

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 1
1008 2
1010 3
1012 4
1014 5
1016 6

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

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

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

1042

- 1 Yes - SKIP to 3a
 2 No

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

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 1
1064 2
1066 3
1068 4
1070 5
1072 6

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

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

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

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)

<p>8a. In the weeks that . . . worked during the 4-month period, how many hours did . . . usually work per week?</p>	<p>1230 <input type="text"/> <input type="text"/> Hours per week</p> <p>X3 <input type="checkbox"/> None } <i>SKIP to Check Item R4</i> X1 <input type="checkbox"/> DK }</p>
<p>CHECK ITEM R3 Refer to item 8a. Did . . . usually work 35 or more hours per week?</p>	<p>1231 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 8c</i></p>
<p>8b. Did . . . work fewer than 35 hours in any of the weeks that . . . worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.</p>	<p>1232 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R4</i></p>
<p>c. How many weeks did . . . work fewer than 35 hours in the months of (Read each month)?</p>	<p>1233 X5 <input type="checkbox"/> All weeks</p> <p>1234 <input type="text"/> Weeks last month</p> <p>1235 <input type="text"/> Weeks 2 months ago</p> <p>1236 <input type="text"/> Weeks 3 months ago</p> <p>1237 <input type="text"/> Weeks 4 months ago</p>
<p>d. What was the main reason . . . worked fewer than 35 hours in those weeks? <i>Mark (X) only one.</i></p>	<p>1238 1 <input type="checkbox"/> Could not find a full-time job 2 <input type="checkbox"/> Wanted to work part time 3 <input type="checkbox"/> Health condition or disability 4 <input type="checkbox"/> Normal working hours are fewer than 35 hours 5 <input type="checkbox"/> Slack work or material shortage 6 <input type="checkbox"/> Other – <i>Specify</i> _____</p>
<p>CHECK ITEM R4 Refer to item 5a, page 2. (Absent without pay any full weeks.) The response to item 5a is:</p>	<p>1239 1 <input type="checkbox"/> Yes (or blank) 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p>9a. During this 4-month period, did . . . receive any State unemployment compensation payments?</p>	<p>1240 1 <input type="checkbox"/> Yes – <i>Mark "5" on ISS</i> 2 <input type="checkbox"/> No – <i>SKIP to Check Item R5</i></p>
<p>b. During this period, did . . . also receive any Supplemental Unemployment Benefits (SUB)?</p>	<p>1242 1 <input type="checkbox"/> Yes – <i>Mark "6" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R5 Is "Worked" (code 170) marked on the ISS?</p>	<p>1244 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R6</i></p>
<p>10. During this 4-month period, did . . . receive any money from workers' compensation for any kind of job-related illness or injury?</p>	<p>1246 1 <input type="checkbox"/> Yes – <i>Mark "10" on ISS</i> 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R6 Refer to cc items 44–47. Was an interview obtained for . . . last reference period?</p>	<p>1248 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item R11, page 6</i></p>
<p>CHECK ITEM R7 Refer to item 11b, page 5. Are any income types listed in the Income Roster?</p>	<p>1250 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12a</i></p>

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 plans
- 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	<input type="text"/> <input type="text"/> <input type="text"/> Percent } 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
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 } SKIP to 16a X1 <input type="checkbox"/> DK
c.	Sometimes people get Social Security for more than one reason. Is there another reason . . . receives Social Security?	1346	1 <input type="checkbox"/> Retired 2 <input type="checkbox"/> Disabled 3 <input type="checkbox"/> Widowed or surviving child 4 <input type="checkbox"/> Spouse or dependent child 5 <input type="checkbox"/> No other reason X1 <input type="checkbox"/> DK
CHECK ITEM R13	Refer to item 15b and 15c above. Is "Disabled" (box 2) marked in either item?	1348	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 16a
15d.	At what age did . . . begin receiving Social Security because of (his/her) disability?	1349	<input type="text"/> <input type="text"/> Age in years } SKIP to 16a X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
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>	<p>1360 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item R16</p>
<p>b. During the 4-month period, did . . . receive any retirement income other than Social Security?</p>	<p>1362 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 17d</p>
<p>c. What kind of retirement income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1364 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1366 2 <input type="checkbox"/> Pension from company or union (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 style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/></p>
<p>d. During the 4-month period, did . . . receive any regular income from a paid-up life insurance policy or any other annuities?</p>	<p>1382 1 <input type="checkbox"/> Yes – Mark "36" on ISS 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM R16 Refer to cc item 24. Is . . . 70 years of age or older?</p>	<p>1384 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>	<p>1386 1 <input type="checkbox"/> Yes – Mark "171" on ISS 2 <input type="checkbox"/> No – SKIP to Check Item R17</p>
<p>b. During this 4-month period, did . . . receive any income because of . . . 's health condition or disability? (Other than Social Security, SSI, or VA?)</p>	<p>1388 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R17</p>
<p>c. What kind of income? Anything else? <i>Mark (X) all that apply.</i></p>	<p>1390 1 <input type="checkbox"/> U.S. Government Railroad Retirement – Mark "2" on ISS 1392 2 <input type="checkbox"/> Black Lung payments – Mark "9" on ISS 1394 3 <input type="checkbox"/> Workers' Compensation – Mark "10" on ISS 1396 4 <input type="checkbox"/> Payments from a sickness, accident, or disability insurance policy purchased on your own – Mark "13" on ISS 1398 5 <input type="checkbox"/> Pension from company or union (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 style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/></p>
<p>CHECK ITEM R17 Refer to cc item 26a. What is . . . 's marital status?</p>	<p>1414 1 <input type="checkbox"/> Married – SKIP to 20 2 <input type="checkbox"/> Widowed – SKIP to 22a 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married – SKIP to Check Item R18</p>
<p>19. Did . . . receive any alimony (or support payments other than child support) during the 4-month period?</p>	<p>1416 1 <input type="checkbox"/> Yes – Mark "29" on ISS and SKIP to Check Item R18 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to Check Item R18 x2 <input type="checkbox"/> Ref. }</p>
<p>20. (People who have been widowed or divorced sometimes receive income because of their former marriage.) Has . . . ever been widowed or divorced? <i>If "Yes," mark previous marital status.</i></p>	<p>1418 1 <input type="checkbox"/> Widowed – SKIP to 22a 2 <input type="checkbox"/> Divorced 3 <input type="checkbox"/> Both widowed and divorced 4 <input type="checkbox"/> No – SKIP to Check Item R21</p>

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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 X1 <input type="checkbox"/> DK } SKIP to Check Item R21
b.	What kind of income was this? Was there anything else? (Read all of Flashcard K if necessary.) Mark (X) all that apply.	1428	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 X1 <input type="checkbox"/> DK } SKIP to Check Item R23
b.	Could you please read me the claim number and type of coverage indicated on . . .'s Medicare card? ★	1464	<input type="text"/> <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
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	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - 1505 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> x3 <input type="checkbox"/> Card not available x2 <input type="checkbox"/> Ref.
CHECK ITEM R28	Refer to cc item 27. Is . . . the designated parent or guardian of children under 18 years old who live in this household?	1507	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	x5 <input type="checkbox"/> All children OR Person No. Name 1512 <input type="text"/> <input type="text"/> <input type="text"/> _____ 1514 <input type="text"/> <input type="text"/> <input type="text"/> _____ 1516 <input type="text"/> <input type="text"/> <input type="text"/> _____ 1518 <input type="text"/> <input type="text"/> <input type="text"/> _____ 1520 <input type="text"/> <input type="text"/> <input type="text"/> _____
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
26f.	Was (. . . /and) . . . 's children) covered during the entire 4-month period?	1526	1 <input type="checkbox"/> Yes – SKIP to 27a 2 <input type="checkbox"/> No
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>
<p><i>ASK OR VERIFY</i></p> <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> <p>Person No. Name</p> <p>1548 <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>x4 <input type="checkbox"/> Not a Household member</p> <p style="text-align: right;">} <i>SKIP to Check Item R30</i></p>
<p>f. Was . . . 's policy obtained through . . . 's current employer or union, through a former employer, through the CHAMPUS or CHAMPVA programs, or in some other way?</p>	<p>1549 1 <input type="checkbox"/> Current employer or union 2 <input type="checkbox"/> Former employer 3 <input type="checkbox"/> CHAMPUS 4 <input type="checkbox"/> CHAMPVA 5 <input type="checkbox"/> Military 6 <input type="checkbox"/> Other x1 <input type="checkbox"/> DK</p> <p style="text-align: right;">} <i>SKIP to 27h</i></p>
<p>g. Did . . . 's employer or union (former employer) pay all, part, or none of the premium (cost) of this plan?</p>	<p>1550 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> None</p>
<p>h. Was . . . 's plan an individual plan or a family plan?</p>	<p>1552 1 <input type="checkbox"/> Individual - <i>SKIP to Check Item R30</i> 2 <input type="checkbox"/> Family</p>
<p>i. Other than . . . , which persons in this household were covered by . . . 's plan? (Include children as well as adults.)</p>	<p>1554 x5 <input type="checkbox"/> All persons</p> <p>Person No. Name</p> <p>1556 <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>1558 <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>1560 <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>1562 <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>1564 <input type="text"/> <input type="text"/> <input type="text"/> _____</p> <p>1566 x3 <input type="checkbox"/> None</p>
<p>j. Did . . . 's plan cover anyone who did not live in this household during the past 4 months? <i>Mark (X) all that apply.</i> <i>If "Yes," "Who did the plan cover?"</i></p>	<p>1567 1 <input type="checkbox"/> Yes, spouse 1568 2 <input type="checkbox"/> Yes, child(ren) 1569 3 <input type="checkbox"/> Yes, someone else 1570 4 <input type="checkbox"/> No</p>

NOTES

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R30**

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

1572

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

ASK OR VERIFY -

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

1574

- 1 Yes - SKIP to 27m
2 No

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

1575

Person No. Name

--	--	--	--	--

1576

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1577

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1578

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1579

--	--	--	--	--

OR

1580

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

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

1581

- 1 Yes - Which children?

