

Section 1 - LABOR FORCE AND RECIPIENCY

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

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1018

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1008

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1032

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1010

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1034

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1012

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1038

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1016

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1040

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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

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1066

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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

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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 RECIPIENCY (Continued)

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

Mark (X) all that apply.

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

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

1136 1 Yes
 2 No – SKIP to 7a

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

Mark (X) all that apply.

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

d. What was the main reason . . . was absent from . . . 's job or business during those weeks?

Mark (X) only one.

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

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

1176 1 Yes
 2 No – SKIP to 7e

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

Mark (X) all that apply.

1178 x5 All weeks without a job

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

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

1216 1 Yes – SKIP to 7e
 2 No

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

Mark (X) only one.

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

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

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

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

Mark (X) all that apply.

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

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

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

12a. At any time during this 4-month period, did . . . get any income from the Federal Government (that we haven't talked about)?
 1284 1 Yes
2 No - SKIP to 13a

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

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

13a. At any time during this 4-month period, did . . . receive any (other) pension, disability, retirement, or survivor income (that we haven't talked about)?
 1296 1 Yes
2 No - SKIP to Check Item R8

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

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

CHECK ITEM R8 Refer to cc item 47. Is "Medicare" (code 172) marked for . . . ?
 1324 1 Yes - Mark "172" on ISS and SKIP to Check Item R23, page 8
 2 No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R9	Refer to cc item 47. Is "Disabled" (code 171) marked for . . . ?	1326	1 <input type="checkbox"/> Yes – Mark "171" on ISS and SKIP to 23a, page 8 2 <input type="checkbox"/> No				
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>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>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				

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

<p>17a. Has . . . ever retired from a job or business? (Include retirement from the military.)</p>	1360	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item R16</p>
<p>b. During the 4-month period did . . . receive any retirement income other than Social Security?</p>	1362	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 17d</p>
<p>c. What kind of retirement income? Anything else? Mark (X) all that apply.</p>	1364	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" \bar{z} - Mark ISS
	1380	<input type="text"/> <input 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? Mark (X) all that apply.</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" \bar{z} - Mark ISS
	1412	<input type="text"/> <input 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? If "Yes," mark previous marital status.</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	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R19
21.	Did . . . receive any child support payments during this 4-month period? (Include "pass through" child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1422	1 <input type="checkbox"/> Yes – Mark "28" on ISS 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM R19	Refer to item 20, page 7. Is "Both widowed and divorced" (box 3) marked?	1424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
22a.	(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	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item R21 x1 <input type="checkbox"/> DK }
b.	What kind of income was this? Was there anything else? (Read all of Flashcard K if necessary.) Mark (X) all that apply.	1428	1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS
		1430	2 <input type="checkbox"/> Veterans' compensation or pension – Mark "8" on ISS
		1432	3 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS
		1434	4 <input type="checkbox"/> Pension from company or union (including income from profit-sharing plans) – Mark "30" on ISS
		1436	5 <input type="checkbox"/> Federal Civil Service or other Federal civilian employee pension – Mark "31" on ISS
		1438	6 <input type="checkbox"/> U.S. Military retirement pay (exclude payments from the Department of Veterans Affairs (VA)) – Mark "32" on ISS
		1440	7 <input type="checkbox"/> National Guard or Reserve Forces retirement – Mark "33" on ISS
		1442	8 <input type="checkbox"/> State government pension – Mark "34" on ISS
		1444	9 <input type="checkbox"/> Local government pension – Mark "35" on ISS
		1446	10 <input type="checkbox"/> Income from paid-up life insurance policies or annuities – Mark "36" on ISS
		1448	11 <input type="checkbox"/> Payments from estate or trust – Mark "37" on ISS
		1450	12 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type is not listed or "DK," enter code "38" ↗ Mark ISS
		1452	<input type="text"/> <input type="text"/>
CHECK ITEM R20	Refer to item 22b above. Is "Veterans compensation or pension" (box 2) marked?	1454	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R21
22c.	Did . . .'s late spouse die while in the service or from a service-related injury?	1456	1 <input type="checkbox"/> Yes, in the service 2 <input type="checkbox"/> Yes, from service-related injury 3 <input type="checkbox"/> No
CHECK ITEM R21	Refer to cc item 24. Is . . . 65 years of age or older?	1458	1 <input type="checkbox"/> Yes – SKIP to 23a 2 <input type="checkbox"/> No
CHECK ITEM R22	Refer to item 18a, page 7. Does . . . have a work disability?	1460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R23
23a.	Medicare is a health insurance program for disabled persons and persons 65 years old or over. Was . . . covered by Medicare?	1462	1 <input type="checkbox"/> Yes – Mark "172" on ISS 2 <input type="checkbox"/> No } SKIP to Check Item R23 x1 <input type="checkbox"/> DK }
b.	Could you please read me the claim number and type of coverage indicated on . . .'s Medicare card? ★	1464	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - 1466 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - 1467 <input type="text"/> <input type="text"/>
		1468	TYPE OF COVERAGE 1 <input type="checkbox"/> Hospital only (Type A) 2 <input type="checkbox"/> Medical only (Type B) 3 <input type="checkbox"/> Both hospital and medical (Types A and B) 4 <input type="checkbox"/> Card not available – ASK 23c } SKIP to Check Item R23
c.	If I were to call later would you be able to provide me with . . .'s Medicare number? (This information is especially important for the purposes of this survey.)	1470	1 <input type="checkbox"/> Yes – Mark Callback Summary and Reminder Card, Item 2 2 <input type="checkbox"/> No
d.	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does . . .'s Medicare help pay for doctor bills?	1472	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK
CHECK ITEM R23	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1474	1 <input type="checkbox"/> Yes – SKIP to Check Item R25 2 <input type="checkbox"/> No

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

CHECK ITEM R24	Refer to cc item 24. Is . . . 18 years of age or older?	1476	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a, page 10																													
CHECK ITEM R25	Interview status of . . . 's spouse.	1480	1 <input type="checkbox"/> No spouse in household 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to Check Item R27																													
CHECK ITEM R26	Is ISS code "27" (Food stamps) listed in the Income Roster (item 11b, page 5)?	1481	1 <input type="checkbox"/> Yes – SKIP to 25a 2 <input type="checkbox"/> No																													
24.	Was . . . (or . . . 's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 <input type="checkbox"/> Yes – Mark "27" on ISS 2 <input type="checkbox"/> No																													
25a.	(Other than what we have already mentioned) During the 4-month period, did . . . receive any (other) welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for . . . or . . . 's children)? (Exclude energy assistance.)	1484	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R27																													
b.	What kind of welfare did . . . receive? Anything else? Mark (X) all that apply.	1486 1488 1490 1492 1494 1496 1498	1 <input type="checkbox"/> AFDC – Mark "20" on ISS 2 <input type="checkbox"/> General Assistance or General Relief – Mark "21" on ISS 3 <input type="checkbox"/> Indian, Cuban, or Refugee Assistance – Mark "22" on ISS 4 <input type="checkbox"/> Foster Child Care – Mark "23" on ISS 5 <input type="checkbox"/> WIC – Mark "25" on ISS 6 <input type="checkbox"/> Other or DK – Specify and enter code from income source list. If income type not listed or "DK," enter code "24" ↗ – Mark ISS <input type="checkbox"/> <input type="checkbox"/>																													
CHECK ITEM R27	Refer to cc item 47. Is "Medicaid" (code 173) marked for . . . ?	1500	1 <input type="checkbox"/> Yes – SKIP to 26b 2 <input type="checkbox"/> No																													
26a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period, was . . . covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 <input type="checkbox"/> Yes – Mark "173" on ISS and SKIP to 26c 2 <input type="checkbox"/> No – SKIP to Check Item R28																													
b.	(Refer to FLASHCARD M for Medicaid name.) According to our last visit, . . . was covered by (Use local name for Medicaid). Was . . . covered by it at any time during the 4-month period?	1503	1 <input type="checkbox"/> Yes – Mark "173" on ISS 2 <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 1506	<table style="width:100%; 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="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="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="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="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="border: none;"></td> <td style="text-align: center;">1505</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="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.																									1505				
										1505																						
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	1 <input type="checkbox"/> Yes 2 <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	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R29																													
e.	Which children were covered?	1510 1512 1514 1516 1518 1520	x5 <input type="checkbox"/> All children OR <table style="width:100%; border: none;"> <thead> <tr> <th style="border: none; width: 40px;"></th> <th style="border: none; width: 40px;">Person No.</th> <th style="border: none; width: 40px;">Name</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1512</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">1514</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">1516</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">1518</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">1520</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </tbody> </table>		Person No.	Name	1512			1514			1516			1518			1520													
	Person No.	Name																														
1512																																
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1516																																
1518																																
1520																																
CHECK ITEM R29	Refer to items 26a–26d above. Was . . . or any of . . . 's children under 18 years old covered by Medicaid?	1524	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 27a, page 10																													
26f.	Was (. . . /and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – SKIP to 27a, page 10 2 <input type="checkbox"/> No																													
g.	In which months was (. . . /and) . . . 's children) covered? Mark (X) all that apply.	1528 1530 1532 1534	1 <input type="checkbox"/> Last month 2 <input type="checkbox"/> 2 months ago 3 <input type="checkbox"/> 3 months ago 4 <input type="checkbox"/> 4 months ago																													

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

<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:15%; text-align: center;">Person No.</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Name</td> <td style="width:55%;"></td> </tr> <tr> <td style="text-align: center;">1548</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> </table> <p>x4 <input type="checkbox"/> Not a Household member</p> <div style="text-align: right; font-size: 2em;">} <i>SKIP to Check Item R30</i></div>	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> <div style="text-align: right; font-size: 2em;">} <i>SKIP to 27h</i></div>																								
<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:15%; text-align: center;">Person No.</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">Name</td> <td style="width:55%;"></td> </tr> <tr> <td style="text-align: center;">1556</td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1558</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1560</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1562</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">1564</td> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;"></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>If "Yes," "Who did the plan cover?"</i> <i>Mark (X) all that apply.</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?

1575

Person No. Name

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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?**

1582

Person No. Name

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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
x2 Ref. } SKIP to 30a

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

1626

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

1628

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

1630

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

1632

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

1636

5 Money market funds - Mark "104" on ISS

1638

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

1640

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

1642

8 Mortgages - Mark "130" on ISS

1644

9 U.S. 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
 - 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
- } SKIP to Check Item R32

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 Students (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

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?
(Include unpaid worker in family business or farm as working for an employer.)

1714

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

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

1716

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

**CHECK
ITEM E2**

Refer to item 1a above.

