

Section 1 — LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

PGM 7

1000

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

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

1002

- 1 Yes
 2 No — SKIP to 3a

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

1004

x5 ALL

1006

1

1018

7

1030

13

1008

2

1020

8

1032

14

1010

3

1022

9

1034

15

1012

4

1024

10

1036

16

1014

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1026

11

1038

17

1016

6

1028

12

1040

18

Mark (X) all that apply.

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

1042

- 1 Yes — SKIP to 3a
 2 No

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

1044

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

Mark (X) only one.

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

1046

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

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

1048

- 1 Last month

1050

- 2 2 months ago

1052

- 3 3 months ago

1054

- 4 4 months ago

Mark (X) all that apply.

CHECK ITEM R2

Refer to item 2a above.

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

1055

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

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

1056

- 1 Yes
 2 No — SKIP to 6a

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

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

1058

- 1 Yes
 2 No — SKIP to 8a, page 4

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

1060

x5 ALL

1062

1

1074

7

1086

13

1064

2

1076

8

1088

14

1066

3

1078

9

1090

15

1068

4

1080

10

1092

16

1070

5

1082

11

1094

17

1072

6

1084

12

1096

18

Mark (X) all that apply.

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

1098

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

SKIP to 8a, page 4

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

(SHOW FLASHCARD J)

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

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

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

1136 1 Yes
 2 No — *SKIP to 7a*

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

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

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

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

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

1176 1 Yes
 2 No — *SKIP to 7e*

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

1178 x5 All weeks without a job

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

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

1216 1 Yes — *SKIP to 7e*
 2 No

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

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

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

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

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

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

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

1230

Hours per week

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

CHECK ITEM R3

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

1231

- 1 Yes
 2 No – SKIP to 8c

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

1232

- 1 Yes
 2 No – SKIP to Check Item R4

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

1233

- x5 All weeks

1234

Weeks Last month

1235

Weeks 2 months ago

1236

Weeks 3 months ago

1237

Weeks 4 months ago

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

Mark (X) only one.

1238

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

CHECK ITEM R4

Refer to item 5a, page 2.
 (Absent without pay any full weeks.)
 The response to item 5a is:

1239

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

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

1240

- 1 Yes – Mark “5” on ISS
 2 No – SKIP to Check Item R5

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

1242

- 1 Yes – Mark “6” on ISS
 2 No

CHECK ITEM R5

Is “Worked” (code 170) marked on the ISS?

1244

- 1 Yes
 2 No – SKIP to Check Item R6

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

1246

- 1 Yes – Mark “10” on ISS
 2 No

CHECK ITEM R6

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

1248

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

CHECK ITEM R7

Refer to item 11b, page 5.
 Are any income types listed in the Income Roster?

1250

- 1 Yes
 2 No – SKIP to 12a

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

11a. According to the information we obtained last time, . . . had received (Read income types in item 11b, column (2)) during (8 months ago) through (5 months ago).

At any time during the past 4 months, that is _____, and _____, did . . . get income from (Read income types in item 11b, column (2))?

MARK (X) APPROPRIATE BOX IN ITEM 11b, COLUMN (4) FOR EACH INCOME TYPE LISTED.

C. If "No" in column (4) – In which month did . . . last receive (Read income type)?

Note – If last received in a month within the reference period, change the entry in column (4) to "Yes" and mark ISS.

b. INCOME ROSTER (ISS CODES 1 – 56)

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

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

- 1284
1 Yes
2 No – SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

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

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

- 1296
1 Yes
2 No – SKIP to Check Item R8

b. What was the source of this income?

Anything else?

Mark (X) all that apply.

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

CHECK ITEM R8

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

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

27a. Was . . . covered by a health insurance plan at any time during the past 4 months?
 (Include CHAMPUS, CHAMPVA, and military coverage.)
 (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)

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

ASK OR VERIFY —

b. Was . . . covered by a health insurance plan during the entire 4-month period?

- 1538** 1 Yes — SKIP to 27d
 2 No

c. In which months was . . . covered?

Mark (X) all that apply.

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

d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?

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

e. Whose plan covered . . . ?

Household member

Person No. Name

1548

} SKIP to Check Item R30

x4 Not a Household member

f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?

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

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

- 1550** 1 All
 2 Part
 3 None

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

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

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

- 1554** x5 All persons

Person No. Name

1556

1558

1560

1562

1564

1566

x3 None

j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months?

Mark (X) all that apply.

If "Yes," "Who did the plan cover?"

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

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R30**

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

1572

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

ASK OR VERIFY —

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

1574

- 1 Yes — SKIP to 27m
2 No

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

Person No. Name

1575

--	--	--

1576

--	--	--

1577

--	--	--

1578

--	--	--

1579

--	--	--

OR

1580

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

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

1581

- 1 Yes — Which children?

Person No. Name

1582

--	--	--

1583

--	--	--

1584

--	--	--

1585

--	--	--

1586

--	--	--

1587

- 2 No

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R31**

Refer to item 28b.

Are any assets listed in the Asset Roster?

1588

- 1 Yes
2 No — SKIP to 29a

28a. According to the information we obtained last time, . . . had (Read asset types in item 28b, column (2)) during (8 months ago) through (5 months ago). At any time during the past 4 months, that is _____, _____, and _____, did . . . still own (have) (Read asset types in item 28b, column (2))?
(Exclude IRA, Keogh, and 401K accounts.)

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

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

Line No. (1)	Asset type (2)	Asset code (3)	This reference period (4)
1		1590 <input type="text"/>	1592 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
2		1594 <input type="text"/>	1596 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
3		1598 <input type="text"/>	1600 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
4		1602 <input type="text"/>	1604 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
5		1606 <input type="text"/>	1608 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
6		1610 <input type="text"/>	1612 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
7		1614 <input type="text"/>	1616 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No
8		1618 <input type="text"/>	1620 1 <input type="checkbox"/> Yes — Mark ISS 2 <input type="checkbox"/> No

29a. (In addition to the assets we have already mentioned) At any time during the 4-month period did . . . have any (other) kinds of assets which earn interest or bring in money, such as the ones shown on this card? (Exclude assets held in IRA, Keogh, and 401K accounts.) (SHOW FLASHCARD N.)

1622

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

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

Any others?

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

1626

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

1628

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

1630

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

1632

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

1636

- 5 Money market funds — Mark "104" on ISS

1638

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

1640

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

1642

- 8 Mortgages — Mark "130" on ISS

1644

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

1646

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

1648

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

1650

- 12 Rental property — Mark "120" on ISS

1652

- 13 Royalties — Mark "140" on ISS

1654

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

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>30a. Was . . . enrolled in school, either full-time or part-time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)</p>	<p>1656 <input type="checkbox"/> Yes, full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No — SKIP to Check Item R32</p>
<p>b. During which months was . . . enrolled? <i>Mark (X) all that apply.</i></p>	<p>1658 <input type="checkbox"/> All months 1660 <input type="checkbox"/> Last month 1662 <input type="checkbox"/> 2 months ago 1664 <input type="checkbox"/> 3 months ago 1666 <input type="checkbox"/> 4 months ago</p>
<p>c. At what level or grade was . . . enrolled? <i>(If enrolled at more than one level during this period, check most recent level.)</i></p>	<p>1668 <input type="checkbox"/> Elementary grades 1—8 } SKIP to Check <input type="checkbox"/> High school grades 9—12 } Item R32 <input type="checkbox"/> College year 1 <input type="checkbox"/> College year 2 <input type="checkbox"/> College year 3 <input type="checkbox"/> College year 4 <input type="checkbox"/> College year 5 <input type="checkbox"/> College year 6 <input type="checkbox"/> Vocational school <input type="checkbox"/> Technical school <input type="checkbox"/> Business school</p>
<p>31a. Were any of . . . 's educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?</p>	<p>1670 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R32</p>
<p>b. What kind of educational assistance did . . . receive? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1672 <input type="checkbox"/> GI Bill — Mark "40" on ISS 1674 <input type="checkbox"/> Other Veterans' Administration Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) — Mark "41" on ISS 1676 <input type="checkbox"/> College Work Study — Mark "175" on ISS 1678 <input type="checkbox"/> PELL Grant — Mark "176" on ISS 1680 <input type="checkbox"/> Supplemental Educational Opportunity Grant (SEOG) — Mark "177" on ISS 1682 <input type="checkbox"/> National Direct Student Loan (NDSL) — Mark "178" on ISS 1684 <input type="checkbox"/> Guaranteed Student Loan — Mark "179" on ISS 1686 <input type="checkbox"/> JTPA Training — Mark "180" on ISS 1688 <input type="checkbox"/> Employer Assistance — Mark "181" on ISS 1690 <input type="checkbox"/> Fellowship/Scholarship — Mark "182" on ISS 1692 <input type="checkbox"/> Other financial aid — Mark "183" on ISS</p>
<p>CHECK ITEM R32 Refer to cc item 26a. Is code 2 (married, spouse absent) the current entry?</p>	<p>1694 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item R32</p>
<p><i>ASK OR VERIFY —</i> 32. Is . . . 's spouse in the Armed Forces?</p>	<p>1696 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>CHECK ITEM R33 Are any codes (excluding codes 171—173, 200—201) marked on the ISS?</p>	<p>1698 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 34a</p>
<p>33a. You said that during the 4-month period . . . received income from — (Read all items marked on the ISS, except codes 171—173, 200—201). Is that correct?</p>	<p>1700 <input type="checkbox"/> Yes <input type="checkbox"/> No — Probe and resolve (Make corrections to ISS if necessary)</p>
<p>b. Did . . . receive income from any other source such as financial help from someone outside the household, payments from the government or anything else?</p>	<p>1702 <input type="checkbox"/> Yes — SKIP to 34b <input type="checkbox"/> No — SKIP to Check Item E1, page 15</p>
<p>34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government or anything else?</p>	<p>1704 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item P1, page 53</p>
<p>b. What kind of income did . . . receive? Anything else?</p>	<p align="center"><i>Enter codes from income source list and mark ISS.</i></p> <p>1706 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>1708 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p>1710 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>

NOTES

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

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

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

1714

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

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

1716

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

**CHECK
ITEM E2**

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

1718

- 1 Yes
2 No – SKIP to 2a, page 16

STATEMENT A →

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part A1 — EMPLOYER IDENTIFICATION NUMBER 1