1582

Person No. Name

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1583

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1584

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1585

--	--	--	--	--

1586

--	--	--	--	--

1587

- 2 No

NOTES

Section 1 – LABOR FORCE AND RECIPIENCY (Continued)

**CHECK
ITEM R31**

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

- 1588** 1 Yes
2 No – SKIP to 29a

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

At any time during the past 4 months, that is _____, **and** _____, **did . . . still own (have)** (Read asset types in item 28b, column (2))? (Exclude IRA, Keogh, and 401K accounts.)

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

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

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

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

(Read all of Flashcard N if necessary.)

- 1622** 1 Yes
2 No
X1 DK } SKIP to 30a
X2 Ref. }

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

- 1626** 1 Regular or passbook savings accounts – Mark "100" on ISS
1628 2 Money market deposit accounts – Mark "101" on ISS
1630 3 Certificates of deposit or other savings certificates – Mark "102" on ISS
1632 4 Interest-earning checking accounts (such as NOW or Super NOW accounts) – Mark "103" on ISS
1636 5 Money market funds – Mark "104" on ISS
1638 6 U.S. Government securities – Mark "105" on ISS
1640 7 Municipal or corporate bonds – Mark "106" on ISS
1642 8 Mortgages – Mark "130" on ISS
1644 9 U.S. Saving Bonds (E, EE) – Mark "174" on ISS
1646 10 Other interest-earning assets – Mark "107" on ISS and specify

1648 11 Stocks or mutual fund shares – Mark "110" on ISS
1650 12 Rental property – Mark "120" on ISS
1652 13 Royalties – Mark "140" on ISS
1654 14 Other financial investments – Mark "150" on ISS and specify

Section 1 - LABOR FORCE AND RECIPIENCY (Continued)

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

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

b. During which months was . . . enrolled?

Mark (X) all that apply.

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

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

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

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

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

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

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

Mark (X) all that apply.

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

CHECK ITEM R32 Refer to cc item 26a.
 Is code 2 (married, spouse absent) the current entry?

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

ASK OR VERIFY -

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

- 1696** 1 Yes
 2 No

CHECK ITEM R33 Are any codes (excluding codes 171-173, 200-201) marked on the ISS?

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

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

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

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

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

34a. I have not recorded any sources of income for . . . during the 4-month period. Did . . . receive income from some source we have not covered, such as financial help from someone outside the household, payments from the government, or anything else?

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

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

Enter codes from income source list and mark ISS.

1706

1708

1710

NOTES

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

EARNINGS AND EMPLOYMENT

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part A1 – EMPLOYER IDENTIFICATION NUMBER 1

<p>2a. What is the name of the employer for whom . . . worked during this 4-month period? <i>(If . . . worked for 2 employers, enter one employer here and the other in part A2, page 18. If . . . worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom . . . worked the most hours.)</i></p>	<p>PGM 8 Employer name</p> <p>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.</p> <p>2002 <input type="text"/></p>
<p>CHECK ITEM E3.1 Is the previous wave box marked for this employer in cc item 42?</p>	<p>PGM 8 1 <input type="checkbox"/> Yes</p> <p>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</p> <p>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.</p>	<p>PGM 8</p> <p>2005</p>
<p><i>ASK OR VERIFY –</i></p> <p>d. Is it mainly –</p>	<p>PGM 8 1 <input type="checkbox"/> Manufacturing?</p> <p>2006 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 on this job? For example: Electrical engineer, stock clerk, typist, farmer.</p>	<p>PGM 8</p> <p>2008</p>
<p>f. What were . . . 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.</p>	<p>PGM 8</p> <p>2010</p>
<p><i>ASK OR VERIFY –</i></p> <p>g. Was . . . an employee of –</p>	<p>PGM 8 1 <input type="checkbox"/> A private for-profit company or individual?</p> <p>2012 2 <input type="checkbox"/> A private not-for-profit, tax exempt, or charitable organization?</p> <p>3 <input type="checkbox"/> Federal government (exclude Armed Forces)?</p> <p>4 <input type="checkbox"/> State government?</p> <p>5 <input type="checkbox"/> Local government?</p> <p>6 <input type="checkbox"/> Armed Forces?</p> <p>7 <input type="checkbox"/> Unpaid in family business or farm?</p>
<p><i>ASK OR VERIFY –</i></p> <p>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</p> <p>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</p> <p>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</p> <p>2 <input type="checkbox"/> No – SKIP to 4</p>
<p>3c. What is the main reason . . . stopped working for (Name of employer)? Mark (X) only one.</p>	<p>2024 1 <input type="checkbox"/> Laid off 4 <input type="checkbox"/> Job was temporary and ended</p> <p>2 <input type="checkbox"/> Retired 5 <input type="checkbox"/> Quit to take another job</p> <p>3 <input type="checkbox"/> Discharged 6 <input type="checkbox"/> Quit for some other reason</p>
<p><i>ASK OR VERIFY –</i></p> <p>4. How many hours per week did . . . usually work at this job?</p>	<p>2025 <input type="text"/> <input type="text"/> Hours</p> <p>x3 <input type="checkbox"/> None</p> <p>x1 <input type="checkbox"/> DK</p>
<p>5. Was . . . paid by the hour on this job?</p>	<p>2026 1 <input type="checkbox"/> Yes</p> <p>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"/></p> <p>x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. – SKIP to 9a</p>
<p>7a. During the 4-month period, how often was . . . paid on this job?</p>	<p>2029 1 <input type="checkbox"/> Once a week 6 <input type="checkbox"/> Some other way – Specify <u> </u></p> <p>2 <input type="checkbox"/> Once each 2 weeks</p> <p>3 <input type="checkbox"/> Once a month</p> <p>4 <input type="checkbox"/> Twice a month</p> <p>5 <input type="checkbox"/> Unpaid in family business or farm – 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</p> <p>x1 <input type="checkbox"/> DK x1 <input type="checkbox"/> DK</p> <p>x2 <input type="checkbox"/> Ref. x2 <input type="checkbox"/> Ref.</p> <p>x4 <input type="checkbox"/> Not paid during this reference period x4 <input type="checkbox"/> Not paid during this reference period</p>

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A1 - EMPLOYER IDENTIFICATION NUMBER 1 (Continued)

8a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



LAST MONTH

2032

\$. 00

- X3 None
- X1 DK
- X2 Ref.

FIELD REPRESENTATIVE USE ONLY

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

2 MONTHS AGO

2034

\$. 00

- X3 None
- X1 DK
- X2 Ref.

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

3 MONTHS AGO

2036

\$. 00

- X3 None
- X1 DK
- X2 Ref.

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

4 MONTHS AGO

2038

\$. 00

- X3 None
- X1 DK
- X2 Ref.

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

CHECK ITEM E4

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

2040

- 1 Yes
- 2 No - SKIP to 9a

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

2042

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

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

2044

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

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

2046

- 1 Yes
- 2 No

CHECK ITEM E5

Number of employers in item 1b, page 15?

2048

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2

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 1 A private for-profit company or individual?
2112 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 1 Yes - SKIP to 12
2114 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 17a

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 X4 Not paid during this reference period

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

Part A2 - EMPLOYER IDENTIFICATION NUMBER 2 (Continued)

16a. READ STATEMENT ONLY ONCE PER RESPONDENT

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

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

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



		FIELD REPRESENTATIVE USE ONLY	
LAST MONTH			
2132	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	X3 <input type="checkbox"/> None	\$	.00
	X1 <input type="checkbox"/> DK	\$	.00
	X2 <input type="checkbox"/> Ref.	\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		Total \$	.00
2 MONTHS AGO			
2134	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	X3 <input type="checkbox"/> None	\$	.00
	X1 <input type="checkbox"/> DK	\$	.00
	X2 <input type="checkbox"/> Ref.	\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		Total \$	.00
3 MONTHS AGO			
2136	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	X3 <input type="checkbox"/> None	\$	.00
	X1 <input type="checkbox"/> DK	\$	.00
	X2 <input type="checkbox"/> Ref.	\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		Total \$	.00
4 MONTHS AGO			
2138	\$ <input type="text"/> . <input type="text"/> 00	\$	.00
	X3 <input type="checkbox"/> None	\$	.00
	X1 <input type="checkbox"/> DK	\$	.00
	X2 <input type="checkbox"/> Ref.	\$	.00
		\$	.00
		\$	.00
		\$	.00
		\$	.00
		Total \$	.00