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

1718

- 1 Yes
- 2 No – *SKIP to 2a, page 16*

STATEMENT A →

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

NOTES

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 – SKIP to 2c</p>
<p>2b. Have . . . 's main activities or duties for this employer changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2004 2 <input type="checkbox"/> No – SKIP to 3a</p>
<p>c. What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm. ASK OR VERIFY –</p>	<p>PGM 8 2005</p>
<p>d. Is it mainly –</p>	<p>PGM 8 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. ASK OR VERIFY –</p>	<p>PGM 8 2010</p>
<p>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>ASK OR VERIFY – 3a. Was . . . employed by (Name of employer) during the entire 4-month period?</p>	<p>PGM 7 1 <input type="checkbox"/> Yes – SKIP to 4 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 <input type="text"/>/ <input type="text"/> Month 2018 <input type="text"/>/ <input type="text"/> Day 2020 TO <input type="text"/>/ <input type="text"/> Month 2022 <input type="text"/>/ <input type="text"/> Day</p>
<p>CHECK ITEM E3.2 Did . . . stop working for this employer during the reference period?</p>	<p>2023 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 4</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? <i>Mark (X) only one.</i></p>	<p>2024 1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended 2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job 3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p>ASK OR VERIFY – 4. How many hours per week did . . . usually work at this job?</p>	<p>2025 <input type="text"/>/ <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 7a</p>
<p>6. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?</p>	<p>2028 \$ <input type="text"/> . <input type="text"/> x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref. – SKIP to 8c</p>
<p>7a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2029 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way – 2 <input type="checkbox"/> Once each 2 weeks Specify <input type="text"/> 3 <input type="checkbox"/> Once a month 4 <input type="checkbox"/> Twice a month 5 <input type="checkbox"/> Unpaid in family business or farm – SKIP to Check Item E5</p>
<p>b. On what date was . . . last paid during this 4-month period?</p>	<p>2030 <input type="text"/>/ <input type="text"/> Month 2031 <input type="text"/>/ <input type="text"/> Day x1 <input type="checkbox"/> DK 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 8c x4 <input type="checkbox"/> Not paid during this reference period – SKIP to 8c</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 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

2 MONTHS AGO

2034 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

3 MONTHS AGO

2036 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

4 MONTHS AGO

2038 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

CHECK ITEM E4

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

2040 1 Yes
2 No - SKIP to 8c

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

c. Counting all locations where this employer operates, what is the total number of persons who work for . . . 's employer?

(Read categories)

7990 1 Under 10
2 10-24
3 25-99
4 100-499
5 500-999
6 1000+

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

10a. What is the name of the other employer for whom . . . worked during this 4-month period?
(If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)

PGM 8 Employer name

2100

CHECK ITEM E6

Enter employer ID number from cc item 42, or if a new employer, enter the next available ID number.

PGM 8 Employer I.D. No.

2102

CHECK ITEM E6.1

Is the previous wave box marked for this employer in cc item 42?

PGM 8 1 Yes

2103 2 No - SKIP to 10c

10b. Have . . . 's main activities or duties for this employer changed during the past 8 months?

PGM 8 1 Yes

2104 2 No - SKIP to 11a

c. What kind of business or industry was (Name of company or business)?
For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.

PGM 8

2105

ASK OR VERIFY -

d. Is it mainly -

PGM 8 1 Manufacturing?

2106 2 Wholesale Trade?

3 Retail Trade?

4 Some other kind of business?

e. What kind of work was . . . doing on this job?
For example: Electrical engineer, stock clerk, typist, farmer.

PGM 8

2108

f. What were . . . 's main activities or duties on this job?
For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.

PGM 8

2110

ASK OR VERIFY -

g. Was . . . an employee of -

PGM 8

2112

1 A private for-profit company or individual?

2 A private not-for-profit, tax exempt, or charitable organization?

3 Federal government (exclude Armed Forces)?

4 State government?

5 Local government?

6 Armed Forces?

7 Unpaid in family business or farm?

ASK OR VERIFY -

11a. Was . . . employed by (Name of employer) during the entire 4-month period?

PGM 7

2114

1 Yes - SKIP to 12

2 No

b. When was . . . employed by (Name of employer) during this 4-month period?

2116

FROM Month

2118

Day

2120

TO Month

2122

Day

CHECK ITEM E6.2

Did . . . stop working for this employer during the reference period?

2123

1 Yes

2 No - SKIP to 12

11c. What is the main reason . . . stopped working for (Name of employer)?

Mark (X) only one.

2124

1 Laid off

4 Job was temporary and ended

2 Retired

5 Quit to take another job

3 Discharged

6 Quit for some other reason

ASK OR VERIFY -

12. How many hours per week did . . . usually work at this job?

2125

Hours

x3 None

x1 DK

13. Was . . . paid by the hour on this job?

2126

1 Yes

2 No - SKIP to 15a

14. What was . . . 's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?

2128

\$.

x1 DK

x2 Ref. - SKIP to 16c

15a. During the 4-month period, how often was . . . paid on this job?

2129

1 Once a week

6 Some other way - Specify

2 Once each 2 weeks

3 Once a month

4 Twice a month

5 Unpaid in family business or farm - SKIP to Check Item E8

b. On what date was . . . last paid during this 4-month period?

2130

Month

2131

Day

x1 DK

x1 DK

x2 Ref.

x2 Ref.

x4 Not paid during this reference period - SKIP to 16c

x4 Not paid during this reference period - SKIP to 16c

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 16c

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

c. Counting all locations where this employer operates, what is the total number of persons who work for . . .'s employer?

(Read categories)

- 7992 1 Under 10
 2 10–24
 3 25–99
 4 100–499
 5 500–999
 6 1000+

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 <input type="text"/> <input type="text"/> Hours</p> <p>2212 x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>h. Is this business based in your home?</p>	<p>7994 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</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"/> _____</p> <p>2228 <input type="text"/> <input type="text"/> _____</p> <p>2230 <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		2 MONTHS AGO		3 MONTHS AGO		4 MONTHS AGO	
2238	\$ <input type="text"/> . <input type="text"/> 00	2240	\$ <input type="text"/> . <input type="text"/> 00	2242	\$ <input type="text"/> . <input type="text"/> 00	2244	\$ <input type="text"/> . <input type="text"/> 00
X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	
Total \$.00		Total \$.00		Total \$.00		Total \$.00	

CHECK ITEM S4

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

2246 1 Yes
2 No – SKIP to Check Item S5

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

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

CHECK ITEM S5

Refer to item 4a, page 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 } SKIP to 11
2258 X4 Loss in amount box

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

2260 \$. 00
X3 None
X1 DK
X2 Ref.

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

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part B2 - SELF-EMPLOYMENT IDENTIFICATION NUMBER 2

<p>12a. What was the name of . . . 's other business/ professional practice/farm? <i>(If . . . was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)</i></p>	<p>PGM 8 Business name 2300</p>
<p>CHECK ITEM S7 Enter business ID number from cc item 43, or if a new business, enter the next available ID number. →</p>	<p>PGM 8 Business I.D. No. 2301</p>
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2302 2 <input type="checkbox"/> No - SKIP to 12c</p>
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes 2303 2 <input type="checkbox"/> No - SKIP to 12g</p>
<p>c. What kind of business was this?</p>	<p>PGM 8 2304</p>
<p><i>ASK OR VERIFY -</i> d. Is it mainly -</p>	<p>PGM 8 1 <input type="checkbox"/> Manufacturing? 2306 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>
<p>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8 2308</p>
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8 2310</p>
<p><i>ASK OR VERIFY -</i> g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7 2312 <input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>
<p>h. Is this business based in your home?</p>	<p>7996 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 21 x1 <input type="checkbox"/> DK</p>
<p>CHECK ITEM S8 Have questions 14-16b already been answered for this business by another household member?</p>	<p>2316 1 <input type="checkbox"/> Yes - SKIP to 17a 2 <input type="checkbox"/> No</p>
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2318 <input type="text"/> <input type="text"/> <input type="text"/> Employees x1 <input type="checkbox"/> DK</p>
<p>15a. Was . . . 's business incorporated?</p>	<p>2320 1 <input type="checkbox"/> Yes - SKIP to 16a 2 <input type="checkbox"/> No</p>
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2322 1 <input type="checkbox"/> Sole proprietorship - SKIP to 17a 2 <input type="checkbox"/> Partnership</p>
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2324 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 17a</p>
<p>b. Which members?</p>	<p>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"/></p>
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2332 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2334 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	<p>2336 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item S11</p>

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE - Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2338 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

2 MONTHS AGO

2340 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

3 MONTHS AGO

2342 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

4 MONTHS AGO

2344 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

CHECK ITEM S10

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

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

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

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

CHECK ITEM S11

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

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

CHECK ITEM S12

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

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

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

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

b. What was the net profit or loss?

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

2356 \$. 00

- 2358 X4 Loss in amount box

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

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

2360 \$. 00

- X3 None
- X1 DK
- X2 Ref.

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

Section 3 - AMOUNTS

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

1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period.

(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)

Income code

Name of income type

3000

CHECK ITEM A1

Mark (X) income type code.

3002

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

CHECK ITEM A2

Refer to cc item 27.

Is . . . a designated parent or guardian of children under age 18?

3004

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

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

3006

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

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

3008

- 1 Yes
- 2 No - SKIP to 9a, page 26

CHECK ITEM A3

Refer to cc item 26a.

Is . . . married?

3010

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

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

3012

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

CHECK ITEM A4

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

3014

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

CHECK ITEM A4.1

Refer to item 11b, page 5.

Is this income source listed on the income roster?

3015

- 1 Yes - ASK 5b
- 2 No - ASK 5a

5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)?

Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.

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

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

(Last month)

3016

- 1 Yes
- 2 No
- X1 DK

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.

3018

\$. 00

- X1 DK
- X2 Ref.

(2 months ago)

3020

- 1 Yes
- 2 No
- X1 DK

3022

\$. 00

- X1 DK
- X2 Ref.

(3 months ago)

3024

- 1 Yes
- 2 No
- X1 DK

3026

\$. 00

- X1 DK
- X2 Ref.

(4 months ago)

3028

- 1 Yes
- 2 No
- X1 DK

3030

\$. 00

- X1 DK
- X2 Ref.

AMOUNTS - PART A

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A5

Mark (X) income type code.

3032

- 1 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.

VERIFY IF ONLY ONE CHILD OR ASK -

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

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

b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<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

3148

3150

3152

3154

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

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: center;">Income code Name of income type</p> <p>3200 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" 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> 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> 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 style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
	<p>3222 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
	<p>3226 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
	<p>3230 \$ <input style="width: 100px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3232

- 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?

3234

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

b. Which persons were covered?

Person No. Name

3236

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3238

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3240

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3242

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3244

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3246

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3248

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3250

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3252

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3254

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3256

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

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

3258

- 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?

3260

- 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?

3262

- 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.)

3264

- 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?

3266

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

**CHECK
ITEM A7**

Refer to item 2, page 28.