2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i>	PGM 8 2000	Employer name
CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number	PGM 8 2002	Employer I.D. No.
CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?	PGM 8 2003	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 2c
2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?	PGM 8 2004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3a
c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.	PGM 8 2005	
ASK OR VERIFY — d. Is it mainly —	PGM 8 2006	1 <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?
e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.	PGM 8 2008	
f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2010	
ASK OR VERIFY — g. Was . . . an employee of —	PGM 8 2012	1 <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 — 3a. Was . . . employed by (Name of employer) during the entire 4-month period?	PGM 7 2014	1 <input type="checkbox"/> Yes — SKIP to 4 2 <input type="checkbox"/> No
b. When was . . . employed by (Name of employer) during this 4-month period?	2016 2020	FROM <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day TO <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day
CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?	2023	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4
3c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.	2024	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 — 4. How many hours per week did . . . usually work at this job?	2025	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK
5. Was . . . paid by the hour on this job?	2026	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 7a
6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	2028	\$ <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. — SKIP to Check Item E5
7a. During the 4-month period, how often was . . . paid on this job?	2029	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 E5 6 <input type="checkbox"/> Some other way — Specify
b. On what date was . . . last paid during this 4-month period?	2030	<input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1(Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. 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		2 MONTHS AGO		3 MONTHS AGO		4 MONTHS AGO	
2032	\$ <input type="text"/> . <input type="text"/> 00	2034	\$ <input type="text"/> . <input type="text"/> 00	2036	\$ <input type="text"/> . <input type="text"/> 00	2038	\$ <input type="text"/> . <input type="text"/> 00
x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.		x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	
Total \$		Total \$		Total \$		Total \$	
_____ .00		_____ .00		_____ .00		_____ .00	
_____ .00		_____ .00		_____ .00		_____ .00	
_____ .00		_____ .00		_____ .00		_____ .00	
_____ .00		_____ .00		_____ .00		_____ .00	
_____ .00		_____ .00		_____ .00		_____ .00	
_____ .00		_____ .00		_____ .00		_____ .00	

CHECK ITEM E4

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

2040 1 Yes
2 No — SKIP to 9a

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

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

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

2044 1 Yes — SKIP to Check Item E5
2 No

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

2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b, page 15?

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	PGM 8	Employer name
	2100	
<p>CHECK ITEM E6 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number. →</p>	PGM 8	Employer I.D. No.
	2102	<input type="text"/>
<p>CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2103	2 <input type="checkbox"/> No – SKIP to 10c
<p>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2104	2 <input type="checkbox"/> No – SKIP to 11a
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	PGM 8	
	2105	
<p>ASK OR VERIFY –</p> <p>d. Is it mainly –</p>	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2106	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	PGM 8	
	2108	
<p>f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	PGM 8	
	2110	
<p>ASK OR VERIFY –</p> <p>g. Was . . . an employee of –</p>	PGM 8	1 <input type="checkbox"/> A private for-profit company or individual?
	2112	2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?
		3 <input type="checkbox"/> Federal government (exclude Armed Forces)?
		4 <input type="checkbox"/> State government?
		5 <input type="checkbox"/> Local government?
		6 <input type="checkbox"/> Armed Forces?
		7 <input type="checkbox"/> Unpaid in family business or farm?
<p>ASK OR VERIFY –</p> <p>11a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	PGM 7	1 <input type="checkbox"/> Yes – SKIP to 12
	2114	2 <input type="checkbox"/> No
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	2116	FROM <input type="text"/> <input type="text"/> Month
	2118	<input type="text"/> <input type="text"/> Day
	2120	TO <input type="text"/> <input type="text"/> Month
	2122	<input type="text"/> <input type="text"/> Day
<p>CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?</p>	2123	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 12
<p>11c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.</p>	2124	1 <input type="checkbox"/> Laid off
		4 <input type="checkbox"/> Job was temporary and ended
		2 <input type="checkbox"/> Retired
		5 <input type="checkbox"/> Quit to take another job
		3 <input type="checkbox"/> Discharged
		6 <input type="checkbox"/> Quit for some other reason
<p>ASK OR VERIFY –</p> <p>12. How many hours per week did . . . usually work at this job?</p>	2125	<input type="text"/> <input type="text"/> Hours
		x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
<p>13. Was . . . paid by the hour on this job?</p>	2126	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 15a
<p>14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?</p>	2128	\$ <input type="text"/> . <input type="text"/>
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref. – SKIP to Check Item E8
<p>15a. During the 4-month period, how often was . . . paid on this job?</p>	2129	1 <input type="checkbox"/> Once a week
		6 <input type="checkbox"/> Some other way –
		2 <input type="checkbox"/> Once each 2 weeks
		Specify ↓
		3 <input type="checkbox"/> Once a month
		4 <input type="checkbox"/> Twice a month
		5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E8
<p>b. On what date was . . . last paid during this 4-month period?</p>	2130	<input type="text"/> <input type="text"/> Month
	2131	<input type="text"/> <input type="text"/> Day
		x1 <input type="checkbox"/> DK
		x2 <input type="checkbox"/> Ref.
		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		
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		
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		
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		
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 Yes
2 No — SKIP to 17a

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

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

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

2144 1 Yes — SKIP to Check Item E8
2 No

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

2146 1 Yes
2 No

CHECK ITEM E8

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

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

<p>1 a. What was the name of . . . 's business/professional practice/farm? <i>(If . . . was self-employed in 2 businesses, enter one business here and the other in part B2, page 22. If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2200</p>	<p>Business name _____</p>												
<p>CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 2201</p>	<p>Business I.D. No. [] [] []</p>												
<p>CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2202</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1c</p>												
<p>1 b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 2203</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 1g</p>												
<p>c. What kind of business was this?</p>	<p>PGM 8 2204</p>	<p>_____</p>												
<p><i>ASK OR VERIFY —</i> d. Is it mainly —</p>	<p>PGM 8 2206</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>												
<p>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8 2208</p>	<p>_____</p>												
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8 2210</p>	<p>_____</p>												
<p><i>ASK OR VERIFY —</i> g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2212</p>	<p>[] [] [] Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>												
<p>2. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2214</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 10 x1 <input type="checkbox"/> DK</p>												
<p>CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?</p>	<p>2216</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 6a 2 <input type="checkbox"/> No</p>												
<p>3. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2218</p>	<p>[] [] [] Employees x1 <input type="checkbox"/> DK</p>												
<p>4 a. Was . . . 's business incorporated?</p>	<p>2220</p>	<p>1 <input type="checkbox"/> Yes — SKIP to 5a 2 <input type="checkbox"/> No</p>												
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2222</p>	<p>1 <input type="checkbox"/> Sole proprietorship — SKIP to 6a 2 <input type="checkbox"/> Partnership</p>												
<p>5 a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2224</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 6a</p>												
<p>b. Which members?</p>	<p>2226 2228 2230</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;">[] [] []</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;">[] [] []</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; text-align: center;">[] [] []</td> <td style="border: none;"></td> </tr> </tbody> </table>		Person No.	Name		[] [] []			[] [] []			[] [] []	
	Person No.	Name												
	[] [] []													
	[] [] []													
	[] [] []													
<p>6 a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2232</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2234</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>												
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	<p>2236</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item S5</p>												

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE – Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

		FIELD REPRESENTATIVE USE ONLY	
LAST MONTH		\$	.00
2238	\$ <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
2240	\$ <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
2242	\$ <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
2244	\$ <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 S4 Is "DK" marked in all parts of item 7?

2246 1 Yes
2 No – SKIP to Check Item S5

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

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

CHECK ITEM S5 Refer to item 4a, page 20. Is this business incorporated?

2250 1 Yes – SKIP to 11
2 No

CHECK ITEM S6 Has information about the net profit (or loss) for this business already been obtained 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 \$. } SKIP to 11
2258 x4 Loss in amount box

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

2260 \$.
x3 None
x1 DK
x2 Ref.

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

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

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 2300</p>	<p>Business name</p> <hr/>								
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number.</p>	<p>PGM 8 2301</p>	<p>Business I.D. No.</p> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>								
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 2302</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12c</p>								
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 2303</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 12g</p>								
<p>c. What kind of business was this?</p>	<p>PGM 8 2304</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> d. 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>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8 2308</p>	<hr/>								
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8 2310</p>	<hr/>								
<p><i>ASK OR VERIFY —</i> g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2312</p>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> Hours </div> <p>x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 21 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 — SKIP to 17a 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 — SKIP to 16a 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 — SKIP to 17a 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 — SKIP to 17a</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; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>	Person No.	Name	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	
Person No.	Name									
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>										
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<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 — SKIP to Check Item S11</p>								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE – Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2338 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

2 MONTHS AGO

2340 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

3 MONTHS AGO

2342 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

4 MONTHS AGO

2344 \$. 00

- x3 None
- x1 DK
- x2 Ref.

\$ _____ .00

\$ _____ .00

\$ _____ .00

\$ _____ .00

Total \$ _____ .00

CHECK ITEM S10

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

- 2346
- 1 Yes
 - 2 No – SKIP to Check Item S11

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

- 2348
- 1 Yes – Mark Reminder Card and Callback Summary, Item 4b
 - 2 No

CHECK ITEM S11

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

- 2350
- 1 Yes – SKIP to first ISS Code or Check Item P1, page 53
 - 2 No

CHECK ITEM S12

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

- 2352
- 1 Yes – SKIP to first ISS Code or Check Item P1, page 53
 - 2 No

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

- 2354
- 1 Yes
 - 2 No – SKIP to first ISS Code or Check Item P1, page 53

b. What was the net profit or loss?

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

2356 \$. 00

2358 x4 Loss in amount box

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

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

2360 \$. 00

- x3 None
- x1 DK
- x2 Ref.

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

Section 3 – AMOUNTS

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

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

Income code Name of income type

3000

--	--

CHECK ITEM A1

Mark (X) income type code.

3002

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – *SKIP to 13a, page 27*
- 3 ISS code 27 (Food Stamps) – *SKIP to 11a, page 26*
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 Other ISS codes – *SKIP to Check Item A4.1*

CHECK ITEM A2

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

3004

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

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

3006

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

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

3008

- 1 Yes
- 2 No – *SKIP to 9a*

CHECK ITEM A3

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

3010

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

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

3012

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

CHECK ITEM A4

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

3014

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

CHECK ITEM A4.1

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

3015

- 1 Yes – *ASK 5b*
- 2 No – *ASK 5a*

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

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

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

(Last month)

3016

- 1 Yes
- 2 No
- x1 DK

3018

\$	00
----	----

- x1 DK
- x2 Ref.