CHECK ITEM E7	Is "DK" marked in all parts of item 16a?	2140	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 17a
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16b.	If I were to call back later, would you (or . . .) be able to provide me with the amounts of pay . . . received in each of these months? (Information about how much . . . received each month is very important to the results of this survey.)	2142	1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, Item 3b 2 <input type="checkbox"/> No
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17a.	On this job, was . . . a member of a labor union or a member of an employee association similar to a union during the 4-month period?	2144	1 <input type="checkbox"/> Yes - SKIP to Check Item E8 2 <input type="checkbox"/> No
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b.	Was . . . covered by a union or employee association contract during the 4-month period?	2146	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
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CHECK ITEM E8	Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 15?	2148	1 <input type="checkbox"/> Yes - Read Statement B, page 20 2 <input type="checkbox"/> No - SKIP to first ISS Code or Check Item P1, page 53
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Section 2 – EARNINGS AND EMPLOYMENT (Continued)

Part B1 – SELF-EMPLOYMENT IDENTIFICATION NUMBER 1

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

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

Section 2 - EARNINGS AND EMPLOYMENT (Continued)

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

7. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE - Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH	\$ _____ .00	\$ _____ .00
2238	<input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 Total \$ _____ .00
2 MONTHS AGO	\$ _____ .00	\$ _____ .00
2240	<input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 Total \$ _____ .00
3 MONTHS AGO	\$ _____ .00	\$ _____ .00
2242	<input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 Total \$ _____ .00
4 MONTHS AGO	\$ _____ .00	\$ _____ .00
2244	<input type="text"/> . <input type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.	\$ _____ .00 \$ _____ .00 \$ _____ .00 \$ _____ .00 Total \$ _____ .00

CHECK ITEM S4

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

2246 1 Yes
 2 No - SKIP to Check Item S5

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

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

CHECK ITEM S5

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

2250 1 Yes - SKIP to 11
 2 No

CHECK ITEM S6

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

2252 1 Yes - SKIP to 11
 2 No

9a. Can you give me an estimate of the net profit or loss, that is, the difference between gross receipts and expenses for this business, during the 4-month period?

2254 1 Yes
 2 No - SKIP to 11

b. What was the net profit or loss?

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

2256 \$ _____ .00 } 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</p> <p>2300</p>	<p>Business name _____</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</p> <p>2301</p>	<p>Business I.D. No. <input type="text"/></p>								
<p>CHECK ITEM S7.1 Is the previous wave box marked for this business in cc item 43?</p>	<p>PGM 8</p> <p>2302</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12c</i></p>								
<p>12b. Have . . . 's main activities or duties for this business changed during the past 8 months?</p>	<p>PGM 8</p> <p>2303</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 12g</i></p>								
<p>c. What kind of business was this?</p>	<p>PGM 8</p> <p>2304</p>	<p>_____</p>								
<p><i>ASK OR VERIFY –</i> d. Is it mainly –</p>	<p>PGM 8</p> <p>2306</p>	<p>1 <input type="checkbox"/> Manufacturing? 2 <input type="checkbox"/> Wholesale Trade? 3 <input type="checkbox"/> Retail Trade? 4 <input type="checkbox"/> Some other kind of business?</p>								
<p>e. What kind of work was . . . doing at this business?</p>	<p>PGM 8</p> <p>2308</p>	<p>_____</p>								
<p>f. What were . . . 's most important activities or duties at this business?</p>	<p>PGM 8</p> <p>2310</p>	<p>_____</p>								
<p><i>ASK OR VERIFY –</i> g. How many hours per week did . . . usually work at this business?</p>	<p>PGM 7</p> <p>2312</p>	<p><input type="text"/> <input type="text"/> Hours x3 <input type="checkbox"/> None x1 <input type="checkbox"/> DK</p>								
<p>13. Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? <i>Gross earnings include sales and receipts before expenses.</i></p>	<p>2314</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 21</i> x1 <input type="checkbox"/> DK</p>								
<p>CHECK ITEM S8 Have questions 14–16b already been answered for this business by another household member?</p>	<p>2316</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 17a</i> 2 <input type="checkbox"/> No</p>								
<p>14. What was the total number of employees working for this business? Be sure to include . . . <i>Enter 999 if 1,000 or more employees.</i></p>	<p>2318</p>	<p><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</p>	<p>1 <input type="checkbox"/> Yes – <i>SKIP to 16a</i> 2 <input type="checkbox"/> No</p>								
<p>b. Was . . . 's business a sole proprietorship or a partnership?</p>	<p>2322</p>	<p>1 <input type="checkbox"/> Sole proprietorship – <i>SKIP to 17a</i> 2 <input type="checkbox"/> Partnership</p>								
<p>16a. Aside from . . . were any other members of this household owners or partners in this business?</p>	<p>2324</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 17a</i></p>								
<p>b. Which members?</p>	<p>2326</p> <p>2328</p> <p>2330</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%; text-align: left;">Person No.</th> <th style="width:10%; text-align: left;">Name</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Person No.	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Person No.	Name									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<input type="text"/>	<input type="text"/>									
<p>17a. Was . . . paid a regular salary from this business during the 4-month period?</p>	<p>2332</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>b. Did . . . receive any (other) income from the business during this 4-month period?</p>	<p>2334</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>								
<p>CHECK ITEM S9 Is "Yes" marked in either item 17a or 17b?</p>	<p>2336</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item S11</i></p>								

Section 2 – EARNINGS AND EMPLOYMENT (Continued)

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

18. READ STATEMENT ONLY ONCE PER RESPONDENT.

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

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

NOTE – Include total gross earnings before any deductions.



FIELD REPRESENTATIVE USE ONLY

LAST MONTH

2338

\$. 00

- X3 None
 X1 DK
 X2 Ref.

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

2 MONTHS AGO

2340

\$. 00

- X3 None
 X1 DK
 X2 Ref.

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

3 MONTHS AGO

2342

\$. 00

- X3 None
 X1 DK
 X2 Ref.

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

4 MONTHS AGO

2344

\$. 00

- X3 None
 X1 DK
 X2 Ref.

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

CHECK ITEM S10

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

2346

- 1 Yes
 2 No – SKIP to Check Item S11

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

2348

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

CHECK ITEM S11

Refer to item 15a, page 22.

Is this business incorporated?

2350

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

CHECK ITEM S12

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

2352

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

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

2354

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

b. What was the net profit or loss?

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

2356

\$. 00

2358

- X4 Loss in amount box

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

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

2360

\$. 00

- X3 None
 X1 DK
 X2 Ref.

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

Section 3 - AMOUNTS

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

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i>	3000	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
CHECK ITEM A1 <i>Mark (X) income type code.</i>	3002	<input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 27 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 26 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?	3004	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?	3006	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	3008	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 9a, page 26
CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?	3010	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A4.1
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	3012	<input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A4.1
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	3014	<input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 <input type="checkbox"/> No
CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	3015	<input type="checkbox"/> Yes - ASK 5b <input type="checkbox"/> No - ASK 5a
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE - Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read - How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.
(Last month)	3016	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(2 months ago)	3020	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(3 months ago)	3024	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(4 months ago)	3028	<input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK
	3018	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	3022	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	3026	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	3030	\$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

AMOUNTS - PART A

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

3032

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

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

3034

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

b. Which persons were covered?

Person No. Name

3036

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3038

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3040

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3042

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3044

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3046

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3048

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3050

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3052

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3054

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3056

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

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

3058

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

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

3060

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

**CHECK
ITEM A6.1**

Refer to cc item 45.

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

3062

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

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

3064

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

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

3066

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

**CHECK
ITEM A7**

Refer to item 2, page 24.

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

3068

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

NOTES

AMOUNTS - PART A

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3070 1 Yes
2 No
x1 DK

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

3072 \$. 00
x1 DK
x2 Ref.

(2 months ago)

3074 1 Yes
2 No
x1 DK

3076 \$. 00
x1 DK
x2 Ref.

(3 months ago)

3078 1 Yes
2 No
x1 DK

3080 \$. 00
x1 DK
x2 Ref.

(4 months ago)

3082 1 Yes
2 No
x1 DK

3084 \$. 00
x1 DK
x2 Ref.

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

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

b. Which children were covered?

	Person No.	Name
3088	<input type="text"/>	<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: right;">Income code Name of income type</p> <p>3200 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3202 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) - SKIP to 13a, page 31 <input type="checkbox"/> ISS Code 27 (Food Stamps) - SKIP to 11a, page 30 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - SKIP to Check Item A4 <input type="checkbox"/> Other ISS Codes - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?</p>	<p>3204 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?</p>	<p>3206 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A3</p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3208 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to 9a, page 30</p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?</p>	<p>3210 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?</p>	<p>3212 <input type="checkbox"/> Yes <input type="checkbox"/> No - SKIP to Check Item A4.1</p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?</p>	<p>3214 <input type="checkbox"/> Yes - SKIP to next ISS Code or Check Item P1, page 53 <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 <input type="checkbox"/> Yes - ASK 5b <input type="checkbox"/> No - ASK 5a</p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE - Social Security and SSI payments may be adjusted for inflation each January.</p>	<p>5c. Some persons receive more than one payment per month for certain income types. ▶ 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.</p>
<p>(Last month)</p>	<p>3216 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3220 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3224 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3228 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
	<p>3218 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
	<p>3222 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
	<p>3226 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
	<p>3230 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

**CHECK
ITEM A5**

Mark (X) income type code.

