

Section 1 - LABOR FORCE AND RECEIPIENCY

1. During the 4-month period outlined on the calendar, that is, from (4 months ago) through (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.

Mark (X) all that apply.

1004

x5 ALL

1006

1

1018

7

1030

13

1008

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1020

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1032

14

1010

3

1022

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1034

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1012

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1024

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1036

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1014

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1038

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1016

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1028

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1040

18

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

1042

- 1 Yes - SKIP to 3a
 2 No

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

Mark (X) only one.

1044

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

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

1046

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

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

Mark (X) all that apply.

1048

1 Last month

1050

2 2 months ago

1052

3 3 months ago

1054

4 4 months ago

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.

Mark (X) all that apply.

1060

x5 ALL

1062

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1074

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1086

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1064

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1076

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1088

14

1066

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1078

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1090

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1068

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1080

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1092

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1070

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1082

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1094

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1072

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1084

12

1096

18

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

Mark (X) only one.

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 RECEIPIENCY (Continued)

LABOR FORCE AND RECEIPIENCY

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.

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

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

<input type="checkbox"/> 1180	<input type="checkbox"/> 1	<input type="checkbox"/> 1192	<input type="checkbox"/> 7	<input type="checkbox"/> 1204	<input type="checkbox"/> 13
<input type="checkbox"/> 1182	<input type="checkbox"/> 2	<input type="checkbox"/> 1194	<input type="checkbox"/> 8	<input type="checkbox"/> 1206	<input type="checkbox"/> 14
<input type="checkbox"/> 1184	<input type="checkbox"/> 3	<input type="checkbox"/> 1196	<input type="checkbox"/> 9	<input type="checkbox"/> 1208	<input type="checkbox"/> 15
<input type="checkbox"/> 1186	<input type="checkbox"/> 4	<input type="checkbox"/> 1198	<input type="checkbox"/> 10	<input type="checkbox"/> 1210	<input type="checkbox"/> 16
<input type="checkbox"/> 1188	<input type="checkbox"/> 5	<input type="checkbox"/> 1200	<input type="checkbox"/> 11	<input type="checkbox"/> 1212	<input type="checkbox"/> 17
<input type="checkbox"/> 1190	<input type="checkbox"/> 6	<input type="checkbox"/> 1202	<input type="checkbox"/> 12	<input type="checkbox"/> 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?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div>Hours per week</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK </div> <div style="margin-left: 20px; font-size: 2em;">}</div> <div style="margin-left: 10px;">SKIP to Check Item R4</div>
CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 8c </div> </div>
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.	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R4 </div> </div>
c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> x5 <input type="checkbox"/> All weeks </div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 5px;">Weeks last month</div> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 5px;">Weeks 2 months ago</div> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 5px;">Weeks 3 months ago</div> </div> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <div style="margin-left: 5px;">Weeks 4 months ago</div> </div> </div>
d. What was the main reason . . . worked fewer than 35 hours in those weeks? Mark (X) only one.	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – Specify <input style="width: 50px;" type="text"/> </div> </div>
CHECK ITEM R4 Refer to item 5a, page 2. (Absent without pay any full weeks.) The response to item 5a is:	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – SKIP to Check Item R5 </div> </div>
9a. During this 4-month period, did . . . receive any State unemployment compensation payments?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes – Mark "5" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R5 </div> </div>
b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes – Mark "6" on ISS 2 <input type="checkbox"/> No </div> </div>
CHECK ITEM R5 Is "Worked" (code 170) marked on the ISS?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R6 </div> </div>
10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes – Mark "10" on ISS 2 <input type="checkbox"/> No </div> </div>
CHECK ITEM R6 Refer to cc items 44–47. Was an interview obtained for . . . last reference period?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R11, page 6 </div> </div>
CHECK ITEM R7 Refer to item 11b, page 5. Are any income types listed in the Income Roster?	<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12a </div> </div>

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 - The month entered in 11c must be within the previous reference period. Otherwise, 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 <input type="checkbox"/>	1254 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1255 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
2		1256 <input type="checkbox"/>	1258 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1259 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
3		1260 <input type="checkbox"/>	1262 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1263 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
4		1264 <input type="checkbox"/>	1266 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1267 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
5		1268 <input type="checkbox"/>	1270 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1271 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
6		1272 <input type="checkbox"/>	1274 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1275 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
7		1276 <input type="checkbox"/>	1278 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1279 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received
8		1280 <input type="checkbox"/>	1282 <input type="checkbox"/> 1 Yes - Mark ISS 2 <input type="checkbox"/> No - Fill col. (5).	1283 <input type="checkbox"/> <input type="checkbox"/> Month last rec'd x3 <input type="checkbox"/> Never received

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

1284 1 Yes
2 No - SKIP to 13a

b. What was it called?

Anything else?

Mark (X) all that apply.

- 1286 Social Security - Mark "1" on ISS
- 1288 Federal Supplemental Security Income (Federal SSI) - Mark "3" on ISS
- 1290 A serviceman's or widow's pension from the Department of Veterans Affairs (VA) - Mark "8" on ISS
- 1292 Anything else - Mark appropriate code on ISS and specify \checkmark
- 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 U.S. Government Railroad Retirement - Mark "2" on ISS
- 1300 Black Lung payments - Mark "9" on ISS
- 1302 Workers' Compensation - Mark "10" on ISS
- 1304 Payments from a sickness, accident or disability insurance policy purchased on your own - Mark "13" on ISS
- 1306 Pension from company or union (including income from profit-sharing plans) - Mark "30" on ISS plans
- 1308 Federal Civil Service or other Federal civilian employee pension - Mark "31" on ISS
- 1310 U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) - Mark "32" on ISS
- 1312 National Guard or Reserve Forces retirement - Mark "33" on ISS
- 1314 State government pension - Mark "34" on ISS
- 1316 Local government pension - Mark "35" on ISS
- 1318 Income from paid-up life insurance policies or annuities - Mark "36" on ISS
- 1320 Other or DK - Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" \checkmark - Mark ISS
- 1322