(2 months ago)

3020

- 1 Yes
- 2 No
- x1 DK

3022

\$	00
----	----

- x1 DK
- x2 Ref.

(3 months ago)

3024

- 1 Yes
- 2 No
- x1 DK

3026

\$	00
----	----

- x1 DK
- x2 Ref.

(4 months ago)

3028

- 1 Yes
- 2 No
- x1 DK

3030

\$	00
----	----

- x1 DK
- x2 Ref.

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3032	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	----------------------------	-------------	---

6a.	Were all the people living here covered by ...'s payments?	3034	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No
------------	--	-------------	--

b. Which persons were covered?

	Person No.	Name
3036	<input type="text"/>	
3038	<input type="text"/>	
3040	<input type="text"/>	
3042	<input type="text"/>	
3044	<input type="text"/>	
3046	<input type="text"/>	
3048	<input type="text"/>	
3050	<input type="text"/>	
3052	<input type="text"/>	
3054	<input type="text"/>	

CHECK ITEM A6	Is this ISS code "8"?	3056	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	-----------------------	-------------	--

7a.	What type of Veterans' payments did ... receive?	3058	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?

3060	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	} <i>SKIP to next ISS Code or Check Item P1, page 53</i>
-------------	---	--

CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	3062	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No
------------------------	---	-------------	--

(SHOW FLASHCARD O)

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

3064	1 <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?

3066	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 24. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
----------------------	--	-------------	--

NOTES

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

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

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

3070 1 Yes
2 No
x1 DK

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

3072 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3074 1 Yes
2 No
x1 DK

3076 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3078 1 Yes
2 No
x1 DK

3080 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3082 1 Yes
2 No
x1 DK

3084 \$. 00
x1 DK
x2 Ref.

VERIFY IF ONLY ONE CHILD OR ASK –

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

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3121

- 1 Yes – ASK 12b
2 No – ASK 12a

**12a. In which month, during the 4 month
reference period, did . . . begin to receive food
stamps? Was it in (Read each month)?**
Mark "Yes" in item 12b for the first month received
and mark "No" for the previous months. Then ask if
it was received in each remaining month of the
reference period.

b. Did . . . receive food stamps in (Read each month)?
NOTE – Food stamp benefits may be adjusted
for inflation in July and October.

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

(Last month)

3122

- 1 Yes
2 No
x1 DK

3124

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

(2 months ago)

3126

- 1 Yes
2 No
x1 DK

3128

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

(3 months ago)

3130

- 1 Yes
2 No
x1 DK

3132

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

(4 months ago)

3134

- 1 Yes
2 No
x1 DK

3136

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

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

**13a. Did . . . receive any WIC benefits in (Read each
month)?**
Mark (X) all that apply.

3138

1 Last month

3140

2 2 months ago

3142

3 3 months ago

3144

4 4 months ago

b. Which persons were covered?

Person No. Name

3146

3148

3150

3152

3154

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

NOTES

Section 3 – AMOUNTS

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

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

Income code Name of income type

3200

--	--

CHECK ITEM A1

Mark (X) income type code.

3202

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – *SKIP to 13a, page 31*
- 3 ISS code 27 (Food Stamps) – *SKIP to 11a, page 30*
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 Other ISS codes – *SKIP to Check Item A4.1*

CHECK ITEM A2

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

3204

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

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

3206

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

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

3208

- 1 Yes
- 2 No – *SKIP to 9a*

CHECK ITEM A3

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

3210

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

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

3212

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

CHECK ITEM A4

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

3214

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

CHECK ITEM A4.1

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

3215

- 1 Yes – *ASK 5b*
- 2 No – *ASK 5a*

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

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

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

5c. 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 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

(Last month)

3216

- 1 Yes
- 2 No
- x1 DK

3218

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

(2 months ago)

3220

- 1 Yes
- 2 No
- x1 DK

3222

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

(3 months ago)

3224

- 1 Yes
- 2 No
- x1 DK

3226

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

(4 months ago)

3228

- 1 Yes
- 2 No
- x1 DK

3230

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

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	3232	<p>1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	3234	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>																																	
<p>b. Which persons were covered?</p>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%; text-align: center;">Person No.</th> <th style="width:80%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">3236</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3238</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3240</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3242</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3244</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3246</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3248</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3250</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3252</td> <td style="text-align: center;"> </td> <td></td> </tr> <tr> <td style="text-align: center;">3254</td> <td style="text-align: center;"> </td> <td></td> </tr> </tbody> </table>		Person No.	Name	3236			3238			3240			3242			3244			3246			3248			3250			3252			3254		
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3250																																			
3252																																			
3254																																			
<p>CHECK ITEM A6 <i>Is this ISS code "8"?</i></p>	3256	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>7a. What type of Veterans' payments did . . . receive?</p>	3258	<p>1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>																																	
<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	3260	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</p>	3262	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>																																	
<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	3264	<p>1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	3266	<p>1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>																																	
<p>CHECK ITEM A7 <i>Refer to item 2, page 28.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	3268	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	

NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

3270 1 Yes
2 No
x1 DK

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

3272 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3274 1 Yes
2 No
x1 DK

3276 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3278 1 Yes
2 No
x1 DK

3280 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3282 1 Yes
2 No
x1 DK

3284 \$. 00
x1 DK
x2 Ref.

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

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

b. Which children were covered?

Person No. Name

3288

3290

3292

3294

3296

3298

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

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

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

b. Which persons were covered?

Person No. Name

3302

3304

3306

3308

3310

3312

3314

3316

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3321

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3322

- 1 Yes
2 No
x1 DK

3324

\$. **00**

- x1 DK
x2 Ref.

(2 months ago)

3326

- 1 Yes
2 No
x1 DK

3328

\$. **00**

- x1 DK
x2 Ref.

(3 months ago)

3330

- 1 Yes
2 No
x1 DK

3332

\$. **00**

- x1 DK
x2 Ref.

(4 months ago)

3334

- 1 Yes
2 No
x1 DK

3336

\$. **00**

- x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3338

- 1 Last month

3340

- 2 2 months ago

3342

- 3 3 months ago

3344

- 4 4 months ago

b. Which persons were covered?

Person No. Name

3346

3348

3350

3352

3354

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

NOTES

Section 3 – AMOUNTS

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

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

3400

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CHECK ITEM A1

Mark (X) income type code.

3402

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – *SKIP to 13a, page 35*
- 3 ISS code 27 (Food Stamps) – *SKIP to 11a, page 34*
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – *SKIP to Check Item A4*
- 5 Other ISS codes – *SKIP to Check Item A4.1*

CHECK ITEM A2

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

3404

- 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?

3406

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

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

3408

- 1 Yes
- 2 No – *SKIP to 9a*

CHECK ITEM A3

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

3410

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

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

3412

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

CHECK ITEM A4

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

3414

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

CHECK ITEM A4.1

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

3415

- 1 Yes – *ASK 5b*
- 2 No – *ASK 5a*

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

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

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

(Last month)

3416

- 1 Yes
- 2 No
- x1 DK

5c. 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 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).

3418 \$.

x1 DK
 x2 Ref.

(2 months ago)

3420

- 1 Yes
- 2 No
- x1 DK

3422 \$.

x1 DK
 x2 Ref.

(3 months ago)

3424

- 1 Yes
- 2 No
- x1 DK

3426 \$.

x1 DK
 x2 Ref.

(4 months ago)

3428

- 1 Yes
- 2 No
- x1 DK

3430 \$.

x1 DK
 x2 Ref.

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3432

- 1 ISS code 1 or 2 – SKIP to Check Item A6.1
- 2 ISS code 8 or 20 through 24
- 3 All other income codes – SKIP to next ISS Code or Check Item P1, page 53

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

3434

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

b. Which persons were covered?

Person No. Name

3436

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3438

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3440

--	--	--

3442

--	--	--

3444

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3446

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3448

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3450

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3452

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3454

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**CHECK
ITEM A6**

Is this ISS code "8"?

3456

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

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

3458

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

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

3460

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

**CHECK
ITEM A6.1**

Refer to cc item 45.
Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?

3462

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

(SHOW FLASHCARD 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 32.
Were (Social Security/Railroad Retirement) payments received especially for ...'s children?

3468

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

NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

3470 1 Yes
2 No
x1 DK

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

3472 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3474 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3478 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3482 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

Person No. Name

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

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

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

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

b. Which persons were covered?

Person No. Name

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

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3521

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3522

- 1 Yes
2 No
x1 DK

3524

\$.
x1 DK
x2 Ref.

(2 months ago)

3526

- 1 Yes
2 No
x1 DK

3528

\$.
x1 DK
x2 Ref.

(3 months ago)

3530

- 1 Yes
2 No
x1 DK

3532

\$.
x1 DK
x2 Ref.

(4 months ago)

3534

- 1 Yes
2 No
x1 DK

3536

\$.
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3538

1 Last month

3540

2 2 months ago

3542

3 3 months ago

3544

4 4 months ago

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

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

NOTES

Section 3 – AMOUNTS

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

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

Income code Name of income type

3600

--	--

CHECK ITEM A1

Mark (X) income type code.

3602

- 1 ISS code 1 or 2 (SS or RR)
- 2 ISS code 25 (WIC) – SKIP to 13a, page 39
- 3 ISS code 27 (Food Stamps) – SKIP to 11a, page 38
- 4 ISS codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4
- 5 Other ISS codes – SKIP to Check Item A4.1

CHECK ITEM A2

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

3604

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

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

3606

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

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

3608

- 1 Yes
- 2 No – SKIP to 9a

CHECK ITEM A3

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

3610

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

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

3612

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

CHECK ITEM A4

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

3614

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

CHECK ITEM A4.1

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

3615

- 1 Yes – ASK 5b
- 2 No – ASK 5a

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

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

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

5c. 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 5b)? 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.

Section 3 – AMOUNTS (Continued)

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

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

NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

3670 1 Yes
2 No
x1 DK

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

3672 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3674 1 Yes
2 No
x1 DK

3676 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3678 1 Yes
2 No
x1 DK

3680 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3682 1 Yes
2 No
x1 DK

3684 \$. 00
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

Person No. Name

3688	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3690	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3692	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3694	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3696	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3698	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

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

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

b. Which persons were covered?