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)

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)	3270 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3272 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(2 months ago)	3274 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3276 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(3 months ago)	3278 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3280 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
(4 months ago)	3282 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK	3284 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.

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

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

NOTES

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A7.1

Refer to item 11b, page 5.

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

- 3321** 1 Yes - ASK 12b
 2 No - ASK 12a

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

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

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

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

(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"/>
3348	<input type="text"/>	<input type="text"/>
3350	<input type="text"/>	<input type="text"/>
3352	<input type="text"/>	<input type="text"/>
3354	<input type="text"/>	<input type="text"/>

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

NOTES

Section 3 - AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" - code 27.)</i></p>	<p style="text-align: right;">Income code Name of income type</p> <p>3400 <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
<p>CHECK ITEM A1 <i>Mark (X) income type code.</i></p>	<p>3402 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) <input type="checkbox"/> ISS Code 25 (WIC) - <i>SKIP to 13a, page 35</i> <input type="checkbox"/> ISS Code 27 (Food Stamps) - <i>SKIP to 11a, page 34</i> <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 - <i>SKIP to Check Item A4</i> <input type="checkbox"/> Other ISS Codes - <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A2 <i>Refer to cc item 27.</i></p> <p>Is . . . a designated parent or guardian of children under age 18?</p>	<p>3404 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . .'s children?</p>	<p>3406 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A3</i></p>
<p>3. Did . . . also receive a separate payment for (himself/herself) during any of these months?</p>	<p>3408 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to 9a, page 34</i></p>
<p>CHECK ITEM A3 <i>Refer to cc item 26a.</i></p> <p>Is . . . married?</p>	<p>3410 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A4.1</i></p>
<p>4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . .'s spouse?</p>	<p>3412 <input type="checkbox"/> Yes <input type="checkbox"/> No - <i>SKIP to Check Item A4.1</i></p>
<p>CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . .'s spouse?</p>	<p>3414 <input type="checkbox"/> Yes - <i>SKIP to next ISS Code or Check Item P1, page 53</i> <input type="checkbox"/> No</p>
<p>CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i></p> <p>Is this income source listed on the income roster?</p>	<p>3415 <input type="checkbox"/> Yes - <i>ASK 5b</i> <input type="checkbox"/> No - <i>ASK 5a</i></p>
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? <i>NOTE - Social Security and SSI payments may be adjusted for inflation each January.</i></p>	<p>5c. Some persons receive more than one payment per month for certain income types. ▶ <i>For ISS codes 1 or 2 (SS or RR) read -</i> How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ▶ <i>For all other ISS codes read -</i> How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>
<p>(Last month)</p>	<p>3416 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>(2 months ago)</p>	<p>3420 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>(3 months ago)</p>	<p>3424 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>(4 months ago)</p>	<p>3428 <input type="checkbox"/> Yes <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p>
<p>.....</p>	<p>3418 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>.....</p>	<p>3422 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>.....</p>	<p>3426 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>
<p>.....</p>	<p>3430 \$ <input style="width: 100px; height: 20px;" type="text"/> . <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p>

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A5	Mark (X) income type code.	3432	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?		3434	1 <input type="checkbox"/> Yes - SKIP to Check Item A6 2 <input type="checkbox"/> No
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b. Which persons were covered?			Person No. Name
	3436	<input type="text"/>	<input type="text"/>
	3438	<input type="text"/>	<input type="text"/>
	3440	<input type="text"/>	<input type="text"/>
	3442	<input type="text"/>	<input type="text"/>
	3444	<input type="text"/>	<input type="text"/>
	3446	<input type="text"/>	<input type="text"/>
	3448	<input type="text"/>	<input type="text"/>
	3450	<input type="text"/>	<input type="text"/>
	3452	<input type="text"/>	<input type="text"/>
	3454	<input type="text"/>	<input type="text"/>

CHECK ITEM A6	Is this ISS Code "8"?	3456	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?		3458	1 <input type="checkbox"/> Service-connected disability compensation 2 <input type="checkbox"/> Survivor benefits 3 <input type="checkbox"/> Veterans' pension 4 <input type="checkbox"/> Other Veterans' payments
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b. Is . . . required to fill out an annual income questionnaire in order to receive a VA pension?		3460	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } 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 <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.)		3464	1 <input type="checkbox"/> Blue 2 <input type="checkbox"/> Buff 3 <input type="checkbox"/> Direct deposit 4 <input type="checkbox"/> Other X1 <input type="checkbox"/> DK
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b. Do . . . 's payments usually come on the first of the month or the third?		3466	1 <input type="checkbox"/> First 2 <input type="checkbox"/> Third 3 <input type="checkbox"/> Other X1 <input type="checkbox"/> DK
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CHECK ITEM A7	Refer to item 2, page 32. Were (Social Security/Railroad Retirement) payments received especially for . . . 's children?	3468	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to next ISS Code or Check Item P1, page 53
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NOTES	
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Section 3 - AMOUNTS (Continued)

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

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

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

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.

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

(Last month)

3522

- 1 Yes
2 No
x1 DK

3524

\$. 00

- x1 DK
x2 Ref.

(2 months ago)

3526

- 1 Yes
2 No
x1 DK

3528

\$. 00

- x1 DK
x2 Ref.

(3 months ago)

3530

- 1 Yes
2 No
x1 DK

3532

\$. 00

- x1 DK
x2 Ref.

(4 months ago)

3534

- 1 Yes
2 No
x1 DK

3536

\$. 00

- x1 DK
x2 Ref.

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

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

Mark (X) all that apply.

3538

1 Last month

3540

2 2 months ago

3542

3 3 months ago

3544

4 4 months ago

b. Which persons were covered?

Person No. Name

3546

3548

3550

3552

3554

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

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

(Last month)

3670 1 Yes
2 No
X1 DK

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

3672 \$. 00
X1 DK
X2 Ref.

(2 months ago)

3674 1 Yes
2 No
X1 DK

3676 \$. 00
X1 DK
X2 Ref.

(3 months ago)

3678 1 Yes
2 No
X1 DK

3680 \$. 00
X1 DK
X2 Ref.

(4 months ago)

3682 1 Yes
2 No
X1 DK

3684 \$. 00
X1 DK
X2 Ref.

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

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

b. Which children were covered?

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

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

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

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

b. Which persons were covered?

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

NOTES

Section 3 – AMOUNTS (Continued)

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

**CHECK
ITEM A7.1**

Refer to item 11b, page 5.

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

3721

- 1 Yes – ASK 12b
2 No – ASK 12a

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

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

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

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

(Last month)

3722

- 1 Yes
2 No
X1 DK

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

3724

\$. 00
X1 DK
X2 Ref.

(2 months ago)

3726

- 1 Yes
2 No
X1 DK

3728

\$. 00
X1 DK
X2 Ref.

(3 months ago)

3730

- 1 Yes
2 No
X1 DK

3732

\$. 00
X1 DK
X2 Ref.

(4 months ago)

3734

- 1 Yes
2 No
X1 DK

3736

\$. 00
X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

3738

1 Last month

3740

2 2 months ago

3742

3 3 months ago

3744

4 4 months ago

b. Which persons were covered?

Person No. Name

3746

3748

3750

3752

3754

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

NOTES

Section 3 – AMOUNTS

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

<p>1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i></p>	Income code	Name of income type	
	3800	[] []	
CHECK ITEM A1	Mark (X) income type code.		
	3802	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – SKIP to 13a, page 43 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – SKIP to 11a, page 42 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	Refer to cc item 27.		
	3804	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3	
	Is . . . a designated parent or guardian of children under age 18?		
	3806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A3	
	2. During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for . . . 's children?		
	3808	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 9a, page 42	
	3. Did . . . also receive a separate payment for (himself/herself) during any of these months?		
CHECK ITEM A3	Refer to cc item 26a.		
	3810	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1	
	Is . . . married?		
	3812	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A4.1	
	4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?		
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?		
	3814	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	Refer to item 11b, page 5.		
	3815	1 <input type="checkbox"/> Yes – ASK 5b 2 <input type="checkbox"/> No – ASK 5a	
	Is this income source listed on the income roster?		
<p>5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i></p> <p>b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.</p>		<p>5c. Some persons receive more than one payment per month for certain income types.</p> <p>► For ISS codes 1 or 2 (SS or RR) read –</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums.</p> <p>► For all other ISS codes read –</p> <p>How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.</p>	
(Last month)	3816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	3818 \$ [] [] . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(2 months ago)	3820	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	3822 \$ [] [] . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(3 months ago)	3824	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	3826 \$ [] [] . 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(4 months ago)	3828	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK	3830 \$ [] [] . 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.

3832

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

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

3834

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

b. Which persons were covered?

Person No. Name

3836

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3838

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3840

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3842

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3844

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3846

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3848

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3850

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3852

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3854

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**CHECK
ITEM A6**

Is this ISS Code "8"?