CHECK ITEM R8

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

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

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	1326	1 <input type="checkbox"/> Yes - Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No				
CHECK ITEM R10	Refer to cc item 24. Is . . . 65 years of age or older?	1328	1 <input type="checkbox"/> Yes - SKIP to 23a, page 8 2 <input type="checkbox"/> No - SKIP to Check Item R23, page 8				
CHECK ITEM R11	Refer to cc items 32a and 32c. Is . . . a veteran of the U.S. Armed Forces? (Mark "No" if currently in Armed Forces.)	1330	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R12				
14a.	How long did . . . serve on active duty in the Armed Forces?	1332	1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 23 months 3 <input type="checkbox"/> 2 to 19 years 4 <input type="checkbox"/> 20 or more years X1 <input type="checkbox"/> DK				
b.	Does . . . have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	1334	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to 14d				
c.	What is . . . 's VA percent disability rating? Use the following probe if needed: (Such as 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)	1336	<table style="display: inline-table; border: none;"> <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 style="padding-left: 5px;">Percent</td> </tr> </table> } Mark "200" on ISS if rating is 100%; otherwise, mark "201" X3 <input type="checkbox"/> 0% X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. 101 <input type="checkbox"/> No rating				Percent
			Percent				
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				
CHECK ITEM R12	Refer to cc item 24. Is . . . 18 years of age or older?	1340	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 18a				
15a.	During this 4-month period, did . . . receive any Social Security payments?	1342	1 <input type="checkbox"/> Yes - Mark "1" on ISS 2 <input type="checkbox"/> No - SKIP to Check Item R14				
b.	What is the reason . . . is getting Social Security, is it because . . . is (Read categories) - Mark (X) only one.	1344	1 <input type="checkbox"/> Retired? 2 <input type="checkbox"/> Disabled? 3 <input type="checkbox"/> Widowed or surviving child? 4 <input type="checkbox"/> Spouse or dependent child? 5 <input type="checkbox"/> Some other reason X1 <input type="checkbox"/> DK } SKIP to 16a				
c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1346	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason X1 <input type="checkbox"/> DK				
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 16a				
15d.	At what age did . . . begin receiving Social Security because of (his/her) disability?	1349	<table style="display: inline-table; border: none;"> <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="padding-left: 5px;">Age in years</td> </tr> </table> } SKIP to 16a X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.			Age in years	
		Age in years					
CHECK ITEM R14	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1350	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 16a				
15e.	During the 4-month period, did . . . receive any Social Security payments especially for . . . 's children (under 18)?	1352	1 <input type="checkbox"/> Yes - Mark "1" on ISS 2 <input type="checkbox"/> No				
16a.	During this 4-month period, did . . . (or any of . . . 's children under 18) receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354	1 <input type="checkbox"/> Yes - Mark "3" on ISS 2 <input type="checkbox"/> No - SKIP to Check Item R15				
b.	Who received the SSI (Supplemental Security Income) payment? Mark (X) only one.	1355	1 <input type="checkbox"/> Adult(s) 2 <input type="checkbox"/> Child(ren) 3 <input type="checkbox"/> Both adult(s) and child(ren)				
c.	Did . . . also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1356	1 <input type="checkbox"/> Yes - Mark "4" on ISS 2 <input type="checkbox"/> No				
CHECK ITEM R15	Refer to cc item 24. Is . . . 40 years of age or older?	1358	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 18a				

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<p>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	1360	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R16</p>
<p>b. During the 4-month period, did . . . receive any retirement income other than Social Security?</p>	1362	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17d</p>
<p>c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i></p>	1364	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
	1366	2 <input type="checkbox"/> Pension from company or union (including income from profit sharing plans) – 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" \overline{z} – Mark ISS
	1380	<input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>
<p>d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	1382	<p>1 <input type="checkbox"/> Yes – Mark "36" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?</p>	1384	<p>1 <input type="checkbox"/> Yes – SKIP to Check Item R17 2 <input type="checkbox"/> No</p>
<p>18a. Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?</p>	1386	<p>1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	1388	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17</p>
<p>c. What kind of income? Anything else? <i>Mark (X) all that apply.</i></p>	1390	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 (including income from profit-sharing plans) – 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" \overline{z} – Mark ISS
	1412	<input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	1414	<p>1 <input type="checkbox"/> Married – SKIP to 20 2 <input type="checkbox"/> Widowed – SKIP to 22a, page 8 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R18, page 8</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	1416	<p>1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R18, page 8 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. } SKIP to Check Item R18, page 8</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? <i>If "Yes," mark previous marital status.</i></p>	1418	<p>1 <input type="checkbox"/> Widowed – SKIP to 22a, page 8 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R21, page 8</p>

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R18	Refer to cc items 24, 25 and 27. Is . . . the parent or guardian of children under 21 years old who live in this household?	1420	<input type="checkbox"/> Yes <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	<input type="checkbox"/> Yes – Mark "28" on ISS <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	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R21
22a.	(Please look at Card K in the flashcard pamphlet.) During this 4-month period, did . . . receive any pensions or annuities as a widow(er) (other than Social Security)?	1426	<input type="checkbox"/> Yes <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R21
b.	What kind of income was this? Was there anything else? (Read all of Flashcard K if necessary.) Mark (X) all that apply.	1428	<input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		1430	<input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS
		1432	<input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		1434	<input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS
		1436	<input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		1438	<input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS
		1440	<input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS
		1442	<input type="checkbox"/> State government pension – Mark "34" on ISS
		1444	<input type="checkbox"/> Local government pension – Mark "35" on ISS
		1446	<input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS
		1448	<input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS
		1450	<input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" → Mark ISS
		1452	<input type="checkbox"/> <input type="checkbox"/>
CHECK ITEM R20	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	1454	<input type="checkbox"/> Yes <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	<input type="checkbox"/> Yes, in the service <input type="checkbox"/> Yes, from service-related injury <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	<input type="checkbox"/> Yes – SKIP to 23a <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	<input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 years old or over. Was . . . covered by Medicare?	1462	<input type="checkbox"/> Yes – Mark "172" on ISS <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R23
b.	Could you please read me the claim number and type of coverage indicated on . . .'s Medicare card?	1464	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> - 1466 <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - 1467 <input type="text" value=""/> <input type="text" value=""/>
	★	1468	TYPE OF COVERAGE <input type="checkbox"/> Hospital only (Type A) <input type="checkbox"/> Medical only (Type B) <input type="checkbox"/> Both hospital and medical (Types A and B) <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	<input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . .'s Medicare help pay for doctor bills?	1472	<input type="checkbox"/> Yes <input type="checkbox"/> No 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	<input type="checkbox"/> Yes – SKIP to Check Item R25 <input type="checkbox"/> No

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 27a, page 10
CHECK ITEM R25	Interview status of . . . 's spouse.	1480	<input type="checkbox"/> No spouse in household <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted - SKIP to Check Item R27
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	<input type="checkbox"/> Yes - SKIP to 25a <input type="checkbox"/> No
24.	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	<input type="checkbox"/> Yes - Mark "27" on ISS <input type="checkbox"/> No
25a.	(Other than what we have already mentioned,) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item R27
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	<input type="checkbox"/> AFDC - Mark "20" on ISS <input type="checkbox"/> General Assistance or General Relief - Mark "21" on ISS <input type="checkbox"/> Indian, Cuban, or Refugee Assistance - Mark "22" on ISS <input type="checkbox"/> Foster Child Care - Mark "23" on ISS <input type="checkbox"/> WIC - Mark "25" on ISS <input type="checkbox"/> Other or DK - Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ↗ - Mark ISS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block; margin-top: 5px;"></div>
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	<input type="checkbox"/> Yes - SKIP to 26b <input type="checkbox"/> No
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	<input type="checkbox"/> Yes - Mark "173" on ISS and SKIP to 26c <input type="checkbox"/> No - SKIP to Check Item R28
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1503	<input type="checkbox"/> Yes - Mark "173" on ISS <input type="checkbox"/> No - SKIP to Check Item R28
c.	Could you please read me the claim number indicated on . . . 's (Use local name for Medicaid) card?	1504	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> - <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> - 1505 <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 80px; height: 20px;"></div> x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.
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?	1507	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item R29
26d.	Were any of . . . 's children (under 18) covered by (Use local name for Medicaid)?	1508	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item R29
e.	Which children were covered?	1510	x5 <input type="checkbox"/> All children OR Person No. Name <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> _____ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> _____ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> _____ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> _____ <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> _____
CHECK ITEM R29	Refer to items 26a-26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 27a, page 10
26f.	Was (. . ./(and) . . . 's children) covered during the entire 4-month period?	1526	<input type="checkbox"/> Yes - SKIP to 27a, page 10 <input type="checkbox"/> No
g.	In which months was (. . ./(and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	<input type="checkbox"/> Last month <input type="checkbox"/> 2 months ago <input type="checkbox"/> 3 months ago <input type="checkbox"/> 4 months ago