Person No. Name

3702	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3704	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3706	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3708	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3710	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3712	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3714	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3716	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3721

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3722

- 1 Yes
2 No
x1 DK

3724

\$. **00**

- x1 DK
x2 Ref.

(2 months ago)

3726

- 1 Yes
2 No
x1 DK

3728

\$. **00**

- x1 DK
x2 Ref.

(3 months ago)

3730

- 1 Yes
2 No
x1 DK

3732

\$. **00**

- x1 DK
x2 Ref.

(4 months ago)

3734

- 1 Yes
2 No
x1 DK

3736

\$. **00**

- x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3738

- 1 Last month

3740

- 2 2 months ago

3742

- 3 3 months ago

3744

- 4 4 months ago

b. Which persons were covered?

Person No. Name

3746

3748

3750

3752

3754

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

NOTES

Section 3 – AMOUNTS

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

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

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	3832
Mark (X) income type code.	1 <input type="checkbox"/> ISS code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

6a. Were all the people living here covered by . . . 's payments?	3834
	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No

b. Which persons were covered?	
	Person No. Name
	3836 <input type="text"/>
	3838 <input type="text"/>
	3840 <input type="text"/>
	3842 <input type="text"/>
	3844 <input type="text"/>
	3846 <input type="text"/>
	3848 <input type="text"/>
	3850 <input type="text"/>
	3852 <input type="text"/>
	3854 <input type="text"/>

CHECK ITEM A6	3856
Is this ISS code "8"?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

7a. What type of Veterans' payments did . . . receive?	3858
	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments

b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?	3860
	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i>

CHECK ITEM A6.1	3862
Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	3864
	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK

b. Do . . . 's payments usually come on the first of the month or the third?	3866
	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK

CHECK ITEM A7	3868
Refer to item 2, page 40. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES	

Section 3 – AMOUNTS (Continued)

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

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

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

3870 1 Yes
2 No
x1 DK

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

3872 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3874 1 Yes
2 No
x1 DK

3876 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3878 1 Yes
2 No
x1 DK

3880 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3882 1 Yes
2 No
x1 DK

3884 \$. 00
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

Person No. Name

3888	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3890	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3898	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

b. Which persons were covered?

Person No. Name

3902	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3904	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3921 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3922 1 Yes
2 No
x1 DK

3924 \$. **00**
x1 DK
x2 Ref.

(2 months ago)

3926 1 Yes
2 No
x1 DK

3928 \$. **00**
x1 DK
x2 Ref.

(3 months ago)

3930 1 Yes
2 No
x1 DK

3932 \$. **00**
x1 DK
x2 Ref.

(4 months ago)

3934 1 Yes
2 No
x1 DK

3936 \$. **00**
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3938 1 Last month
3940 2 2 months ago
3942 3 3 months ago
3944 4 4 months ago

b. Which persons were covered?

Person No. Name

3946 _____
3948 _____
3950 _____
3952 _____
3954 _____

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

NOTES

Section 3 – AMOUNTS

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

			Income code	Name of income type
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>	4000			
CHECK ITEM A1 <i>Mark (X) income type code.</i>	4002		1 <input type="checkbox"/> ISS code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS code 25 (WIC) – <i>SKIP to 13a, page 47</i> 3 <input type="checkbox"/> ISS code 27 (Food Stamps) – <i>SKIP to 11a, page 46</i> 4 <input type="checkbox"/> ISS codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS codes – <i>SKIP to Check Item A4.1</i>	
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?	4004		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?	4006		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?	4008		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?	4010		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>	
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?	4012		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>	
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?	4014		1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No	
CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	4015		1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i>	
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.				
(Last month)	4016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4018	\$ <input style="width: 100px;" 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)	4020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4022	\$ <input style="width: 100px;" 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)	4024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4026	\$ <input style="width: 100px;" 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)	4028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	4030	\$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
5c. 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 5b)? Please answer by giving the total amount each month before any deductions (including deductions for Medicare premiums).				

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	4032	1 <input type="checkbox"/> ISS code 1 or 2 – SKIP to Check Item A6.1 2 <input type="checkbox"/> ISS code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – SKIP to next ISS Code or Check Item P1, page 53
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6a. Were all the people living here covered by ...'s payments?	4034	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
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b. Which persons were covered?		Person No. Name
	4036	<input type="text"/> <input type="text"/> <input type="text"/>
	4038	<input type="text"/> <input type="text"/> <input type="text"/>
	4040	<input type="text"/> <input type="text"/> <input type="text"/>
	4042	<input type="text"/> <input type="text"/> <input type="text"/>
	4044	<input type="text"/> <input type="text"/> <input type="text"/>
	4046	<input type="text"/> <input type="text"/> <input type="text"/>
	4048	<input type="text"/> <input type="text"/> <input type="text"/>
	4050	<input type="text"/> <input type="text"/> <input type="text"/>
	4052	<input type="text"/> <input type="text"/> <input type="text"/>
	4054	<input type="text"/> <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 53
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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
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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 53
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CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for ... in the previous reference period?	4062	1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
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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
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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
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CHECK ITEM A7	Refer to item 2, page 44. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	4068	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
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NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A7.1	Refer to item 11b, page 5. Is food stamps (code 27) listed on the income roster?	4121	1 <input type="checkbox"/> Yes – ASK 12b 2 <input type="checkbox"/> No – ASK 12a
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<p>12a. In which month, during the 4 month reference period, did . . . begin to receive food stamps? Was it in (Read each month)? Mark "Yes" in item 12b for the first month received and mark "No" for the previous months. Then ask if it was received in each remaining month of the reference period.</p> <p>b. Did . . . receive food stamps in (Read each month)? NOTE – Food stamp benefits may be adjusted for inflation in July and October.</p>			
(Last month)	4122	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<p>12c. If "Yes" in item 12b, ask – What was the total amount?</p> <p>4124 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text" value="00"/></p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	4126	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<p>4128 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text" value="00"/></p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	4130	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<p>4132 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text" value="00"/></p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	4134	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	<p>4136 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text" value="00"/></p> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

<p>13a. Did . . . receive any WIC benefits in (Read each month)? Mark (X) all that apply.</p>	4138	1 <input type="checkbox"/> Last month
	4140	2 <input type="checkbox"/> 2 months ago
	4142	3 <input type="checkbox"/> 3 months ago
	4144	4 <input type="checkbox"/> 4 months ago

<p>b. Which persons were covered?</p>		Person No. Name
	4146	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> _____
	4148	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> _____
	4150	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> _____
	4152	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> _____
	4154	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> _____

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. <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>
2a.	Did . . . own any of these jointly with . . . 's (husband/wife)?	4310	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4312	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c.	What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?	4314	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4316	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 5</i> 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . have any other (Read asset types)?	4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b.	What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?	4320	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c.	What is your best estimate of the average amount that . . . had in these (Read asset types) during the 4-month period?	4322	\$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4324	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 6</i> 2 <input type="checkbox"/> No } <i>SKIP to next ISS Code or Check Item P1, page 53</i>

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A10	Asset types owned. <i>Mark (X) all that apply.</i>	4400	1 <input type="checkbox"/> ISS code 104 – Money Market funds
		4402	2 <input type="checkbox"/> ISS code 105 – U.S. Government securities
		4404	3 <input type="checkbox"/> ISS code 106 – Municipal or corporate bonds
		4406	4 <input type="checkbox"/> ISS code 107 – Other interest-earning assets – <i>Specify</i> _____
1. Earlier you said that ... owned (Read names of owned assets) which excluded IRA, Keogh, and 401K accounts.			
CHECK ITEM A11	Interview status of ...'s spouse.	4408	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3a</i>
2a.	Did ... own any of these jointly with ...'s (husband/wife)?	4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?	4412	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c.	What is your best estimate of the average amount that ... and ...'s (husband/wife) had in these jointly held (Read asset types) during the 4-month period? ★	4414	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4416	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 7</i> 2 <input type="checkbox"/> No
3a.	Besides any (Read asset types) owned jointly with ...'s (husband/wife), did ... own any other (Read asset types)?	4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
b.	What is your best estimate of the total amount of interest ... earned on these (Read asset types) during the 4-month period (including even small amounts credited to ...'s account(s))?	4420	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c.	What is your best estimate of the average amount that ... had in these (Read asset types) during the 4-month period? ★	4422	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	4424	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 8</i> } <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

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 } *SKIP to 3a*
 x1 DK

CHECK ITEM A12

Interview status of . . .'s spouse.

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

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 53*

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

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

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 53*

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

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

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 in additional shares of stock?

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

CHECK ITEM A13

Interview status of . . .'s spouse.

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

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 53*

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

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

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

1. Earlier you told me that ... owned some rental property.

CHECK ITEM A14 Interview status of ...'s spouse.

- 4600** 1 No spouse in household — *SKIP to 3a*
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted — *SKIP to 3a*

2a. Did ... receive any rental income from property owned jointly by ... and ...'s (husband/wife) during the last 4 months?
Include only property owned entirely by couple.

- 4602** 1 Yes
 2 No — *SKIP to 3a*

b. About how much was received in gross rent from this property during the 4-month period?

4604 \$. 00

- x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

4606 \$. 00

- x3 None
 x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*
4608 x4 Lost money — *Enter amount of loss in box*

3a. Did ... receive rental income from property owned entirely in ...'s own name during the last 4 months?

- 4610** 1 Yes
 2 No — *SKIP to 4a*

b. About how much was received in gross rent from this property during the 4-month period?

4612 \$. 00

- x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*

c. What is your best estimate of the amount that was cleared after expenses?

4614 \$. 00

- x3 None
 x1 DK
 x2 Ref. — *SKIP to next ISS Code or Check Item P1, page 53*
4616 x4 Lost money — *Enter amount of loss in box*

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.)

- 4618** 1 Yes
 2 No — *SKIP to next ISS code or Check Item P1, page 53*

b. What is your best estimate of ...'s share of the amount cleared on this property during the last 4 months?