3856

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

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

3858

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

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

3860

- 1 Yes
 - 2 No
 - X1 DK
- } SKIP to next ISS Code or Check Item P1, page 53

**CHECK
ITEM A6.1**

Refer to cc item 45.

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

3862

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

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

3864

- 1 Blue
- 2 Buff
- 3 Direct deposit
- 4 Other
- X1 DK

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

3866

- 1 First
- 2 Third
- 3 Other
- X1 DK

**CHECK
ITEM A7**

Refer to item 2, page 40.

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

3868

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

NOTES

Section 3 - AMOUNTS (Continued)

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

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

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

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

(Last month)

3870 1 Yes
2 No
X1 DK

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.

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

(2 months ago)

3926

- 1 Yes
2 No
X1 DK

(3 months ago)

3930

- 1 Yes
2 No
X1 DK

(4 months ago)

3934

- 1 Yes
2 No
X1 DK

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

3924

\$. 00
X1 DK
X2 Ref.

3928

\$. 00
X1 DK
X2 Ref.

3932

\$. 00
X1 DK
X2 Ref.

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?

3946

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

3948

<input type="text"/>	<input type="text"/>
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3950

<input type="text"/>	<input type="text"/>
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3952

<input type="text"/>	<input type="text"/>
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3954

<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)

	Income code	Name of income type
1. You said . . . received (was authorized to receive) (Read name of income type) during the 4-month period. <i>(Read "was authorized to receive" if asking about "Food Stamps" – code 27.)</i>	4000	[] []
CHECK ITEM A1 <i>Mark (X) income type code.</i>	4002	1 <input type="checkbox"/> ISS Code 1 or 2 (SS or RR) 2 <input type="checkbox"/> ISS Code 25 (WIC) – <i>SKIP to 13a, page 47</i> 3 <input type="checkbox"/> ISS Code 27 (Food Stamps) – <i>SKIP to 11a, page 46</i> 4 <input type="checkbox"/> ISS Codes 37, 50, 51, 52, 53, or 56 – <i>SKIP to Check Item A4</i> 5 <input type="checkbox"/> Other ISS Codes – <i>SKIP to Check Item A4.1</i>
CHECK ITEM A2 <i>Refer to cc item 27.</i> Is . . . a designated parent or guardian of children under age 18?	4004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
2. During this 4-month period, were any separate payments from (Social Security/ Railroad Retirement) received especially for . . . 's children?	4006	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A3</i>
3. Did . . . also receive a separate payment for (himself/herself) during any of these months?	4008	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 9a, page 46</i>
CHECK ITEM A3 <i>Refer to cc item 26a.</i> Is . . . married?	4010	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>
4. Did . . . receive (Social Security/Railroad Retirement) jointly with . . . 's spouse?	4012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Check Item A4.1</i>
CHECK ITEM A4 Has information about the amount received by . . . from the income source entered in item 1 already been recorded during an interview for . . . 's spouse?	4014	1 <input type="checkbox"/> Yes – <i>SKIP to next ISS Code or Check Item P1, page 53</i> 2 <input type="checkbox"/> No
CHECK ITEM A4.1 <i>Refer to item 11b, page 5.</i> Is this income source listed on the income roster?	4015	1 <input type="checkbox"/> Yes – <i>ASK 5b</i> 2 <input type="checkbox"/> No – <i>ASK 5a</i>
5a. In which month, during the 4-month reference period, did . . . begin to receive (Read name of income type)? <i>Mark "Yes" in item 5b for the first month received and mark "No" for the previous months. Then ask if it was received in each of the remaining months of the reference period and mark item 5b.</i> b. Did . . . receive any (Read name of income type) in (Read each month)? NOTE – Social Security and SSI payments may be adjusted for inflation each January.		5c. Some persons receive more than one payment per month for certain income types. ► For ISS codes 1 or 2 (SS or RR) read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month AFTER any deductions such as Medicare premiums. ► For all other ISS codes read – How much did . . . receive in (Read each month marked "Yes" in item 5b)? Please answer by giving the total amount each month BEFORE any deductions.
(Last month)	4016	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(2 months ago)	4020	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(3 months ago)	4024	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
(4 months ago)	4028	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
	4018	\$ [] [] . [] [] X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	4022	\$ [] [] . [] [] X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	4026	\$ [] [] . [] [] X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
	4030	\$ [] [] . [] [] X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A5

Mark (X) income type code.

4032

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

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

4034

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

b. Which persons were covered?

Person No. Name

4036

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4038

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4040

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4042

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4044

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4046

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4048

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4050

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4052

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4054

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CHECK ITEM A6

Is this ISS Code "8"?

4056

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

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

4058

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

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

4060

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

CHECK ITEM A6.1

Refer to cc item 45.

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

4062

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

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

4064

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

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

4066

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

CHECK ITEM A7

Refer to item 2, page 44.

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

4068

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

NOTES

Section 3 – AMOUNTS (Continued)

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

<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>4070</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>4074</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>4078</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK</p> <p>4082</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>4072 \$ <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>4076 \$ <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>4080 \$ <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>4084 \$ <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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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 style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4090	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4092	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4094	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4096	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4098	<input style="width:20px;" type="text"/>	<input style="width:70px;" 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 style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4104	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4106	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4108	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4110	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4112	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4114	<input style="width:20px;" type="text"/>	<input style="width:70px;" type="text"/>
4116	<input style="width:20px;" type="text"/>	<input style="width:70px;" 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.

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

(Last month)

- 4122** 1 Yes
2 No
X1 DK

4124 \$. 00
X1 DK
X2 Ref.

(2 months ago)

- 4126** 1 Yes
2 No
X1 DK

4128 \$. 00
X1 DK
X2 Ref.

(3 months ago)

- 4130** 1 Yes
2 No
X1 DK

4132 \$. 00
X1 DK
X2 Ref.

(4 months ago)

- 4134** 1 Yes
2 No
X1 DK

4136 \$. 00
X1 DK
X2 Ref.

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

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

Mark (X) all that apply.

- 4138** 1 Last month
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"/> <input type="text"/>	<input type="text"/>
4148	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
4150	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
4152	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
4154	<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 (Continued)

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

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

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

CHECK ITEM A9	Interview status of . . . 's spouse.	<input type="checkbox"/> 4308	1 <input type="checkbox"/> No spouse in household - <i>SKIP to 3b</i>
			2 <input type="checkbox"/> Interview for spouse not yet conducted
			3 <input type="checkbox"/> Interview for spouse already conducted - <i>SKIP to 3a</i>

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

<input type="checkbox"/> 4310	1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No - <i>SKIP to 3b</i>

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

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

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

<input type="checkbox"/> 4316	1 <input type="checkbox"/> Yes - <i>Mark Reminder Card and Callback Summary, Item 5</i>
	2 <input type="checkbox"/> No

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

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

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

<input type="checkbox"/> 4320	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00	<i>- SKIP to next ISS Code or Check Item P1, page 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?** ★

<input type="checkbox"/> 4322	\$ <input style="width:40px;" type="text"/> . <input style="width:20px;" type="text"/> 00	<i>- SKIP to next ISS Code or Check Item P1, page 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.)*

<input type="checkbox"/> 4324	1 <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>
	2 <input type="checkbox"/> No	

NOTES

AMOUNTS - PARTS B & C

Section 3 - AMOUNTS (Continued)

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

CHECK ITEM A10

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

4400
4402
4404
4406

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

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

CHECK ITEM A11

Interview status of . . .'s spouse.

4408

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

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

4410

- 1 Yes
- 2 No - SKIP to 3b

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

4412

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

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

4414

- \$. 00 - SKIP to 3a
- x1 DK
 - x2 Ref. - SKIP to next ISS Code or Check Item P1, page 53

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

4416

- 1 Yes - Mark Reminder Card and Callback Summary, Item 7
- 2 No

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

4418

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

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

4420

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

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

4422

- \$. 00 - SKIP to next ISS Code or Check Item P1, page 53
- x1 DK
 - x2 Ref. - SKIP to next ISS Code or Check Item P1, page 53

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

4424

- 1 Yes - Mark Reminder Card and Callback Summary, Item 8
 - 2 No
- } SKIP to next ISS Code or Check Item P1, page 53

NOTES

Section 3 - AMOUNTS (Continued)