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

<p>27a. Was . . . covered by a health insurance plan at any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)</p>	<p>1536 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R30</i></p>																														
<i>ASK OR VERIFY</i>																															
<p>b. Was . . . covered by a health insurance plan during the entire 4-month period?</p>	<p>1538 1 <input type="checkbox"/> Yes – <i>SKIP to 27d</i> 2 <input type="checkbox"/> No</p>																														
<p>c. In which months was . . . covered? <i>Mark (X) all that apply.</i></p>	<p>1540 1 <input type="checkbox"/> Last month 1542 2 <input type="checkbox"/> 2 months ago 1544 3 <input type="checkbox"/> 3 months ago 1546 4 <input type="checkbox"/> 4 months ago</p>																														
<p>d. Was . . . 's health insurance coverage from a plan in . . . 's own name (primary policy holder), or was . . . covered as a family member on someone else's plan?</p>	<p>1547 1 <input type="checkbox"/> Plan in own name – <i>SKIP to 27f</i> 2 <input type="checkbox"/> Someone else's plan 3 <input type="checkbox"/> Both – <i>SKIP to 27f</i></p>																														
<p>e. Whose plan covered . . . ?</p>	<p>Household member</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">Person No.</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Name</td> <td style="width:45%;"></td> </tr> <tr> <td style="text-align: center;">1548</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> </table> <p>x4 <input type="checkbox"/> Not a Household member</p> <p style="text-align: right;"><i>SKIP to Check Item R30</i></p>		Person No.		Name		1548																								
	Person No.		Name																												
1548																															
<p>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</p>	<p>1549 1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p> <p style="text-align: right;"><i>SKIP to 27h</i></p>																														
<p>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</p>	<p>1550 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>																														
<p>h. Was . . . 's plan an individual plan or a family plan?</p>	<p>1552 1 <input type="checkbox"/> Individual – <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family</p>																														
<p>i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)</p>	<p>1554 x5 <input type="checkbox"/> All persons</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">Person No.</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Name</td> <td style="width:45%;"></td> </tr> <tr> <td style="text-align: center;">1556</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black; width: 30px;"></td> <td style="border: 1px solid black;"></td> </tr> </table> <p>1566 x3 <input type="checkbox"/> None</p>		Person No.		Name		1556					1558					1560					1562					1564				
	Person No.		Name																												
1556																															
1558																															
1560																															
1562																															
1564																															
<p>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? <i>Mark (X) all that apply.</i> <i>If "Yes," "Who did the plan cover?"</i></p>	<p>1567 1 <input type="checkbox"/> Yes, spouse 1568 2 <input type="checkbox"/> Yes, child(ren) 1569 3 <input type="checkbox"/> Yes, someone else 1570 4 <input type="checkbox"/> No</p>																														

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R30

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

1572

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

ASK OR VERIFY –

27k. Were all of . . . 's children under 15 years old covered by a health insurance plan?

(Include CHAMPUS, CHAMPVA, and military plans.)

(Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)

1574

- 1 Yes – SKIP to 27m
2 No

I. 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

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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 [][]	1592 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
2		1594 [][]	1596 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
3		1598 [][]	1600 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
4		1602 [][]	1604 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
5		1606 [][]	1608 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
6		1610 [][]	1612 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
7		1614 [][]	1616 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No
8		1618 [][]	1620 1 <input type="checkbox"/> Yes – Mark ISS 2 <input type="checkbox"/> No

29a. (Please look at Card N in the flashcard pamphlet.) (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 Card N? (Exclude assets held in IRA, Keogh, and 401K accounts.)**

(Read all of Flashcard N if necessary.)

1622 1 Yes
2 No
x1 DK } SKIP to 30a
x2 Ref.

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. Saving Bonds (E, EE) – Mark "174" on ISS
- 1646** 10 Other interest-earning assets – Mark "107" on ISS and specify
- 1648** 11 Stocks or mutual fund shares – Mark "110" on ISS
- 1650** 12 Rental property – Mark "120" on ISS
- 1652** 13 Royalties – Mark "140" on ISS
- 1654** 14 Other financial investments – Mark "150" on ISS and specify

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

30a. Was . . . enrolled in school, either full time or part time during any of the past 4 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school.)

- 1656** 1 Yes, full time
 2 Yes, part time
 3 No - SKIP to Check Item R32

b. During which months was . . . enrolled?

Mark (X) all that apply.

- 1658** 1 All months
1660 2 Last month
1662 3 2 months ago
1664 4 3 months ago
1666 5 4 months ago

c. At what level or grade was . . . enrolled?

(If enrolled at more than one level during this period, check most recent level.)

- 1668** 1 Elementary grades 1-8 } SKIP to Check Item R32
 2 High school grades 9-12 }
 3 College year 1
 4 College year 2
 5 College year 3
 6 College year 4
 7 College year 5
 8 College year 6
 9 Vocational school
 10 Technical school
 11 Business school

31a. Were any of . . .'s educational expenses during the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a Guaranteed or National Direct Student Loan, any type of scholarship, grant, or other educational assistance?

- 1670** 1 Yes
 2 No - SKIP to Check Item R32

b. What kind of educational assistance did . . . receive? Anything else?

Mark (X) all that apply.

- 1672** 1 GI Bill - Mark "40" on ISS
1674 2 Other Department of Veterans Affairs (VA) Educational Assistance Programs (Survivors and Dependents; Vocational Rehabilitation; Post-Vietnam Veterans) - Mark "41" on ISS
1676 3 College Work Study - Mark "175" on ISS
1678 4 PELL Grant - Mark "176" on ISS
1680 5 Supplemental Educational Opportunity Grant (SEOG) - Mark "177" on ISS
1682 6 Perkins Loan or National Direct Student Loan (NDSL) - Mark "178" on ISS
1684 7 Stafford Loan or Guaranteed Student Loan - Mark "179" on ISS
1686 8 Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Student (SLS) - Mark "180" on ISS
1688 9 Assistance from . . .'s employer - Mark "181" on ISS
1690 10 Fellowship/Scholarship - Mark "182" on ISS
1692 11 Other financial aid - Mark "183" on ISS

CHECK ITEM R32

Refer to cc item 26a.
 Is code 2 (married, spouse absent) the current entry?

- 1694** 1 Yes
 2 No - SKIP to Check Item R33

ASK OR VERIFY -

32. Is . . .'s spouse in the Armed Forces?

- 1696** 1 Yes
 2 No

CHECK ITEM R33

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

- 1698** 1 Yes
 2 No - SKIP to 34a

33a. You said that during the 4-month period . . . owned (had) (Read all items marked on the ISS, except codes 171-173, 200-201). Is that correct?