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

3268

- 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)

<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>(2 months ago)</p> <p>(3 months ago)</p> <p>(4 months ago)</p>	<p>3270</p> <p>3274</p> <p>3278</p> <p>3282</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</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>3272 \$ <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>3276 \$ <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>3280 \$ <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>3284 \$ <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>
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<p><i>VERIFY IF ONLY ONE CHILD OR ASK –</i></p> <p>10a. Were all children living here covered by these payments?</p> <p>b. Which children were covered?</p>	<p>3286</p> <p>3288</p> <p>3290</p> <p>3292</p> <p>3294</p> <p>3296</p> <p>3298</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> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> </tbody> </table>		Person No.	Name																		
	Person No.	Name																					

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>b. Which persons were covered?</p>	<p>3300</p> <p>3302</p> <p>3304</p> <p>3306</p> <p>3308</p> <p>3310</p> <p>3312</p> <p>3314</p> <p>3316</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to Check Item A7.1</i> 2 <input type="checkbox"/> No</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:15%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> <tr><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td><td style="border: 1px solid black;"></td></tr> </tbody> </table>		Person No.	Name																					
	Person No.	Name																								

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.

(Last month)

- 3322** 1 Yes
2 No
X1 DK

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

3324 \$. 00
X1 DK
X2 Ref.

(2 months ago)

- 3326** 1 Yes
2 No
X1 DK

3328 \$. 00
X1 DK
X2 Ref.

(3 months ago)

- 3330** 1 Yes
2 No
X1 DK

3332 \$. 00
X1 DK
X2 Ref.

(4 months ago)

- 3334** 1 Yes
2 No
X1 DK

3336 \$. 00
X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

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

b. Which persons were covered?

Person No. Name

3346	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3348	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3350	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3352	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3354	<input type="text"/>	<input type="text"/>	<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>	Income code	Name of income type		
	3400	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
CHECK ITEM A1	3402	Mark (X) income type code. 1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 35 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 34 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	3404	Refer to cc item 27. Is . . . a designated parent or guardian of children under age 18? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3		
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	3406	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A3		
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	3408	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 9a, page 34		
CHECK ITEM A3	3410	Refer to cc item 26a. Is . . . married? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1		
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	3412	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item A4.1		
CHECK ITEM A4	3414	Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse? 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	3415	Refer to item 11b, page 5. Is this income source listed on the income roster? 1 <input type="checkbox"/> Yes - ASK 5b 2 <input type="checkbox"/> No - ASK 5a		
<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 - 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 - 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>		
(Last month)	3416	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3418	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3420	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3422	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3426	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3430	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" 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.

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.

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

(Last month)

3470 1 Yes
2 No
X1 DK

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?

3546

Person No.	Name
<input type="text"/>	<input type="text"/>

3548

<input type="text"/>	<input type="text"/>
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3550

<input type="text"/>	<input type="text"/>
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3552

<input type="text"/>	<input type="text"/>
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3554

<input type="text"/>	<input type="text"/>
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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.</p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p>Income code</p> <p>3600</p>	<p>Name of income type</p> <p>_____</p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3602</p>	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 39</p> <p>3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 38</p> <p>4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4</p> <p>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></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3604</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	<p>3606</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3608</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 38</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3610</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3612</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 <i>Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</i></p>	<p>3614</p>	<p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53</p> <p>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>3615</p>	<p>1 <input type="checkbox"/> Yes - ASK 5b</p> <p>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)?</p> <p><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)?</p> <p>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>3616</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</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>3618</p> <p>\$ _____ . 00</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p>	<p>3618</p> <p>\$ _____ . 00</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	<p>3620</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p>	<p>3622</p> <p>\$ _____ . 00</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	<p>3624</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p>	<p>3626</p> <p>\$ _____ . 00</p> <p>X1 <input type="checkbox"/> DK</p> <p>X2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	<p>3628</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>X1 <input type="checkbox"/> DK</p>	<p>3630</p> <p>\$ _____ . 00</p> <p>X1 <input type="checkbox"/> DK</p> <p>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?			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Person No.</th> <th style="width:75%;">Name</th> </tr> </thead> <tbody> <tr><td>3636</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3638</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3640</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3642</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3644</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3646</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3648</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3650</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3652</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>3654</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Person No.	Name	3636	<input type="text"/>	<input type="text"/>	3638	<input type="text"/>	<input type="text"/>	3640	<input type="text"/>	<input type="text"/>	3642	<input type="text"/>	<input type="text"/>	3644	<input type="text"/>	<input type="text"/>	3646	<input type="text"/>	<input type="text"/>	3648	<input type="text"/>	<input type="text"/>	3650	<input type="text"/>	<input type="text"/>	3652	<input type="text"/>	<input type="text"/>	3654	<input type="text"/>	<input type="text"/>
	Person No.	Name																																		
3636	<input type="text"/>	<input type="text"/>																																		
3638	<input type="text"/>	<input type="text"/>																																		
3640	<input type="text"/>	<input type="text"/>																																		
3642	<input type="text"/>	<input type="text"/>																																		
3644	<input type="text"/>	<input type="text"/>																																		
3646	<input type="text"/>	<input type="text"/>																																		
3648	<input type="text"/>	<input type="text"/>																																		
3650	<input type="text"/>	<input type="text"/>																																		
3652	<input type="text"/>	<input type="text"/>																																		
3654	<input type="text"/>	<input type="text"/>																																		

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
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

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:150px;" 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:150px;" 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:150px;" 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:150px;" 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>Person No. Name</p>	<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3690</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3692</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3694</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3696</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3698</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>

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>Person No. Name</p>	<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3704</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3706</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3708</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3710</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3712</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3714</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>
	<p>3716</p>		<p><input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> _____</p>

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?

3746

Person No.	Name
<input type="text"/> <input type="text"/> <input type="text"/>	

3748

<input type="text"/> <input type="text"/> <input type="text"/>	
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3750

<input type="text"/> <input type="text"/> <input type="text"/>	
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3752

<input type="text"/> <input type="text"/> <input type="text"/>	
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3754

<input type="text"/> <input type="text"/> <input type="text"/>	
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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.</p> <p><i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	Income code	Name of income type	
	3800		
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	3802		<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR)</p> <p>2 <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 43</p> <p>3 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 42</p> <p>4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4</p> <p>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></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	3804		<p>1 <input type="checkbox"/> Yes</p> <p>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>	3806		<p>1 <input type="checkbox"/> Yes</p> <p>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>	3808		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No - SKIP to 9a, page 42</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	3810		<p>1 <input type="checkbox"/> Yes</p> <p>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>	3812		<p>1 <input type="checkbox"/> Yes</p> <p>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>	3814		<p>1 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53</p> <p>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>	3815		<p>1 <input type="checkbox"/> Yes - ASK 5b</p> <p>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)?</p> <p><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)?</p> <p>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>	3816		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	3820		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	3824		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	3828		<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>x1 <input type="checkbox"/> DK</p>
		3818	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
		3822	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
		3826	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref.</p>
		3830	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p> <p>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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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 \$.
 X1 DK
 X2 Ref.

(2 months ago)

3874 1 Yes
 2 No
 X1 DK

3876 \$.
 X1 DK
 X2 Ref.

(3 months ago)

3878 1 Yes
 2 No
 X1 DK

3880 \$.
 X1 DK
 X2 Ref.

(4 months ago)

3882 1 Yes
 2 No
 X1 DK

3884 \$.
 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	<input type="text"/>	<input type="text"/>
3948	<input type="text"/>	<input type="text"/>
3950	<input type="text"/>	<input type="text"/>
3952	<input type="text"/>	<input type="text"/>
3954	<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>	Income code	Name of income type		
	4000	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	4002	<p>1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 47</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 46</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i></p>		
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	4004	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>		
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	4006	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i></p>		
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	4008	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 46</i></p>		
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	4010	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>		
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	4012	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i></p>		
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	4014	<p>1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No</p>		
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?</p>	4015	<p>1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i></p>		
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>		<p>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> 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> 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>	4016	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	4018	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(2 months ago)</p>	4020	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	4022	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(3 months ago)</p>	4024	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	4026	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>
<p>(4 months ago)</p>	4028	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK</p>	4030	<p>\$ <input style="width: 100px;" type="text"/> . <input style="width: 30px; text-align: center;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

4032

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

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

4034

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

b. Which persons were covered?

Person No. Name

4036

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4038

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4040

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4042

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4044

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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.

(Last month)

4070 1 Yes
2 No
x1 DK

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

4072 \$. 00
x1 DK
x2 Ref.

(2 months ago)

4074 1 Yes
2 No
x1 DK

4076 \$. 00
x1 DK
x2 Ref.

(3 months ago)

4078 1 Yes
2 No
x1 DK

4080 \$. 00
x1 DK
x2 Ref.

(4 months ago)

4082 1 Yes
2 No
x1 DK

4084 \$. 00
x1 DK
x2 Ref.

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

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

NOTES

Section 3 – AMOUNTS (Continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

4318	<input type="checkbox"/> Yes
	<input type="checkbox"/> No – <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	\$	.	00	– <i>SKIP to next ISS Code or Check Item P1, page 53</i>
	x3 <input type="checkbox"/> None – <i>SKIP to next ISS Code or Check Item P1, page 53</i>			
	x1 <input type="checkbox"/> DK			
	x2 <input type="checkbox"/> Ref. – <i>SKIP to next ISS Code or Check Item P1, page 53</i>			

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

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

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

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

NOTES

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 Z

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 your 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 } SKIP to next
ISS Code or
Check Item P1,
page 53
- 2 No

NOTES

Section 3 - AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)	4500	1 <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.	4502	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)? ★	4504	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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.)	4506	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)? ★	4508	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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.)	4510	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?	4512	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.	4514	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)?	4516	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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)?	4518	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" 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

AMOUNTS - PARTS D & E

Section 3 – AMOUNTS (Continued)

Part E – RENTAL INCOME (ISS Code 120)

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

CHECK ITEM A14

Interview status of . . . 's spouse.

4600

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

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

Include only property owned entirely by couple.

4602

- 1 Yes
- 2 No – *SKIP to 3a*

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

4604

\$. 00

- X1 DK
- X2 Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

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

4606

\$. 00

- X3 None
- X1 DK
- X2 Ref. – *SKIP to next ISS Code or Check Item P1, page 53*
- X4 Lost money – *Enter amount of loss in box*

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

4610

- 1 Yes
- 2 No – *SKIP to 4a*

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

4612

\$. 00

- X1 DK
- X2 Ref. – *SKIP to next ISS Code or Check Item P1, page 53*

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

4614

\$. 00

- X3 None
- X1 DK
- X2 Ref. – *SKIP to next ISS Code or Check Item P1, page 53*
- X4 Lost money – *Enter amount of loss in box*

4a. Did . . . receive rental income from property owned jointly with others during the last 4 months? (Not including property owned entirely by . . . and . . . 's spouse.)