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

1a. Earlier you told me that . . . owned stocks or mutual fund shares which excluded IRA, Keogh, and 401K accounts. Did . . . receive any dividend checks during these 4 months? (Include checks made out jointly to . . . and . . .'s spouse.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4500</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px;"> } SKIP to 3a </div>
CHECK ITEM A12 Interview status of . . .'s spouse.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4502</div> <div> 1 <input type="checkbox"/> No spouse in household - SKIP to 2a 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to 2a </div> </div>
1b. During the past 4 months, how much was received in dividend checks made out jointly to . . . and . . .'s (husband/wife)? ★	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4504</div> <div> \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 - SKIP to 2a X3 <input type="checkbox"/> None - SKIP to 2a X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53 </div> </div>
c. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4506</div> <div> 1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 9 2 <input type="checkbox"/> No </div> </div>
2a. During this 4-month period, how much did . . . receive in dividend checks (in . . .'s name only)? ★	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4508</div> <div> \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 - SKIP to 3a X3 <input type="checkbox"/> None - SKIP to 3a X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. - SKIP to next ISS Code or Check Item P1, page 53 </div> </div>
b. If I were to call back later, would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4510</div> <div> 1 <input type="checkbox"/> Yes - Mark Reminder Card and Callback Summary, Item 10 2 <input type="checkbox"/> No </div> </div>
3a. (Besides the money that . . . received in dividend checks,) did . . . earn any (other) dividends that were credited against a margin account or automatically reinvested in additional shares of stock?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4512</div> <div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK </div> </div> <div style="margin-left: 100px;"> } SKIP to next ISS Code or Check Item P1, page 53 </div>
CHECK ITEM A13 Interview status of . . .'s spouse.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4514</div> <div> 1 <input type="checkbox"/> No spouse in household - SKIP to 3c 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted - SKIP to 3c </div> </div>
3b. During the 4-month period, how much of these kinds of dividends did . . . earn jointly with . . .'s (husband/wife)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4516</div> <div> \$ <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 next ISS Code or Check Item P1, page 53 </div> </div>
c. During the 4-month period, how much of these kinds of dividends did . . . earn (in . . .'s name only)?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4518</div> <div> \$ <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. </div> </div> <div style="margin-left: 100px;"> } SKIP to next ISS Code or Check Item P1, page 53 </div>

AMOUNTS - PARTS D & E

NOTES

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

4618

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

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

4620

\$. 00

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

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

NOTES

AMOUNTS – PARTS D & E

Section 3 – AMOUNTS (Continued)

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

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

CHECK ITEM A16	Refer to Check Item A15. Is ISS Code 130 marked?	4706	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 3
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CHECK ITEM A17	Interview status of ...'s spouse.	4708	1 <input type="checkbox"/> No spouse in household – SKIP to 2b 2 <input type="checkbox"/> Interview for spouse not yet conducted 3 <input type="checkbox"/> Interview for spouse already conducted – SKIP to 2a
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1a.	Earlier you said ... held a mortgage. Did ... own this jointly with ...'s spouse?	4710	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to 2b
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b.	During the past 4 months, how much interest was paid to ... and ...'s spouse by the borrower?	4712	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
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2a.	(Besides any jointly held mortgages,) did ... hold any mortgages in ...'s own name?	4714	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item A18
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b.	(Earlier you said that ... held a mortgage.) During the past 4 months, how much interest was paid to ... by the borrower?	4716	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
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CHECK ITEM A18	Refer to Check Item A15. Is ISS Code 140 or 150 marked?	4718	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – SKIP to Check Item P1
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3.	Earlier you said ... had (Read asset types). During the past 4 months, how much income did ... receive from these (Read asset types)? <i>If income was shared, count only ...'s share.</i>	4720	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
		4722	X4 <input type="checkbox"/> Lost money – 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 Statement C, 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 is your monthly rent? Include only the amount the respondent pays for rent. Exclude any subsidized amount.		4804	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. } SKIP to 2a
b. (In addition to rent,) do you pay for any utilities such as water, electricity, gas, or oil? Exclude telephone.		4806	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK
2a. The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric or gas company, fuel dealer, or landlord. Has this household received assistance of this type during the past 4 months?		4816	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No X1 <input type="checkbox"/> DK } SKIP to Check Item P3
b. Was this assistance received in the form of checks, coupons or vouchers sent to this household, or were the payments sent directly to a utility company, fuel dealer, or landlord? Mark (X) all that apply.		4818 4820 4822	1 <input type="checkbox"/> Checks sent to household 2 <input type="checkbox"/> Coupons or vouchers sent to household 3 <input type="checkbox"/> Payments sent directly to utility company, fuel dealer, or landlord
c. What was the total amount of the energy assistance received by this household during the past 4 months?		4824	\$ <input style="width: 60px;" type="text"/> . <input style="width: 30px;" 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 Statement C, 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 Statement C, 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: 60px;" type="text"/> . <input style="width: 30px;" 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 Statement C, 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

PROGRAM QUESTIONS

Section 5 - TOPICAL MODULES

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS

STATEMENT C

The purpose of this part of our interview is to get the most accurate picture possible of the situation of persons and families during calendar year 1993. It would be very helpful to refer to records during this part of the interview.

CHECK ITEM T1	Are the names of any businesses listed for . . . on the control card? (cc item 43)	8000	1 <input type="checkbox"/> Yes - SKIP to 1b 2 <input type="checkbox"/> No
CHECK ITEM T2	Was an interview obtained for . . . for each of the 1st, 2nd, 3rd, AND 4th waves (cc items 44, 45, 46, and 47)?	8002	1 <input type="checkbox"/> Yes - SKIP to Statement D, page 57 2 <input type="checkbox"/> No
1a. Did . . . own and operate a business at any time during calendar year 1993?	Include farms.	8004	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Statement D, page 57
ASK OR VERIFY -			
b. How many different businesses did . . . own and operate during calendar year 1993?		8006	<input type="text"/> <input type="text"/> Businesses OR x3 <input type="checkbox"/> None - SKIP to Statement D, page 57
ASK OR VERIFY -			
c. What were the names of the businesses that . . . owned and operated during calendar year 1993? (List up to 2 businesses; list according to net income from business beginning with the business providing the largest net income.)		PGM 8 8008	Business name _____ _____
		PGM 8 8058	Business name _____ _____
CHECK ITEM T3	Transcribe ID number for this business from the control card (cc item 43). (Fill items T3-T9 for the first business listed, then fill items T3-T9 if a second business is listed.)	PGM 7 8010	<input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
		PGM 7 8060	<input type="checkbox"/> Business ID No. OR x3 <input type="checkbox"/> Not listed on control card
CHECK ITEM T4	Has information about this business already been obtained in an interview for another household member?	8012	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a
		8062	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 2a
FIELD REPRESENTATIVE INSTRUCTION:	Enter name, person number, and business ID number of the other owner who previously reported the business to indicate the location of the information about this business.		
		8014	Name _____ Person number <input type="text"/> <input type="text"/> <input type="text"/> Business ID number <input type="text"/>
		8016	OR x3 <input type="checkbox"/> Not listed on control card
		8064	Name _____ Person number <input type="text"/> <input type="text"/> <input type="text"/> Business ID number <input type="text"/>
		8066	OR x1 <input type="checkbox"/> Not listed on control card
ASK OR VERIFY -			
2a. What was the form of this (business/practice) - was it a sole proprietorship, a partnership, a corporation?		8018	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation x1 <input type="checkbox"/> DK
		8068	1 <input type="checkbox"/> Sole proprietorship 2 <input type="checkbox"/> Partnership 3 <input type="checkbox"/> Corporation x1 <input type="checkbox"/> DK
b. Was this business primarily located in . . . 's own home or somewhere else?		8020	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else
		8070	1 <input type="checkbox"/> Own home 2 <input type="checkbox"/> Somewhere else

TOPICAL MODULES

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

CHECK ITEM T5	Is "Sole proprietorship" marked in item 2a?	8104 1 <input type="checkbox"/> Yes - SKIP to 2h 2 <input type="checkbox"/> No	8154 1 <input type="checkbox"/> Yes - SKIP to 2h 2 <input type="checkbox"/> No
2c.	Were any other members of this household part owners of this (business/practice)?	8106 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g	8156 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 2g
d.	Which other household members were owners?	8108 Person No. <input type="text"/> Name _____	8158 Person No. <input type="text"/> Name _____
		8110 Person No. <input type="text"/> Name _____	8160 Person No. <input type="text"/> Name _____
e.	Was this (business/practice) owned entirely by members of this household?	8112 1 <input type="checkbox"/> Yes - SKIP to 2g 2 <input type="checkbox"/> No	8162 1 <input type="checkbox"/> Yes - SKIP to 2g 2 <input type="checkbox"/> No
f.	What percentage of this (business/practice) was owned by members of this household?	8114 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8164 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
g.	What percentage of this (business/practice) did ... own in ...'s own name?	8116 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK	8166 <input type="text"/> Percent OR x1 <input type="checkbox"/> DK
h.	What were the gross RECEIPTS of this (business/practice) in 1993? Please use records if they are available. Obtain estimate, if necessary. ★	8118 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8168 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
i.	What were the total EXPENSES of this (business/practice) in 1993? Please use records if they are available. Obtain estimate, if necessary. ★	8120 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.	8170 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK x2 <input type="checkbox"/> Ref.
CHECK ITEM T6	Is "DK" marked in either item 2h or 2i?	8122 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7	8172 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T7
2j.	If I were to call back later, could you provide me with an estimate of (receipts/expenses)? (This information is especially important for this survey)?	8124 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No	8174 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, items 11a and/or 11b 2 <input type="checkbox"/> No
CHECK ITEM T7	Is "Sole proprietorship" marked in item 2a?	8126 1 <input type="checkbox"/> Yes - SKIP to Check Item T9 2 <input type="checkbox"/> No	8176 1 <input type="checkbox"/> Yes - SKIP to Check Item T10 2 <input type="checkbox"/> No

