

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

PGM 6

1. Book of _____	2. (cc 1) R.O. code <input type="text"/>	3a. (cc 2) PSU <input type="text"/> Segment <input type="text"/> Serial <input type="text"/> Sample digit 1 0 <input type="text"/>	b. (cc 3) Add. ID <input type="text"/>
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U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

**SURVEY OF INCOME
AND PROGRAM
PARTICIPATION
1990 PANEL
WAVE 6 QUESTIONNAIRE**

4. (cc 17) a. Entry Add. ID <input type="text"/>	c. Name (cc 19a) First <input type="text"/> Middle initial <input type="text"/>
b. PERSON Number (cc 18) <input type="text"/>	

5. PERSON CHARACTERISTICS — Fill a,b,c, and d using the control card

a. Relationship code (cc 19b) <input type="text"/>	b. Date of birth (cc 24) Month Day Year <input type="text"/>	c. Sex code (cc 28) <input type="text"/>	d. Marital status code (cc 26a) <input type="text"/>
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6. Field representative identification

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

7. PERSON INTERVIEW STATUS

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

b. Noninterview
 1 Type Z refusal 2 Type Z other

CHECK ITEM N1 Does ... 's person number begin with a "6"?

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

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

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

0901 1 Yes — *SKIP to section 1, item 1, page 2*
 2 No

9a. Interview time for this person

	Initial visit	Callback visit
Start time →	<input type="text"/> a.m. <input type="text"/> p.m.	<input type="text"/> a.m. <input type="text"/> p.m.
Finish time →	<input type="text"/> a.m. <input type="text"/> p.m.	<input type="text"/> a.m. <input type="text"/> p.m.

b. Total interview time for this person Minutes

13a. On March 31, 1990, was ... living in any of the kinds of places listed on this card? (Show Flashcard P)

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

b. Which code on this card represents the kind of place ... was living in on March 31, 1990?

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

10a. Field representative edit time

Start time →	<input type="text"/> a.m. <input type="text"/> p.m.
Finish time →	<input type="text"/> a.m. <input type="text"/> p.m.

b. Total edit time Minutes

NOTES

INTRODUCTION

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

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

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

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

11a. Pre-interview transcription time

Start time →	<input type="text"/> a.m. <input type="text"/> p.m.
Finish time →	<input type="text"/> a.m. <input type="text"/> p.m.

b. Total pre-interview time for transcription Minutes

12. 1 Phone interview — *Specify reason* ↘

Section 1 – LABOR FORCE AND RECIPIENCY

LABOR FORCE AND RECIPIENCY

(SHOW FLASHCARD J)

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

PGM 7

1000

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

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

1002

- 1 Yes
 2 No — SKIP to 3a

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

1004

x5 ALL

1006

1

1018

7

1030

13

1008

2

1020

8

1032

14

1010

3

1022

9

1034

15

1012

4

1024

10

1036

16

1014

5

1026

11

1038

17

1016

6

1028

12

1040

18

Mark (X) all that apply.

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

1042

- 1 Yes — SKIP to 3a
 2 No

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

1044

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

Mark (X) only one.

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

1046

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

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

1048

1 Last month

1050

2 2 months ago

1052

3 3 months ago

1054

4 4 months ago

Mark (X) all that apply.

CHECK ITEM R2

Refer to item 2a above.

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

1055

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

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

1056

- 1 Yes
 2 No — SKIP to 6a

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

1058

- 1 Yes
 2 No — SKIP to 8a, page 4

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

1060

x5 ALL

1062

1

1074

7

1086

13

1064

2

1076

8

1088

14

1066

3

1078

9

1090

15

1068

4

1080

10

1092

16

1070

5

1082

11

1094

17

1072

6

1084

12

1096

18

Mark (X) all that apply.

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

1098

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

SKIP to 8a, page 4

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 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 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 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 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 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 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 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 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 Department of Veterans Affairs (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 Department of Veterans Affairs (VA)) – 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
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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
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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
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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
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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
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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	<table style="width:100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Percent</td> </tr> <tr> <td>x3 <input type="checkbox"/></td> <td>0%</td> <td colspan="2"></td> </tr> <tr> <td>x1 <input type="checkbox"/></td> <td>DK</td> <td colspan="2"></td> </tr> <tr> <td>x2 <input type="checkbox"/></td> <td>Ref.</td> <td colspan="2"></td> </tr> <tr> <td>101 <input type="checkbox"/></td> <td>No rating</td> <td colspan="2"></td> </tr> </table>				Percent	x3 <input type="checkbox"/>	0%			x1 <input type="checkbox"/>	DK			x2 <input type="checkbox"/>	Ref.			101 <input type="checkbox"/>	No rating		
			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 Department of Veterans Affairs (VA)? (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
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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
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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
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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
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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
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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
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15d. At what age did . . . begin receiving Social Security because of (his/her) disability?		1349	<table style="width:100%;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Age in years</td> </tr> <tr> <td>x1 <input type="checkbox"/></td> <td>DK</td> <td></td> </tr> <tr> <td>x2 <input type="checkbox"/></td> <td>Ref.</td> <td></td> </tr> </table>			Age in years	x1 <input type="checkbox"/>	DK		x2 <input type="checkbox"/>	Ref.	
		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
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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
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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
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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
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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
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Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

<p>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	<p>1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item R16</p>
<p>b. During the 4-month period did . . . receive any retirement income other than Social Security?</p>	<p>1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 17d</p>
<p>c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	<p>1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS 1368 3 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS 1370 4 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) — Mark "32" on ISS 1372 5 <input type="checkbox"/> National Guard or Reserve Forces retirement — Mark "33" on ISS 1374 6 <input type="checkbox"/> State government pension — Mark "34" on ISS 1376 7 <input type="checkbox"/> Local government pension — Mark "35" on ISS 1378 8 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS 1380 <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>	<p>1382 1 <input type="checkbox"/> Yes — Mark "36" on ISS 2 <input type="checkbox"/> No</p>

CHECK ITEM R16	Refer to cc item 24. Is . . . 70 years of age or older?	<p>1384 1 <input type="checkbox"/> Yes — SKIP to Check Item R17 2 <input type="checkbox"/> No</p>
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<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	<p>1386 1 <input type="checkbox"/> Yes — Mark "171" on ISS 2 <input type="checkbox"/> No — SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17</p>
<p>c. What kind of income? Anything else? Mark (X) all that apply.</p>	<p>1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement — Mark "2" on ISS 1392 2 <input type="checkbox"/> Black Lung payments — Mark "9" on ISS 1394 3 <input type="checkbox"/> Workers' Compensation — Mark "10" on ISS 1396 4 <input type="checkbox"/> Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS 1398 5 <input type="checkbox"/> Pension from company or union — Mark "30" on ISS 1400 6 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS 1402 7 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) — Mark "32" on ISS 1406 8 <input type="checkbox"/> State government pension — Mark "34" on ISS 1408 9 <input type="checkbox"/> Local government pension — Mark "35" on ISS 1410 10 <input type="checkbox"/> Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS 1412 <input type="checkbox"/> <input type="checkbox"/></p>

CHECK ITEM R17	Refer to cc item 26a. What is . . . 's marital status?	<p>1414 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>
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<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 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>
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<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>	<p>1418 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>
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Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	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? <i>Mark (X) all that apply.</i>	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 [] []
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.	<i>(Refer to FLASHCARD M for Medicaid name.)</i> 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.	<i>(Refer to FLASHCARD M for Medicaid name.)</i> 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	[] [] []
		1514	[] [] []
		1516	[] [] []
		1518	[] [] []
		1520	[] [] []
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? <i>Mark (X) all that apply.</i>	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
 2 2 months ago
 3 3 months ago
 4 4 months ago

1542

1544

1546

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

x4 Not a Household member

} SKIP to Check Item R30

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

1568

1569

1570

- 1 Yes, spouse
 2 Yes, child(ren)
 3 Yes, someone else
 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

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

Person No. Name

1575

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1576

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1577

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1578

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1579

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OR

1580

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

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

1581

- 1 Yes — Which children?