- 1700** 1 Yes
 2 No - Probe and resolve (Make corrections to ISS if necessary)

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

- 1702** 1 Yes - SKIP to 34b
 2 No - SKIP to Check Item E1, page 15

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?

- 1704** 1 Yes
 2 No - SKIP to Check Item P1, page 53

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

Enter codes from income source list and mark ISS.

1706

1708

1710

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT

**CHECK
ITEM E1**

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

1712

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

1a. You said . . . worked during the 4-month period. Was . . . working for an employer or was . . . self-employed?

1714

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

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

1716

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

**CHECK
ITEM E2**

Refer to item 1a above.

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

1718

- 1 Yes
 2 No – SKIP to 2a, page 16

STATEMENT A →

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

NOTES

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<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 _____</p>
<p>CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2003 2 <input type="checkbox"/> No – <i>SKIP to 2c</i></p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2004 2 <input type="checkbox"/> No – <i>SKIP to 3a</i></p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 _____ 2005 _____</p>
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	<p>PGM 8 1 <input type="checkbox"/> Manufacturing? 2006 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.</p>	<p>PGM 8 _____ 2010 _____</p>
<p><i>ASK OR VERIFY –</i> g. Was . . . an employee of –</p>	<p>PGM 8 1 <input type="checkbox"/> A private for-profit company or individual? 2012 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization? 3 <input type="checkbox"/> Federal government (exclude Armed Forces)? 4 <input type="checkbox"/> State government? 5 <input type="checkbox"/> Local government? 6 <input type="checkbox"/> Armed Forces? 7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p><i>ASK OR VERIFY –</i> 3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 1 <input type="checkbox"/> Yes – <i>SKIP to 4</i> 2014 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by (Name of employer) during this 4-month period?</p>	<p>2016 FROM _____ Month 2018 _____ Day 2020 TO _____ Month 2022 _____ 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 – <i>SKIP to 4</i></p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.</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><i>ASK OR VERIFY –</i> 4. How many hours per week did . . . usually work at this job?</p>	<p>2025 _____ 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 – <i>SKIP to 7a</i></p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028 \$ _____ . _____ x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to 9a</i></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 <i>Specify</i> _____ 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – <i>SKIP to Check Item E5</i></p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2030 _____ Month 2031 _____ Day x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period – <i>Skip to 9a</i> x4 <input type="checkbox"/> Not paid during this reference period – <i>Skip to 9a</i></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	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total \$		.00
2 MONTHS AGO			
2034	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total \$		.00
3 MONTHS AGO			
2036	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total \$		.00
4 MONTHS AGO			
2038	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	x3 <input type="checkbox"/> None	\$	.00
	x1 <input type="checkbox"/> DK	\$	.00
	x2 <input type="checkbox"/> Ref.	\$	.00
	Total \$		.00

CHECK ITEM E4

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

- 2040 1 Yes
2 No – SKIP to 9a

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

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

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

- 2044 1 Yes – SKIP to Check Item E5
2 No

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

- 2046 1 Yes
2 No

CHECK ITEM E5

Number of employers in item 1b, page 15?

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

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2

<p>10a. What is the name of the other employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 Employer name 2100</p>
<p>CHECK ITEM E6 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. 2102</p>
<p>CHECK ITEM E6.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2103 2 <input type="checkbox"/> No – SKIP to 10c</p>
<p>10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2104 2 <input type="checkbox"/> No – SKIP to 11a</p>
<p>c. What kind of business or industry was <i>(Name of company or business)?</i> For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.</p>	<p>PGM 8 2105</p>
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	<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>
<p>e. What kind of work was . . . doing on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8 2108</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.</p>	<p>PGM 8 2110</p>
<p><i>ASK OR VERIFY –</i> g. Was . . . an employee of –</p>	<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>
<p><i>ASK OR VERIFY –</i> 11a. Was . . . employed by <i>(Name of employer)</i> during the entire 4-month period?</p>	<p>PGM 7 1 <input type="checkbox"/> Yes – SKIP to 12 2114 2 <input type="checkbox"/> No</p>
<p>b. When was . . . employed by <i>(Name of employer)</i> during this 4-month period?</p>	<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>
<p>CHECK ITEM E6.2 Did . . . stop working for this employer during the reference period?</p>	<p>2123 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 12</p>
<p>11c. What is the main reason . . . stopped working for <i>(Name of employer)?</i> <i>Mark (X) only one.</i></p>	<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>
<p><i>ASK OR VERIFY –</i> 12. How many hours per week did . . . usually work at this job?</p>	<p>2125 <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>13. Was . . . paid by the hour on this job?</p>	<p>2126 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 15a</p>
<p>14. What was . . . 's regular hourly pay rate at the end of <i>(Read last month or "to" date in item 11b)?</i></p>	<p>2128 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 17a</p>
<p>15a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2129 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks <i>Specify</i> <input type="text"/> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 Unpaid in family business or farm – SKIP to Check Item E8</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2130 <input type="text"/> <input type="text"/> Month 2131 <input type="text"/> <input type="text"/> Day x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref. x4 <input type="checkbox"/> Not paid during this reference period – Skip to 17a x4 <input type="checkbox"/> Not paid during this reference period – Skip to 17a</p>

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A2 – EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2132

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

2 MONTHS AGO

2134

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2136

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2138

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM E7

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

2140

- 1 Yes
- 2 No – SKIP to 17a

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

2142

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

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

2144

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

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

2146

- 1 Yes
- 2 No

CHECK ITEM E8

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

2148

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE - Include total gross earnings before any deductions.



**FIELD REPRESENTATIVE
USE ONLY**

LAST MONTH

2238 \$. 00

- x3 None
x1 DK
x2 Ref.

\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
Total \$	<input type="text"/>	.00

2 MONTHS AGO

2240 \$. 00

- x3 None
x1 DK
x2 Ref.

\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
Total \$	<input type="text"/>	.00

3 MONTHS AGO

2242 \$. 00

- x3 None
x1 DK
x2 Ref.

\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
Total \$	<input type="text"/>	.00

4 MONTHS AGO

2244 \$. 00

- x3 None
x1 DK
x2 Ref.

\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
\$	<input type="text"/>	.00
Total \$	<input type="text"/>	.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

12a. What was the name of . . . 's other business/ professional practice/farm?
(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)

PGM 8 Business name
 2300 _____

CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →

PGM 8 Business I.D. No.
 2301 _____

CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?

PGM 8 1 Yes
 2302 2 No – SKIP to 12c

12b. Have . . . 's main activities or duties for this business changed during the past 8 months?

PGM 8 1 Yes
 2303 2 No – SKIP to 12g

c. What kind of business was this?

PGM 8
 2304 _____

ASK OR VERIFY –
d. Is it mainly –

PGM 8 1 **Manufacturing?**
 2306 2 **Wholesale Trade?**
 3 **Retail Trade?**
 4 **Some other kind of business?**

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

PGM 8
 2308 _____

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

PGM 8
 2310 _____

ASK OR VERIFY –
g. How many hours per week did . . . usually work at this business?

PGM 7 2312 Hours
 x3 None
 x1 DK

13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?

2314 1 Yes
 2 No – SKIP to 21
 x1 DK

Gross earnings include sales and receipts before expenses.

CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?

