each month)?

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

(Last month)

3522 1 Yes
 2 No
 x1 DK

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

3524 \$.
 x1 DK
 x2 Ref.

(2 months ago)

3526 1 Yes
 2 No
 x1 DK

3528 \$.
 x1 DK
 x2 Ref.

(3 months ago)

3530 1 Yes
 2 No
 x1 DK

3532 \$.
 x1 DK
 x2 Ref.

(4 months ago)

3534 1 Yes
 2 No
 x1 DK

3536 \$.
 x1 DK
 x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

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	<input type="text"/>	<input type="text"/>
3548	<input type="text"/>	<input type="text"/>
3550	<input type="text"/>	<input type="text"/>
3552	<input type="text"/>	<input type="text"/>
3554	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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

--	--

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 33
- 3 ISS code 27 (Food Stamps) – SKIP to 11a, page 33
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4
- 5 Other ISS codes – SKIP to 5a

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 5a

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

3612

- 1 Yes
- 2 No – SKIP to 5a

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 45
- 2 No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

Social Security and SSI payments may be adjusted for inflation each January.

5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

(Last month)

3616

- 1 Yes
- 2 No
- x1 DK

3618

\$	00
----	----

- x1 DK
- x2 Ref.

(2 months ago)

3620

- 1 Yes
- 2 No
- x1 DK

3622

\$	00
----	----

- x1 DK
- x2 Ref.

(3 months ago)

3624

- 1 Yes
- 2 No
- x1 DK

3626

\$	00
----	----

- x1 DK
- x2 Ref.

(4 months ago)

3628

- 1 Yes
- 2 No
- x1 DK

3630

\$	00
----	----

- x1 DK
- x2 Ref.

CHECK ITEM A5

Mark (X) income type code.

3632

- 1 ISS code 1 or 2 – SKIP to 8a
- 2 ISS code 8 or 20 through 24
- 3 All other income codes – SKIP to next ISS Code or Check Item P1, page 45

6a. Were all the people living here covered by . . . 's payments?

3634

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

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3636	
3638	
3640	
3642	
3644	
3646	
3648	
3650	
3652	
3654	

CHECK ITEM A6

Is this ISS code "8"?

- 3656
- 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 45

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

- 3658
- 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?

- 3660
- 1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 45

(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.)

- 3664
- 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?

- 3666
- 1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A7

Refer to item 2, page 31.
 Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?

- 3668
- 1 Yes
 2 No – SKIP to next ISS Code or Check Item P1, page 45

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 45
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

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

SKIP to next ISS Code or Check Item P1, page 45

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

3700 1 Yes — SKIP to 12a
2 No

b. Which persons were covered?

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

12a. Did ... receive food stamps in (Read each month)?

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

(Last month)

3722 1 Yes
2 No
x1 DK

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

3724 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3726 1 Yes
2 No
x1 DK

3728 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3730 1 Yes
2 No
x1 DK

3732 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3734 1 Yes
2 No
x1 DK

3736 \$. 00
x1 DK
x2 Ref.

SKIP to next ISS Code or Check Item P1, page 45

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

Mark (X) all that apply.

3738 1 Last month
3740 2 2 months ago
3742 3 3 months ago
3744 4 4 months ago

b. Which persons were covered?

	Person No.	Name
3746	<input type="text"/>	<input type="text"/>
3748	<input type="text"/>	<input type="text"/>
3750	<input type="text"/>	<input type="text"/>
3752	<input type="text"/>	<input type="text"/>
3754	<input type="text"/>	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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: center;">Income code Name of income type</p> <p>3800 <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>3802 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 36</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 36</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 5a</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>3804 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>3806 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>3808 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>3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</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>3814 1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 45</i> 2 <input type="checkbox"/> No</p>
<p>5a. Did . . . receive any (Read name of income type) in (Read each month)? Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).</p>
<p>(Last month)</p>	<p>3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<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 8a</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 45</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>

NOTES

Section 3 – AMOUNTS (Continued)

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

6b. Which persons were covered?

Person No.	Name
3836	
3838	
3840	
3842	
3844	
3846	
3848	
3850	
3852	
3854	

CHECK ITEM A6

Is this ISS code "8"?

3856

1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

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

3858

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?

3860

1 Yes
 2 No
 x1 DK } SKIP to next ISS Code or Check Item P1, page 45

(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.)

3864

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?

3866

1 First
 2 Third
 3 Other
 x1 DK

CHECK ITEM A7

Refer to item 2, page 34.