4618

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

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

4620

\$. 00

- X3 None
- X1 DK
- X2 Ref.
- X4 Lost money – *Enter amount of loss in box*

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

NOTES

Section 3 – AMOUNTS (Continued)

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

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

CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	<input type="checkbox"/> Yes
			<input type="checkbox"/> No – SKIP to 3

CHECK ITEM A17	Interview status of . . . 's spouse.	4708	<input type="checkbox"/> No spouse in household – SKIP to 2b
			<input type="checkbox"/> Interview for spouse not yet conducted
			<input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a

1a. Earlier you said . . . held a mortgage. Did . . . own this jointly with . . . 's spouse?	4710	<input type="checkbox"/> Yes
		<input type="checkbox"/> No – SKIP to 2b

b. During the past 4 months, how much interest was paid to . . . and . . . 's spouse by the borrower?	4712	\$.	00
		x3	<input type="checkbox"/> None	
		x1	<input type="checkbox"/> DK	
		x2	<input type="checkbox"/> Ref.	

2a. (Besides any jointly held mortgages) did . . . hold any mortgages in . . . 's own name?	4714	<input type="checkbox"/> Yes
		<input type="checkbox"/> No – SKIP to Check Item A18

b. (Earlier you said that . . . held a mortgage.) During the past 4 months, how much interest was paid to . . . by the borrower?	4716	\$.	00
		x3	<input type="checkbox"/> None	
		x1	<input type="checkbox"/> DK	
		x2	<input type="checkbox"/> Ref.	

CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	4718	<input type="checkbox"/> Yes
			<input type="checkbox"/> No – SKIP to Check Item P1

3. Earlier you said . . . had (Read asset types). During the past 4 months, how much income did . . . receive from these (Read asset types)?	4720	\$.	00
		x3	<input type="checkbox"/> None	
		x1	<input type="checkbox"/> DK	
<i>If income was shared, count only . . . 's share.</i>		x2	<input type="checkbox"/> Ref.	
	4722	x4	<input type="checkbox"/> Lost money – Enter amount of loss in box	

NOTES

PROGRAM QUESTIONS

Section 4 - PROGRAM QUESTIONS

CHECK ITEM P1	Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 54
CHECK ITEM P2	Refer to cc items 16a and 16b. Is this residence owned by the local housing authority OR does the government pay part of the rent? ("Yes" marked in cc item 16a or 16b)	4802	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a
1a. What was . . . 's monthly rent? Include only the amount the respondent pays for rent. Exclude any amount paid by the government.		4804	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 2a
b. (In addition to rent,) does . . . 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	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X1 <input type="checkbox"/> DK
CHECK ITEM P3	Are there any children 5 to 18 years old who live in this household?	4826	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 54
3a. Do any of the children in this household usually eat a complete hot lunch offered at school?		4828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T1, page 54
b. How many children?		4830	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Children
c. How many complete school lunches do all of the children eat per week?		4832	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of lunches X1 <input type="checkbox"/> DK
d. Did you (or another person) apply for the children to receive free or reduced-price lunches under the Federal School Lunch Program during this school year?		4834	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 3f
e. In the past 4 months, were the lunches free, reduced price, or were they full price? 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	\$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 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 T1, page 54
h. How many children?		4842	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Children
i. How many complete school breakfasts do all of the children eat per week?		4844	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Number of breakfasts X1 <input type="checkbox"/> DK
j. In the past 4 months, were the breakfasts free, reduced price, or were they full price? Mark (X) only one.		4846	1 <input type="checkbox"/> Free breakfast 2 <input type="checkbox"/> Reduced-price breakfast 3 <input type="checkbox"/> Full-price breakfast

Section 5 - TOPICAL MODULES

Part A - WORK SCHEDULE

**CHECK
ITEM T1**

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

8000

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

STATEMENT C →

You said . . . worked during (*Read reference period months*). **These next few questions ask about . . .'s work schedule during a typical week that . . . worked during that 4-month period.**

1a. How many employers did . . . work for during a typical week?

8002

- 1 1
2 2
3 3 +

(Count self-employed as one employer.)

If two or more employers, ask items 1b-h for the first job, then repeat for the second job.

JOB 1

JOB 2

b. How many hours per day did . . . work that week?

8004

. Hours

8006

. Hours

c. How many days did . . . work during that week?

8008

Days

8010

Days

d. Which days of the week were these?

Mark (X) all that apply.

8012

1 Monday through Friday

8014

1 Monday through Friday

8016

2 Sunday

8018

2 Sunday

8020

3 Monday

8022

3 Monday

8024

4 Tuesday

8026

4 Tuesday

8028

5 Wednesday

8030

5 Wednesday

8032

6 Thursday

8034

6 Thursday

8036

7 Friday

8038

7 Friday

8040

8 Saturday

8042

8 Saturday

8044

x5 All seven days

8046

x5 All seven days

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

8050

8048

: { 1 a.m.
2 p.m.
(Time)

8054

8052

: { 1 a.m.
2 p.m.
(Time)

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

8058

8056

: { 1 a.m.
2 p.m.
(Time)

8062

8060

: { 1 a.m.
2 p.m.
(Time)

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part A - WORK SCHEDULE (Continued)

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

(SHOW FLASHCARD KK)

Mark (X) only one.

JOB 1

JOB 2

8064

- 1 Regular daytime schedule
- 2 Regular evening shift
- 3 Regular night shift
- 4 Rotating shift (one that changes regularly from days to evenings or nights)
- 5 Split shift (one consisting of two distinct periods each day)
- 6 Irregular schedule (one that changes from day to day)
- 7 Other - Specify

8066

- 1 Regular daytime schedule
- 2 Regular evening shift
- 3 Regular night shift
- 4 Rotating shift (one that changes regularly from days to evenings or nights)
- 5 Split shift (one consisting of two distinct periods each day)
- 6 Irregular schedule (one that changes from day to day)
- 7 Other - Specify

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

Mark (X) only one.

VOLUNTARY REASONS

8068

- 1 Better child care arrangements
- 2 Better pay
- 3 Better arrangements for care of other family members
- 4 Allows time for school
- 5 Other voluntary reasons

INVOLUNTARY REASONS

- 6 Could not get any other job
- 7 Requirement of the job
- 8 Other involuntary reasons

VOLUNTARY REASONS

8070

- 1 Better child care arrangements
- 2 Better pay
- 3 Better arrangements for care of other family members
- 4 Allows time for school
- 5 Other voluntary reasons

INVOLUNTARY REASONS

- 6 Could not get any other job
- 7 Requirement of the job
- 8 Other involuntary reasons

CHECK ITEM T1.1

Refer to item 1a.

Is there another job to ask about? (Is box 2 or 3 marked?)

8072

- 1 Yes - ASK items 1b through 1h for next job
- 2 No - Go to Check Item T2, page 56

Go to Check Item T2, page 56

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE

CHECK ITEM T2	Refer to cc items 27 and 24. Is . . . the designated parent or guardian of children under 15 years of age who live in this household?	8100	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 62</i>															
CHECK ITEM T2.1	Refer to cc items 27 and 24. Are any of the children 3 or 4 years of age?	8101	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T3</i>															
1a. We have recorded that you have children aged 3 and/or 4.	Last month, did any of these children regularly attend an organized preschool or nursery school?	8102	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T3</i>															
b. Was that organized preschool or nursery school a Head Start program?		8103	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T3</i>															
c. How many of your children participated in the Head Start program last month?		8104	_____ Children															
CHECK ITEM T3	Is "Worked" (code 170) marked on the ISS?	8105	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T6</i> 2 <input type="checkbox"/> No															
CHECK ITEM T4	Refer to item 30a, page 13. Was . . . enrolled in school during the reference period?	8106	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T5</i>															
2a. About how many hours per week did . . . usually spend in school last month?		8107	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Hours</td> </tr> <tr> <td colspan="3" style="text-align: center;">OR</td> </tr> <tr> <td>x1</td> <td><input type="checkbox"/></td> <td>Hours varied</td> </tr> <tr> <td>x2</td> <td><input type="checkbox"/></td> <td>DK</td> </tr> <tr> <td>x3</td> <td><input type="checkbox"/></td> <td>Not enrolled last month</td> </tr> </table> } <i>SKIP to Check Item T6</i>			Hours	OR			x1	<input type="checkbox"/>	Hours varied	x2	<input type="checkbox"/>	DK	x3	<input type="checkbox"/>	Not enrolled last month
		Hours																
OR																		
x1	<input type="checkbox"/>	Hours varied																
x2	<input type="checkbox"/>	DK																
x3	<input type="checkbox"/>	Not enrolled last month																
CHECK ITEM T5	Refer to item 2a, page 2. Did . . . spend any time looking for work or on layoff from a job during the reference period?	8108	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T12, page 62</i>															
2b. About how many hours per week did . . . usually spend looking for a job last month?		8109	<table style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td>Hours</td> </tr> <tr> <td colspan="3" style="text-align: center;">OR</td> </tr> <tr> <td>x1</td> <td><input type="checkbox"/></td> <td>Hours varied</td> </tr> <tr> <td>x2</td> <td><input type="checkbox"/></td> <td>DK</td> </tr> <tr> <td>x3</td> <td><input type="checkbox"/></td> <td>Did not look for a job last month – <i>SKIP to Check Item T12, page 62</i></td> </tr> </table>			Hours	OR			x1	<input type="checkbox"/>	Hours varied	x2	<input type="checkbox"/>	DK	x3	<input type="checkbox"/>	Did not look for a job last month – <i>SKIP to Check Item T12, page 62</i>
		Hours																
OR																		
x1	<input type="checkbox"/>	Hours varied																
x2	<input type="checkbox"/>	DK																
x3	<input type="checkbox"/>	Did not look for a job last month – <i>SKIP to Check Item T12, page 62</i>																

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

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

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

Now we have some questions about how the children in this household were cared for while . . . was working (in school/looking for a job).

3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was in school/was looking for a job)?

Mark the arrangement in which the child spent the most hours in a typical week last month.

Mark (X) only one box.

<p>8120</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary, or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p>14 <input type="checkbox"/> . . . did not work, go to school, or look for job last month</p> <p style="text-align: right;">} SKIP to Check Item T7</p> <p style="text-align: right;">} SKIP to next child or Ck. Item T12, Pg. 62</p> <p style="text-align: right;">} SKIP to T12 page 62</p>	<p>8122</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary, or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p style="text-align: right;">} SKIP to Check Item T7</p> <p style="text-align: right;">} SKIP to next child or Ck. Item T12, Pg. 62</p>	<p>8124</p> <p>1 <input type="checkbox"/> Child's other parent/stepparent</p> <p>2 <input type="checkbox"/> Child's brother/sister</p> <p>3 <input type="checkbox"/> Child's grandparent</p> <p>4 <input type="checkbox"/> Other relative of child</p> <p>5 <input type="checkbox"/> Nonrelative of child</p> <p>6 <input type="checkbox"/> Child in day/group care center</p> <p>7 <input type="checkbox"/> Child in nursery/preschool</p> <p>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</p> <p>9 <input type="checkbox"/> Child in kindergarten, elementary, or secondary school</p> <p>10 <input type="checkbox"/> Child cares for self</p> <p>11 <input type="checkbox"/> . . . works at home</p> <p>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</p> <p>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</p> <p style="text-align: right;">} SKIP to Check Item T7</p> <p style="text-align: right;">} SKIP to next child or Ck. Item T12, Pg. 62</p>
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b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?