Person No. Name

1582

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1583

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1584

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1585

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1586

--	--	--	--

1587

- 2 No

NOTES

Section 1 — LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R31**

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

1588

- 1 Yes
2 No — SKIP to 29a

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

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

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

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

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

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

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

1622

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

b. Which kinds of these assets did . . . own? Any others? (Exclude IRA, Keogh, and 401K accounts.)

1626

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

1628

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

1630

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

1632

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

1636

5 Money market funds — Mark "104" on ISS

1638

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

1640

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

1642

8 Mortgages — Mark "130" on ISS

1644

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

1646

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

1648

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

1650

12 Rental property — Mark "120" on ISS

1652

13 Royalties — Mark "140" on ISS

1654

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

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

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

NOTES

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 Employer name 2000 _____</p>
<p>CHECK ITEM E3 Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number →</p>	<p>PGM 8 Employer I.D. No. 2002 <input type="text"/></p>
<p>CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 2003 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2c</p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 2004 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3a</p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm. ASK OR VERIFY –</p>	<p>PGM 8 2005 _____</p>
<p>d. Is it mainly –</p>	<p>PGM 8 2006 1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8 2008 _____</p>
<p>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. ASK OR VERIFY –</p>	<p>PGM 8 2010 _____</p>
<p>g. Was . . . an employee of –</p>	<p>PGM 8 2012 1 <input type="checkbox"/> A private for-profit company or individual? 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p>ASK OR VERIFY – 3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 2014 1 <input type="checkbox"/> Yes – SKIP to 4 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016 FROM <input type="text"/> <input type="text"/> Month 2018 <input type="text"/> <input type="text"/> Day 2020 TO <input type="text"/> <input type="text"/> Month 2022 <input type="text"/> <input type="text"/> Day</p>
<p>CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?</p>	<p>2023 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	<p>2024 1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY – 4. How many hours per week did . . . usually work at this job?</p>	<p>2025 <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028 \$ <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 9a</p>
<p>7a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2029 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks Specify <input checked="" type="checkbox"/> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E5</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2030 <input type="text"/> <input type="text"/> Month 2031 <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.</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

The next question is about the pay . . . received from this job during the 4-month period. We need the most accurate figures you can provide. Please remember that certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks. Be sure to include any tips, bonuses, overtime pay, or commissions.

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

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



		FIELD REPRESENTATIVE USE ONLY	
LAST MONTH			
2032	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
	x3 <input type="checkbox"/> None	\$	<u> </u> .00
	x1 <input type="checkbox"/> DK	\$	<u> </u> .00
	x2 <input type="checkbox"/> Ref.	\$	<u> </u> .00
		Total \$	<u> </u> .00
2 MONTHS AGO			
2034	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
	x3 <input type="checkbox"/> None	\$	<u> </u> .00
	x1 <input type="checkbox"/> DK	\$	<u> </u> .00
	x2 <input type="checkbox"/> Ref.	\$	<u> </u> .00
		Total \$	<u> </u> .00
3 MONTHS AGO			
2036	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
	x3 <input type="checkbox"/> None	\$	<u> </u> .00
	x1 <input type="checkbox"/> DK	\$	<u> </u> .00
	x2 <input type="checkbox"/> Ref.	\$	<u> </u> .00
		Total \$	<u> </u> .00
4 MONTHS AGO			
2038	\$ <input type="text"/> . <input type="text"/> 00	\$	<u> </u> .00
		\$	<u> </u> .00
		\$	<u> </u> .00
	x3 <input type="checkbox"/> None	\$	<u> </u> .00
	x1 <input type="checkbox"/> DK	\$	<u> </u> .00
	x2 <input type="checkbox"/> Ref.	\$	<u> </u> .00
		Total \$	<u> </u> .00

CHECK ITEM E4	Is "DK" marked in all parts of item 8a?	2040	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes — Mark Callback Summary and Reminder Card, Item 3a
		2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes — SKIP to Check Item E5
		2 <input type="checkbox"/> No

b. Was . . . covered by a union or employee association contract during the 4-month period?	2046	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No

CHECK ITEM E5	Number of employers in item 1b, page 15?	2048	1 <input type="checkbox"/> 1 employer — SKIP to Check Item E8, page 19
			2 <input type="checkbox"/> 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="checkbox"/>
<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 17a
<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 <input checked="" type="checkbox"/>
		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		\$	.00
2132	\$ <input type="text"/> . <input type="text"/>	\$.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00
2 MONTHS AGO		\$	.00
2134	\$ <input type="text"/> . <input type="text"/>	\$.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00
3 MONTHS AGO		\$	.00
2136	\$ <input type="text"/> . <input type="text"/>	\$.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00
4 MONTHS AGO		\$	.00
2138	\$ <input type="text"/> . <input type="text"/>	\$.00
x3 <input type="checkbox"/> None		\$	.00
x1 <input type="checkbox"/> DK		\$	.00
x2 <input type="checkbox"/> Ref.		\$	.00
		Total \$	.00