2316 1 Yes – SKIP to 17a
 2 No

14. What was the total number of employees working for this business? Be sure to include . . .

2318 Employees
 x1 DK

Enter 999 if 1,000 or more employees.

15a. Was . . . 's business incorporated?

2320 1 Yes – SKIP to 16a
 2 No

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

2322 1 Sole proprietorship – SKIP to 17a
 2 Partnership

16a. Aside from . . . were any other members of this household owners or partners in this business?

2324 1 Yes
 2 No – SKIP to 17a

b. Which members?

Person No.	Name
2326 <input type="text"/> <input type="text"/> <input type="text"/>	_____
2328 <input type="text"/> <input type="text"/> <input type="text"/>	_____
2330 <input type="text"/> <input type="text"/> <input type="text"/>	_____

17a. Was . . . paid a regular salary from this business during the 4-month period?

2332 1 Yes
 2 No

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

2334 1 Yes
 2 No

CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?

2336 1 Yes
 2 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

2338

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

2 MONTHS AGO

2340

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

3 MONTHS AGO

2342

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

4 MONTHS AGO

2344

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

CHECK ITEM S10

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

2346

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

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

2348

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

CHECK ITEM S11

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

2350

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

CHECK ITEM S12

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

2352

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

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

2354

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

b. What was the net profit or loss?

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

2356

\$. 00

2358

- x4 Loss in amount box

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

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

2360

\$. 00

- x3 None
- x1 DK
- x2 Ref.

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

Section 3 - AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i>	3000	
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3002	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 27 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 26 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
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?	3004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 26
CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?	3010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?	3012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	3015	1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE - Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read - 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.
(Last month)	3016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	3020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	3024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	3028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	3018	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3022	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	3026	\$ _____ . 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	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**

Mark (X) income type code.

3032

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

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

3034

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

b. Which persons were covered?

Person No. Name

3036

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3038

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3040

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3042

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3044

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3046

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3048

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3050

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3052

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3054

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3056

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

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

3058

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

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

3060

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

**CHECK
ITEM A6.1**

Refer to cc item 45.

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

3062

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

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3064

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

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

3066

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

**CHECK
ITEM A7**

Refer to item 2, page 24.

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

3068

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

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

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

SKIP to next ISS Code or Check Item P1, page 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"/>
3104	<input type="text"/>	<input type="text"/>
3106	<input type="text"/>	<input type="text"/>
3108	<input type="text"/>	<input type="text"/>
3110	<input type="text"/>	<input type="text"/>
3112	<input type="text"/>	<input type="text"/>
3114	<input type="text"/>	<input type="text"/>
3116	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A7.1

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

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.

(Last month)

3122 1 Yes
2 No
x1 DK

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

3124 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3126 1 Yes
2 No
x1 DK

3128 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3130 1 Yes
2 No
x1 DK

3132 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3134 1 Yes
2 No
x1 DK

3136 \$. 00
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

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

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3200 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - <i>SKIP to 13a, page 31</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - <i>SKIP to 11a, page 30</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>3204 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>3206 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>3208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 9a, page 30</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3210 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>3212 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>3214 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>3215 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>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► <i>For ISS codes 1 or 2 (SS or RR) read -</i></p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>► <i>For all other ISS codes read -</i></p> <p>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.</p>
<p>(Last month)</p>	<p>3216 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</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>(3 months ago)</p>	<p>3224 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</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>3218 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3222 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3226 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3230 \$ <input type="text"/> . <input 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.	3232	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
6a. Were all the people living here covered by . . . 's payments?		3234	1 <input type="checkbox"/> Yes – SKIP to Check Item A6 2 <input type="checkbox"/> No
b. Which persons were covered?			Person No. Name
		3236	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3238	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3240	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3242	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3244	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3246	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3248	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3250	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3252	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		3254	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CHECK ITEM A6	Is this ISS Code "8"?	3256	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53
7a. What type of Veterans' payments did . . . receive?		3258	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3260	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to next ISS Code or Check Item P1, page 53
CHECK ITEM A6.1	Refer to cc item 45. Was Social Security/Railroad Retirement (code 1 or code 2) marked for . . . in the previous reference period?	3262	1 <input type="checkbox"/> Yes – SKIP to Check Item A7 2 <input type="checkbox"/> No
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes – blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)		3264	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other X1 <input type="checkbox"/> DK
b. Do . . . 's payments usually come on the first of the month or the third?		3266	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other X1 <input type="checkbox"/> DK
CHECK ITEM A7	Refer to item 2, page 28. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3268	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3270 1 Yes
 2 No
 x1 DK

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

3272 \$. 00
 x1 DK
 x2 Ref.

(2 months ago)

3274 1 Yes
 2 No
 x1 DK

3276 \$. 00
 x1 DK
 x2 Ref.

(3 months ago)

3278 1 Yes
 2 No
 x1 DK

3280 \$. 00
 x1 DK
 x2 Ref.

(4 months ago)

3282 1 Yes
 2 No
 x1 DK

3284 \$. 00
 x1 DK
 x2 Ref.

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

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"/>
3290	<input type="text"/>	<input type="text"/>
3292	<input type="text"/>	<input type="text"/>
3294	<input type="text"/>	<input type="text"/>
3296	<input type="text"/>	<input type="text"/>
3298	<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"/>
3304	<input type="text"/>	<input type="text"/>
3306	<input type="text"/>	<input type="text"/>
3308	<input type="text"/>	<input type="text"/>
3310	<input type="text"/>	<input type="text"/>
3312	<input type="text"/>	<input type="text"/>
3314	<input type="text"/>	<input type="text"/>
3316	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

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?

3346

Person No. Name

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. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3400 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402 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></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3404 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 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 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 34</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3410 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 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 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></p> <p>Is this income source listed on the income roster?</p>	<p>3415 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p>5c. Some persons receive more than one payment per month for certain income types. ► <i>For ISS codes 1 or 2 (SS or RR) read –</i> How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► <i>For all other ISS codes read –</i> 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.</p>
<p>(Last month)</p>	<p>3416 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3420 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3424 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3428 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
	<p>3418 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3422 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3426 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3430 \$ <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A5

Mark (X) income type code.

3432

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

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

3434

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

b. Which persons were covered?

Person No. Name

3436

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3438

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3440

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3442

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3444

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3446

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3448

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3450

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3452

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3454

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CHECK ITEM A6

Is this ISS Code "8"?

3456

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

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

3458

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

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

3460

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

CHECK ITEM A6.1

Refer to cc item 45.

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

3462

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

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3464

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

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

3466

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

CHECK ITEM A7

Refer to item 2, page 32.

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

3468

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

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3470 1 Yes
2 No
x1 DK

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

3472 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3474 1 Yes
2 No
x1 DK

3476 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3478 1 Yes
2 No
x1 DK

3480 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3482 1 Yes
2 No
x1 DK

3484 \$. 00
x1 DK
x2 Ref.

VERIFY IF ONLY ONE CHILD OR ASK -

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

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A7.1

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

- 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.