4620 \$. 00

- x3 None
 x1 DK
 x2 Ref.
4622 x4 Lost money — *Enter amount of loss in box*

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	Asset types owned. <i>Mark (X) all that apply.</i>	4700	1 <input type="checkbox"/> ISS Code 130 – Mortgages
		4702	2 <input type="checkbox"/> ISS Code 140 – Royalties
		4704	3 <input type="checkbox"/> ISS Code 150 – Other financial investments
CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
CHECK ITEM A17	Interview status of . . . 's spouse.	4708	1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2b</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1 a.	Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2b</i>
b.	During the past 4 months, how much interest was paid to . . . and . . . 's spouse by the borrower?	4712	\$ <input style="width:100px;" 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:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item P1</i>
3.	Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)? <i>If income was shared, count only . . . 's share.</i>	4720	\$ <input style="width:100px;" 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 T1, page 54
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
1 a.	What is your monthly rent? Include only the amount the respondent pays for rent. Exclude any amount paid by the government.	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"/> 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? Exclude telephone.	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? Mark (X) all that apply.	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"/> 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 T1, page 54
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 T1, page 54
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? Mark (X) only one.	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 T1, page 54
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? Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

Section 5 – TOPICAL MODULES (Continued)

Part A – WORK SCHEDULE (Continued)

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

(SHOW FLASHCARD KK)

Mark (X) only one.

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

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

Mark (X) only one.

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

CHECK ITEM T1.1

Refer to item 1a.
Is there another job to ask about?
(Is box 2 or 3 marked?)

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

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE

**CHECK
ITEM T2**

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

- 8100** 1 Yes
2 No – *SKIP to Check Item T12, page 61*

**CHECK
ITEM T3**

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

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

**CHECK
ITEM T4**

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

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

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

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

**CHECK
ITEM T5**

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

- 8106** 1 Yes
2 No – *SKIP to Check Item T12, page 61*

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

- 8108** Hours }
OR
x1 Hours varied
x2 Don't know
x3 Did not look for a job last month – *SKIP to Check Item T12, page 61*

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

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

ASK 3a–5d for the youngest child and then ask 3a–5d for the second and third youngest.

Now we have some questions about how the children in this household were cared for while ... was working (in school/looking for a job). 3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that ... worked (was in school/was looking for a job)? Mark the arrangement in which the child spent the most hours in a typical week last month. Mark (X) only one box.	8120 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister <input type="checkbox"/> 3 Child's grandparent <input type="checkbox"/> 4 Other relative of child <input type="checkbox"/> 5 Nonrelative of child <input type="checkbox"/> 6 Child in day/group care center <input type="checkbox"/> 7 Child in nursery/preschool <input type="checkbox"/> 8 Child in organized school-based activity (before/after school) <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work (in class/while job hunting) <input type="checkbox"/> 13 Child not born and/or ... not guardian as of last month <input type="checkbox"/> 14 ... did not work, go to school, or look for job last month <p align="right">} SKIP to Check Item T7</p> <p align="right">} SKIP to next child or Check Item T12, page 61</p> <p align="right">} SKIP to T12 page 61</p>	8122 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister <input type="checkbox"/> 3 Child's grandparent <input type="checkbox"/> 4 Other relative of child <input type="checkbox"/> 5 Nonrelative of child <input type="checkbox"/> 6 Child in day/group care center <input type="checkbox"/> 7 Child in nursery/preschool <input type="checkbox"/> 8 Child in organized school-based activity (before/after school) <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work (in class/while job hunting) <input type="checkbox"/> 13 Child not born and/or ... not guardian as of last month <p align="right">} SKIP to Check Item T7</p> <p align="right">} SKIP to next child or Check Item T12, page 61</p>	8124 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Child's other parent/stepparent <input type="checkbox"/> 2 Child's brother/sister <input type="checkbox"/> 3 Child's grandparent <input type="checkbox"/> 4 Other relative of child <input type="checkbox"/> 5 Nonrelative of child <input type="checkbox"/> 6 Child in day/group care center <input type="checkbox"/> 7 Child in nursery/preschool <input type="checkbox"/> 8 Child in organized school-based activity (before/after school) <input type="checkbox"/> 9 Child in kindergarten, elementary or secondary school <input type="checkbox"/> 10 Child cares for self <input type="checkbox"/> 11 ... works at home <input type="checkbox"/> 12 ... cares for child at work (in class/while job hunting) <input type="checkbox"/> 13 Child not born and/or ... not guardian as of last month <p align="right">} SKIP to Check Item T7</p> <p align="right">} SKIP to next child or Check Item T12, page 61</p>
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b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8126 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place 	8128 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place 	8130 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Child's home <input type="checkbox"/> 2 Other private home <input type="checkbox"/> 3 Other place
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CHECK ITEM T7 Is box 3–8 marked in item 3a?	8132 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3f, page 58 	8134 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3f, page 58 	8136 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3f, page 58
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3c. Was any money payment usually made for this arrangement?	8138 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3f, page 58 	8140 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes – SKIP to 3d <input type="checkbox"/> 2 No – SKIP to 3f, page 58 	8142 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes – SKIP to 3d <input type="checkbox"/> 2 No – SKIP to 3f, page 58
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CHECK ITEM T8 Are there 2 or more children listed in Check Item T6?	8144 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No – SKIP to 3e 		
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3d. ASK OR VERIFY – Does ... (or ...'s family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child?	8146 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Payment for youngest child separately <input type="checkbox"/> 2 Includes another child 	8148 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Payment for second youngest child separately <input type="checkbox"/> 2 Includes another child 	8150 <ul style="list-style-type: none"> <input type="checkbox"/> 1 Payment for third youngest child separately <input type="checkbox"/> 2 Includes another child
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e. ASK OR VERIFY – In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8152 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8154 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8156 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
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Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

3f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job) last month?	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
9. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T11
4a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school/ was looking for a job)? Mark the arrangement in which the child spent the second most hours in a typical week. Mark (X) only one box.	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) } SKIP to Check Item T9	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) } SKIP to Check Item T9	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/ group care center 7 <input type="checkbox"/> Child in nursery/ preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) } SKIP to Check Item T9
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3–8 marked in item 4a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f
4c. Was any money payment usually made for this arrangement?	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4f	8190 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f	8192 1 <input type="checkbox"/> Yes – SKIP to 4d 2 <input type="checkbox"/> No – SKIP to 4f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4e		
ASK OR VERIFY – 4d. Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child?	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
ASK OR VERIFY – e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8202 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8204 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for – x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job)?	8208 <input type="text"/> <input type="text"/> Hours	8210 <input type="text"/> <input type="text"/> Hours	8212 <input type="text"/> <input type="text"/> Hours

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK ITEM T11	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p>Refer to Check Item T6. Is (Name of child) less than 5 years old?</p>	<p>8214 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old – SKIP to 5b</p>	<p>8216 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old – SKIP to 5b</p>	<p>8218 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old – SKIP to 5b</p>
<p>5a. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) for 1 week or more during the time ... was working (at school/looking for a job)? <i>Do not consider temporary changes for less than 1 week. If ... stopped working (attending school/looking for a job) when schools were closed, then NO change should be recorded. Mark (X) box 3.</i></p>	<p>8220 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended – SKIP to next child or Check Item T11.1</p>	<p>8222 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended – SKIP to next child or Check Item T11.1</p>	<p>8224 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended – SKIP to next child or Check Item T11.1</p>
<p>b. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) during the time ... was working (at school/looking for a job)? Consider only changes that lasted for 1 week or more, including changes over the summer or between (Name of child's) school terms. Do not count changes in teachers or schools as a change of arrangement. <i>If ... stopped working (attending school/looking for a job) when schools were closed, then NO change should be recorded. Mark (X) box 3.</i></p>	<p>8226 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended – SKIP to next child or Check Item T11.1</p>	<p>8228 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended – SKIP to next child or Check Item T11.1</p>	<p>8230 1 <input type="checkbox"/> Yes – SKIP to 5c 2 <input type="checkbox"/> No – SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended – SKIP to next child or Check Item T11.1</p>
<p>c. Excluding any time spent in kindergarten or grade school, how many different arrangements did (Name of child) use in the last 12 months. <i>Include only arrangements lasting for 1 week or more. Do not count different school grades or terms as a different arrangement.</i></p>	<p>8232 <input type="text"/> Arrangements</p>	<p>8234 <input type="text"/> Arrangements</p>	<p>8236 <input type="text"/> Arrangements</p>
<p>d. For what reason(s) did the child care arrangements change? <i>Mark (X) all that apply.</i></p>	<p>8238 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment 8244 2 <input type="checkbox"/> Beginning/ending/changes in ...'s job 8250 3 <input type="checkbox"/> Beginning/ending/changes in ...'s school enrollment 8256 4 <input type="checkbox"/> Cost 8262 5 <input type="checkbox"/> Availability or hours of care provider 8268 6 <input type="checkbox"/> Reliability of care provider 8274 7 <input type="checkbox"/> Quality of care provided 8280 8 <input type="checkbox"/> Location or accessibility to care provider 8286 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8292 10 <input type="checkbox"/> Never had any regular arrangement 8298 11 <input type="checkbox"/> Child outgrew arrangement 8304 12 <input type="checkbox"/> No longer eligible for assistance 8310 13 <input type="checkbox"/> Arrangement no longer available 8316 14 <input type="checkbox"/> Other – Specify <input type="text"/></p> <p align="center">SKIP to next child or Check Item T11.1</p>	<p>8240 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment 8246 2 <input type="checkbox"/> Beginning/ending/changes in ...'s job 8252 3 <input type="checkbox"/> Beginning/ending/changes in ...'s school enrollment 8258 4 <input type="checkbox"/> Cost 8264 5 <input type="checkbox"/> Availability or hours of care provider 8270 6 <input type="checkbox"/> Reliability of care provider 8276 7 <input type="checkbox"/> Quality of care provided 8282 8 <input type="checkbox"/> Location or accessibility to care provider 8288 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8294 10 <input type="checkbox"/> Never had any regular arrangement 8300 11 <input type="checkbox"/> Child outgrew arrangement 8306 12 <input type="checkbox"/> No longer eligible for assistance 8312 13 <input type="checkbox"/> Arrangement no longer available 8318 14 <input type="checkbox"/> Other – Specify <input type="text"/></p> <p align="center">SKIP to next child or Check Item T11.1</p>	<p>8242 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment 8248 2 <input type="checkbox"/> Beginning/ending/changes in ...'s job 8254 3 <input type="checkbox"/> Beginning/ending/changes in ...'s school enrollment 8260 4 <input type="checkbox"/> Cost 8266 5 <input type="checkbox"/> Availability or hours of care provider 8272 6 <input type="checkbox"/> Reliability of care provider 8278 7 <input type="checkbox"/> Quality of care provided 8284 8 <input type="checkbox"/> Location or accessibility to care provider 8290 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8296 10 <input type="checkbox"/> Never had any regular arrangement 8302 11 <input type="checkbox"/> Child outgrew arrangement 8308 12 <input type="checkbox"/> No longer eligible for assistance 8314 13 <input type="checkbox"/> Arrangement no longer available 8320 14 <input type="checkbox"/> Other – Specify <input type="text"/></p> <p align="center">Go Check Item T11.1</p>

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

**CHECK
ITEM T11.1**

Refer to cc items 27 and 24.