CHECK ITEM E7

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

2140 1 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>1a. 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>	PGM 8	Business name
	2200	_____
<p>CHECK ITEM S1 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	PGM 8	Business I.D. No.
	2201	<input type="text"/>
<p>CHECK ITEM S1.1 Is the previous wave box marked for this business in cc item 43?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2202	2 <input type="checkbox"/> No – SKIP to 1c
<p>1b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	PGM 8	1 <input type="checkbox"/> Yes
	2203	2 <input type="checkbox"/> No – SKIP to 1g
<p>c. What kind of business was this?</p>	PGM 8	_____
	2204	_____
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	PGM 8	1 <input type="checkbox"/> Manufacturing?
	2206	2 <input type="checkbox"/> Wholesale Trade?
		3 <input type="checkbox"/> Retail Trade?
		4 <input type="checkbox"/> Some other kind of business?
<p>e. What kind of work was . . . doing at this business?</p>	PGM 8	_____
	2208	_____
<p>f. What were . . . 's most important activities or duties at this business?</p>	PGM 8	_____
	2210	_____
<p><i>ASK OR VERIFY –</i> g. How many hours per week did . . . usually work at this business?</p>	PGM 7	<input type="text"/> <input type="text"/> Hours
	2212	x3 <input type="checkbox"/> None
		x1 <input type="checkbox"/> DK
<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>	2214	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 10
		x1 <input type="checkbox"/> DK
<p>CHECK ITEM S2 Have questions 3–5b already been answered for this business by another household member?</p>	2216	1 <input type="checkbox"/> Yes – SKIP to 6a
		2 <input type="checkbox"/> No
<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>	2218	<input type="text"/> <input type="text"/> <input type="text"/> Employees
		x1 <input type="checkbox"/> DK
<p>4a. Was . . . 's business incorporated?</p>	2220	1 <input type="checkbox"/> Yes – SKIP to 5a
		2 <input type="checkbox"/> No
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2222	1 <input type="checkbox"/> Sole proprietorship – SKIP to 6a
		2 <input type="checkbox"/> Partnership
<p>5a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2224	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to 6a
<p>b. Which members?</p>		Person No. Name
	2226	<input type="text"/> <input type="text"/> <input type="text"/> _____
	2228	<input type="text"/> <input type="text"/> <input type="text"/> _____
	2230	<input type="text"/> <input type="text"/> <input type="text"/> _____
<p>6a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2232	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2234	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No
<p>CHECK ITEM S3 Is "Yes" marked in either item 6a or 6b?</p>	2236	1 <input type="checkbox"/> Yes
		2 <input type="checkbox"/> No – SKIP to Check Item S5

Section 2 — EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE — Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH	2 MONTHS AGO	3 MONTHS AGO	4 MONTHS AGO	FIELD REPRESENTATIVE USE ONLY
2238 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2240 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2242 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	2244 \$ <input type="text"/> . <input type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 Total \$ _____ .00

CHECK ITEM S4 Is "DK" marked in all parts of item 7? 2246 1 Yes
2 No — SKIP to Check Item S5

8. If I were to call back later would you (or . . .) be able to provide me with the amounts of income . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.) 2248 1 Yes — Mark Reminder Card and Callback Summary, Item 4a
2 No

CHECK ITEM S5 Refer to item 4a, page 20. Is this business incorporated? 2250 1 Yes — SKIP to 11
2 No

CHECK ITEM S6 Has information about the net profit (or loss) for this business already been obtained from another household member? 2252 1 Yes — SKIP to 11
2 No

9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period? 2254 1 Yes
2 No — SKIP to 11

b. What was the net profit or loss?
If "broke even," enter \$1 in box. 2256 \$. 00
2258 x4 Loss in amount box } SKIP to 11

10. About how much did . . . earn from this business after expenses during the 4-month period? 2260 \$. 00
x3 None
x1 DK
x2 Ref.

11. Was . . . self-employed in any other business (professional practice/farm) during the 4-month period? 2262 1 Yes
2 No — SKIP to first ISS Code or Check Item P1, page 53

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B2 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	PGM 8 2300	Business name _____								
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	PGM 8 2301	Business I.D. No. <input type="checkbox"/>								
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	PGM 8 2302	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12c								
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	PGM 8 2303	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12g								
<p>C. What kind of business was this?</p>	PGM 8 2304	_____								
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	PGM 8 2306	1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?								
<p>e. What kind of work was . . . doing at this business?</p>	PGM 8 2308	_____ _____								
<p>f. What were . . . 's most important activities or duties at this business?</p>	PGM 8 2310	_____ _____								
<p><i>ASK OR VERIFY –</i> g. How many hours per week did . . . usually work at this business?</p>	PGM 7 2312	<input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK								
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	2314	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 21 x1 <input type="checkbox"/> DK								
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	2316	1 <input type="checkbox"/> Yes – SKIP to 17a 2 <input type="checkbox"/> No								
<p>14. What was the total number of employees working for this business? Be sure to include <i>Enter 999 if 1,000 or more employees.</i></p>	2318	<input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK								
<p>15a. Was . . . 's business incorporated?</p>	2320	1 <input type="checkbox"/> Yes – SKIP to 16a 2 <input type="checkbox"/> No								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	2322	1 <input type="checkbox"/> Sole proprietorship – SKIP to 17a 2 <input type="checkbox"/> Partnership								
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	2324	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17a								
<p>b. Which members?</p>	2326	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">Person No.</th> <th style="width:50%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> <tr> <td><input type="text"/> <input type="text"/> <input type="text"/></td> <td>_____</td> </tr> </tbody> </table>	Person No.	Name	<input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/>	_____
Person No.	Name									
<input type="text"/> <input type="text"/> <input type="text"/>	_____									
<input type="text"/> <input type="text"/> <input type="text"/>	_____									
<input type="text"/> <input type="text"/> <input type="text"/>	_____									
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	2332	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	2334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No								
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	2336	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item S11								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE — Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH		\$ _____ . 00	\$ _____ .00
2338			\$ _____ .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	\$ _____ .00
2340			\$ _____ .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	\$ _____ .00
2342			\$ _____ .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	\$ _____ .00
2344			\$ _____ .00
	x3 <input type="checkbox"/> None		\$ _____ .00
	x1 <input type="checkbox"/> DK		\$ _____ .00
	x2 <input type="checkbox"/> Ref.		\$ _____ .00
	Total		\$ _____ .00

CHECK ITEM S10

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

2346 1 Yes
2 No — SKIP to Check Item S11

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

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

CHECK ITEM S11

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

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

CHECK ITEM S12

Has information about the net profit (or loss) for this business already been obtained 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.

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)

3016

- 1 Yes
- 2 No
- x1 DK

3018

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

(2 months ago)

3020

- 1 Yes
- 2 No
- x1 DK

3022

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

(3 months ago)

3024

- 1 Yes
- 2 No
- x1 DK

3026

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

(4 months ago)

3028

- 1 Yes
- 2 No
- x1 DK

3030

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

AMOUNTS – PART A

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5 <i>Mark (X) income type code.</i>	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"/> <input type="text"/> <input type="text"/>
	3038 <input type="text"/> <input type="text"/> <input type="text"/>
	3040 <input type="text"/> <input type="text"/> <input type="text"/>
	3042 <input type="text"/> <input type="text"/> <input type="text"/>
	3044 <input type="text"/> <input type="text"/> <input type="text"/>
	3046 <input type="text"/> <input type="text"/> <input type="text"/>
	3048 <input type="text"/> <input type="text"/> <input type="text"/>
	3050 <input type="text"/> <input type="text"/> <input type="text"/>
	3052 <input type="text"/> <input type="text"/> <input type="text"/>
	3054 <input type="text"/> <input type="text"/> <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 <i>Refer to cc item 45.</i> 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
---	---

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 <i>Refer to item 2, page 24.</i> 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>
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NOTES	
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Section 3 – AMOUNTS (Continued)

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

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

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

3070 1 Yes
2 No
x1 DK

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

3072 \$. **00**
x1 DK
x2 Ref.

(2 months ago)

3074 1 Yes
2 No
x1 DK

3076 \$. **00**
x1 DK
x2 Ref.

(3 months ago)

3078 1 Yes
2 No
x1 DK

3080 \$. **00**
x1 DK
x2 Ref.

(4 months ago)

3082 1 Yes
2 No
x1 DK

3084 \$. **00**
x1 DK
x2 Ref.