<p>8126</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>	<p>8128</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>	<p>8130</p> <p>1 <input type="checkbox"/> Child's home</p> <p>2 <input type="checkbox"/> Other private home</p> <p>3 <input type="checkbox"/> Other place</p>
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CHECK ITEM T7 Is box 3–8 marked in item 3a?

<p>8132</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8134</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8136</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>
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3c. Was any money payment usually made for this arrangement?

<p>8138</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8140</p> <p>1 <input type="checkbox"/> Yes – SKIP to 3d</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>	<p>8142</p> <p>1 <input type="checkbox"/> Yes – SKIP to 3d</p> <p>2 <input type="checkbox"/> No – SKIP to 3f, page 58</p>
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CHECK ITEM T8 Are there 2 or more children listed in Check Item T6?

<p>8144</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No – SKIP to 3e</p>		
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ASK OR VERIFY – 3d. Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover another one of your children?

<p>8146</p> <p>1 <input type="checkbox"/> Payment for youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>	<p>8148</p> <p>1 <input type="checkbox"/> Payment for second youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>	<p>8150</p> <p>1 <input type="checkbox"/> Payment for third youngest child separately</p> <p>2 <input type="checkbox"/> Includes another child</p>
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ASK OR VERIFY – e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)

<p>8152 \$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p>	<p>8154 \$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p>	<p>8156 \$ <input type="text"/> . <input type="text"/> 00 Per week</p> <p>x1 <input type="checkbox"/> DK</p> <p>Previously recorded for –</p> <p>x2 <input type="checkbox"/> Youngest child</p> <p>x3 <input type="checkbox"/> Second youngest</p>
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Section 5 - TOPICAL MODULES (Continued)

Part B - CHILD CARE (Continued)

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

Section 5 - TOPICAL MODULES (Continued)

Part B - CHILD CARE (Continued)

CHECK ITEM T11	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
<p><i>Refer to Check Item T6.</i> Is (Name of child) less than 5 years old?</p>	<p>8214 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old - SKIP to 5b</p>	<p>8216 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old - SKIP to 5b</p>	<p>8218 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old - SKIP to 5b</p>
<p>5a. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) for 1 week or more during the time ... was working (at school/looking for a job)? <i>Consider only changes that lasted for 1 week or more. If ... stopped working (attending school/looking for a job) when the child's schools were closed, then NO change should be recorded. Mark (X) box 3.</i></p>	<p>8220 1 <input type="checkbox"/> Yes - SKIP to 5c 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended - SKIP to next child or Check Item T11.1, page 60</p>	<p>8222 1 <input type="checkbox"/> Yes - SKIP to 5c 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended - SKIP to next child or Check Item T11.1, page 60</p>	<p>8224 1 <input type="checkbox"/> Yes - SKIP to 5c 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended - SKIP to next child or Check Item T11.1, page 60</p>
<p>b. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) during the time ... was working (at school/looking for a job)? Consider only changes that lasted for 1 week or more, including changes over the summer or between (Name of child's) school terms. <i>Do not count changes in teachers or schools as a change of arrangement. If ... stopped working (attending school/looking for a job) when the child's schools were closed, then NO change should be recorded. Mark (X) box 3.</i></p>	<p>8226 1 <input type="checkbox"/> Yes - SKIP to 5c 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended - SKIP to next child or Check Item T11.1, page 60</p>	<p>8228 1 <input type="checkbox"/> Yes - SKIP to 5c 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended - SKIP to next child or Check Item T11.1, page 60</p>	<p>8230 1 <input type="checkbox"/> Yes - SKIP to 5c 2 <input type="checkbox"/> No - SKIP to next child or Check Item T11.1, page 60 3 <input type="checkbox"/> Stopped working (attending school/looking for work) when arrangement ended - SKIP to next child or Check Item T11.1, page 60</p>
<p>c. Excluding any time spent in kindergarten or grade school, how many different arrangements did (Name of child) use in the last 12 months? <i>Include only arrangements lasting for 1 week or more. Do not count different school grades or terms as a different arrangement.</i></p>	<p>8232 <input type="text"/> Arrangements</p>	<p>8234 <input type="text"/> Arrangements</p>	<p>8236 <input type="text"/> Arrangements</p>
<p>d. For what reason(s) did the child care arrangements change? <i>Mark (X) all that apply.</i></p>	<p>8238 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment 8244 2 <input type="checkbox"/> Beginning/ending/changes in ...'s job 8250 3 <input type="checkbox"/> Beginning /ending/changes in ...'s school enrollment 8256 4 <input type="checkbox"/> Cost 8262 5 <input type="checkbox"/> Availability or hours of care provider 8268 6 <input type="checkbox"/> Reliability of care provider 8274 7 <input type="checkbox"/> Quality of care provided 8280 8 <input type="checkbox"/> Location or accessibility to care provider 8286 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8292 10 <input type="checkbox"/> Never had any regular arrangement 8298 11 <input type="checkbox"/> Child outgrew arrangement 8304 12 <input type="checkbox"/> No longer eligible for assistance 8310 13 <input type="checkbox"/> Arrangement no longer available 8316 14 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p> <p align="center"><i>SKIP to next child or Check Item T11.1, page 60</i></p>	<p>8240 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment 8246 2 <input type="checkbox"/> Beginning/ending/changes in ...'s job 8252 3 <input type="checkbox"/> Beginning /ending/changes in ...'s school enrollment 8258 4 <input type="checkbox"/> Cost 8264 5 <input type="checkbox"/> Availability or hours of care provider 8270 6 <input type="checkbox"/> Reliability of care provider 8276 7 <input type="checkbox"/> Quality of care provided 8282 8 <input type="checkbox"/> Location or accessibility to care provider 8288 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8294 10 <input type="checkbox"/> Never had any regular arrangement 8300 11 <input type="checkbox"/> Child outgrew arrangement 8306 12 <input type="checkbox"/> No longer eligible for assistance 8312 13 <input type="checkbox"/> Arrangement no longer available 8318 14 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p> <p align="center"><i>SKIP to next child or Check Item T11.1, page 60</i></p>	<p>8242 1 <input type="checkbox"/> Beginning/ending/changes in child's school enrollment 8248 2 <input type="checkbox"/> Beginning/ending/changes in ...'s job 8254 3 <input type="checkbox"/> Beginning /ending/changes in ...'s school enrollment 8260 4 <input type="checkbox"/> Cost 8266 5 <input type="checkbox"/> Availability or hours of care provider 8272 6 <input type="checkbox"/> Reliability of care provider 8278 7 <input type="checkbox"/> Quality of care provided 8284 8 <input type="checkbox"/> Location or accessibility to care provider 8290 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8296 10 <input type="checkbox"/> Never had any regular arrangement 8302 11 <input type="checkbox"/> Child outgrew arrangement 8308 12 <input type="checkbox"/> No longer eligible for assistance 8314 13 <input type="checkbox"/> Arrangement no longer available 8320 14 <input type="checkbox"/> Other - Specify <input type="checkbox"/></p> <p align="center"><i>Go to Check Item T11.1, page 60</i></p>

Section 5 - TOPICAL MODULES (Continued)

Part B - CHILD CARE (Continued)

**CHECK
ITEM T11.1**

Refer to cc items 27 and 24.

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

8322

- 1 Yes
2 No - SKIP to 6b

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

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

8324

\$. 00 Per week

- x2 All costs already recorded for the three youngest children

b. Thinking now only about the arrangements used in (Last month), were any changes made in the child care arrangements used for any of your children at that time, even for less than a day, because your usual child care provider was not available?

(Include both unexpected and anticipated losses of child care providers such as school closings and temporary illness of the provider, even for part of the day.)

8326

- 1 Yes
2 No - SKIP to Check Item T12, page 62

c. When these changes in arrangements occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting), even for part of the day?

8328

- 1 Yes, respondent lost time
2 Yes, spouse lost time
3 Both, respondent and spouse lost time
4 No
x1 DK

NOTES

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS

**CHECK
ITEM T12**

Refer to cc items 24 and 25.

Is . . . the parent of children under 21 years of age who live in this household?

8400

- 1 Yes
2 No – SKIP to part D, page 69

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

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

8401

- 1 Yes
2 No – SKIP to part D, page 69

b. How many of . . . 's own children living here have a parent living elsewhere?

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

8402

Children

c. Which of . . . 's children are those?

(Record person number and name of children in column 1C, below.)
(List children by age, youngest first.)

1C		1D/1K	1H/1J	1I
Children under 21 with parent living elsewhere		Children with NO SUPPORT agreement	Children covered, MOST RECENT agreement	Children covered, ALL OTHER agreements
Person No.	Name			
8403 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8404 1 <input type="checkbox"/> Yes	8405 1 <input type="checkbox"/> Yes	8406 1 <input type="checkbox"/> Yes
8407 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8408 1 <input type="checkbox"/> Yes	8409 1 <input type="checkbox"/> Yes	8410 1 <input type="checkbox"/> Yes
8411 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8412 1 <input type="checkbox"/> Yes	8413 1 <input type="checkbox"/> Yes	8414 1 <input type="checkbox"/> Yes
8415 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8416 1 <input type="checkbox"/> Yes	8417 1 <input type="checkbox"/> Yes	8418 1 <input type="checkbox"/> Yes
8419 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8420 1 <input type="checkbox"/> Yes	8421 1 <input type="checkbox"/> Yes	8422 1 <input type="checkbox"/> Yes
8423 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8424 1 <input type="checkbox"/> Yes	8425 1 <input type="checkbox"/> Yes	8426 1 <input type="checkbox"/> Yes
8427 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8428 1 <input type="checkbox"/> Yes	8429 1 <input type="checkbox"/> Yes	8430 1 <input type="checkbox"/> Yes
8431 <input type="text"/> <input type="text"/> <input type="text"/>	_____	8432 1 <input type="checkbox"/> Yes	8433 1 <input type="checkbox"/> Yes	8434 1 <input type="checkbox"/> Yes

1d. These next few questions concern child support.

Child support payments can be specified in written or verbal child support agreements. Have child support payments ever been agreed to or awarded for (any of) . . . 's children that we have just listed?

8435

- 1 Yes
2 No – For each child listed in column 1C, mark the "Yes" box in column 1D/1K and SKIP to 5a, page 67

e. For how many children?

8436

Children

**CHECK
ITEM T13**

Refer to 1e above.

Is "One" entered?

8437

- 1 Yes – SKIP to 1j
2 No

1f. Are . . . 's children that we have just listed covered by different child support agreements. (By that, we mean separate agreements involving different absent parents)?

8438

- 1 Yes
2 No – SKIP to 1j

g. How many different child support agreements cover these children?

8439

Number of agreements

h. Which of these children are covered by the MOST RECENT AGREEMENT?

(Refer to the children listed in column 1C)
(For each child mentioned, mark the "Yes" box in column 1H/1J of the roster.)

i. Which of these children are covered by any OTHER child support agreements, either written or verbal?