Is . . . the designated parent or guardian of 4 or more children under 15 years of age who live in this household?

8322

- 1 Yes
2 No – *SKIP to 6b*

6a. Considering all of . . . 's children under 15 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month?

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

8324

\$. 00 Per week

- x2 All costs already recorded for the three youngest children

b. During (Last month), were any changes made in the child care arrangements used for any of your children because the child care provider who usually took care of the child(ren) was not available?

(Include both unexpected and anticipated losses of child care providers, even for part of the day.)

8326

- 1 Yes
2 No – *SKIP to Check Item T12*

c. When these changes in arrangements occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting)?

8328

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

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS

**CHECK
ITEM T12**

Refer to cc items 24 and 25.
Is . . . the parent of the children under
21 years of age who live in this
household?

8400 1 Yes
2 No – SKIP to part D, page 66

**1a. Does . . . have any children in this household
under 21 years of age who have a parent living
elsewhere?**

(Do not include stepparents or parents who would be
living at home except for military or other job related
absences.)

8402 1 Yes
2 No – SKIP to part D, page 66

**b. These next few questions concern child support.
Have child support payments ever been agreed
to or awarded for (any of) . . . 's children living
here?**

8404 1 Yes
2 No – SKIP to 4a, page 64

c. For how many children?

8406 Children

**2a. In some cases, child support agreements are made
and then later modified or revised. The following
questions relate to the most recent initial agree-
ment and any subsequent modifications of that
agreement.**

**Was this agreement a voluntary written agreement
ratified by the court, a court-ordered agreement,
some other type of written agreement, or a
non-written (verbal) agreement?**

8408 1 Voluntary written agreement ratified by
the court
2 Court-ordered agreement
3 Other type of written agreement – *Specify*

4 Non-written agreement – SKIP to Check
Item T14, page 63

**b. Which children living here are covered by that
agreement?**

8410 x5 All **8411** x3 None
OR

Person No. Name

8412

8414

8416

c. In what year was this agreement FIRST reached?

8418 1 9
x1 DK

d. What was the dollar amount of that agreement?

8420 \$. Per week

8422 \$. Biweekly

8424 \$. Per month

8426 \$. Per year

8428 x1 DK

e. Has the dollar amount ever been changed?

8430 1 Yes
2 No – SKIP to 2h

f. In what year was the amount LAST changed?

8432 1 9
x1 DK

**g. What was the dollar amount for the agreement
after the last change?**

8434 \$. Per week

8436 \$. Biweekly

8438 \$. Per month

8440 \$. Per year

8442 x1 DK

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

2h. Were any payments due in the last 12 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8444</div> <div> 1 <input type="checkbox"/> Yes – <i>SKIP to 2j</i> 2 <input type="checkbox"/> No </div> </div>
i. Why not?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8446</div> <div> 1 <input type="checkbox"/> Child(ren) over the age limit 2 <input type="checkbox"/> Other parent not working 3 <input type="checkbox"/> Other parent deceased 4 <input type="checkbox"/> Other – <i>Specify</i> ↓ </div> </div> <div style="text-align: right; margin-top: 10px;">} <i>SKIP to 2o</i></div>
j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8448</div> <div> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK </div> </div>
k. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8450</div> <div> \$ <input style="width: 80px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK </div> </div>
l. How are the payments now received? Are they received – (Read responses.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8452</div> <div> 1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare or child support agency? 4 <input type="checkbox"/> Some other method? – <i>Specify</i> ↓ </div> </div> <div style="margin-top: 10px;">x1 <input type="checkbox"/> DK</div>
m. How regularly are child support payments received? (Read responses.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8454</div> <div> 1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> None of the time </div> </div>
n. During the past 12 months, how many child support payments were paid within 30 days of when they were due? (Read responses.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8456</div> <div> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Some 4 <input type="checkbox"/> None </div> </div>
o. What kinds of provisions for health care costs are included in the child support agreement? <i>Mark (X) all that apply.</i>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8458</div> <div>1 <input type="checkbox"/> Non-custodial parent to provide health insurance</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8460</div> <div>2 <input type="checkbox"/> Custodial parent to provide health insurance</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8462</div> <div>3 <input type="checkbox"/> Non-custodial parent to pay medical costs directly</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8464</div> <div>4 <input type="checkbox"/> Child support payments to include cash medical support</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8466</div> <div>5 <input type="checkbox"/> None</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">8468</div> <div>6 <input type="checkbox"/> Other – <i>Specify</i> ↓</div> </div>
p. What child custody arrangements does the most recent agreement specify?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8470</div> <div> 1 <input type="checkbox"/> Joint legal and physical custody 2 <input type="checkbox"/> Joint legal with mother physical custody 3 <input type="checkbox"/> Joint legal with father physical custody 4 <input type="checkbox"/> Mother legal and physical custody 5 <input type="checkbox"/> Father legal and physical custody 6 <input type="checkbox"/> Split custody 7 <input type="checkbox"/> Other – <i>Specify</i> ↓ </div> </div>
q. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8472</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </div> </div>

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T13

Refer to items 1c and 2b.
Is more than one child covered by the most recent agreement?

- 8474** 1 Yes
2 No – SKIP to 2s

2r. Did all the children visit the other parent about the same number of days in the last 12 months?

- 8476** 1 Yes – ASK 2s for all children
2 No – ASK 2s for oldest child

S. What is the total amount of time (the oldest) (all) child(ren) spent visiting the other parent in the last 12 months?

- 8478** Days
8480 Weeks
8482 Months
8484 x3 None
8486 x1 DK

t. Where does the other parent (for this agreement) now live?

- 8488** 1 Same county/city
2 Same State (different county/city)
3 Different State
4 Other parent now deceased – SKIP to Check Item T14
5 Other – Specify ↓

- x1 DK

u. If . . . had to contact the other parent, how would . . . do so? Would . . . contact the other parent – (Read responses.)
Mark (X) one.

- 8490** 1 Directly?
2 Through a friend?
3 Through a relative?
4 Other – Specify ↓

- 5 No way of contacting other parent

CHECK ITEM T14

Refer to items 1c, 2b, and the Control Card Household Roster.
Does . . . have any children living in this household not covered by the most recent child support agreement?

- 8492** 1 Yes
2 No – SKIP to 4a, page 64

3a. (Other than the support agreement discussed above), are any of . . . 's other children in this household covered by another written child support agreement?

- 8494** 1 Yes
2 No – SKIP to 4a, page 64

b. How many other agreements?

- 8496** Number

C. The following questions relate to the most recent of these agreements. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, or some other type of written agreement?

- 8498** 1 Voluntary written agreement ratified by the court
2 Court-ordered agreement
3 Other type of written agreement – Specify ↓

d. Which children living here are covered by this agreement?

- | Person No. | Name |
|--|-------|
| 8500 <input type="text"/> <input type="text"/> <input type="text"/> | _____ |
| 8502 <input type="text"/> <input type="text"/> <input type="text"/> | _____ |
| 8504 <input type="text"/> <input type="text"/> <input type="text"/> | _____ |

E. What is the total amount that . . . was supposed to have received in child support payments under this agreement, during the last 12 months?

- 8506** \$ Per week
8508 \$ Weekly
8510 \$ Per month
8512 \$ Per year
8513 x1 DK x3 None

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

3f. What is the total amount that . . . actually received in child support payments under this agreement, during the last 12 months?

8516

\$. 00 OR

x3 None

OR

x1 DK

g. Where does the other parent (for this agreement) now live?

8518

- 1 Same county/city
- 2 Same State (different county/city)
- 3 Different State
- 4 Other parent now deceased
- 5 Other – *Specify* ↓

x1 DK

4a. For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?

8520

- 1 Yes
- 2 No – *SKIP to Check Item T15*

b. In what year did . . . LAST ASK for help?

8522

1 9

x1 DK

c. What type of help did . . . ask for (Last contact)?
Mark (X) all that apply.

8524

- 1 Locate the other parent
- 2 Establish paternity/maternity
- 3 Establish support obligation
- 4 Establish medical support
- 5 Enforce support order
- 6 Modify an order
- 7 Other – *Specify* ↓

8526

8528

8530

8532

8534

8536

d. Did . . . receive any help from the agency (Last contact)?

8538

- 1 Yes
- 2 No – *SKIP to Check Item T15*

e. What kind of help did . . . receive (Last contact)?
Mark (X) all that apply.

8540

8542

8544

8546

8548

8550

8552

- 1 Locate the other parent
- 2 Establish paternity/maternity
- 3 Establish support obligation
- 4 Establish medical support
- 5 Enforce support order
- 6 Modify an order
- 7 Other – *Specify* ↓

CHECK ITEM T15

Refer to item 2b.
Are all children in the household covered by the most recent agreement?

8554

- 1 Yes – *SKIP to 5f*
- 2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

5a. How many children living in . . . 's household do not have a child support award from an absent parent?

8556 Number

x3 None – SKIP to 5f

b. Do all of . . . 's children without a child support award have the same absent parent?

8558

- 1 Yes – ASK 5c, 5d, and 5e only for youngest child WITHOUT an award.
 2 No – ASK 5c, 5d, and 5e for youngest child WITHOUT an award; and if more than two children, ask 5c, 5d, and 5e for oldest child WITHOUT an award

c. Why were child support payments not agreed to or awarded for . . . 's (youngest) (oldest) child without an award?

YOUNGEST CHILD

OLDEST CHILD

8560 Person number

8562 Person number

Record person number of child.
Mark (X) all that apply.

- 8564** 1 Paternity not established
8568 2 Unable to locate parent
8572 3 Father unable to pay
8576 4 Final agreement pending
8580 5 Accepted property settlement in lieu of child support
8584 6 Do not want child support
8588 7 Did not pursue award
8592 8 Other – Specify ↓

- 8566** 1 Paternity not established
8570 2 Unable to locate parent
8574 3 Father unable to pay
8578 4 Final agreement pending
8582 5 Accepted property settlement in lieu of child support
8586 6 Do not want child support
8590 7 Did not pursue award
8594 8 Other – Specify ↓

d. Where does the other parent for this (youngest) (oldest) child now live?