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

Person No. Name

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

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

b. Which persons were covered?

Person No. Name

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

3121

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3122

- 1 Yes
2 No
x1 DK

3124

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

(2 months ago)

3126

- 1 Yes
2 No
x1 DK

3128

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

(3 months ago)

3130

- 1 Yes
2 No
x1 DK

3132

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

(4 months ago)

3134

- 1 Yes
2 No
x1 DK

3136

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

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

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

Mark (X) all that apply.

3138

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

3140

3142

3144

b. Which persons were covered?

Person No. Name

3146

3148

3150

3152

3154

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about food stamps – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>3200 <input style="width: 40px; height: 15px;" type="text"/></p>	
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202</p> <p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 31 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 30 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>	
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3204</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?</p>	<p>3206</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>	
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>	
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3210</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>	
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>	
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3214</p> <p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>	
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3215</p> <p>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>	
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</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>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3218 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3220 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3222 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3226 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3228 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3230 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>3232 1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53.</i></p>
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<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>3234 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A6</i> 2 <input type="checkbox"/> No</p>
---	--

<p>b. Which persons were covered?</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr><td>3236</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3238</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3240</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3242</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3244</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3246</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3248</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3250</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3252</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3254</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3236	<input type="text"/>	<input type="text"/>	3238	<input type="text"/>	<input type="text"/>	3240	<input type="text"/>	<input type="text"/>	3242	<input type="text"/>	<input type="text"/>	3244	<input type="text"/>	<input type="text"/>	3246	<input type="text"/>	<input type="text"/>	3248	<input type="text"/>	<input type="text"/>	3250	<input type="text"/>	<input type="text"/>	3252	<input type="text"/>	<input type="text"/>	3254	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
3236	<input type="text"/>	<input type="text"/>																																
3238	<input type="text"/>	<input type="text"/>																																
3240	<input type="text"/>	<input type="text"/>																																
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3248	<input type="text"/>	<input type="text"/>																																
3250	<input type="text"/>	<input type="text"/>																																
3252	<input type="text"/>	<input type="text"/>																																
3254	<input type="text"/>	<input type="text"/>																																

<p>CHECK ITEM A6 Is this ISS Code "8"?</p>	<p>3256 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
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<p>7a. What type of Veterans' payments did . . . receive?</p>	<p>3258 1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments</p>
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<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>3260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
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<p>CHECK ITEM A6.1 <i>Refer to cc item 45.</i> Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?</p>	<p>3262 1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7</i> 2 <input type="checkbox"/> No</p>
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<p><i>(SHOW FLASHCARD O)</i> 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope . . . 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)</p>	<p>3264 1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>
---	---

<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	<p>3266 1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p>
--	--

<p>CHECK ITEM A7 <i>Refer to item 2, page 28.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p>3268 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>
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NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

3270 1 Yes
2 No
x1 DK

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

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

(2 months ago)

3274 1 Yes
2 No
x1 DK

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

(3 months ago)

3278 1 Yes
2 No
x1 DK

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

(4 months ago)

3282 1 Yes
2 No
x1 DK

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

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

Person No. Name

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

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

b. Which persons were covered?

Person No. Name

3302	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3304	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3306	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3308	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3310	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3312	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3314	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3316	<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?

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)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about food stamps – code 27.)</p>	<p>Income code</p> <p>3400</p>	<p>Name of income type</p> <p>_____</p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402</p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 35</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 34</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3404</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3406</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3410</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3412</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3414</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3415</p>	<p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>(Last month)</p> <p>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<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>3416</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3418 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3420</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3422 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3424</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3426 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3428</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3430 \$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	3432
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?	3434
	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
	3436 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3438 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3440 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3442 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3444 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3446 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3448 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3450 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3452 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	3454 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

CHECK ITEM A6	3456
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?	3458
	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?	3460
	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	3462
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.)	3464
	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?	3466
	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK

CHECK ITEM A7	3468
Refer to item 2, page 32. 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)

3470 1 Yes
2 No
x1 DK

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

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

(2 months ago)

3474 1 Yes
2 No
x1 DK

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

(3 months ago)

3478 1 Yes
2 No
x1 DK

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

(4 months ago)

3482 1 Yes
2 No
x1 DK

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

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

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

3521 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

3522 1 Yes
2 No
x1 DK

3524 \$
00
x1 DK
x2 Ref.

(2 months ago)

3526 1 Yes
2 No
x1 DK

3528 \$
00
x1 DK
x2 Ref.

(3 months ago)

3530 1 Yes
2 No
x1 DK

3532 \$
00
x1 DK
x2 Ref.

(4 months ago)

3534 1 Yes
2 No
x1 DK

3536 \$
00
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3538 1 Last month
3540 2 2 months ago
3542 3 3 months ago
3544 4 4 months ago

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about food stamps – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>3600 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602</p> <p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 39 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 38 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>3604</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>3606</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3610</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3612</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3614</p> <p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>3615</p> <p>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</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>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3618 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3622 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3626 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>3630 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3632	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?	3634	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
	3636	<input type="text"/>
	3638	<input type="text"/>
	3640	<input type="text"/>
	3642	<input type="text"/>
	3644	<input type="text"/>
	3646	<input type="text"/>
	3648	<input type="text"/>
	3650	<input type="text"/>
	3652	<input type="text"/>
	3654	<input type="text"/>

CHECK ITEM A6	Is this ISS Code "8"?	3656	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?	3658	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
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b. Is ... required to fill out an annual income questionnaire in order to receive a VA pension?	3660	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?	3662	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.)	3664	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct Deposit 4 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK
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b. Do ...'s payments usually come on the first of the month or the third?	3666	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 36. Were (Social Security/Railroad Retirement) payments received especially for ...'s children?	3668	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	
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Section 3 – AMOUNTS (Continued)

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

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

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

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

3670 1 Yes
 2 No
 x1 DK

3672 \$ 00
 x1 DK
 x2 Ref.

(2 months ago)

3674 1 Yes
 2 No
 x1 DK

3676 \$ 00
 x1 DK
 x2 Ref.

(3 months ago)

3678 1 Yes
 2 No
 x1 DK

3680 \$ 00
 x1 DK
 x2 Ref.

(4 months ago)

3682 1 Yes
 2 No
 x1 DK

3684 \$ 00
 x1 DK
 x2 Ref.

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

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

b. Which children were covered?

Person No. Name

3688

3690

3692

3694

3696

3698

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

3704

3706

3708

3710

3712

3714

3716

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A7.1 Refer to item 11b, page 5. Is food stamps (code 27) listed on the income roster?</p>	<p align="center">3721</p> <p>1 <input type="checkbox"/> Yes — ASK 12b 2 <input type="checkbox"/> No — ASK 12a</p>
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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)? <i>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.</i></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>	<p>12c. If "Yes" in item 12b, ask — What was the total amount?</p>				
<p>(Last month)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">3722</td> <td style="width:50%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="width:50%; text-align: center;">3724</td> <td style="width:50%;">\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3724	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3722	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK				
3724	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				
<p>(2 months ago)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">3726</td> <td style="width:50%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="width:50%; text-align: center;">3728</td> <td style="width:50%;">\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3728	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3726	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK				
3728	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				
<p>(3 months ago)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">3730</td> <td style="width:50%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="width:50%; text-align: center;">3732</td> <td style="width:50%;">\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3732	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3730	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK				
3732	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				
<p>(4 months ago)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">3734</td> <td style="width:50%;">1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</td> </tr> <tr> <td style="width:50%; text-align: center;">3736</td> <td style="width:50%;">\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</td> </tr> </table>	3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3736	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
3734	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK				
3736	\$ <input style="width:80%;" type="text"/> . <input style="width:10%; text-align: center;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.				