(Refer to the children listed in column 1C. For each child mentioned, mark the "Yes" box in column 1I of the roster)
(Please note that a child cannot have more than one "Yes" box marked.)
(SKIP to Check Item T14)

j. Which (child/children) (is/are) covered by the agreement?

(Refer to the children listed in column 1C)
(For each child mentioned, mark the "Yes" box in column 1H/1J of the roster.)

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

**CHECK
ITEM T14**

Refer to the roster.

Do any of the children listed in column 1C NOT HAVE "Yes" marked in column 1H/1J or 1I?

8440

- 1 Yes
2 No - SKIP to 2a.

1k. Which of these children are NOT covered by ANY child support agreements?

(Refer to the children listed in column 1C.)
(For each child mentioned, mark the "Yes" box in column 1D/1K of the roster.)
(Please note that a child cannot have more than one "Yes" box marked.)

2a. The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT.

(If names in item 1C marked "Yes" in column 1H/1J)

This is the agreement covering (Read names). Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?

8441

- 1 Voluntary written agreement ratified by the court
2 Court-ordered agreement
3 Other type of written agreement - Specify
4 Non-written (verbal) agreement - SKIP to 3a, page 65

b. In what year was this agreement FIRST reached?

8442

1 9
x1 DK

c. What was the dollar amount of that agreement?

8443

\$. 00 Per week

8444

\$. 00 Biweekly

8445

\$. 00 Per month

8446

\$. 00 Per year

8447

x1 DK

d. Has the dollar amount ever been changed?

8448

- 1 Yes
2 No - SKIP to 2h

e. In what year was the amount LAST changed?

8449

1 9
x1 DK

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

8450

\$. 00 Per week

8451

\$. 00 Biweekly

8452

\$. 00 Per month

8453

\$. 00 Per year

8454

x1 DK

g. Was this change made or agreed to by a government agency such as a court or child support agency?

8455

- 1 Yes
2 No

h. Were any payments due in the last 12 months?

8456

- 1 Yes - SKIP to 2j
2 No

i. Why were no payments due in the last 12 months?

8457

- 1 Child(ren) over the age limit
2 Other parent not working
3 Other parent in jail or institution
4 Payment suspended by court or agency
5 Other - Specify } SKIP to 2n

j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?

8458

\$. 00
x1 DK

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

<p>2k. How are the payments supposed to be received? Are they received – (Read responses.)</p>	<p>8459 1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare or child support agency? 4 <input type="checkbox"/> Some other method – Specify _____ _____ _____</p> <p>x1 <input type="checkbox"/> DK</p>
<p>l. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?</p>	<p>8460 \$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00</p> <p>x3 <input type="checkbox"/> None – <i>SKIP to 2n</i> OR x1 <input type="checkbox"/> DK</p>
<p>m. How regularly are child support payments received? Are they received – (Read responses)</p>	<p>8461 1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> None of the time</p>
<p>n. Under the terms of the agreement with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?</p>	<p>8462 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2p</i> x1 <input type="checkbox"/> DK</p>
<p>o. Would you say the amount due . . . is – (Read responses)</p>	<p>8463 1 <input type="checkbox"/> Less than \$500 2 <input type="checkbox"/> Between \$500 and \$5,000 3 <input type="checkbox"/> More than \$5,000 x1 <input type="checkbox"/> DK</p>
<p>p. What kinds of provisions for health care costs are included in the child support agreement? Mark (X) all that apply.</p>	<p>8464 1 <input type="checkbox"/> Non-custodial parent to provide health insurance</p> <p>8465 2 <input type="checkbox"/> Custodial parent to provide health insurance</p> <p>8466 3 <input type="checkbox"/> Non-custodial parent to pay actual medical costs directly</p> <p>8467 4 <input type="checkbox"/> Child support payments to include cash medical support</p> <p>8468 5 <input type="checkbox"/> None</p> <p>8469 6 <input type="checkbox"/> Other – <i>Specify</i> _____ _____</p>
<p>q. What child custody arrangements does the most recent agreement specify?</p>	<p>8470 1 <input type="checkbox"/> Joint legal and physical custody 2 <input type="checkbox"/> Joint legal with mother physical custody 3 <input type="checkbox"/> Joint legal with father physical custody 4 <input type="checkbox"/> Mother legal and physical custody 5 <input type="checkbox"/> Father legal and physical custody 6 <input type="checkbox"/> Split custody 7 <input type="checkbox"/> Other – <i>Specify</i> _____ _____</p>
<p>r. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?</p>	<p>8471 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T15 Refer to the roster, column 1H/1J. Is more than one child marked "Yes"?</p>	<p>8472 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 2t</i></p>
<p>2s. Did all the children visit the other parent about the same number of days in the last 12 months?</p>	<p>8473 1 <input type="checkbox"/> Yes – <i>ASK 2t for all children</i> 2 <input type="checkbox"/> No – <i>ASK 2t for oldest child</i></p>
<p>t. What is the total amount of time (the child/all children/the oldest child) spent visiting the other parent in the last 12 months?</p>	<p>8474 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Days</p> <p>8475 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Weeks</p> <p>8476 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> Months</p> <p>8477 x3 <input type="checkbox"/> None</p> <p>8478 x1 <input type="checkbox"/> DK</p>

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

2u. Where does the other parent (for this agreement) now live?

8479

- 1 Same county/city
- 2 Same State (different county/ city)
- 3 Different State
- 4 Other parent now deceased – *SKIP to Check Item T17, page 67*
- 5 Other – *Specify* _____
- 6 Unknown – *SKIP to Check Item T17, page 67*

v. Do you and the other parent still live in the same State(s) where the initial child support agreement was reached?

8480

- 1 Yes – *SKIP to Check Item T17, page 67*
- 2 No

w. Who moved?

8481

- 1 Respondent
 - 2 Other parent
 - 3 Both respondent and other parent
- SKIP to Check Item T17, page 67*

3a. Now I would like to ask a few questions specifically about this most recent, non-written, child support agreement or understanding. In what year was this (agreement/understanding) FIRST reached?

8482

1 9

X1 DK

b. What was the dollar amount of that (agreement/understanding)?

8483

\$ _____ . 00 Per week

8484

\$ _____ . 00 Biweekly

8485

\$ _____ . 00 Per month

8486

\$ _____ . 00 Per year

8487

X1 DK

c. Has the dollar amount ever been changed?

8488

- 1 Yes
- 2 No – *SKIP to 3f*

d. In what year was the amount LAST changed?

8489

1 9

X1 DK

e. What was the dollar amount for the (agreement/understanding) after the last change?

8490

\$ _____ . 00 Per week

8491

\$ _____ . 00 Biweekly

8492

\$ _____ . 00 Per month

8493

\$ _____ . 00 Per year

8494

X1 DK

f. Were any payments to be received in the last 12 months?

8495

- 1 Yes – *SKIP to 3h*
- 2 No

g. Why were no payments due in the last 12 months?

8496

- 1 Child(ren) too old
- 2 Other parent not working
- 3 Other parent in jail or institution
- 4 Other – *Specify* _____

SKIP to 3k, page 66

h. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement/understanding)?

8497

\$ _____ . 00

X1 DK

i. What is the total amount that . . . actually received in child support payments under that (agreement/understanding) during the past 12 months?

8498

\$ _____ . 00 OR

X3 None – *SKIP to 3k, page 66*

OR

X1 DK

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

3j. How regularly are child support payments received? Are they received - (Read responses)

8499

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time

k. Under the terms of the (agreement/understanding) with the other parent, is . . . due any back payments for child support owed prior to the last 12 months?

8500

- 1 Yes
- 2 No - SKIP to 3m
- x1 DK

l. Would you say the amount due . . . is - (Read responses)

8501

- 1 Less than \$500
- 2 Between \$500 and \$5,000
- 3 More than \$5,000
- x1 DK

m. What kinds of provisions for health care costs were agreed to?
Mark (X) all that apply.

8502

- 1 Non-custodial parent to provide health insurance

8503

- 2 Custodial parent to provide health insurance

8504

- 3 Non-custodial parent to pay actual medical costs directly

8505

- 4 Child support payments to include cash medical support

8506

- 5 None

8507

- 6 Other - Specify

n. What child custody arrangements does the (agreement/understanding) specify?

8508

- 1 Child(ren) live with mother
- 2 Child(ren) live with father
- 3 Child(ren) live with mother and with father
- 4 None
- 5 Other - Specify

o. Does the child support (agreement/understanding) cover the visitation arrangement between the child(ren) and the other parent?

8509

- 1 Yes
- 2 No

CHECK ITEM T16

Refer to the roster, column 1H/1J.
Is more than one child marked "Yes"?

8510

- 1 Yes
- 2 No - SKIP to 3q

3p. Did all the children visit the other parent about the same number of days in the last 12 months?

8511

- 1 Yes - ASK 3q for all children
- 2 No - ASK 3q for oldest child

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

8512

Days

8513

Weeks

8514

Months

8515

- x3 None

8516

- x1 DK

r. Why was this (agreement/understanding) never put in writing?

Mark (X) all that apply.

8517

- 1 Legal paternity not established

8518

- 2 Unable to locate parent

8519

- 3 Other parent unable to pay

8520

- 4 Final agreement pending

8521

- 5 Accepted property settlement in lieu of child support

8522

- 6 Do not want a legal child support award

8523

- 7 Did not pursue award

8524

- 8 Other - Specify

Section 5 – TOPICAL MODULES (Continued)

Part C – CHILD SUPPORT AGREEMENTS (Continued)

3s. Where does the other parent (for this agreement/understanding) now live?

8525

- 1 Same county/city
- 2 Same State (different county/ city)
- 3 Different State
- 4 Other parent now deceased – SKIP to Check item T17
- 5 Other – Specify

- 6 Unknown – SKIP to Check Item T17

t. Do you and the other parent still live in the same State(s) where the initial child support (agreement/understanding) was reached?

8526

- 1 Yes – SKIP to Check Item T17
- 2 No

u. Who moved?

8527

- 1 Respondent
- 2 Other parent
- 3 Both respondent and other parent

CHECK ITEM T17

Refer to the roster, column 1I.
Were any other of . . . 's own children covered by another agreement?

8528

- 1 Yes
- 2 No – SKIP to 5a

4a. Now I would like to ask a few questions about the other child support agreement(s) you had covering your children living here.

8529

\$. 00 Per week

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

8530

\$. 00 Biweekly

8531

\$. 00 Per month

8532

\$. 00 Per year

8533

- x1 DK
- x3 None

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

8534

\$. 00 OR

- x3 None
- OR
- x1 DK

5a. For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?