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

3868

1 Yes
 2 No — SKIP to next ISS Code or Check Item P1, page 45

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 45
 2 No

Section 3 – AMOUNTS (Continued)

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

10b. Which children were covered?

Person No.	Name
3888 [][]	
3890 [][]	
3892 [][]	
3894 [][]	
3896 [][]	
3898 [][]	

SKIP to next ISS Code or Check Item P1, page 45

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

3900 1 Yes – SKIP to 12a
2 No

b. Which persons were covered?

Person No.	Name
3902 [][]	
3904 [][]	
3906 [][]	
3908 [][]	
3910 [][]	
3912 [][]	
3914 [][]	
3916 [][]	

12a. Did ... receive food stamps in (Read each month)?

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

12b. If "Yes" in item 12a, 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 45

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 45

Section 3 – AMOUNTS

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

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

Income code Name of income type

4000

CHECK ITEM A1

Mark (X) income type code.

4002

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – *SKIP to 13a, page 39*
- 3 ISS code 27 (Food Stamps) – *SKIP to 11a, page 39*
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 Other ISS codes – *SKIP to 5a*

CHECK ITEM A2

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

4004

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

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

4006

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

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

4008

- 1 Yes
- 2 No – *SKIP to 9a*

CHECK ITEM A3

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

4010

- 1 Yes
- 2 No – *SKIP to 5a*

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

4012

- 1 Yes
- 2 No – *SKIP to 5a*

CHECK ITEM A4

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

4014

- 1 Yes – *SKIP to next ISS Code or Check Item P1, page 45*
- 2 No

5a. Did . . . receive any (Read name of income type) in (Read each month)?

Social Security and SSI payments may be adjusted for inflation each January.

5b. Some persons receive more than one payment per month for certain income types. How much did . . . receive in (Read each month marked "Yes" in item 5a)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

(Last month)

4016

- 1 Yes
- 2 No
- x1 DK

4018

\$.
 x1 DK
 x2 Ref.

(2 months ago)

4020

- 1 Yes
- 2 No
- x1 DK

4022

\$.
 x1 DK
 x2 Ref.

(3 months ago)

4024

- 1 Yes
- 2 No
- x1 DK

4026

\$.
 x1 DK
 x2 Ref.

(4 months ago)

4028

- 1 Yes
- 2 No
- x1 DK

4030

\$.
 x1 DK
 x2 Ref.

CHECK ITEM A5

Mark (X) income type code.

4032

- 1 ISS code 1 or 2 – *SKIP to 8a*
- 2 ISS code 8 or 20 through 24
- 3 All other income codes – *SKIP to next ISS Code or Check Item P1, page 45*

6a. Were all the people living here covered by . . . 's payments?

4034

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

NOTES

Section 3 – AMOUNTS (Continued)

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

		Person No.	Name			
6b. Which persons were covered?	4036	<input type="text"/>	<input type="text"/>			
	4038	<input type="text"/>	<input type="text"/>			
	4040	<input type="text"/>	<input type="text"/>			
	4042	<input type="text"/>	<input type="text"/>			
	4044	<input type="text"/>	<input type="text"/>			
	4046	<input type="text"/>	<input type="text"/>			
	4048	<input type="text"/>	<input type="text"/>			
	4050	<input type="text"/>	<input type="text"/>			
	4052	<input type="text"/>	<input type="text"/>			
	4054	<input type="text"/>	<input type="text"/>			
CHECK ITEM A6 Is this ISS code "8"?	4056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45				
7a. What type of Veterans' payments did . . . receive?	4058	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments				
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	4060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 45				
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . .'s check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4064	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK				
b. Do . . .'s payments usually come on the first of the month or the third?	4066	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK				
CHECK ITEM A7 Refer to item 2, page 37. Were (Social Security/Railroad Retirement) payments received especially for . . .'s children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 45				
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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	9b. If "Yes" in item 9a – How much was received?			
	4072	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				
	(2 months ago)	4074		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4076	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(3 months ago)	4078		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4080	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	(4 months ago)	4082		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4084	\$ <input type="text"/> . <input type="text"/> <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
10a. VERIFY IF ONLY ONE CHILD OR ASK – Were all children living here covered by these payments?	4086	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 45 2 <input type="checkbox"/> No				

Section 3 – AMOUNTS (Continued)

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

10b. 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 45

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

4100 1 Yes – SKIP to 12a
 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"/>

12a. Did ... receive food stamps in (Read each month)?