(Last month)

- 3522** 1 Yes
2 No
x1 DK

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

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

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

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3600 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602 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 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 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 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 38</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3610 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 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 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 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.</p> <p>▶ For ISS codes 1 or 2 (SS or RR) read -</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>▶ For all other ISS codes read -</p> <p>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.</p>
<p>(Last month)</p>	<p>3616 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</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>(3 months ago)</p>	<p>3624 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</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>3618 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3622 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3626 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3630 \$ <input type="text"/> . <input 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
b. Which persons were covered?			Person No. Name
3636		| | |	
3638		| | |	
3640		| | |	
3642		| | |	
3644		| | |	
3646		| | |	
3648		| | |	
3650		| | |	
3652		| | |	
3654		| | |	

CHECK ITEM A6	Is this ISS Code "8"?	3656	1 <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 - blue and buff. Which color envelope does . . . 's check come 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)

<p>9a. Were (Social Security/Railroad Retirement) payments received for ...'s children in (Read each month)?</p> <p>NOTE - Social Security payments may be adjusted for inflation each January.</p> <p>(Last month)</p>	<p>3670</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>9b. If "Yes" in item 9a - How much was received?</p> <p>3672 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3674</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3676 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3678</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3680 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3682</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	<p>3684 \$ <input style="width:100px;" type="text"/> . <input style="width:30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

<p><i>VERIFY IF ONLY ONE CHILD OR ASK -</i></p> <p>10a. Were all children living here covered by these payments?</p>	<p>3686</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>														
<p>b. Which children were covered?</p>	<p>3688</p> <p>3690</p> <p>3692</p> <p>3694</p> <p>3696</p> <p>3698</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> </tbody> </table>	Person No.	Name	<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>	
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SKIP to next ISS Code or Check Item P1, page 53

<p>11a. Were all the people living here covered under ...'s food stamp allotment?</p>	<p>3700</p>	<p>1 <input type="checkbox"/> Yes - <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No</p>																
<p>b. Which persons were covered?</p>	<p>3702</p> <p>3704</p> <p>3706</p> <p>3708</p> <p>3710</p> <p>3712</p> <p>3714</p> <p>3716</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Person No.</th> <th style="width:90%;">Name</th> </tr> </thead> <tbody> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> <tr><td><input style="width:30px;" type="text"/></td><td></td></tr> </tbody> </table>	Person No.	Name	<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>		<input style="width:30px;" type="text"/>	
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NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

- 3721** 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

- 3722** 1 Yes
2 No
x1 DK

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

3724 \$. 00
x1 DK
x2 Ref.

(2 months ago)

- 3726** 1 Yes
2 No
x1 DK

3728 \$. 00
x1 DK
x2 Ref.

(3 months ago)

- 3730** 1 Yes
2 No
x1 DK

3732 \$. 00
x1 DK
x2 Ref.

(4 months ago)

- 3734** 1 Yes
2 No
x1 DK

3736 \$. 00
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

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

b. Which persons were covered?

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

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3800 <input type="text"/> <input type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3802 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 43</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 42</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>3804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	<p>3806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 42</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3810 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 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>3814 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>3815 1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE – Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>▶ <i>For ISS codes 1 or 2 (SS or RR) read –</i></p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>▶ <i>For all other ISS codes read –</i></p> <p>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.</p>
<p>(Last month)</p>	<p>3816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>
	<p>3818 \$ <input type="text"/> . <input type="text"/><input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3822 \$ <input type="text"/> . <input type="text"/><input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3826 \$ <input type="text"/> . <input type="text"/><input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
	<p>3830 \$ <input type="text"/> . <input type="text"/><input type="text"/> <input type="text"/></p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3832

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

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

3834

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

b. Which persons were covered?

Person No. Name

3836

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3838

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3840

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3842

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3844

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3846

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3848

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3850

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3852

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3854

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3856

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

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

3858

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

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

3860

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

**CHECK
ITEM A6.1**

Refer to cc item 45.

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

3862

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

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does . . . 's check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

3864

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

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

3866

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

**CHECK
ITEM A7**

Refer to item 2, page 40.

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

3868

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

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

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"/>
3890	<input type="text"/>	<input type="text"/>
3892	<input type="text"/>	<input type="text"/>
3894	<input type="text"/>	<input type="text"/>
3896	<input type="text"/>	<input type="text"/>
3898	<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"/>
3904	<input type="text"/>	<input type="text"/>
3906	<input type="text"/>	<input type="text"/>
3908	<input type="text"/>	<input type="text"/>
3910	<input type="text"/>	<input type="text"/>
3912	<input type="text"/>	<input type="text"/>
3914	<input type="text"/>	<input type="text"/>
3916	<input type="text"/>	<input type="text"/>

NOTES

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

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.

(Last month)

3922

- 1 Yes
2 No
x1 DK

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

3924

\$. 00
x1 DK
x2 Ref.

(2 months ago)

3926

- 1 Yes
2 No
x1 DK

3928

\$. 00
x1 DK
x2 Ref.

(3 months ago)

3930

- 1 Yes
2 No
x1 DK

3932

\$. 00
x1 DK
x2 Ref.

(4 months ago)

3934

- 1 Yes
2 No
x1 DK

3936

\$. 00
x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3938

1 Last month

3940

2 2 months ago

3942

3 3 months ago

3944

4 4 months ago

b. Which persons were covered?

Person No. Name

3946

3948

3950

3952

3954

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

NOTES

Section 3 – AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>	4000	<input type="text"/> <input type="text"/>
CHECK ITEM A1 <i>Mark (X) income type code.</i>	4002	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – 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
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?	4004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?	4006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	4008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 46
CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?	4010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?	4012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> 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?	4014	1 <input type="checkbox"/> Yes – SKIP to next ISS Code or Check Item P1, page 53 2 <input type="checkbox"/> No
CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	4015	1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – 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.
(Last month)	4016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(2 months ago)	4020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(3 months ago)	4024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
(4 months ago)	4028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
	4018	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4022	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4026	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
	4030	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

4032

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

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

4034

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

b. Which persons were covered?

Person No. Name

4036

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4038

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4040

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4042

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4044

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4048

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4050

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4052

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4054

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**CHECK
ITEM A6**

Is this ISS Code "8"?

4056

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

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

4058

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

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

4060

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

**CHECK
ITEM A6.1**

Refer to cc item 45.

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

4062

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

8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes - blue and buff. Which color envelope does ...'s check come in? (Remember, we are interested in the color of the envelope, not the color of the check.)

4064

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

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

4066

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

**CHECK
ITEM A7**

Refer to item 2, page 44.

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

4068

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

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

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

(Last month)

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.

VERIFY IF ONLY ONE CHILD OR ASK -

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

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

b. Which children were covered?

	Person No.	Name
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"/>

NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

Is "Food Stamps" (code 27) listed on the income roster?

4121

- 1 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.

(Last month)

4122

- 1 Yes
2 No
x1 DK

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

4124

\$. 00

- x1 DK
x2 Ref.

(2 months ago)

4126

- 1 Yes
2 No
x1 DK

4128

\$. 00

- x1 DK
x2 Ref.

(3 months ago)

4130

- 1 Yes
2 No
x1 DK

4132

\$. 00

- x1 DK
x2 Ref.

(4 months ago)

4134

- 1 Yes
2 No
x1 DK

4136

\$. 00

- x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

4138

1 Last month

4140

2 2 months ago

4142

3 3 months ago

4144

4 4 months ago

b. Which persons were covered?