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

<p>13a. Did . . . receive any WIC benefits in (Read each month)? <i>Mark (X) all that apply.</i></p>	<p>3738 1 <input type="checkbox"/> Last month 3740 2 <input type="checkbox"/> 2 months ago 3742 3 <input type="checkbox"/> 3 months ago 3744 4 <input type="checkbox"/> 4 months ago</p>
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<p>b. Which persons were covered?</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:20%;">Person No.</th> <th style="width:70%;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">3746</td> <td><input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/></td> <td></td> </tr> <tr> <td style="text-align: center;">3748</td> <td><input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/></td> <td></td> </tr> <tr> <td style="text-align: center;">3750</td> <td><input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/></td> <td></td> </tr> <tr> <td style="text-align: center;">3752</td> <td><input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/></td> <td></td> </tr> <tr> <td style="text-align: center;">3754</td> <td><input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/></td> <td></td> </tr> </tbody> </table>		Person No.	Name	3746	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		3748	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		3750	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		3752	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		3754	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>	
	Person No.	Name																	
3746	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>																		
3748	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>																		
3750	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>																		
3752	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>																		
3754	<input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>																		

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

<p>NOTES</p>	
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Section 3 – AMOUNTS (Continued)

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

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

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

(Last month)

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.

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

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

b. Which children were covered?

Person No. Name

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)

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps – code 27.)</p>	<p style="text-align: right;">Income code Name of income type</p> <p>4000 <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>4002</p> <p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 47 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 46 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – SKIP to Check Item A4 5 <input type="checkbox"/> Other ISS Codes – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent, or guardian of children under age 18?</p>	<p>4004</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . .'s children?</p>	<p>4006</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>4008</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>4010</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>4012</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>4014</p> <p>1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	<p>4015</p> <p>1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>	<div style="border: 1px solid black; padding: 5px;"> <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> </div>
<p>(Last month)</p>	<p>4016 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>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.</p>
<p>(2 months ago)</p>	<p>4020 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>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.</p>
<p>(3 months ago)</p>	<p>4024 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>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.</p>
<p>(4 months ago)</p>	<p>4028 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>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.</p>

Section 3 – AMOUNTS (Continued)

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

<p>CHECK ITEM A5 <i>Mark (X) income type code.</i></p>	<p>4032 1 <input type="checkbox"/> ISS Code 1 or 2 – <i>SKIP to Check Item A6.1</i> 2 <input type="checkbox"/> ISS Code 8 or 20 through 24 3 <input type="checkbox"/> All other income codes – <i>SKIP to next ISS Code or Check Item P1, page 53</i></p>																																	
<p>6a. Were all the people living here covered by . . . 's payments?</p>	<p>4034 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>4036</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4038</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4040</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4042</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4044</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4046</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4048</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4050</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4052</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4054</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	4036	<input type="text"/>	<input type="text"/>	4038	<input type="text"/>	<input type="text"/>	4040	<input type="text"/>	<input type="text"/>	4042	<input type="text"/>	<input type="text"/>	4044	<input type="text"/>	<input type="text"/>	4046	<input type="text"/>	<input type="text"/>	4048	<input type="text"/>	<input type="text"/>	4050	<input type="text"/>	<input type="text"/>	4052	<input type="text"/>	<input type="text"/>	4054	<input type="text"/>	<input type="text"/>
	Person No.	Name																																
4036	<input type="text"/>	<input type="text"/>																																
4038	<input type="text"/>	<input type="text"/>																																
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4052	<input type="text"/>	<input type="text"/>																																
4054	<input type="text"/>	<input type="text"/>																																
<p>CHECK ITEM A6 <i>Is this ISS Code "8"?</i></p>	<p>4056 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>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</p>																																	
<p>b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?</p>	<p>4060 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to next ISS Code or Check Item P1, page 53</i></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>4062 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>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</p>																																	
<p>b. Do . . . 's payments usually come on the first of the month or the third?</p>	<p>4066 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 44.</i> Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?</p>	<p>4068 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)

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

4070 1 Yes
2 No
x1 DK

4072 \$. **00**
x1 DK
x2 Ref.

(2 months ago)

4074 1 Yes
2 No
x1 DK

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

(3 months ago)

4078 1 Yes
2 No
x1 DK

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

(4 months ago)

4082 1 Yes
2 No
x1 DK

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

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

VERIFY IF ONLY ONE CHILD OR ASK –

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

b. Which children were covered?

	Person No.	Name
4088	<input type="text"/>	<input type="text"/>
4090	<input type="text"/>	<input type="text"/>
4092	<input type="text"/>	<input type="text"/>
4094	<input type="text"/>	<input type="text"/>
4096	<input type="text"/>	<input type="text"/>
4098	<input type="text"/>	<input type="text"/>

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

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

4100 1 Yes – SKIP to Check Item A7.1
2 No

b. Which persons were covered?

	Person No.	Name
4102	<input type="text"/>	<input type="text"/>
4104	<input type="text"/>	<input type="text"/>
4106	<input type="text"/>	<input type="text"/>
4108	<input type="text"/>	<input type="text"/>
4110	<input type="text"/>	<input type="text"/>
4112	<input type="text"/>	<input type="text"/>
4114	<input type="text"/>	<input type="text"/>
4116	<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?

4121

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

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

(Last month)

4122

- 1 Yes
2 No
x1 DK

4124

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

(2 months ago)

4126

- 1 Yes
2 No
x1 DK

4128

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

(3 months ago)

4130

- 1 Yes
2 No
x1 DK

4132

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

(4 months ago)

4134

- 1 Yes
2 No
x1 DK

4136

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

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

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

Mark (X) all that apply.

4138

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

4140

4142

4144

b. Which persons were covered?

Person No. Name

4146

4148

4150

4152

4154

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. Mark (X) all that apply.	4300	<input type="checkbox"/> ISS Code 100 – Regular/Passbook Savings Accounts
		4302	<input type="checkbox"/> ISS Code 101 – Money Market Deposit Accounts
		4304	<input type="checkbox"/> ISS Code 102 – Certificates of Deposit or other Savings Certificates
		4306	<input type="checkbox"/> ISS Code 103 – Interest-earning checking accounts (such as NOW or Super-NOW accounts)

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

CHECK ITEM A9	Interview status of . . . 's spouse.	4308	<input type="checkbox"/> No spouse in household – SKIP to 3b
			<input type="checkbox"/> Interview for spouse not yet conducted
			<input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

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

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

CHECK ITEM A11	Interview status of . . . 's spouse.	4408	1 <input type="checkbox"/> No spouse in household – SKIP to 3b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 3a
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2a. Did . . . own any of these jointly with . . . 's (husband/wife)?