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

(Last month)

4122 1 Yes
 2 No
 x1 DK

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

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 45

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	<input type="text"/>
4148	<input type="text"/>
4150	<input type="text"/>
4152	<input type="text"/>
4154	<input type="text"/>

SKIP to next ISS Code or Check Item P1, page 45

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. <i>Mark (X) all that apply.</i>	4300	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	2 <input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	3 <input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	4 <input type="checkbox"/> ISS Code 103 – Interest-earning Checking Accounts (such as NOW or Super NOW accounts)

1. Earlier you said that . . . had (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.

CHECK ITEM A9	Interview status of . . . 's spouse.	4308	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
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2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
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b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4312	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	00	– <i>SKIP to 3a</i>
	x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>			

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

4314	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	00	– <i>SKIP to 3a</i>
	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>			

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

4316	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 5</i> 2 <input type="checkbox"/> No
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3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?

4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 45</i>
-------------	--

b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4320	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	00	– <i>SKIP to next ISS Code or Check Item P1, page 45</i>
	x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 45</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>			

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

4322	\$ <input style="width:40px;" type="text"/>	. <input style="width:20px;" type="text"/>	00	– <i>SKIP to next ISS Code or Check Item P1, page 45</i>
	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 45</i>			

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

4324	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 6</i> 2 <input type="checkbox"/> No	} <i>SKIP to next ISS Code or Check Item P1, page 45</i>
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NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. Mark (X) all that apply.	4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		4406	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – Specify <input style="width:100px;" type="text"/>
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 – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4410	1 <input type="checkbox"/> Yes 2 <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))?	4412	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a x3 <input type="checkbox"/> None – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45
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:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45
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 – Mark Reminder Card and Callback Summary, Item 7 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 – SKIP to next ISS Code or Check Item P1, page 45
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:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 45 x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 45 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45
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:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 45 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 45
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 – Mark Reminder Card and Callback Summary, Item 8 2 <input type="checkbox"/> No } SKIP to next ISS Code or Check Item P1, page 45
NOTES			

AMOUNTS - PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1 a. Earlier you told me that . . . owned stocks 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
 x1 DK } *SKIP to 3a*

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*

1 b. 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 45*



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

2 a. 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 45*



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

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

- 4512** 1 Yes
 2 No } *SKIP to next ISS Code or Check Item P1, page 45*
 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*

3 b. 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 45*

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 45*
 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.	<div style="display: flex; justify-content: space-between;"> 4600 <div style="margin-left: 20px;"> <input type="checkbox"/> No spouse in household — <i>SKIP to 3a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted — <i>SKIP to 3a</i> </div> </div>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . . 's (husband/wife) during the last 4-months? <i>Include only property owned entirely by couple.</i>	<div style="display: flex; justify-content: space-between;"> 4602 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3a</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> 4604 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> 4606 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> </div> <div style="margin-top: 10px;"> 4608 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i> </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . . 's own name during the last 4-months?	<div style="display: flex; justify-content: space-between;"> 4610 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 4a</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> 4612 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> 4614 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. — <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div> </div> <div style="margin-top: 10px;"> 4616 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i> </div> </div>
4a. Did . . . receive any rental income from property owned jointly with others during the last 4-months? (Not including property owned entirely by . . . and . . . 's spouse.)	<div style="display: flex; justify-content: space-between;"> 4618 <div style="margin-left: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to next ISS code or Check Item P1, page 45</i> </div> </div>
b. What is your best estimate of . . . 's share of the amount cleared on this property during the last 4 months?	<div style="display: flex; justify-content: space-between;"> 4620 <div style="margin-left: 20px;"> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text"/> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div> </div> <div style="margin-top: 10px;"> 4622 <input type="checkbox"/> Lost money — <i>Enter amount of loss in box</i> </div> </div> <div style="margin-left: 20px; margin-top: 20px;"> } <i>SKIP to next ISS Code or Check Item P1, page 45</i> </div>

NOTES

AMOUNTS — PARTS D & E

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	Asset types owned. <i>Mark (X) all that apply.</i>	4700	1 <input type="checkbox"/> ISS Code 130 – Mortgages
		4702	2 <input type="checkbox"/> ISS Code 140 – Royalties
		4704	3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Is ISS Code 130 marked in Check Item A15?	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;" 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;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Is ISS Code 140 or 150 marked in Check Item A15?	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;" 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 C1, page 47
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 amounts.</i>	4804	<div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> 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
2 a.	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	<div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black; text-align: center;" type="text" value="00"/> </div> 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 C1, page 47
3 a.	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 C1, page 47
b.	How many children?	4830	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Children
c.	How many complete school lunches do all of the children receive per week?	4832	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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? <i>Mark (X) only one.</i>	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	<div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> 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 C1, page 47
h.	How many children?	4842	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> Children
i.	How many complete school breakfasts do all of the children receive per week?	4844	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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? <i>Mark (X) only one.</i>	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