8535

- 1 Yes
- 2 No – SKIP to Check Item T18, page 68

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

8536

1 9

- x1 DK

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

8537

1 Locate the other parent

8538

2 Establish paternity/maternity

8539

3 Establish support obligation

8540

4 Establish medical support

8541

5 Enforce support order

8542

6 Modify an order

8543

7 Other – Specify

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

8544

- 1 Yes
- 2 No – SKIP to Check Item T18, page 68

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

8545

1 Locate the other parent

8546

2 Establish paternity/maternity

8547

3 Establish support obligation

8548

4 Establish medical support

8549

5 Enforce support order

8550

6 Modify an order

8551

7 Other – Specify

Section 5 - TOPICAL MODULES (Continued)

Part C - CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T18

Refer to the roster, columns 1C and 1D/1K. Are any children listed in 1C of the roster marked "Yes" in 1D/1K?

- 8552 1 Yes
2 No - SKIP to 6h

6a. How many of your own children, living here, with a parent living elsewhere, do not have a child support award from an absent parent?

8553 Number

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

- 8554 1 Yes - ASK 6c, 6d, and 6e only for youngest child WITHOUT an award.
2 No - ASK 6c, 6d, and 6e, for youngest child WITHOUT an award; and if more than two children, ask 6c, 6d, and 6e for oldest child WITHOUT an award.

6c. Why were child support payments not agreed to or awarded for . . . 's (youngest) (oldest) child without an award?

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

YOUNGEST CHILD		OLDEST CHILD	
8555	<input type="text"/> <input type="text"/> <input type="text"/> Person number	8556	<input type="text"/> <input type="text"/> <input type="text"/> Person number
8557	1 <input type="checkbox"/> Legal paternity not established	8558	1 <input type="checkbox"/> Legal paternity not established
8559	1 <input type="checkbox"/> Unable to locate parent	8560	1 <input type="checkbox"/> Unable to locate parent
8561	2 <input type="checkbox"/> Other parent unable to pay	8562	2 <input type="checkbox"/> Other parent unable to pay
8563	3 <input type="checkbox"/> Final agreement pending	8564	3 <input type="checkbox"/> Final agreement pending
8565	4 <input type="checkbox"/> Accepted property settlement in lieu of child support	8566	4 <input type="checkbox"/> Accepted property settlement in lieu of child support
8567	5 <input type="checkbox"/> Do not want child support	8568	5 <input type="checkbox"/> Do not want child support
8569	6 <input type="checkbox"/> Did not pursue award	8570	6 <input type="checkbox"/> Did not pursue award
8571	7 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	8572	7 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>

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

8573	1 <input type="checkbox"/> Same county/city	8574	1 <input type="checkbox"/> Same county/city
8575	2 <input type="checkbox"/> Same State (different county/city)	8576	2 <input type="checkbox"/> Same State (different county/city)
8577	3 <input type="checkbox"/> Different State	8578	3 <input type="checkbox"/> Different State
8579	4 <input type="checkbox"/> Other parent deceased - SKIP to 6f	8580	4 <input type="checkbox"/> Other parent deceased - SKIP to 6f
8581	5 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	8582	5 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>
x1 <input type="checkbox"/> Unknown		x1 <input type="checkbox"/> Unknown	

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

8583	<input type="text"/> <input type="text"/> <input type="text"/> Days	8584	<input type="text"/> <input type="text"/> <input type="text"/> Days
8585	<input type="text"/> <input type="text"/> Weeks	8586	<input type="text"/> <input type="text"/> Weeks
8587	<input type="text"/> <input type="text"/> Months	8588	<input type="text"/> <input type="text"/> Months
8589	x3 <input type="checkbox"/> None	8590	x3 <input type="checkbox"/> None
8591	x1 <input type="checkbox"/> DK	8592	x1 <input type="checkbox"/> DK

f. Were any payments received from the other parent(s) in the last 12 months for any of . . . 's children without a child support agreement?

- 8593 1 Yes
2 No - SKIP to 6h

g. What is the total amount that . . . received from the other parent(s) in the past 12 months?

8594 \$ 00
OR
x1 DK

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

- 8595 1 Yes - Specify _____
2 No

Section 5 - TOPICAL MODULES (Continued)

Part D - SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . .'s household?

8700

- 1 Yes
2 No - SKIP to part E, page 71

2a. Did . . . make regular payments, lump-sum payments, or both?

8702

- 1 Regular
2 Lump-sum
3 Both

b. Were any of these payments for the support of . . .'s child or children under 21 years of age?

8704

- 1 Yes
2 No
x1 DK } SKIP to 5b, page 70

c. For how many children did . . . make support payments?

8706

- Children
x1 DK

d. Were any of these payments the result of a court order or some other kind of agreement?

8708

- 1 Yes
2 No - SKIP to 4d, page 70

3a. These next few questions relate to the most recent child support agreement for . . .'s children.

8710

- Children
x1 DK

How many children are covered by that agreement?

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

8712

- 1 Voluntary written agreement ratified by the court
2 Court-ordered agreement
3 Other type of written agreement - Specify
4 Non-written agreement

c. In what year was this agreement FIRST reached?

8714

- x1 DK

d. Has the dollar amount originally agreed to ever been changed?

8716

- 1 Yes
2 No
x1 DK } SKIP to 3g

e. In what year was the amount last changed?

8718

- x1 DK

f. Was this change made or agreed to by a court or child support agency?

8719

- 1 Yes
2 No

g. Is . . . still supposed to pay child support?

8720

- 1 Yes
2 No

h. How much did . . . pay in child support under this agreement during the past 12 months?

8722

- \$.
x1 DK

i. Are these payments made - (Read responses.)

8724

- 1 Through employment related wage withholding?
2 Directly to the other parent?
3 Directly to the court?
4 Directly to a child support agency?
5 Other - Specify

x1 DK

j. What kinds of provisions for health care costs were included in the child support agreement?

8726

8728

8730

8732

8734

8736

- 1 Non-custodial parent to provide health insurance
2 Custodial parent to provide health insurance
3 Non-custodial parent to pay medical costs directly
4 Child support payments to include cash medical support
5 Other - Specify

x3 None

Mark (X) all that apply.

Section 5 - TOPICAL MODULES (Continued)

Part D - SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

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

8738 1 Yes
2 No - *SKIP to 4c*

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

8740 \$. 00
x1 DK

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

8742 1 Yes
2 No - *SKIP to 5a*

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

8744 \$. 00
x1 DK

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

8746 1 Yes
2 No - *SKIP to part E*

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

8748 Persons
x1 DK

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

FIRST PERSON	SECOND PERSON
8750 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Not related	8752 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Spouse 3 <input type="checkbox"/> Ex-spouse 4 <input type="checkbox"/> Child under 21 5 <input type="checkbox"/> Child 21 or older 6 <input type="checkbox"/> Other relative 7 <input type="checkbox"/> Not related

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

8754 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else	8756 1 <input type="checkbox"/> Private home or apartment 2 <input type="checkbox"/> Nursing home 3 <input type="checkbox"/> Someplace else
--	--

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

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

CHECK ITEM T19

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

8762 1 Yes
2 No - *SKIP to part E*

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

8764 \$. 00
x1 DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part E - FUNCTIONAL LIMITATIONS AND DISABILITY

<p>1. These next few questions are about . . . 's health. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>8800</p>	<p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p><i>Mark by observation if apparent.</i></p>		
<p>2. Does . . . use any of the following aids to get around?</p> <p>a. A cane, crutches, or a walker</p> <p>b. A wheelchair</p>	<p>8802</p> <p>8804</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T20</p>	<p>Is "Yes" marked in 2a or 2b above?</p>	<p>8806</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4a</i></p>
<p>3. Has . . . used (Aid mentioned in 2a or 2b above) for six months or longer?</p>	<p>8808</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4a. Does . . . have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?</p>	<p>8810</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 5a</i></p>
<p>b. Is . . . able to see the words and letters in ordinary newsprint at all?</p>	<p>8812</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. Does . . . have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if . . . usually wears one)?</p>	<p>8814</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 6a</i></p>
<p>b. Is . . . able to hear what is said in a normal conversation at all?</p>	<p>8816</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6a. Because of a health condition or problem, does . . . have any difficulty having his/her speech understood?</p>	<p>8818</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 7a</i></p>
<p>b. Is . . . able to have his/her speech understood at all?</p>	<p>8820</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>7a. Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</p>	<p>8822</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 8a</i></p>
<p>b. Is . . . able to lift and carry this much weight at all?</p>	<p>8824</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8a. Does . . . have any difficulty climbing a flight of stairs without resting?</p>	<p>8826</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 9a</i></p>
<p>b. Is . . . able to climb a flight of stairs without resting at all?</p>	<p>8828</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9a. Does . . . have any difficulty walking a quarter of a mile - about 3 city blocks?</p>	<p>8830</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 10a</i></p>
<p>b. Is . . . able to walk a quarter of a mile at all?</p>	<p>8832</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>10a. Does . . . have any difficulty using the telephone?</p>	<p>8834</p>	<p>1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty - <i>SKIP to 11a, page 72</i></p>
<p>b. Is . . . able to use the telephone at all?</p>	<p>8836</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

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

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

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

FIELD REPRESENTATIVE
INSTRUCTION

▶ Repeat lead-in as necessary.

(1) Getting around INSIDE the home?	8838	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8839	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?	8840	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8841	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(3) Getting in and out of bed or a chair?	8842	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8843	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(4) Taking a bath or shower?	8844	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8845	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(5) Dressing?	8846	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8847	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(6) Walking?	8848	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8849	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(7) Eating?	8850	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8851	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(8) Using the toilet, including getting to the toilet?	8852	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8853	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(9) Keeping track of money and bills?	8854	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8855	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(10) Preparing meals?	8856	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8857	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
(11) Doing light housework, such as washing dishes or sweeping a floor?	8858	1 <input type="checkbox"/> Has difficulty – ASK 11b 2 <input type="checkbox"/> No difficulty	8859	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
CHECK ITEM T21	Is "Yes" marked in item 11b for any of the activities listed above?			8860	1 <input type="checkbox"/> Yes – Go to 12a 2 <input type="checkbox"/> No – SKIP to Check Item T22

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part E - FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

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

Anyone else?

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

ASK OR VERIFY -

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

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

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

8887

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

ASK OR VERIFY -

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

8888

1 Yes
 2 No
 X1 DK } SKIP to 13

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

8889

\$. 00

X1 DK

CHECK ITEM T22

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

8890

1 Yes
 2 No - SKIP to 15

(SHOW FLASHCARD AA)

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

8892 First condition

8894 Second condition

8896 Third condition

CHECK ITEM T23

Are two or more conditions entered in item 13?