4410	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3b
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b. What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4412	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a	
	x3 <input type="checkbox"/> None – SKIP to 3a	
	x1 <input type="checkbox"/> DK	
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53	

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

4414	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to 3a	
	x1 <input type="checkbox"/> DK	
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53	

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

4416	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 7 2 <input type="checkbox"/> No
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3a. Besides any (Read asset types) owned jointly with . . . 's (husband/wife), did . . . own any other (Read asset types)?

4418	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
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b. What is your best estimate of the total amount of interest . . . earned on these (Read asset types) during the 4-month period (including even small amounts credited to . . . 's account(s))?

4420	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 53	
	x3 <input type="checkbox"/> None – SKIP to next ISS Code or Check Item P1, page 53	
	x1 <input type="checkbox"/> DK	
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53	

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

4422	\$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00 – SKIP to next ISS Code or Check Item P1, page 53	
	x1 <input type="checkbox"/> DK	
	x2 <input type="checkbox"/> Ref. – SKIP to next ISS Code or Check Item P1, page 53	

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

4424	1 <input type="checkbox"/> Yes – Mark Reminder Card and Callback Summary, Item 8 2 <input type="checkbox"/> No	} SKIP to next ISS Code or Check Item P1, page 53
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NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

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

CHECK ITEM A14

Interview status of . . .'s spouse.

4600

- 1 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 4702 4704	1 <input type="checkbox"/> ISS Code 130 – Mortgages 2 <input type="checkbox"/> ISS Code 140 – Royalties 3 <input type="checkbox"/> ISS Code 150 – Other financial investments
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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>
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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>
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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>
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b.	During the past 4 months, how much interest was paid to ... and ...'s spouse by the borrower?	4712	\$ <input style="width:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
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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>
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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:50px;" type="text"/> . <input style="width:20px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
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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>
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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:50px;" type="text"/> . <input style="width:20px;" 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>
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NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T1, page 54
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2a
1 a.	What is your monthly rent? <i>Include only the amount the respondent pays for rent. Exclude any amount paid by the government.</i>	4804	<div style="display: flex; align-items: center;"> \$ <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" 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? <i>Exclude telephone.</i>	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
2 a.	The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?	4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item P3
b.	Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? <i>Mark (X) all that apply.</i>	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
c.	What was the total amount of the energy assistance received by this household during the past 4 months?	4824	<div style="display: flex; align-items: center;"> \$ <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" 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: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Children
c.	How many complete school lunches do all of the children receive per week?	4832	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Number of lunches </div> x1 <input type="checkbox"/> DK
d.	Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?	4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
e.	In the past 4 months, were the lunches free, reduced price, or were they full price? <i>Mark (X) only one.</i>	4836	1 <input type="checkbox"/> Free lunch – SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
f.	What was the average price paid by all of the children for a complete school lunch?	4838	<div style="display: flex; align-items: center;"> \$ <input style="width: 80px; 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: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Children
i.	How many complete school breakfasts do all of the children receive per week?	4844	<div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Number of breakfasts </div> x1 <input type="checkbox"/> DK
j.	In the past 4 months, were the breakfasts free, reduced price, or were they full price? <i>Mark (X) only one.</i>	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

Section 5 – TOPICAL MODULES

Part A – TIME SPENT OUTSIDE THE WORK FORCE

CHECK ITEM T1	Is . . . 21 years of age or over?	8000	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T2, page 56
	1a. In what year did . . . first work six straight months or longer at a paid job or business? (Consider either full- or part-time jobs.)	8002	1 9 — SKIP to 1c x3 <input type="checkbox"/> Never worked 6 straight months at a job or business x1 <input type="checkbox"/> DK — SKIP to 1d
	b. What is the main reason . . . never worked six straight months or longer at a paid job or business? Mark (X) only one.	8004	1 <input type="checkbox"/> Taking care of home or family 2 <input type="checkbox"/> Ill or disabled 3 <input type="checkbox"/> Going to school 4 <input type="checkbox"/> Couldn't find work 5 <input type="checkbox"/> Didn't want to work 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK <div style="float: right; text-align: right;"> } SKIP to Check Item T2, page 56 </div>
	c. Since (Year entered in 1a) how many years have there been when . . . worked at least 6 straight months during the year?	8006	x5 <input type="checkbox"/> All years OR <input type="text"/> <input type="text"/> Years x1 <input type="checkbox"/> DK
	d. During the time that . . . has worked, has . . . generally worked full time or part time?	8008	1 <input type="checkbox"/> Full time 2 <input type="checkbox"/> Part time
	2a. People spend time not working at a paid job or business for various reasons, such as taking care of a home or family, illness, going to school, or other reasons. Since . . . was 21 years of age, have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?	8010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T2, page 56
	b. From the time . . . was 21 years old, when was the first time that . . . went 6 months or longer without working at a paid job or business?	8012 FROM 1 9 8016 x1 <input type="checkbox"/> DK	TO 1 9 8014 8017 x1 <input type="checkbox"/> DK
	(SHOW FLASHCARD LL) c. What was the main reason . . . did not work at a paid job or business during that time? Mark (X) only one.	8018	1 <input type="checkbox"/> Taking care of a minor child 2 <input type="checkbox"/> Taking care of an elderly family member 3 <input type="checkbox"/> Taking care of a disabled but non-elderly family member 4 <input type="checkbox"/> Other family or home responsibilities 5 <input type="checkbox"/> Own illness or disability 6 <input type="checkbox"/> Retirement or old age 7 <input type="checkbox"/> Could not find work 8 <input type="checkbox"/> Did not want to work 9 <input type="checkbox"/> Going to school 10 <input type="checkbox"/> Other

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – TIME SPENT OUTSIDE THE WORK FORCE (Continued)

2d. After this first time were there any other periods of 6 months or longer when . . . did not work at a paid job or business?

8020

- 1 Yes
- 2 No – *SKIP to Check Item T2, page 56*

e. How many other times did this happen?

8022

- 1 One time
- 2 Two times
- 3 Three or more times

Ask 2f and 2g for each "Other" time indicated above – maximum of three. Proceed from the earliest "Other" occurrence to the most recent.

f. When was the (second/third/fourth) time that . . . went 6 months or longer without working at a paid job or business?

(Consider either full- or part-time jobs.)

SECOND TIME

(SHOW FLASHCARD LL)

FROM

8024 1 9

8027 x1 DK

TO

8028 1 9

8030 x1 DK

2g. What was the main reason . . . did not work at a paid job or business during that time?

8026

- 1 Taking care of a minor child
- 2 Taking care of an elderly family member
- 3 Taking care of a disabled but non-elderly family member
- 4 Other family or home responsibilities
- 5 Own illness or disability
- 6 Retirement or old age
- 7 Could not find work
- 8 Did not want to work
- 9 Going to school
- 10 Other

(Consider either full- or part-time jobs.)