NOTES

CALLBACK SUMMARY

CHECK ITEM C1	Are any items marked on Reminder Card for . . . ?	5000	1 <input type="checkbox"/> Yes — Mark appropriate item(s) below, then SKIP to Check Item C2 2 <input type="checkbox"/> No — SKIP to Check Item C2		
<input type="checkbox"/>	1. Social Security Number (Enter in cc item 33a)		[] [] [] - [] [] - [] [] [] [] x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
<input type="checkbox"/>	2. Medicare claim number (Item 20b, page 7)	5002	[] [] [] - [] []	5004	[] [] [] [] - 5005 [] []
<input type="checkbox"/>	3. EMPLOYER				
<input type="checkbox"/>	a. Employer #1 (Item 8a, page 15) What was the total amount of pay received before deductions on this job in . . . ?	5006	\$ [] [] [] . 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5008	\$ [] [] [] . 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5010	\$ [] [] [] . 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5012	\$ [] [] [] . 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Employer #2 (Item 16a, page 17) What was the total amount of pay received before deductions on this job in . . . ?	5014	\$ [] [] [] . 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5016	\$ [] [] [] . 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5018	\$ [] [] [] . 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5020	\$ [] [] [] . 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	4. SELF-EMPLOYMENT				
<input type="checkbox"/>	a. Self-employment #1 (Item 7, page 19) What was the total amount of income received from this business in . . . ?	5022	\$ [] [] [] . 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5024	\$ [] [] [] . 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5026	\$ [] [] [] . 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5028	\$ [] [] [] . 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	b. Self-employment #2 (Item 18, page 21) What was the total amount of income received from this business in . . . ?	5030	\$ [] [] [] . 00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5032	\$ [] [] [] . 00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5034	\$ [] [] [] . 00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5036	\$ [] [] [] . 00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	5. What was the average balance in savings/ Money market deposit accounts/ CD's/Interest-earning checking accounts held jointly by husband and wife? (Item 2c, page 40)		Amounts for the period — [] [] through [] []		
		5038	\$ [] [] [] . 00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	6. What was the average balance in savings/ Money market deposit accounts/ CD's/Interest-earning checking accounts in own name? (Item 3c, page 40)	5040	\$ [] [] [] . 00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average balance in Money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 41)	5042	\$ [] [] [] . 00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average balance in Money market funds/securities/bonds in own name? (Item 3c, page 41)	5044	\$ [] [] [] . 00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? (Item 1b, page 42)	5048	\$ [] [] [] . 00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? (Item 2a, page 42)	5050	\$ [] [] [] . 00		x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
CHECK ITEM C2	Has an interview been conducted for all household members 15+ ?	5052	1 <input type="checkbox"/> Yes — Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No — Enter finish time for this household member, THEN interview next 15+ household member		

CALLBACK SUMMARY

INCOME SOURCE SUMMARY (ISS)

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

ISS code (a)	Mark (X) (b)	Type of income source and income source code (c)	Amounts section page number (d)
1		INCOME CODES 1-7 Social Security	
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)	(A) - 22 25 28 31 34 37
24		Other Welfare — <i>Specify</i>	
27		Food Stamps	
28		Child Support payments	
29		Alimony payments	
30		INCOME CODES 30-38 Pension from company or union	
40		INCOME CODES 40-46 GI Bill education benefits	
55		INCOME CODES 50-56 Incidental or casual earnings	
100		ASSET CODES 100-150 Interest Earning Assets Regular/passbook/savings accounts in a bank, savings and loan or credit union	(B) - 40
101		Money market deposit accounts	
102		Certificates of Deposit or other savings certificates	
103		Interest earning checking accounts	
104		Money market funds	(C) - 41
105		U.S. Government securities	
106		Municipal or corporate bonds	
107		Other interest-earning assets	
110		Stocks or mutual fund shares	(D) - 42
120		Rental property	(E) - 43
130		Mortgages	(F) - 44
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%

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

PROGRAM QUESTIONS

CALLBACK SUMMARY