Person No. Name

4146

4148

4150

4152

4154

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

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A8	Asset types owned. <i>Mark (X) all that apply.</i>	4300	1 <input type="checkbox"/> ISS Code 100 – Regular/Passbook savings accounts
		4302	2 <input type="checkbox"/> ISS Code 101 – Money market deposit accounts
		4304	3 <input type="checkbox"/> ISS Code 102 – Certificates of deposit or other savings certificates
		4306	4 <input type="checkbox"/> ISS Code 103 – Interest-earning checking accounts (such as NOW or Super-NOW accounts)

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

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

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

4312	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i>	x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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c. What is your best estimate of the average amount that . . . and . . . 's (husband/wife) had in these jointly held *(Read asset types)* **during the 4-month period?** ★

4314	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i>	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

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

4318	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
------	--

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

4320	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i>	x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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c. What is your best estimate of the average amount that . . . had in these *(Read asset types)* **during the 4-month period?** ★

4322	\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to next ISS Code or Check Item P1, page 53</i>	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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d. If I were to call back later, would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)

4324	1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 6</i> 2 <input type="checkbox"/> No	} <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A10**

Asset types owned.
Mark (X) all that apply.

4400
4402
4404
4406

- 1 ISS Code 104 – Money market funds
- 2 ISS Code 105 – U.S. Government securities
- 3 ISS Code 106 – Municipal or corporate bonds
- 4 ISS Code 107 – Other interest-earning assets –
Specify

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

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

4410

- 1 Yes
- 2 No – SKIP to 3b

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

4412

- \$. 00 – SKIP to 3a
- x3 None – SKIP to 3a
 - x1 DK
 - x2 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

- \$. 00 – SKIP to 3a
- x1 DK
 - x2 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 Yes – Mark Reminder Card and
Callback Summary, Item 7
- 2 No

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

4418

- 1 Yes
- 2 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))?

4420

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

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

4422

- \$. 00 – SKIP to next ISS Code or
Check Item P1, page 53
- x1 DK
 - x2 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 Yes – Mark Reminder Card and
Callback Summary, Item 8
 - 2 No
- } SKIP to next
ISS Code or
Check Item
P1, page 53

NOTES

AMOUNTS – PARTS B & C

Section 3 – AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks 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.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4500</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } <i>SKIP to 3a</i>
CHECK ITEM A12 Interview status of . . .'s spouse.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4502</div> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 2a</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 2a</i>
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? ★	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4504</div> \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 2a</i> x3 <input type="checkbox"/> None – <i>SKIP to 2a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4506</div> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 9</i> 2 <input type="checkbox"/> No
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4508</div> \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 – <i>SKIP to 3a</i> x3 <input type="checkbox"/> None – <i>SKIP to 3a</i> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
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.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4510</div> 1 <input type="checkbox"/> Yes – <i>Mark Reminder Card and Callback Summary, Item 10</i> 2 <input type="checkbox"/> 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?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4512</div> 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 A13 Interview status of . . .'s spouse.	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4514</div> 1 <input type="checkbox"/> No spouse in household – <i>SKIP to 3c</i> 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – <i>SKIP to 3c</i>
3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4516</div> \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4518</div> \$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 } <i>SKIP to next ISS Code or Check Item P1, page 53</i> x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

NOTES

Section 3 - AMOUNTS (Continued)

Part E - RENTAL INCOME (ISS Code 120)

1. Earlier you told me that . . . owned some rental property.	
CHECK ITEM A 14 Interview status of . . .'s spouse.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4600</div> <div> <input type="checkbox"/> No spouse in household - <i>SKIP to 3a</i> <input type="checkbox"/> Interview for spouse not yet conducted <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3a</i> </div> </div>
2a. Did . . . receive any rental income from property owned jointly by . . . and . . .'s (husband/wife) during the last 4 months? Include only property owned entirely by couple.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4602</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 3a</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4604</div> <div> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4606</div> <div> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
3a. Did . . . receive rental income from property owned entirely in . . .'s own name during the last 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4610</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 4a</i> </div> </div>
b. About how much was received in gross rent from this property during the 4-month period?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4612</div> <div> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
c. What is your best estimate of the amount that was cleared after expenses?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4614</div> <div> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. - <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>
4a. Did . . . receive any rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . .'s spouse)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4618</div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div>
b. What is your best estimate of . . .'s share of the amount cleared on this property during the last 4 months?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4620</div> <div> <div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> None <input type="checkbox"/> DK <input type="checkbox"/> Ref. </div> </div> <div style="margin-top: 5px; display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4622</div> <div> <input type="checkbox"/> Lost money - <i>Enter amount of loss in box</i> </div> </div> <div style="margin-left: 20px; margin-top: 10px;"> <div style="font-size: 2em;">}</div> <div style="margin-left: 10px;"> <i>SKIP to next ISS Code or Check Item P1, page 53</i> </div> </div> </div>

AMOUNTS - PARTS D & E

NOTES

Section 3 – AMOUNTS (Continued)

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

CHECK ITEM A15	Asset types owned. <i>Mark (X) all that apply.</i>	4700	1 <input type="checkbox"/> ISS Code 130 – Mortgages
		4702	2 <input type="checkbox"/> ISS Code 140 – Royalties
		4704	3 <input type="checkbox"/> ISS Code 150 – Other financial investments

CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 3</i>
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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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1a.	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:60px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
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2a.	(Besides any 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:60px;" type="text"/> . <input style="width:30px;" 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:60px;" type="text"/> . <input style="width:30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
		4722	X4 <input type="checkbox"/> Lost money – <i>Enter amount of loss in box</i>

NOTES

PROGRAM QUESTIONS

Section 4 – PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 55
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
1a. What is your monthly rent?	Include only the amount the respondent pays for rent. Exclude any subsidized amount.	4804	<div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> . <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> 00 </div> X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 2a
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil?	Exclude telephone.	4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord?	Mark (X) all that apply.	4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
c. What was the total amount of the energy assistance received by this household during the past 4 months?		4824	<div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> . <input style="width: 30px; height: 20px; margin-right: 5px;" 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 C1, page 55
3a. Do any of the children in this household usually eat a complete hot lunch offered at school?		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 55
b. How many children?		4830	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Children
c. How many complete school lunches do all of the children eat per week?		4832	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number of lunches X1 <input type="checkbox"/> DK
d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3f
e. In the past 4 months, were the lunches free, reduced price, or were they full price?	Mark (X) only one.	4836	1 <input type="checkbox"/> Free lunch – SKIP to 3g 2 <input type="checkbox"/> Reduced-price lunch 3 <input type="checkbox"/> Full-price lunch
f. What was the average price paid by all of the children for a complete school lunch?		4838	<div style="display: flex; align-items: center;"> \$ <input style="width: 60px; height: 20px; margin-right: 5px;" type="text"/> . <input style="width: 30px; height: 20px; margin-right: 5px;" type="text"/> </div> X1 <input type="checkbox"/> DK
g. Do any of the children usually eat breakfast at school under the Federal School Breakfast Program?		4840	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item C1, page 55
h. How many children?		4842	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Children
i. How many complete school breakfasts do all of the children eat per week?		4844	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Number of breakfasts X1 <input type="checkbox"/> DK
j. In the past 4 months, were the breakfasts free, reduced price, or were they full price?	Mark (X) only one.	4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