THIRD TIME

(SHOW FLASHCARD LL)

FROM

8032 1 9

8035 x1 DK

TO

8036 1 9

8038 x1 DK

8034

- 1 Taking care of a minor child
- 2 Taking care of an elderly family member
- 3 Taking care of a disabled but non-elderly family member
- 4 Other family or home responsibilities
- 5 Own illness or disability
- 6 Retirement or old age
- 7 Could not find work
- 8 Did not want to work
- 9 Going to school
- 10 Other

(Consider either full- or part-time jobs.)

FOURTH TIME

(SHOW FLASHCARD LL)

FROM

8040 1 9

8043 x1 DK

TO

8044 1 9

8046 x1 DK

8042

- 1 Taking care of a minor child
- 2 Taking care of an elderly family member
- 3 Taking care of a disabled but non-elderly family member
- 4 Other family or home responsibilities
- 5 Own illness or disability
- 6 Retirement or old age
- 7 Could not find work
- 8 Did not want to work
- 9 Going to school
- 10 Other

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD SUPPORT AGREEMENTS

**CHECK
ITEM T2**

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

- 8400** 1 Yes
2 No – SKIP to part C, page 61

**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 C, page 61

**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 59

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 agreement 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 T4, page 58

**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 B – 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> <input type="checkbox"/> Yes – <i>SKIP to 2j</i> <input type="checkbox"/> No </div> </div>
i. Why were no payments due in the last 12 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8446</div> <div> <input type="checkbox"/> Child(ren) over the age limit <input type="checkbox"/> Other parent not working <input type="checkbox"/> Other parent deceased <input type="checkbox"/> Other – <i>Specify</i> ▾ </div> <div style="font-size: 3em; margin-left: 10px;">}</div> <div style="margin-left: 10px;"><i>SKIP to 2o</i></div> </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> <input type="checkbox"/> Directly from the other parent? <input type="checkbox"/> Through a court? <input type="checkbox"/> Through the welfare or child support agency? <input type="checkbox"/> Some other method? – Specify ▾ </div> </div>
m. How regularly are child support payments received? Are they received – (Read responses.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8454</div> <div> <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <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> <input type="checkbox"/> All <input type="checkbox"/> Most <input type="checkbox"/> Some <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><input type="checkbox"/> Non-custodial parent to provide health insurance</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8460</div> <div><input type="checkbox"/> Custodial parent to provide health insurance</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8462</div> <div><input type="checkbox"/> Non-custodial parent to pay medical costs directly</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8464</div> <div><input type="checkbox"/> Child support payments to include cash medical support</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8466</div> <div><input type="checkbox"/> None</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">8468</div> <div><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> <input type="checkbox"/> Joint legal and physical custody <input type="checkbox"/> Joint legal with mother physical custody <input type="checkbox"/> Joint legal with father physical custody <input type="checkbox"/> Mother legal and physical custody <input type="checkbox"/> Father legal and physical custody <input type="checkbox"/> Split custody <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> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T3

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 T4
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) only one.

- 8490 1 Directly?
2 Through a friend?
3 Through a relative?
4 Other – Specify
5 No way of contacting other parent

CHECK ITEM T4

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?

From 7m8408-4 →

- 8492 1 Yes
2 No – SKIP to 4a

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

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 B – 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 T5*

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

8526

8528

8530

8532

8534

8536

- 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*

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

8538

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

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 T5

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

8554

- 1 Yes – *SKIP to 5f, page 60*
- 2 No

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – 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

- 1 Same county/city

8600

- 2 Same state (different county/city)

8604

- 3 Different state

8608

- 4 Other parent deceased

8612

- 5 Other – Specify

x1 Don't know

8598

- 1 Same county/city

8602

- 2 Same state (different county/city)

8606

- 3 Different state

8610

- 4 Other parent deceased

8614

- 5 Other – Specify

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

- 5 No way of contacting other parent

8618

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

- 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 C – 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 D, page 63</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, page 62</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, page 62</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> <input type="checkbox"/> _____ 4 <input type="checkbox"/> Non-written agreement — <i>SKIP to 4a, page 62</i>
c. In what year was this agreement FIRST reached?	8714 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
h. Are these payments made — (Read responses.)	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> <input type="checkbox"/> _____ x1 <input type="checkbox"/> DK

Section 5 - TOPICAL MODULES (Continued)

Part C - 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

1 Non-custodial parent to provide health insurance

8728

2 Custodial parent to provide health insurance

8730

3 Non-custodial parent to pay medical costs directly

8732

4 Child support payments to include cash medical support

8734

5 Other - Specify

8736

x3 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

1 Yes

2 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 DK

c. Were any child support payments made without a written child support agreement for ...'s children under age 21 during the past 12 months?

8742

1 Yes

2 No - SKIP to 5a

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

8744

\$. 00

x1 DK

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

8746

1 Yes

2 No - SKIP to part D

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

8748

Persons

x1 DK

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

8750

- 1 Parent
2 Spouse
3 Ex-spouse
4 Child under 21
5 Child 21 or older
6 Other relative
7 Not related

SECOND PERSON

8752

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

8754

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

8756

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

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

8758

\$. 00

x1 DK

8760

\$. 00

x1 DK

CHECK ITEM T6

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

8762

1 Yes

2 No - SKIP to part D

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 DK

Section 5 – TOPICAL MODULES (Continued)

Part D— 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 7 Is "Yes" marked in 2a or 2b above?</p>	<p>8806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4a</i></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 — <i>SKIP to 5a</i></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 — <i>SKIP to 6a</i></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 — <i>SKIP to 7a</i></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 — <i>SKIP to 8a</i></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 climbing a flight of stairs without resting?</p>	<p>8826 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 9a</i></p>
<p>b. Is . . . able to climb 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 — <i>SKIP to 10a</i></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 — <i>SKIP to 11a, page 64</i></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 D – 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.

<p>(1) Getting around INSIDE the home?</p>	<p>8838 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8839 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?</p>	<p>8840 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(3) Getting in and out of bed or a chair?</p>	<p>8842 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(4) Taking a bath or shower?</p>	<p>8844 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8845 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(5) Dressing?</p>	<p>8846 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8847 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(6) Walking?</p>	<p>8848 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8849 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(7) Eating?</p>	<p>8850 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8851 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(8) Using the toilet, including getting to the toilet?</p>	<p>8852 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8853 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(9) Keeping track of money and bills?</p>	<p>8854 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8855 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(10) Preparing meals?</p>	<p>8856 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8857 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>(11) Doing light housework, such as washing dishes or sweeping a floor?</p>	<p>8858 1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty</p>	<p>8859 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T8 Is "Yes" marked in item 11b for any of the activities listed above?</p>	<p>8860 1 <input type="checkbox"/> Yes – Go to 12a 2 <input type="checkbox"/> No – SKIP to Check Item T9</p>	

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part D – 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 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	RELATIVE 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	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
1 <input type="checkbox"/> Yes Person number <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes Person number <input type="text"/> <input type="text"/> <input type="text"/>
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No

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

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?

1 Yes
 2 No
 x1 DK } SKIP to 13

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

\$. 00
 x1 DK

CHECK ITEM T9

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

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?

First condition
 Second condition
 Third condition

CHECK ITEM T10

Are two or more conditions entered in item 13?