8898

1 Yes
 2 No - SKIP to 15

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

8900 Main condition

15. Does . . . have -

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

Section 5 – TOPICAL MODULES (Continued)

Part E – FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

CHECK ITEM T24	Refer to cc item 24. What is . . . age?	8912	1 <input type="checkbox"/> 15 years old – <i>SKIP to Check Item T30</i> 2 <input type="checkbox"/> 16 to 67 years old 3 <input type="checkbox"/> 68 years old or older – <i>SKIP to 18a</i>
CHECK ITEM T25	Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for . . . ?	8914	1 <input type="checkbox"/> Yes – <i>SKIP to 16</i> 2 <input type="checkbox"/> No
CHECK ITEM T26	Is "Disabled" (code 171) marked on the ISS for . . . ?	8916	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i>
16.	We have recorded that . . . 's health or condition limits the kind or amount of work . . . can do. Is that correct?	8918	1 <input type="checkbox"/> Yes – <i>SKIP to Check Item T27</i> 2 <input type="checkbox"/> No – <i>SKIP to 18a</i>
17a.	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do?	8920	1 <input type="checkbox"/> Yes – <i>Mark "171" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to 18a</i>
CHECK ITEM T27	Is "Worked" (code 170) marked on the ISS?	8922	1 <input type="checkbox"/> Yes – <i>SKIP to 18a</i> 2 <input type="checkbox"/> No
17b.	Does . . . 's health or condition prevent . . . from working at a job or business?	8924	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18a.	Does . . . have a physical, mental, or other health condition which limits the kind or amount of work . . . can do around the house?	8926	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T28</i>
b.	Does . . . 's health or condition completely prevent . . . from doing work around the house?	8928	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T28	Is "Yes" marked in 16, 17a, or 18a?	8930	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T30</i>
19.	(SHOW FLASHCARD AA) I have marked that . . . is limited in working at a job or around the house – Which condition or conditions on this card are the cause of this limitation? Any other condition?	8932 <input type="checkbox"/> <input type="checkbox"/> First condition 8934 <input type="checkbox"/> <input type="checkbox"/> Second condition 8936 <input type="checkbox"/> <input type="checkbox"/> Third condition	
CHECK ITEM T29	Are two or more conditions entered in item 19?	8938	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T30</i>
20.	Which of the conditions do you consider the main reason for the limitation?	8940	<input type="checkbox"/> <input type="checkbox"/> Main condition
CHECK ITEM T30	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children under the age of 22 who live in this household?	8941	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 28a</i>
CHECK ITEM T31	Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children under the age of 6 who live in this household?	8942	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item T32</i>
21a.	Because of a physical, learning, or mental health condition, do any of . . . 's children under 6 years of age have any limitations at all in the usual kind of activities done by most children their age?	8944	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 22a</i>
b.	Which children have activity limitations?	8946 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Person No. Name 8948 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8950 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part E - FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

22a. Have any of . . . 's children under the age of 6 received therapy or diagnostic services designed to meet their developmental needs? 8952 1 Yes
2 No - SKIP to Check Item T32

b. Which children have received these services?

	Person No.	Name
8954	| | |	
8956	| | |	
8958	| | |	

CHECK ITEM T32 *Refer to cc item 24, 25, and 27.*
Is . . . the designated parent or guardian of children between the ages of 6 and 21 who live in this household? 8960 1 Yes
2 No - SKIP to Check Item T33

23a. Because of a physical, learning, or mental health condition, do any of . . . 's children between the ages of 6 and 21 have limitations in their ability to do regular school work? 8962 1 Yes
2 No - SKIP to 24a

b. Which children have difficulty doing regular school work?

	Person No.	Name
8964	| | |	
8966	| | |	
8968	| | |	

24a. Have any of . . . 's children between the ages of 6 and 21 ever received any special education services? 8970 1 Yes
2 No - SKIP to Check Item T33

b. Which children have received special education services?

	Person No.	Name
8972	| | |	
8974	| | |	
8976	| | |	

25a. Are any of . . . 's children between the ages of 6 and 21 currently receiving special education services? 8978 1 Yes
2 No - SKIP to Check Item T33

b. Which children are currently receiving special education services?

	Person No.	Name
8980	| | |	
8982	| | |	
8984	| | |	

CHECK ITEM T33 *Refer to cc item 24 and 27.*
Is . . . the designated parent or guardian of children between the ages of 3 and 14 who live in this household? 8986 1 Yes
2 No - SKIP to Check Item T34

26a. Do any of . . . 's children between the ages of 3 and 14 have a long lasting condition that limits their ability to walk, run, or use stairs? 8988 1 Yes
2 No - SKIP to Check Item T34

b. Which children have difficulty with these activities?

	Person No.	Name
8990	| | |	
8992	| | |	
8994	| | |	

CHECK ITEM T34 Are any person numbers recorded in items 21b through 26b? 8996 1 Yes
2 No - SKIP to 28a, page 76

Section 5 - TOPICAL MODULES (Continued)

Part E - FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

(SHOW FLASHCARD BB)

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

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

Any other?

FIRST CHILD

Person No. Name

8998

--	--	--

9000

--	--

First condition

9002

--	--

Second condition

9004

--	--

Third condition

SECOND CHILD

Person No. Name

9006

--	--	--

9008

--	--

First condition

9010

--	--

Second condition

9012

--	--

Third condition

THIRD CHILD

Person No. Name

9014

--	--	--

9016

--	--

First condition

9018

--	--

Second condition

9020

--	--

Third condition

28a. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?

9022

- 1 Yes
2 No - SKIP to part F

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

9024

- 1 Yes
2 No - SKIP to Part F

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

9026

--	--

 Month

x1 DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part F - UTILIZATION OF HEALTH CARE SERVICES

1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?

- 9100** 1 Yes
2 No - *SKIP to 3*

b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?

- 9102** Times
x1 DK

c. What was the reason for . . .'s last hospital stay?

Mark (X) all that apply.

- 9104** 1 Child birth
9106 2 Surgery or operation (including bone setting or getting stitches)
9108 3 Other medical
9110 4 Mental or emotional problem or disorder
9112 5 Drug or alcohol abuse problem or disorder

d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?

- 9114** 1 Yes, military
2 Yes, VA
3 Yes, both military and VA
4 No

2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?

- 9116** 1 Yes
2 No

b. How many nights in all did . . . spend in a hospital of any type during the past 12 months?

- 9118** Nights
x1 DK

c. How many of these nights were in the past 4 months?

- 9120** x5 All nights
OR
 Nights
OR
x1 DK
x3 None

3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)

- 9122** x5 All days
OR
 Days
OR
x1 DK
x3 None

4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)

(Do not count occurrences where the contact was not concerning a health problem of . . .'s)

- 9124** Times
OR
x1 DK
x3 None - *SKIP to 5a, page 78*

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

- 9126** Times
OR
x1 DK
x3 None

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part F - UTILIZATION OF HEALTH CARE SERVICES (Continued)

5a. During the past 12 months, how many visits did . . . make to a dentist?

Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

9127

Times

OR

x1 DK

x3 None - SKIP to 6a

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

9128

Times

OR

x1 DK

x3 None

6a. Is there a particular clinic, health center, doctor's office, or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?

9129

1 Yes

2 No - SKIP to Check Item T35

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

Mark (X) only one.

9130

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

CHECK ITEM T35

Refer to item 27a, page 10

Was . . . covered by a health insurance plan at any time during the past 4 months?

9132

1 Yes

2 No - SKIP to Check Item T37

CHECK ITEM T36

Refer to item 27b, page 10

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

9133

1 Yes - SKIP to Check Item C1

2 No

CHECK ITEM T37

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

9134

1 Yes - SKIP to Check Item C1

2 No

7. I have recorded that . . . was not covered by a health insurance plan at some time during the past 4 months. Is that correct?

9136

1 Correct

2 Incorrect - covered by some other plan - Skip to Check Item C1

(SHOW FLASHCARD JJ)

8. Which answer on this card best describes why . . . was not covered by health insurance at some time during the past 4 months?

Mark (X) only one.

9138

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

NOTES

CALLBACK SUMMARY

CHECK ITEM C1

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

5000

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

Code

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

1. Social Security Number (Enter in cc item 33a) x1 DK x2 Ref. x3 None

2. Medicare claim number (Item 23b, page 8) **5002** [] - [] - **5004** [] - **5005** []

3. EMPLOYER

a. Employer #1 (Item 8a, page 17) x1 DK x2 Ref. x3 None

What was the total amount of pay received before deductions on this job in ...?

5006 \$ [] . **00** Last month

5008 \$ [] . **00** 2 months ago

5010 \$ [] . **00** 3 months ago

5012 \$ [] . **00** 4 months ago

b. Employer #2 (Item 16a, page 19) x1 DK x2 Ref. x3 None

What was the total amount of pay received before deductions on this job in ...?

5014 \$ [] . **00** Last month

5016 \$ [] . **00** 2 months ago

5018 \$ [] . **00** 3 months ago

5020 \$ [] . **00** 4 months ago

4. SELF-EMPLOYMENT

a. Self-employment #1 (Item 7, page 21) x1 DK x2 Ref. x3 None

What was the total amount of income received from this business in ...?

5022 \$ [] . **00** Last month

5024 \$ [] . **00** 2 months ago

5026 \$ [] . **00** 3 months ago

5028 \$ [] . **00** 4 months ago

b. Self-employment #2 (Item 18, page 23) x1 DK x2 Ref. x3 None

What was the total amount of income received from this business in ...?

5030 \$ [] . **00** Last month

5032 \$ [] . **00** 2 months ago

5034 \$ [] . **00** 3 months ago

5036 \$ [] . **00** 4 months ago

5. What was the average amount in savings/money market deposit accounts/ CD's/interest-earning checking accounts held jointly by husband and wife? (Item 2c, page 48)

Amounts for the period - [] through []

5038 \$ [] . **00** x1 DK x2 Ref.

6. What was the average amount in savings/money market deposit accounts/ CD's/interest-earning checking accounts in own name? (Item 3c, page 48)

5040 \$ [] . **00** x1 DK x2 Ref.

7. What was the average amount in money market funds/securities/bonds held jointly by husband and wife? (Item 2c, page 49)

5042 \$ [] . **00** x1 DK x2 Ref.

8. What was the average amount in money market funds/securities/bonds in own name? (Item 3c, page 49)

5044 \$ [] . **00** x1 DK x2 Ref.

9. What was the amount received in dividends jointly by husband and wife? (Item 1b, page 50)

5048 \$ [] . **00** x1 DK x2 Ref. x3 None

10. What was the amount received in dividends in own name? (Item 2a, page 50)

5050 \$ [] . **00** x1 DK x2 Ref. x3 None

CHECK ITEM C2

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

5052

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

CALLBACK SUMMARY

PRE-INTERVIEW TRANSCRIPTION ITEMS

Fill the following items with a red pencil.

Item	Page
11a, Start time (Cover Page)	1
2-4, 5b, 5c, 6	1
Check Item N1	1
Check Item R6	4
Income Roster, 11b, columns (2) and (3)	5
Check Item R7	4
Check Item R8	5
Asset Roster, 28b, columns (2) and (3)	12
Check Item R31	12
Check Item T24	74
11a, Finish time (Cover Page)	1

LABOR FORCE AND RECIPIENCY

EARNINGS AND EMPLOYMENT

AMOUNTS - PART A

AMOUNTS - PARTS B & C

AMOUNTS - PARTS D & E

PROGRAM QUESTIONS

TOPICAL MODULES

CALLBACK SUMMARY