8596
8600

- 1 Same county/city
 2 Same state (different county/city)
8604 3 Different state
8608 4 Other parent deceased
8612 5 Other – Specify ↓

8598
8602

- 1 Same county/city
 2 Same state (different county/city)
8606 3 Different state
8610 4 Other parent deceased
8614 5 Other – Specify ↓

x1 Don't know

x1 Don't know

e. If . . . had to contact the other parent for (youngest) (oldest) child, (without an award), how would . . . do so? Would . . . contact the other parent – (Read responses.)

Mark (X) one.

8616

- 1 Directly?
 2 Through a friend?
 3 Through a relative?
 4 Other – Specify ↓

8618

- 1 Directly?
 2 Through a friend?
 3 Through a relative?
 4 Other – Specify ↓

- 5 No way of contacting other parent

- 5 No way of contacting other parent

f. Were any child support payments received in the last 12 months without a written child support agreement for any of . . . 's children under age 21 living here?

8620

- 1 Yes
 2 No – SKIP to 5h

g. What is the total amount that . . . received in child support payments under this arrangement in the past 12 months?

8622

\$. 00

OR

x1 DK

h. Were any non-cash items or services for child support received for any of . . . 's children?

8624

- 1 Yes – Specify _____
 2 No

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . .'s household?	8700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to part E, page 68</i>
2a. Did . . . make regular payments, lump-sum payments, or both?	8702 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both
b. Were any of these payments for the support of . . .'s child or children under 21 years of age?	8704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 5b</i>
c. For how many children did . . . make support payments?	8706 <input type="text"/> <input type="text"/> Children x1 <input type="checkbox"/> DK
d. Were any of these payments the result of a court order or some other kind of written agreement?	8708 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4d</i>
3a. These next few questions relate to the most recent child support agreement for . . .'s children. How many children are covered by that agreement?	8710 <input type="text"/> <input type="text"/> Children x1 <input type="checkbox"/> DK
b. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?	8712 1 <input type="checkbox"/> Voluntary written agreement ratified by the court 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other type of written agreement — <i>Specify</i> ↓ _____ 4 <input type="checkbox"/> Non-written agreement — <i>SKIP to 4a</i>
c. In what year was this agreement FIRST reached?	8714 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
d. Has the dollar amount originally agreed to ever been changed?	8716 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3f</i>
e. In what year was the amount last changed?	8718 <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
f. Is . . . still supposed to pay child support?	8720 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. How much did . . . pay in child support under this agreement during the past 12 months?	8722 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
h. Are these payments made —	8724 1 <input type="checkbox"/> Through employment related wage withholding? 2 <input type="checkbox"/> Directly to the other parent? 3 <input type="checkbox"/> Directly to the court? 4 <input type="checkbox"/> Directly to a child support agency? 5 <input type="checkbox"/> Other — <i>Specify</i> ↓ _____ x1 <input type="checkbox"/> DK

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

3i. What kinds of provisions for health care costs were included in the child support agreement?
 Mark (X) all that apply.

8726	<input type="checkbox"/> Non-custodial parent to provide health insurance
8728	<input type="checkbox"/> Custodial parent to provide health insurance
8730	<input type="checkbox"/> Non-custodial parent to pay medical costs directly
8732	<input type="checkbox"/> Child support payments to include cash medical support
8734	<input type="checkbox"/> Other – Specify _____
8736	x3 <input type="checkbox"/> None

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

8738	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – SKIP to 4c

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

8740	\$		.	00
	x1 <input type="checkbox"/> DK			

c. Were any child support payments made without a written child support agreement for ...'s children under age 21?

8742	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – SKIP to 5a

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

8744	\$		.	00
	x1 <input type="checkbox"/> DK			

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

8746	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – SKIP to part E, page 68

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

8748			Persons
	x1 <input type="checkbox"/> DK		

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

FIRST PERSON	SECOND PERSON
8750	8752
<input type="checkbox"/> Parent	<input type="checkbox"/> Parent
<input type="checkbox"/> Spouse	<input type="checkbox"/> Spouse
<input type="checkbox"/> Ex-spouse	<input type="checkbox"/> Ex-spouse
<input type="checkbox"/> Child under 21	<input type="checkbox"/> Child under 21
<input type="checkbox"/> Child 21 or older	<input type="checkbox"/> Child 21 or older
<input type="checkbox"/> Other relative	<input type="checkbox"/> Other relative
<input type="checkbox"/> Not related	<input type="checkbox"/> Not related

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

FIRST PERSON	SECOND PERSON
8754	8756
<input type="checkbox"/> Private home or apartment	<input type="checkbox"/> Private home or apartment
<input type="checkbox"/> Nursing home	<input type="checkbox"/> Nursing home
<input type="checkbox"/> Someplace else	<input type="checkbox"/> Someplace else

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

8758	\$		.	00	8760	\$		.	00
	x1 <input type="checkbox"/> DK					x1 <input type="checkbox"/> DK			

CHECK ITEM T16 Is the entry in item 5b "03" or more?

8762	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – SKIP to part E, page 68

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

8764	\$		.	00
	x1 <input type="checkbox"/> DK			

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY

<p>1. These next few questions are about . . . 's health. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>8800 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p><i>Mark by observation if apparent.</i> 2. Does . . . use any of the following aids to get around? a. A cane, crutches, or a walker b. A wheelchair</p>	<p>8802 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T17 Is "Yes" marked in 2a or 2b above?</p>	<p>8806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4a</p>
<p>3. Has . . . used (Aid mentioned in 2a or 2b) for six months or longer?</p>	<p>8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4a. Does . . . have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?</p>	<p>8810 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 5a</p>
<p>b. Is . . . able to see the words and letters in ordinary newsprint at all?</p>	<p>8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. Does . . . have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if . . . usually wears one)?</p>	<p>8814 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 6a</p>
<p>b. Is . . . able to hear what is said in a normal conversation at all?</p>	<p>8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6a. Because of a health condition or problem, does . . . have any difficulty having his/her speech understood?</p>	<p>8818 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 7a</p>
<p>b. Is . . . able to have his/her speech understood at all?</p>	<p>8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>7a. Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</p>	<p>8822 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 8a</p>
<p>b. Is . . . able to lift and carry this much weight at all?</p>	<p>8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8a. Does . . . have any difficulty walking up a flight of stairs without resting?</p>	<p>8826 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 9a</p>
<p>b. Is . . . able to walk up a flight of stairs without resting at all?</p>	<p>8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9a. Does . . . have any difficulty walking a quarter of a mile – about 3 city blocks?</p>	<p>8830 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 10a</p>
<p>b. Is . . . able to walk a quarter of a mile at all?</p>	<p>8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>10a. Does . . . have any difficulty using the telephone?</p>	<p>8834 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty – SKIP to 11a</p>
<p>b. Is . . . able to use the telephone at all?</p>	<p>8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.

11b. Does . . . need the help of another person with (Name of activity)?

Mark "Yes" if person sometimes needs help or usually needs help.

FIELD REPRESENTATIVE
INSTRUCTION

▶ Repeat lead-in as necessary.

(1) Getting around INSIDE the home?	8838 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8840 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?	8842 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8844 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Getting in and out of bed or a chair?	8846 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8848 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Taking a bath or shower?	8850 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8852 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Dressing?	8854 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8856 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Eating?	8858 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8860 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Using the toilet, including getting to the toilet?	8862 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8864 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Keeping track of money and bills?	8866 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8868 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Preparing meals?	8870 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8872 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Doing light housework, such as washing dishes or sweeping a floor?	8871 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8873 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T18 Is "Yes" marked in item 11b for any of the activities listed above?	8874 1 <input type="checkbox"/> Yes – Go to 12a 2 <input type="checkbox"/> No – SKIP to Check Item T19	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

12a. You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?

Anyone else?

FIRST HELPER	SECOND HELPER
RELATIVE 8876 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help – SKIP to 13	RELATIVE 8878 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative

ASK OR VERIFY –

b. Is (Person mentioned above) a household member?

FIRST HELPER	SECOND HELPER
8880 1 <input type="checkbox"/> Yes Person number 8883 <input type="text"/> <input type="text"/> <input type="text"/> 8885 2 <input type="checkbox"/> No	8882 1 <input type="checkbox"/> Yes Person number 8884 <input type="text"/> <input type="text"/> <input type="text"/> 8886 2 <input type="checkbox"/> No

c. For how long has . . . needed the help of another person?

8887 1 Less than 6 months
 2 6 to 11 months
 3 1 to 2 years
 4 3 to 5 years
 5 More than 5 years

ASK OR VERIFY –

d. During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?

8888 1 Yes
 2 No
 x1 DK } SKIP to 13

e. How much was paid for such help in (Read last month)?

8889 \$. 00
 x1 DK

CHECK ITEM T19

Is "Has difficulty" marked in items 7a, 8a, 9a, 10a, or 11a for any activity?

8890 1 Yes
 2 No – SKIP to 15

(SHOW FLASHCARD AA)

13. I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?

8892 First condition
 8894 Second condition
 8896 Third condition

CHECK ITEM T20

Are two or more conditions entered in item 13?