1 Yes
 2 No – SKIP to 15

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

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 D – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

CHECK ITEM T11	Refer to cc item 24. What is ...'s age?	8912	1 <input type="checkbox"/> 15 years old – SKIP to Check Item T17 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – SKIP to 18a
CHECK ITEM T12	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 T13	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 T14 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 T14	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 T15
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 T15	Is "Yes" marked in 16, 17a, or 18a?	8930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T17
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 T16	Are two or more conditions entered in item 19?	8938	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item T17
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 T17	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 T18
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 Kids 26 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 D – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

22a. Have any of . . . 's children under the age of 6 received therapy or diagnostic services designed to meet their developmental needs?

8952 1 Yes
2 No — SKIP to Check Item T18

b. Which children have received these services?

Person No.	Name
8954	
8956	
8958	

Kids < 6

CHECK ITEM T18 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?

8960 1 Yes
2 No — SKIP to Check Item T19

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?

8962 1 Yes
2 No — SKIP to 24a

b. Which children have difficulty doing regular school work?

Person No.	Name
8964	
8966	
8968	

6 Kids < 21

24a. Have any of . . . 's children between the ages of 6 and 21 ever received any special education services?

8970 1 Yes
2 No — SKIP to Check Item T19

b. Which children have received special education services?

Person No.	Name
8972	
8974	
8976	

6 Kids < 21

25a. Are any of . . . 's children between the ages of 6 and 21 currently receiving special education services?

8978 1 Yes
2 No — SKIP to Check Item T19

b. Which children are currently receiving special education services?

Person No.	Name
8980	
8982	
8984	

6 Kids < 21

CHECK ITEM T19 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?

8986 1 Yes
2 No — SKIP to Check Item T20

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?

8988 1 Yes
2 No — SKIP to Check Item T20

b. Which children have difficulty with these activities?

Person No.	Name
8990	
8992	
8994	

3 Kids < 14

CHECK ITEM T20 Are any person numbers recorded in items 21b through 26b?

8996 1 Yes
2 No — SKIP to 28a

Section 5 – TOPICAL MODULES (Continued)

Part D – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

27. (SHOW FLASHCARD BB)
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. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?

9022 1 Yes
 2 No – SKIP to part E

b. Is . . . receiving Social Security disability or SSI benefits?

9024 1 Yes
 2 No – SKIP to part E

c. In which of the past 12 months did . . . first receive Social Security disability or SSI benefits?

9026 Month
 x1 DK

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – 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; margin-bottom: 5px;">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; margin-bottom: 5px;">9102</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 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; margin-bottom: 5px;">9104</div> 1 <input type="checkbox"/> Child birth <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">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; margin-bottom: 5px;">9108</div> 3 <input type="checkbox"/> Other medical <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">9110</div> 4 <input type="checkbox"/> Mental or emotional problem or disorder <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">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; margin-bottom: 5px;">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; margin-bottom: 5px;">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; margin-bottom: 5px;">9118</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 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; margin-bottom: 5px;">9120</div> x5 <input type="checkbox"/> All nights OR <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 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; margin-bottom: 5px;">9122</div> x5 <input type="checkbox"/> All days OR <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 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; margin-bottom: 5px;">9124</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> 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; margin-bottom: 5px;">9126</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – UTILIZATION OF HEALTH CARE SERVICES (Continued)

5a. During the past 12 months, how many visits did . . . make to a dentist?
Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

9127

Times

OR

X1 DK
 X3 None } *SKIP to 6a*

b. How many of these visits were in the past 4 months?

9128

Times

OR

X1 DK
 X3 None

6a. 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?

9129

1 Yes
 2 No — *SKIP to Check Item T21*

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 T21

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

9132

1 Yes — *SKIP to Check Item C1, page 71*
 2 No

CHECK ITEM T22

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

9134

1 Yes — *SKIP to Check Item C1, page 71*
 2 No

7. 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, page 71*

(SHOW FLASHCARD JJ)

8. 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*

NOTES

CALLBACK SUMMARY

CHECK ITEM C1

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

5000

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

Code

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 20
- 21
- 22
- 23
- 24
- 25
- 27

<input type="checkbox"/>	1. Social Security Number <i>(Enter in cc item 33a)</i>		[] [] [] - [] [] - [] [] [] []	
<input type="checkbox"/>	2. Medicare claim number <i>(Item 23b, page 8)</i>	5002	[] [] [] - [] [] - [] [] [] []	5004 [] [] [] [] - 5005 [] []
<input type="checkbox"/>	3. EMPLOYER			
<input type="checkbox"/>	a. Employer #1 <i>(Item 8a, page 17)</i>	5006	\$ [] [] [] . 00	Last month X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
	What was the total amount of pay received before deductions on this job in . . . ?	5008	\$ [] [] [] . 00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5010	\$ [] [] [] . 00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5012	\$ [] [] [] . 00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		b. Employer #2 <i>(Item 16a, page 19)</i>	5014	\$ [] [] [] . 00	Last month X1 ☐ DK X2 ☐ Ref. X3 ☐ None
	What was the total amount of pay received before deductions on this job in . . . ?	5016	\$ [] [] [] . 00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5018	\$ [] [] [] . 00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5020	\$ [] [] [] . 00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		4. SELF-EMPLOYMENT		
<input type="checkbox"/>	a. Self-employment #1 <i>(Item 7, page 21)</i>	5022	\$ [] [] [] . 00	Last month X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
	What was the total amount of income received from this business in . . . ?	5024	\$ [] [] [] . 00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5026	\$ [] [] [] . 00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5028	\$ [] [] [] . 00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		b. Self-employment #2 <i>(Item 18, page 23)</i>	5030	\$ [] [] [] . 00	Last month X1 ☐ DK X2 ☐ Ref. X3 ☐ None
	What was the total amount of income received from this business in . . . ?	5032	\$ [] [] [] . 00	2 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5034	\$ [] [] [] . 00	3 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
		5036	\$ [] [] [] . 00	4 months ago X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>		5. What was the average amount 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 — [] [] [] through [] [] []	
		5038	\$ [] [] [] . 00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	6. What was the average amount in savings/ Money market deposit accounts/ CD's/ Interest-earning checking accounts in own name? <i>(Item 3c, page 48)</i>	5040	\$ [] [] [] . 00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average amount in Money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 49)</i>	5042	\$ [] [] [] . 00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	8. What was the average amount in Money market funds/securities/ bonds in own name? <i>(Item 3c, page 49)</i>	5044	\$ [] [] [] . 00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	9. What was the amount received in dividends by husband and wife jointly? <i>(Item 1b, page 50)</i>	5048	\$ [] [] [] . 00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None
<input type="checkbox"/>	10. What was the amount received in dividends in own name? <i>(Item 2a, page 50)</i>	5050	\$ [] [] [] . 00	X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. X3 <input type="checkbox"/> None

CHECK ITEM C2

Has an interview been conducted for all household members 15+?

5052

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

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 T11	66
11a, Finish time (Cover page)	1

LABOR FORCE AND RECEIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

PROGRAM QUESTIONS

TOPICAL MODULES

CALLBACK SUMMARY