PROGRAM QUESTIONS

NOTES

CALLBACK SUMMARY

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

<input type="checkbox"/>	1. Social Security Number <i>(Enter in cc item 33a)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None						
<input type="checkbox"/>	2. Medicare claim number <i>(Item 23b, page 8)</i>	5002	<input type="text"/>	<input type="text"/>	<input type="text"/>	5004	<input type="text"/>	5005	<input type="text"/>			
<input type="checkbox"/>	3. EMPLOYER a. Employer #1 <i>(Item 8a, page 17)</i> What was the total amount of pay received before deductions on this job in . . . ?	5006	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None			
		5008	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
		5010	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
		5012	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
<input type="checkbox"/>	b. Employer #2 <i>(Item 16a, page 19)</i> What was the total amount of pay received before deductions on this job in . . . ?	5014	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
		5016	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5018	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5020	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	4. SELF-EMPLOYMENT a. Self-employment #1 <i>(Item 7, page 21)</i> What was the total amount of income received from this business in . . . ?	5022	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None		
		5024	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5026	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5028	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
<input type="checkbox"/>	b. Self-employment #2 <i>(Item 18, page 23)</i> What was the total amount of income received from this business in . . . ?	5030	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	Last month	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None	
		5032	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	2 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5034	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	3 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
		5036	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	4 months ago	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	5. What was the average 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 - <input type="text"/> through <input type="text"/>										
		5038	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
						5042	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	7. What was the average amount in money market funds/securities/bonds held jointly by husband and wife? <i>(Item 2c, page 49)</i>					5044	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
						5048	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
<input type="checkbox"/>	8. What was the average amount in money market funds/securities/bonds in own name? <i>(Item 3c, page 49)</i>					5050	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None
						5052	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	00	x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. x3 <input type="checkbox"/> None

CALLBACK SUMMARY

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

INCOME SOURCE LIST

INCOME LIST

Code	Type	Code	Type
1	Social Security	28	Child support payments
2	U.S. Government Railroad Retirement pay	29	Alimony payments
3	Federal Supplemental Security Income (SSI)	30	Pension from company or union
4	State Supplemental Security Income (State administered SSI only)	31	Federal Civil Service or other Federal civilian employee pensions
5	State unemployment compensation	32	U.S. Military retirement pay
6	Supplemental Unemployment Benefits	33	National Guard or Reserve Forces retirement
7	Other unemployment compensation (Trade Adjustment Act benefits, strike pay, other)	34	State government pensions
8	Veterans' compensation or pensions	35	Local government pensions
9	Black Lung payments	36	Income from paid-up life insurance policies or annuities
10	Workers' Compensation	37	Estates and trusts
11	State temporary sickness or disability benefits	38	Other payments for retirement, disability, or survivor
12	Employer or union temporary sickness policy	40	GI Bill
13	Payments from a sickness, accident, or disability insurance policy purchased on your own	41	Other Department of Veterans Affairs (VA) Educational Assistance
20	Aid to Families with Dependent Children (AFDC, ADC)	50	Income assistance from a charitable group
21	General Assistance or General Relief	51	Money from relatives or friends
22	Indian, Cuban, or Refugee Assistance	52	Lump sum payments
23	Foster Child Care payments	53	Income from roomers or boarders
24	Other welfare	54	National Guard or Reserve pay
25	WIC (Women, Infants and Children Nutrition Program)	55	Incidental or casual earnings
27	Food Stamps	56	Other cash income not included elsewhere

ASSET LIST

SPECIAL INDICATORS

Code	Type	Code	Type
100	Regular/Passbook savings accounts in a bank, savings and loan, or credit union	170	Worked
101	Money market deposit accounts	171	Disabled
102	Certificates of deposit or other savings certificates	172	Medicare
103	Interest-earning checking accounts (such as NOW or Super NOW accounts)	173	Medicaid
104	Money market funds	174	U.S. Savings Bonds (E, EE)
105	U.S. Government securities	175	College Work Study
106	Municipal or corporate bonds	176	PELL Grant
107	Other interest-earning assets	177	Supplemental Educational Opportunity Grant (SEOG)
110	Stocks or mutual fund shares	178	Perkins Loan or National Direct Student Loan (NDSL)
120	Rental property	179	Stafford Loan or Guaranteed Student Loan (GSL)
130	Mortgages	180	Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)
140	Royalties	181	Assistance from Employer
150	Other financial investments	182	Fellowship/Scholarship
		183	Other financial aid
		200	VA disability rating of 100%
		201	VA disability of less than 100%

INCOME SOURCE SUMMARY (ISS)

INSTRUCTION – Column (a) shows the income source code. In column (b), mark (X) for all sources from which income was received during the reference period. In column (c), enter the code to indicate whether the respondent used records to verify or provide amounts. Column (d) shows the type of income source. The Amounts section should be filled starting with the page number shown in column (e) for those income sources which have been marked.

PGM 9		Record use code	Type of income source and income source code	Amounts section page number
ISS code	Mark (X)	1 = Yes 2 = No 3 = Ref. 4 = Sp. Q.	<i>REMINDER – After obtaining amounts for each income source, probe to determine whether the respondent was using records to provide amounts.</i> Current reference period: _____, _____, _____, and _____ Previous reference Period: _____, _____, _____, and _____ Month and year of next interview: _____, 19 ____	
(a)	(b)	(c)	(d)	(e)
1			INCOME CODES 1-7 Social Security	A – 24 28 32 36 40 44
2			U.S. Government Railroad Retirement pay	
3			Federal Supplemental Security Income (SSI)	
5			State Unemployment compensation	
6			Supplemental Unemployment Benefits	
8			INCOME CODES 8-13 Veterans' compensation or pensions	
20			INCOME CODES 20-29 Aid to Families with Dependent Children (AFDC, ADC)	
24			Other Welfare – <i>Specify</i>	
25			WIC (Women, Infants, and Children Nutrition Program)	
27			Food Stamps	
28			Child support payments	
29			Alimony payments	
30			INCOME CODES 30-38 Pension from company or union	
40			INCOME CODES 40-41 GI Bill education benefits	
55			INCOME CODES 50-56 Incidental or casual earnings	
100			ASSET CODES 100-150 Interest earning assets Regular/Passbook savings accounts in a bank, savings and loan, or credit union	(B) – 48
101			Money market deposit accounts	
102			Certificates of deposit or other savings certificates	
103			Interest-earning checking accounts (such as NOW or Super-NOW accounts)	
104			Money market funds	(C) – 49
105			U.S. Government securities	
106			Municipal or corporate bonds	
107			Other interest-earning assets	(D) – 50
110			Stocks or mutual fund shares	
120			Rental income	(E) – 51
130			Mortgages	(F) – 52
140			Royalties	
150			Other financial investments	
170			SPECIAL INDICATOR CODES 170-183, 200, 201 Worked	Section 2
171			Disabled	DO NOT FILL
172			Medicare	
173			Medicaid	
174			U.S. Savings Bonds	
200			VA disability rating of 100%	
201			VA disability rating of less than 100%	

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover Page)	1
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	12
11a, Finish time (Cover Page)	1

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

PROGRAM QUESTIONS

CALLBACK SUMMARY