8898 1 Yes
 2 No – SKIP to 15

14. Which of the conditions do you consider to be the main reason for . . . 's difficulty?

8900 Main condition

15. Does . . . have –

- a. A learning disability such as dyslexia? 8902 1 Yes
 2 No
- b. Mental retardation? 8904 1 Yes
 2 No
- c. A developmental disability such as autism or cerebral palsy? 8906 1 Yes
 2 No
- d. Alzheimers disease, senility, or dementia? 8908 1 Yes
 2 No
- e. Any other mental or emotional condition? 8910 1 Yes
 2 No

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

CHECK ITEM T21	Refer to cc item 24. What is . . . 's age?	8912	1 <input type="checkbox"/> 15 years old – SKIP to Check Item T27 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to 18a
CHECK ITEM T22	Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for . . . ?	8914	1 <input type="checkbox"/> Yes – SKIP to 16 2 <input type="checkbox"/> No
CHECK ITEM T23	Is "Disabled" (code 171) marked on the ISS for . . . ?	8916	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a
16.	We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?	8918	1 <input type="checkbox"/> Yes – SKIP to Check Item T24 2 <input type="checkbox"/> No – SKIP to 18a
17a.	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	8920	1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to 18a
CHECK ITEM T24	Is "Worked" (code 170) marked on ISS?	8922	1 <input type="checkbox"/> Yes – SKIP to 18a 2 <input type="checkbox"/> No
17b.	Does . . . 's health or condition prevent . . . from working at a job or business?	8924	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18a.	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do around the house?	8926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T25
b.	Does . . . 's health or condition completely prevent . . . from doing work around the house?	8928	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T25	Is "Yes" marked in 16, 17a, or 18a?	8930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T27
19.	(SHOW FLASHCARD AA) I have marked that . . . is limited in working at a job or around the house – Which condition or conditions on this card are the cause of this limitation? Any other condition?	8932	<input type="checkbox"/> <input type="checkbox"/> First condition 8934 <input type="checkbox"/> <input type="checkbox"/> Second condition 8936 <input type="checkbox"/> <input type="checkbox"/> Third condition
CHECK ITEM T26	Are two or more conditions entered in item 19?	8938	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T27
20.	Which of the conditions do you consider the main reason for the limitation?	8940	<input type="checkbox"/> <input type="checkbox"/> Main condition
CHECK ITEM T27	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children under the age of 6 who live in this household?	8942	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T28
21a.	Because of a physical, learning, or mental health condition, do any of . . . 's children under 6 years of age have any limitations at all in the usual kind of activities done by most children their age?	8944	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 22a
b.	Which children have activity limitations?		Person No. Name 8946 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ 8948 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ 8950 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____

Section 5 — TOPICAL MODULES (Continued)

Part E — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<p>22a. Have any of . . . 's children under the age of 6 received therapy or diagnostic services designed to meet their developmental needs?</p>	<p>8952 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T28</i></p>												
<p>b. Which children have received these services?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">8954</td> <td style="border: 1px solid black; width: 15%;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8956</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8958</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Person No.	Name	8954			8956			8958		
	Person No.	Name											
8954													
8956													
8958													
<p>CHECK ITEM T28 Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children between the ages of 6 and 21 who live in this household?</p>	<p>8960 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i></p>												
<p>23a. Because of a physical, learning, or mental health condition, do any of . . . 's children between the ages of 6 and 21 have limitations in their ability to do regular school work?</p>	<p>8962 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 24a</i></p>												
<p>b. Which children have difficulty doing regular school work?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">8964</td> <td style="border: 1px solid black; width: 15%;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8966</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8968</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Person No.	Name	8964			8966			8968		
	Person No.	Name											
8964													
8966													
8968													
<p>24a. Have any of . . . 's children between the ages of 6 and 21 ever received any special education services?</p>	<p>8970 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i></p>												
<p>b. Which children have received special education services?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">8972</td> <td style="border: 1px solid black; width: 15%;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8974</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8976</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Person No.	Name	8972			8974			8976		
	Person No.	Name											
8972													
8974													
8976													
<p>25a. Are any of . . . 's children between the ages of 6 and 21 currently receiving special education services?</p>	<p>8978 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T29</i></p>												
<p>b. Which children are currently receiving special education services?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">8980</td> <td style="border: 1px solid black; width: 15%;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8982</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8984</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Person No.	Name	8980			8982			8984		
	Person No.	Name											
8980													
8982													
8984													
<p>CHECK ITEM T29 Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children between the ages of 3 and 14 who live in this household?</p>	<p>8986 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T30</i></p>												
<p>26a. Do any of . . . 's children between the ages of 3 and 14 have a long lasting condition that limits their ability to walk, run, or use stairs?</p>	<p>8988 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T30</i></p>												
<p>b. Which children have difficulty with these activities?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">8990</td> <td style="border: 1px solid black; width: 15%;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8992</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="text-align: right;">8994</td> <td style="border: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Person No.	Name	8990			8992			8994		
	Person No.	Name											
8990													
8992													
8994													
<p>CHECK ITEM T30 Are any person numbers recorded in items 21b through 26b?</p>	<p>8996 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 28a</i></p>												

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

(SHOW FLASHCARD BB)

27. I have recorded that (Read names of children identified in items 21b–26b) have difficulty(ies) with certain activities?

Which condition or conditions on this card are responsible for these difficulties?

Any other?

FIRST CHILD

Person No. Name

8998

9000 First condition

9002 Second condition

9004 Third condition

SECOND CHILD

Person No. Name

9006

9008 First condition

9010 Second condition

9012 Third condition

THIRD CHILD

Person No. Name

9014

9016 First condition

9018 Second condition

9020 Third condition

28a. Has . . . ever applied for Social Security disability benefits for him/herself?
(Do not include SSI.)

9022 1 Yes
2 No – SKIP to part F, page 74

b. Has . . . ever received Social Security disability benefits?

9024 1 Yes
2 No – SKIP to 28h

c. In what year did . . . start receiving Social Security disability benefits?

9026 Year
x1 DK

d. Was there ever a time when . . . stopped receiving Social Security disability benefits?

9028 1 Yes
2 No – SKIP to part F, page 74

e. In what year did . . . stop receiving benefits?

9030 Year
x1 DK

f. Did . . . begin receiving benefits again after that date?

9032 1 Yes
2 No – SKIP to part F, page 74

g. In what year did . . . 's benefits resume?

9034 Year } SKIP to part F, page 74
x1 DK

h. In what year did . . . (first) apply for Social Security disability benefits?

9036 Year
x1 DK

Section 5 – TOPICAL MODULES (Continued)

Part F – UTILIZATION OF HEALTH CARE SERVICES

1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9100</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9102</div> [] [] Times x1 <input type="checkbox"/> DK
c. What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9104</div> 1 <input type="checkbox"/> Child birth <div style="border: 1px solid black; padding: 2px; display: inline-block;">9106</div> 2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) <div style="border: 1px solid black; padding: 2px; display: inline-block;">9108</div> 3 <input type="checkbox"/> Other medical <div style="border: 1px solid black; padding: 2px; display: inline-block;">9110</div> 4 <input type="checkbox"/> Mental or emotional problem or disorder <div style="border: 1px solid black; padding: 2px; display: inline-block;">9112</div> 5 <input type="checkbox"/> Drug or alcohol abuse problem or disorder
d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9114</div> 1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No
2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9116</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. How many nights in all did . . . spend in a hospital (of any type) during the past 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9118</div> [] [] [] Nights x1 <input type="checkbox"/> DK
c. How many of these nights were in the past 4 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9120</div> x5 <input type="checkbox"/> All nights OR [] [] [] Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9122</div> x5 <input type="checkbox"/> All days OR [] [] [] Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9124</div> [] [] Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } <i>SKIP to 5a</i>
b. How many of these visits or calls were in the past 4 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9126</div> [] [] Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part F – UTILIZATION OF HEALTH CARE SERVICES (Continued)

5a. Is there a particular clinic, health center, doctor's office, or some other place where . . . usually goes if . . . is sick or needs advice about . . .'s health?

9128

- 1 Yes
- 2 No – *SKIP to Check Item T31*

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

Mark (X) only one.

9130

- 1 Doctor's office (or HMO)
- 2 VA hospital
- 3 Military hospital
- 4 Hospital outpatient clinic (not VA or military)
- 5 Hospital emergency room
- 6 Company or industry clinic
- 7 Health center (neighborhood health center or free or low-cost clinic)
- 8 Psychiatric clinic
- 9 Psychiatric Hospital
- 10 Private practice psychiatrist or other mental health professional
- 11 Other – *Specify* _____

CHECK ITEM T31

Refer to item 27a, page 10.
Is . . . covered by a health insurance plan?

9132

- 1 Yes – *SKIP to Check Item C1, page 79*
- 2 No

CHECK ITEM T32

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

9134

- 1 Yes – *SKIP to Check Item C1, page 79*
- 2 No

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

9136

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

(SHOW FLASHCARD JJ)

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

Mark (X) only one.

9138

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

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PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover page)	1
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	12
Check Item T21	71
Control number information at top of Income Source Summary (ISS)	80b
11a, Finish time (Cover page)	1

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 (such as NOW or Super NOW accounts)	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College work study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earning assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	National Direct Student Loan (NDSL)
120	Rental property	179	Guaranteed Student Loan
130	Mortgages	180	JTPA Training
140	Royalties	181	Employer assistance
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

a. R.O. code	b. Control number	c. Add. ID	d. Entry Add. ID	e. Person number
	PSU Segment Serial Sample Check digit			

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. In column (c), enter the code to indicate whether the respondent used records to verify or provide amounts. Column (d) will show the type of income source. The Amounts section should be filled starting with the page number shown in column (e) for those income sources which have been marked.

ISS code (a)	Mark (X) (b)	Record use code 1 = Yes 2 = No 3 = Ref. (c)	Type of income source and income source code (d)	Amounts section page number (e)	
1			INCOME CODES 1-7 Social Security	(A) - 24 28 32 36 40 44	
2			U.S. Government Railroad Retirement pay		
3			Federal Supplemental Security Income (SSI)		
5			State Unemployment compensation		
6			Supplemental Unemployment Benefits		
8			INCOME CODES 8-13 Veterans' compensation or pensions		
20			INCOME CODES 20-29 Aid to Families with Dependent Children (AFDC, ADC)		
24			Other Welfare — <i>Specify</i>		
25			WIC (Women, Infants, and Children Nutrition Program)		
27			Food Stamps		
28			Child Support payments		
29			Alimony payments		
30			INCOME CODES 30-38 Pension from company or union		
40			INCOME CODES 40-46 GI Bill education benefits		
55			INCOME CODES 50-56 Incidental or casual earnings		
100			ASSET CODES 100-150 Interest Earning Assets Regular/passbook/savings accounts in a bank, savings and loan or credit union		(B) - 48
101			Money market deposit accounts		
102			Certificates of Deposit or other savings certificates		
103			Interest-earning checking accounts (such as NOW or Super NOW accounts)		(C) - 49
104			Money market funds		
105			U.S. Government securities		
106			Municipal or corporate bonds		(D) - 50
107			Other interest-earning assets		
110			Stocks or mutual fund shares		
120			Rental property		(E) - 51
130			Mortgages		
140			Royalties		
150			Other financial investments		(F) - 52
170			SPECIAL INDICATOR CODES 170-183, 200, 201 Worked		
171			Disabled		
172			Medicare	DO NOT FILL	
173			Medicaid		
174			U.S. Savings Bonds		
200			VA disability rating of 100%		
201			VA disability rating of less than 100%		

CALLBACK SUMMARY

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