TOPICAL MODULES

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

<p>2k. What was ...'s net income from this (business/practice) in 1993? Please use records if they are available. ★</p> <p><i>Obtain estimate, if necessary.</i></p>	<p>8202 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T8</p> <p>X3 <input type="checkbox"/> None X2 <input type="checkbox"/> Ref. X1 <input type="checkbox"/> DK</p> <hr/> <p>8204 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to Check Item T8</p>	<p>8252 \$ <input type="text"/> . <input type="text"/> 00 } SKIP to Check Item T8</p> <p>X3 <input type="checkbox"/> None X2 <input type="checkbox"/> Ref. X1 <input type="checkbox"/> DK</p> <hr/> <p>8254 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box - SKIP to Check Item T8</p>
<p>l. If I were to call back later, could you provide me with an estimate? (This information is especially important for the purposes of this survey.)</p>	<p>8206 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, item 12 2 <input type="checkbox"/> No</p>	<p>8256 1 <input type="checkbox"/> Yes - Mark Callback Summary and Reminder Card, item 12 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T8 Refer to item 2d. Were any other household members part owners of this business?</p>	<p>8208 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T9</p>	<p>8258 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Check Item T10</p>
<p>2m. Apart from the net income already reported for ..., did (Read names of other household owners) receive any net income in 1993 from this (business/practice)?</p>	<p>8210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T9 X1 <input type="checkbox"/> DK</p>	<p>8260 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } SKIP to Check Item T10 X1 <input type="checkbox"/> DK</p>
<p>n. What was the amount of net income that was received by (Read names of other household owners)?</p> <p><i>Obtain estimate, if necessary.</i></p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8212 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8214 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <hr/> <p>8216 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p> <p align="center">SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8218 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8220 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <hr/> <p>8222 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p>	<p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8262 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8264 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <hr/> <p>8266 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p> <p align="center">SECOND CO-OWNER</p> <p>Person No. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8268 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8270 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <hr/> <p>8272 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p>
<p>CHECK ITEM T9 Is another business listed in item 1c?</p>	<p>8274 1 <input type="checkbox"/> Yes - Complete Check Item T3 for next business 2 <input type="checkbox"/> No - SKIP to Statement D</p>	<p align="center">Go to Check Item T10</p>
<p>CHECK ITEM T10 Is the number of businesses recorded in item 1b three or more?</p>	<p>8276 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to Statement D</p>	
<p>3. What was ...'s net income from ...'s other businesses in 1993? Please use records if they are available.</p>	<p>8278 \$ <input type="text"/> . <input type="text"/> 00</p> <p>X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.</p> <hr/> <p>8280 X4 <input type="checkbox"/> Lost money - Enter amount of loss in box</p>	

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part A - ANNUAL INCOME AND RETIREMENT ACCOUNTS (Continued)

STATEMENT D The next few questions are about personal retirement plans.

4a. Does . . . have an Individual Retirement Account - an IRA - in . . .'s OWN name?

If . . . is only included in . . .'s (husband's/wife's) IRA accounts, mark the "No" box.

9330

- 1 Yes
 2 No
 X1 DK } SKIP to 4h

b. Did . . . make any tax-deductible contributions to IRA accounts which applied to . . .'s 1993 tax return?

(Contributions which were deducted from gross income.)

9332

- 1 Yes
 2 No
 X1 DK } SKIP to 4d

c. How much were . . .'s tax-deductible contributions to IRA accounts which applied to . . .'s 1993 tax return?

*(Form 1040, line 24a)
 (Form 1040A, line 15a)*

9334

\$. 00
 X1 DK
 X2 Ref.

d. Did . . . make any withdrawals from . . .'s IRA accounts during 1993?

Mark "No" if funds were "rolled over" within 60 days of the withdrawal.

9336

- 1 Yes
 2 No
 X1 DK } SKIP to 4f

e. How much did . . . withdraw from IRA accounts during 1993?

9338

\$. 00
 X1 DK
 X2 Ref.

f. Including ALL IRA accounts in . . .'s OWN name, how much did . . .'s IRA accounts earn during 1993?

9340

\$. 00
 X3 None
 X1 DK
 X2 Ref.

g. What types of assets did . . . have in . . .'s IRA accounts?

*Mark (X) all that apply.
 Anything else?*

9342

- 1 Certificates of deposit or other savings certificates
 2 Money market funds
 3 U.S. Government securities
 4 Municipal or corporate bonds
 5 U.S. Savings Bonds
 6 Stocks or mutual fund shares
 7 Other assets - *Specify*

9356

- X1 DK

h. Does . . . have a Keogh account in . . .'s OWN name?

9358

- 1 Yes
 2 No
 X1 DK } SKIP to Check Item T11

i. Did . . . make any tax-deductible contributions to a Keogh account which applied to . . .'s 1993 tax return?

9360

- 1 Yes
 2 No
 X1 DK } SKIP to 4k

j. How much were . . .'s tax-deductible contributions to Keogh accounts which applied to . . .'s 1993 tax return?

(Form 1040, line 27)

9362

\$. 00
 X1 DK
 X2 Ref.

k. Did . . . make any withdrawals from . . .'s Keogh accounts during 1993?

9364

- 1 Yes
 2 No
 X1 DK } SKIP to 4m

Section 5 - TOPICAL MODULES (Continued)

Part B - TAXES

CHECK ITEM T12	Has tax information for . . . already been obtained in an interview for a spouse with whom . . . filed a joint return?	9390	1 <input type="checkbox"/> Yes - <i>SKIP to Check Item T19, page 61</i> 2 <input type="checkbox"/> No																					
	1a. Did . . . file a Federal income tax return for 1993? <i>Mark "Yes" if . . . filed alone or jointly.</i>	9392	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to Check Item T19, page 61</i>																					
	b. Do you have a copy of the tax form or a worksheet that you could refer to for the next few questions?	9394	1 <input type="checkbox"/> Yes - <i>Allow person time to get form</i> 2 <input type="checkbox"/> No																					
	2. What was . . . 's filing status on . . . 's 1993 Federal tax return? Did . . . file as - <i>Read categories - Mark (X) one.</i>	9396	1 <input type="checkbox"/> A single taxpayer? 2 <input type="checkbox"/> Married, filing a joint return? 3 <input type="checkbox"/> Married, filing separately? 4 <input type="checkbox"/> Unmarried head of household? 5 <input type="checkbox"/> Qualifying widow(er) with dependent child? x1 <input type="checkbox"/> DK																					
	3a. What were the total number of exemptions claimed on . . . 's tax return?	9398	<input style="width:30px;" type="text"/> <input style="width:30px;" type="text"/> Exemptions - <i>If "00" or "01" SKIP to 4</i> x1 <input type="checkbox"/> DK																					
CHECK ITEM T13	<i>Refer to cc item 20.</i> Number of current household members.	9400	1 <input type="checkbox"/> One - <i>SKIP to 3c</i> 2 <input type="checkbox"/> Two or more																					
	3b. Besides . . . , which persons in this household did . . . claim as an exemption?		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">Person No.</th> <th style="width:80%;">Name</th> </tr> </thead> <tbody> <tr> <td>9402</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:80%; border-bottom: 1px solid black;" type="text"/></td> </tr> <tr> <td>9404</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:80%; border-bottom: 1px solid black;" type="text"/></td> </tr> <tr> <td>9406</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:80%; border-bottom: 1px solid black;" type="text"/></td> </tr> <tr> <td>9408</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:80%; border-bottom: 1px solid black;" type="text"/></td> </tr> <tr> <td>9410</td> <td><input style="width:30px;" type="text"/></td> <td><input style="width:80%; border-bottom: 1px solid black;" type="text"/></td> </tr> <tr> <td>9412</td> <td colspan="2">1 <input type="checkbox"/> None in household</td> </tr> </tbody> </table>		Person No.	Name	9402	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>	9404	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>	9406	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>	9408	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>	9410	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>	9412	1 <input type="checkbox"/> None in household	
	Person No.	Name																						
9402	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>																						
9404	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>																						
9406	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>																						
9408	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>																						
9410	<input style="width:30px;" type="text"/>	<input style="width:80%; border-bottom: 1px solid black;" type="text"/>																						
9412	1 <input type="checkbox"/> None in household																							
	<i>ASK OR VERIFY -</i> c. Did . . . claim exemptions for any persons who lived outside of . . . 's home for the entire year?	9414	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - <i>SKIP to 4</i>																					
	d. What was the relationship of this (these) person(s) to . . . ? <i>Record for two persons only.</i>		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%;">FIRST DEPENDENT</th> <th style="width:25%;">SECOND DEPENDENT</th> </tr> </thead> <tbody> <tr> <td>9416</td> <td>1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td> <td>9418 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other</td> </tr> </tbody> </table>		FIRST DEPENDENT	SECOND DEPENDENT	9416	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other	9418 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other															
	FIRST DEPENDENT	SECOND DEPENDENT																						
9416	1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other	9418 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Child 3 <input type="checkbox"/> Brother/sister 4 <input type="checkbox"/> Other																						
	4. Did . . . file form 1040, the long form or did . . . file one of the short forms, 1040A or 1040EZ? (Form 1040 is blue) (Form 1040A is pink) (Form 1040EZ is green)	9420	1 <input type="checkbox"/> Form 1040 2 <input type="checkbox"/> Form 1040A 3 <input type="checkbox"/> Form 1040EZ x1 <input type="checkbox"/> DK <i>} SKIP to Check Item T14, page 60</i>																					
	5. I am going to mention two forms that people are sometimes required to attach to their tax return. Please tell me if these were included with . . . 's 1993 tax return.																							
	(1) Schedule A, Itemized Deductions	9422	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																					
	(2) Schedule D, Capital Gains and Losses	9424	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK																					

Section 5 - TOPICAL MODULES (Continued)

Part B - TAXES (Continued)

CHECK ITEM T14	Refer to item 1b. Does the respondent have a copy of ...'s Federal income tax form or a worksheet to refer to?	9428	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T15	Refer to item 4. Is "Form 1040" marked?	9430	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a
CHECK ITEM T16	Is "Schedule A, Itemized Deductions" marked "Yes" in item 5(1)?	9432	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 6b
6a. How much were ...'s (and ...'s husband's/wife's) itemized deductions for 1993? (Schedule A, line 26)		9434	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref. - SKIP to Check Item T17
b. On ...'s Form 1040, did ... (and ...'s husband/wife) claim -		(Ask for each credit claimed.) 6c. What was the amount of the (Read name of credit) claimed?	
(1) A child and dependent care expense credit (Form 1040, line 41)		9446	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		9448	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
(2) A credit for the elderly or the disabled (Form 1040, line 42)		9450	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
		9452	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
CHECK ITEM T17	Refer to item 5(2). Is "Schedule D, Capital Gains and Losses" marked "Yes"?	9458	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No - SKIP to 8a
7. How much were ...'s (and ...'s husband's/wife's) capital gains or losses from the sale or exchange of personal assets for 1993? (Form 1040, line 13)		9460	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
		9461	X4 <input type="checkbox"/> Lost money - Enter amount of loss in box
8a. Adjusted gross income is total income less certain types of adjustments and exclusions. Please look at your tax return or worksheet. What was ...'s (and ...'s husband's/wife's) adjusted gross income in 1993? (Form 1040, line 31) (Form 1040A, line 16) (Form 1040EZ, line 4)		9462	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
		9463	X4 <input type="checkbox"/> Lost money - Enter amount of loss in box
b. Federal income tax liability is the total tax as determined by the tax table or schedule plus or minus certain adjustments. What was ...'s (and ...'s husband's/wife's) net tax liability in 1993? (Form 1040, line 53) (Form 1040A, line 27) (Form 1040EZ, line 8)		9464	\$ <input style="width: 100px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 X3 <input type="checkbox"/> None X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
CHECK ITEM T18	Refer to item 8a. What is the amount of adjusted gross income reported?	9466	1 <input type="checkbox"/> \$23,050 or more - SKIP to Check Item T19 2 <input type="checkbox"/> Less than \$23,050

Section 5 - TOPICAL MODULES (Continued)

Part B - TAXES (Continued)

9a. Did . . . claim an earned income credit on . . . 's Federal income tax return?

9472

- 1 Yes
 2 No
 x1 DK } *SKIP to Check Item T19*

b. What was the amount of earned income credit claimed?

*(Form 1040, line 56)
 (Form 1040A, line 28c)*

9474

\$. 00

- x1 DK
 x2 Ref.

CHECK ITEM T19

*Refer to cc item 15.
 Tenure of reference person.
 Are . . . 's living quarters -*

9486

- 1 Owned or being bought?
 2 Rented for cash?
 3 Occupied without cash payment? } *SKIP to Statement E, page 62*

CHECK ITEM T20

Interview status of . . . 's spouse

9488

- 1 No spouse in household
 2 Interview for spouse not yet conducted
 3 Interview for spouse already conducted -
SKIP to Statement E, page 62

10a. Did . . . pay any property taxes on . . . 's residence(s) in 1993?

9490

- 1 Yes
 2 No - *SKIP to Statement E, page 62*

b. Did . . . pay these jointly with someone else living here?

9492

- 1 Yes
 2 No - *SKIP to 10d*

c. Who made these joint payments with . . . ?

9494

Person No. Name

9496

Person No. Name

d. What was the property tax bill for . . . 's residence(s) in 1993?

*Obtain estimate, if necessary.
 (Schedule A, line 6)*

9498

\$. 00

- x1 DK
 x2 Ref.

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part C – SCHOOL ENROLLMENT AND FINANCING

STATEMENT E → The next few questions are about school enrollment and financing.

1. Was . . . enrolled in school anytime during the past 12 months? (Include any regular school, such as elementary, high school, or college, or any vocational, technical or business school.)

- 9610** 1 Yes
 2 No – *SKIP to Check Item C1, page 64*

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

(If enrolled at more than one level in the past 12 months, check level in which the greatest amount of time was spent.)

- 9612** 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
 12 Other or DK

CHECK ITEM T21

Was . . . enrolled in elementary or high school?

- 9614** 1 Yes
 2 No – *SKIP to 4*

3. Was . . . enrolled in a public school?

(Mark "Yes" if the school at which . . . spent the greatest amount of time was public.)

- 9616** 1 Yes – *SKIP to Check Item C1, page 64*
 2 No

4. During the past 12 months –

a. What was the total cost of . . .'s tuition and fees?

9618 \$. 00
 x3 None
 x1 DK

b. What was the total cost of . . .'s books and supplies?

9620 \$. 00
 x3 None
 x1 DK

c. Did . . . live away from home while attending school?

- 9622** 1 Yes
 2 No – *SKIP to 5a*

d. What was the total cost for room and board while away at school?

9624 \$. 00
 x3 None
 x1 DK

NOTES

Section 5 - TOPICAL MODULES (Continued)

Part C - SCHOOL ENROLLMENT AND FINANCING (Continued)

<p>5a. Please look at card DD in your pamphlet and tell me if . . . received any of these types of educational assistance during the past 12 months?</p> <p>Anything else?</p>	<p>9626 x3</p>	<p><input type="checkbox"/> None - <i>SKIP to Check Item C1</i></p>	<p>5b. How much did . . . receive?</p>
<p>(1) The GI Bill?</p>	<p>9628 1</p>	<p><input type="checkbox"/> Received</p>	<p>9630 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(2) Other Veterans' Educational Assistance Programs? (Include survivors and dependents, vocational rehabilitation and post-Vietnam veterans' assistance.)</p>	<p>9632 1</p>	<p><input type="checkbox"/> Received</p>	<p>9634 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(3) College Work Study Program?</p>	<p>9636 1</p>	<p><input type="checkbox"/> Received</p>	<p>9638 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(4) A Pell Grant?</p>	<p>9640 1</p>	<p><input type="checkbox"/> Received</p>	<p>9642 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(5) A Supplemental Educational Opportunity Grant (SEOG)?</p>	<p>9644 1</p>	<p><input type="checkbox"/> Received</p>	<p>9646 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(6) A National Direct Student Loan (NDSL) (or Perkins Loan)?</p>	<p>9648 1</p>	<p><input type="checkbox"/> Received</p>	<p>9650 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(7) A Stafford Loan or Guaranteed Student Loan (GSL)?</p>	<p>9652 1</p>	<p><input type="checkbox"/> Received</p>	<p>9654 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(8) A Parent Loan for Undergraduate Students (PLUS) or Supplemental Loan for Students (SLS)?</p>	<p>9656 1</p>	<p><input type="checkbox"/> Received</p>	<p>9658 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(9) Assistance from . . . 's employer?</p>	<p>9660 1</p>	<p><input type="checkbox"/> Received</p>	<p>9662 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(10) A fellowship or scholarship?</p>	<p>9664 1</p>	<p><input type="checkbox"/> Received</p>	<p>9666 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(11) A tuition reduction?</p>	<p>9668 1</p>	<p><input type="checkbox"/> Received</p>	<p>9670 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>
<p>(12) Anything else (other than assistance from relatives and friends), including the JTPA Training program, Income Contingent Loan, or anything else?</p>	<p>9672 1</p>	<p><input type="checkbox"/> Received</p>	<p>9674 \$ <input style="width: 100px;" type="text"/> . <input style="width: 30px;" type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>

NOTES

CALLBACK SUMMARY (Continued)

		Business 1		Business 2	
<input type="checkbox"/>	11a. What were the gross receipts of this (business/practice) in 1993? (Item 2h, page 55)	9676	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text" value="00"/>	9682	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text" value="00"/>
			X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	11b. What were the total expenses of this (business/practice) in 1993? (Item 2i, page 55)	9678	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text" value="00"/>	9684	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text" value="00"/>
			X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
<input type="checkbox"/>	12. What was the net income from this (business/practice) in 1993? (Item 2k, page 56)	9680	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text" value="00"/>	9686	\$ <input style="width:100px;" type="text"/> . <input style="width:40px;" type="text" value="00"/>
			X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.		X1 <input type="checkbox"/> DK X2 <input type="checkbox"/> Ref.
CHECK ITEM C2	Has an interview been conducted for all household members 15+?	5052	1 <input type="checkbox"/> Yes – Enter finish time on cover page, fill cc items 36 and 39 and END INTERVIEW 2 <input type="checkbox"/> No – Enter finish time for this household member, THEN interview next 15+ household member		

NOTES

NOTES

NOTES

Cod

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

Cod

- 100
- 101
- 102
- 103
- 104
- 105
- 106
- 107
- 110
- 120
- 130
- 140
- 150

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 T1	54
Check Item T19	61
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